

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

**August 22, 2019**

- 1. Call Regular Meeting to Order**
- 2. Approval of Agenda \*\***  
(Items to be pulled from the Consent Agenda) (1-2)
- 3. Consent Agenda \*\***
  - a. Minutes of Board Meetings: (3-5)
  - b. Approval of Checks (6)
  - c. Report: Foundation (7-9)
  - d. Minutes: Finance Committee (10-11)
- 4. Presentations:**
  - a. Mande Olsen, Director of Quality & Risk Management: Press Ganey
- 5. Public Comment and Announcements**
- 6. Reports and Dashboards**
  - a. Quality – Mande Olsen, Director of Quality Improvement (12-19)
  - b. Chief Executive Officer – Julie Petersen (20-24)
  - c. Medical Staff
    - i. Chief of Staff, Timothy O'Brien MD
      1. Medical Executive Committee Recommendations for Appointment and Re-Appointment \*\* (25)
    - ii. Chief Medical Officer, Kevin Martin MD (26-27)
  - d. Finance – Chief Financial Officer - Scott Olander
    - i. Operations Report (28-37)
    - ii. Capital Expenditure Request: Panda Warmer and Panda Warmer module to resuscitate with neopuff (38)
    - iii. Capital Expenditure Request: Waiting Room Furniture (39)
  - e. Operations (41-47)
    - i. Vicky Machorro, Chief Nursing Officer
    - ii. Rhonda Holden, Chief Ancillary Officer
    - iii. Carrie Barr, Chief of Clinic Operations
      1. DNV Presentation
      2. Practice Transition Planning – Carrie Barr & Michele Wurl
  - f. Community Relations Report – Michele Wurl, Director of Communications & Marketing (48)

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**7. Education and Board Reports**

**8. Old Business**

**9. New Business**

**10. Executive Session**

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

**11. Adjournment**

**Future Meetings**

September 26, 2019 Special Meeting  
October 24, Regular Meeting

**Future Agenda Items**

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**August 22, 2019**

**Supplemental**

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- d. Minutes: Finance Committee (10-11)

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- a. Mandee Olsen, Director of Quality & Risk Management: Press Ganey

**5. Public Comment and Announcements**

**6. Reports and Dashboards**

- a. Quality – Mandee Olsen, Director of Quality Improvement (12-19)
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& Marketing

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## **KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1**

### **BOARD OF COMMISSIONERS' REGULAR MEETING**

**KVH Conference Room A & B**

**July 25, 2019**

BOARD MEMBERS PRESENT: Matt Altman, Liahna Armstrong, Roy Savoian

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Vicky Machorro, Rhonda Holden, Lisa Potter, Dr. Kevin Martin, Carrie Barr, Mandee Olsen, and Jason Adler

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

1. At 5:09 p.m., President Matt Altman called the regular meeting to order and stated that no action items would be discussed until a third Board member arrived for a quorum.

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Presentations:**

Mandee Olsen presented Safe Catch Awards for the first quarter of 2019 as follows: Clinical Award was presented to Marcey Graham, Registered Nurse, Home Health & Hospice; Non-Clinical Award was presented to Tim Brown, Engineering Technician I, Engineering.

5. **Public Comment/Announcements:**

None.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that KVH received the Rural Quality Everyday Extraordinary Award for Outstanding Performance Improvement for KVH Rural Grand Rounds.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated in September we will have representatives here from the 13<sup>th</sup> legislative district. Petersen stated that the cost of the canopy and vestibule was included under alternate expenses when the Board approved the MAC project. Petersen is now requesting approval of the project itself, which will not increase the overall bid amount of the project.

**ACTION:** On motion of Roy Savoian and second of Liahna Armstrong, the Board members unanimously approved the vestibule and canopy alternate for the MAC project.

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

**ACTION:** On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved the initial appointment for Dr. Maribel Serrano, Dr. Jason Lue, Catherin Patnode, ARNP and reappointments for Dr. John Walters, Dr. Megan Young, Dr. Todd Greenberg, Dr. Annaliese Stone and Teresa Beckett, ARNP/PA-C as recommended by the Medical Executive Committee.

President Altman recognized Dr. Kevin Martin for receiving the Attending Physician of the Year Award from the CHCW residency program. The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin.

Scott Olander reported on KVH's financial performance for June. Olander stated that we are continuing to do more GI cases on a monthly basis, self-pay continues to go down, and expenses were below budget for the month.

**ACTION:** On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved the capital expenditure request for carpet replacement at Family Medicine Cle Elum.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Machorro stated that wound care is continuing to grow. Holden went over the changes in reimbursement to Home Health that will go into place in 2020 and stated the anticipated impact will be about 12% or a \$50,000 reduction if we don't change our workflows. Holden stated they have started revising referral forms and doing education to lessen the impact.

The Board members reviewed the Community Relations report.

**7. Education and Board Reports:**

The Board members reviewed upcoming educational opportunities, and some expressed interest in attending the Annual WHSA meeting in October.

**8. Old Business:**

None.

**9. New Business:**

None.

**10. Executive Session:**

At 6:37 pm, President Altman announced that there would be an 8-minute recess followed by a 45-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). No action was anticipated.

At 7:30 pm, the meeting was reconvened into open session.

**11. Adjournment:**

With no further action and business, the meeting was adjourned at 7:31 pm.

**CONCLUSIONS:**

1. Motion passed to approve the board agenda.

2. Motion passed to approve the consent agenda as amended.
3. Motion passed authorizing the vestibule and canopy alternate for the MAC project.
4. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.
5. Motion passed approving the capital expenditure request for the carpet replacement.

Respectfully submitted,

Mandy Weed/Erica Libenow  
Executive Assistant, Board of Commissioners

**DATE OF BOARD MEETING:** August 22, 2019

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

#1	AP CHECK NUMBERS	<u>255448-256295</u>	NET AMOUNT:	<u>\$5,178,169.35</u>
		SUB-TOTAL:		<u>\$5,178,169.35</u>

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

#1	PAYROLL CHECK NUMBERS	<u>81457-81463</u>	NET AMOUNT:	<u>\$8,471.11</u>
#2	PAYROLL CHECK NUMBERS	<u>81464-81467</u>	NET AMOUNT:	<u>\$4,450.16</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,098,367.00</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,202,086.77</u>
		SUB-TOTAL:		<u>\$2,313,375.04</u>

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

#1	2017 \$1M TAXABLE REVENUE BOND - INTEREST	NET AMOUNT:	<u>\$14,418.53</u>
#2	2017 \$12.5M TAX EXEMPT REVENUE BOND - INTEREST	NET AMOUNT:	<u>\$190,110.29</u>
#3	2018 \$6M REVENUE BOND - INTEREST	NET AMOUNT:	<u>\$99,813.00</u>
	SUB-TOTAL:		<u>\$304,341.82</u>

**TOTAL CHECKS & EFTs:** \$7,491,544.39

Prepared by

*Sharoll Cummins*  
Sharoll Cummins  
Staff Accountant





## Foundation Update – August, 2019

***Tough Enough to Wear Pink (Sunday, Sept. 1)*** - Since 2009, the Ellensburg Rodeo has teamed up with the Foundation in this national campaign to raise funds and awareness for breast cancer prevention efforts here locally. As of 2015, the Foundation has assisted 28 patients with free mammograms and further diagnostics due to lack of insurance.

We have raised over \$2,000 as of 8/14 and are on target for meeting our goals. Sales at KVH Café are every Wednesday and Friday from 11:30-1:30pm. A table will also be set up at the KVH Rodeo BBQ on August 21.

***Pick Your Prize Items:*** Seahawks vs. Tampa Bay, 11/3; Pumpkin Patch Experience for 4 to Huffman Farms; \$100 gift certificate to Swiftwater Winery, plus 6 bottles of wine; and Whitewater rafting for 4 on the Wenatchee River. \*See attached Flyers.

***Annual Appeal*** – We have started work on our annual community ask. This mailing will drop in the mail mid-October.

***Gobble Wobble, 5K for Wellness*** – Save the date for Saturday, November 16, 2019 at the Rotary Park for our first annual 5K run. The family friendly race will feature a 5K run, 1 mile fun run for kids and a 100 year dash for toddlers. T-shirts and registration to begin in mid-September.

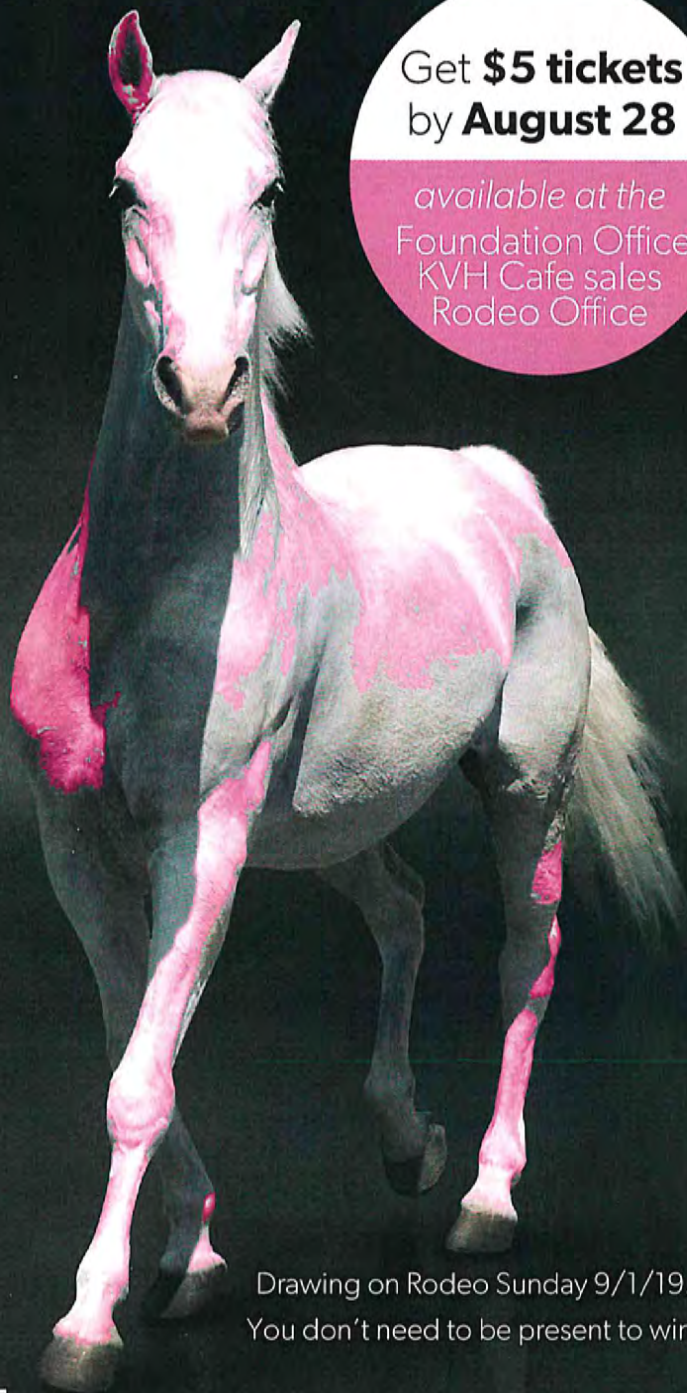
***A Magical Evening, Annual Dinner Auction-*** Save the date for **Saturday, May 16, 2020 at the Kittitas Valley Event Center 5:30-9:30pm** for an evening of dinner, auction, and rustic elegance. We look forward to selecting the fund-a-need as the beneficiary of the night's event.

Respectfully submitted,  
Laura Bobovski  
The Foundation at KVH



# Tough Enough to **Wear Pink** 2019 Raffle

Supporting breast cancer awareness and prevention services in Kittitas County



Get **\$5 tickets**  
by **August 28**

available at the  
Foundation Office  
KVH Cafe sales  
Rodeo Office

Drawing on Rodeo Sunday 9/1/19.  
You don't need to be present to win.

THE  
FOUNDATION  
KVH+

509.933.8669

## **Whitewater Rafting**

Adventure for 4 on the Wenatchee River!

*Donated by*



## **Let's Go, Hawks!**

2 club-level tickets at the 40 yard line to the  
11/3 Seahawks game vs Tampa Bay.

*Donated by*



## **Wine and Dine!**

\$100 gift certificate to Swiftwater  
Winery, plus 6 bottles of wine.

*Donated by*



## **Fall Fun!**

Pumpkin Patch Experience for 4  
to Huffman Farms.

Includes: (2) Jack's kids zone passes;  
(4) Corn maze passes; (2) Adult lunch combos;  
(2) Kid's lunch combos; (\$20) Voucher for  
pumpkins that you pick straight from the patch;  
(2) Pumpkin carving sets (value up to \$6.99/ea);  
(2) Trick-or-Treat buckets (value up to \$6.99/ea)

*Donated by*







Sunday, 9/1

# **Are You Tough Enough to Wear Pink?**

at the Ellensburg Rodeo

*Stop by our rodeo booth to  
buy pink apparel and show  
your support for local breast  
cancer awareness efforts.*



[kvhealthcare.org/foundation](http://kvhealthcare.org/foundation)

**Breast Cancer Awareness**

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

**August 20, 2019**  
*Tuesday*

**Café Conference Room  
7:30 A.M.**

**AGENDA**

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: July 23, 2019**
- **July Financial Highlights**
- **Capital Expenditure Requests**
  - **Panda Warmer – Family Birthing Place**
  - **Waiting Room Furniture - Lab/Imaging/Surgical Outpatient**
- **Adjourn**

**Next Meeting Scheduled: September 24, 2019 (*Tuesday*)**



Kittitas Valley Healthcare  
Audit & Finance Committee Meeting Minutes  
July 23, 2019

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

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

The meeting was called to order by Roy Savoian at 7:33am.

A motion was made to approve the agenda and the June 20, 2019 minutes. The motion carried.

Scott Olander presented the financial overview of June. Inpatient volume was strong in June. Admissions, patient days, deliveries, and surgical procedures were greater than budget. We had our first swing bed patient in June. Outpatient surgical procedures were less than budget, yet GI procedures, ER visits, Urgent Care visits, and Rehab visits exceeded budget. Clinic visits are less than budget for the month, but continue to exceed the prior year's actual on a year to date basis. Liahna asked Scott to explain the increase in our Inpatient statistics. Scott explained for Medicare patients we are using Medicare inpatient criteria, instead of the Milliman criteria we had been using for Medicare and still are using for non-Medicare patients. This has helped us to trend up for Medicare patients. The actual revenue compared to budget is correlating to the statistics with inpatient revenue above budget and outpatient and clinic revenue less than budget. This results in overall revenue being short of budget. Other operating revenue is above budget due to 340B program and grant funds. Expenses in the aggregate are tracking pretty well to budget. This results in operating income of \$47,202. In June we made a little progress with AR days being reduced to 88 from 94 the previous month. Our payor mix continues to be strong, although in July we are seeing higher self-pay which we will be monitoring. As we look to July, the month is historically known to be down from budget. Kudos to Carrie Barr for smoothing the clinics, managing time off, and coordinating provider's schedules to reduce the impact in July. Cerner has helped us get data more quickly to assist the clinics to become more efficient and productive thereby, increasing access in addition to adding providers. Financial details are provided in the Chief Financial Officer's Report.

District 2 gave permission for District 1 to pursue the purchase of the building where the Urgent Care resides.

It was also noted that Workplace Health billing is in Cerner as of July 1, 2019. Home Health and Hospice will have a new approach to billing, due to regulations, beginning January 1, 2020.

The committee approved the capital expenditure request for carpet replacement at Family Medicine Cle Elum go to the Board of Commissioners.

The committee reviewed the Goals and Principle of KVH's Payer Contracts. The committee also reviewed the Analysis of Reimbursement – Top 20 Commercial Payers, 2018 Reimbursement Rate Compared to YTD June 2019 Annualized Charges. Our commercial payors give us our profit, they should be competitive, yet if a lower payor aggressively markets in our area it could hurt us. Premera is our largest commercial payor and we use it as our employee health insurance. Next is Kaiser as a significant plan.

With no further business, the meeting was adjourned at 8:43am.

## **QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ**

**August 2019**

### **Patient and Family Advisory Council**

We are well into onboarding and have at least six Patient and Family Advisors. Our first PFAC meeting is scheduled for September 23<sup>rd</sup>.

### **Greater Columbia ACH Practice Transformation and Caravan ACO**

As will be mentioned in previous reports, we continue to work on Practice Transformation with the assistance of funding through the GCACH, which aligns with our ACO objectives. The GCACH has been providing clarification on goals as well as resources and education related to care management tools, team-based care, opioid use disorder, and Patient Centered Medical Home benefits. Beyond Practice Transformation, work the organization has endeavored in such as the Value Alignment Committee and the Promoting Interoperability team, help further attain the milestones of both the GCACH and the ACO. Over the past month, we have received payments for achieving 2<sup>nd</sup> quarter milestones. A new project team has been chartered and kicked off for Behavioral Health integration.

### **Quality Improvement Dashboard Data Summary – through June 2019**

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

- Median time to CT exam for patients with stroke was well below goal of 30 minutes.
- No staff needlesticks during the month of June.
- Median time to ECG for patients with chest pain below benchmark of 10 minutes.
- Hospice visits near end of life remains very high for second quarter in a row.
- No patient falls with injury.
- Clinic ACO metrics all continue to trend in the right direction.

#### **Summary of Improvement Opportunities**

- Median time to CT results for patient with stroke increased from the prior month. We are continuing to work on streamlining processes with the new radiology group, especially for after-hours reads.
- Of the four patients with restraints in the month of June, three patients were missing documented care plans specific to restraints.
- One superficial surgical site infection following an orthopedic procedure.
- Two of the past three months have had more than 20 care and service concerns reported from patients.



## Patient Stories

- *The Emergency Department director received a call from a patient's mother thanking staff for the "best ER visit" ever. They were traveling through town and needed our services and specifically thanked ARNP Rhonda Ramm, and RNs Susan Penick and Cody Staub.*

- Out of state patients to KVH Emergency Department

- *The patient called the Quality department to thank the staff for the wonderful care she received. She said, "Everyone was professional, caring, full of concern and empathy. They listened to me and my treatment was beyond a five star rating." She acknowledged Dr. Ken Lindsey, RNs Doug Hansen and Noreen Mohn, and PCTs Katie Rodenberg and Erin Wallace.*

- KVH Emergency Department patient

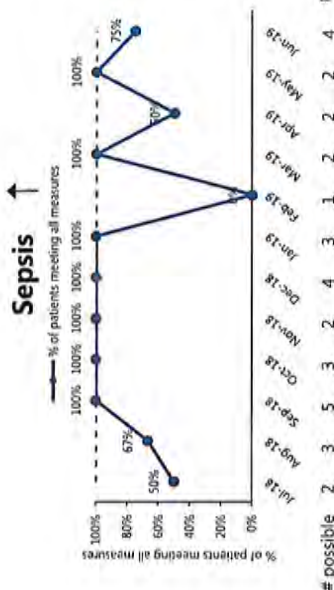
- *"Shout out to PT Brad for the absolutely amazing results he achieved in such a short time! I hadn't made much progress before, but achieved great results with outpatient therapy."*

- KVH Physical Therapy patient to Brad Callan

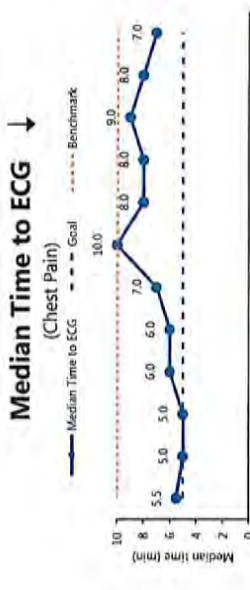


# QI Council

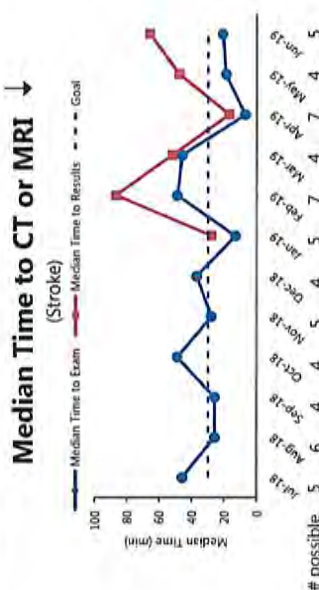
## Sepsis



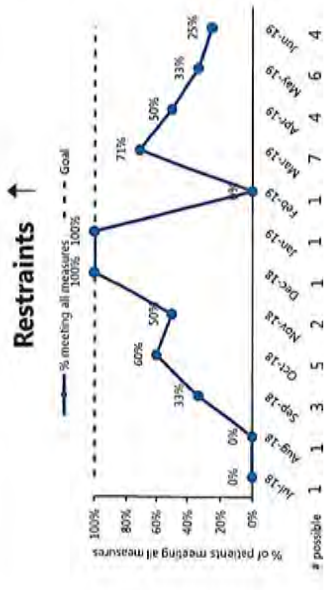
## Median Time to ECG (Chest Pain)



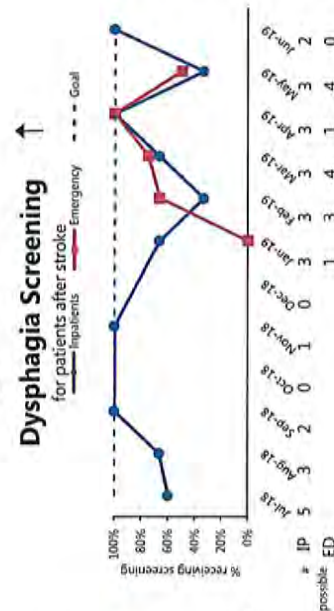
## Median Time to CT or MRI (Stroke)



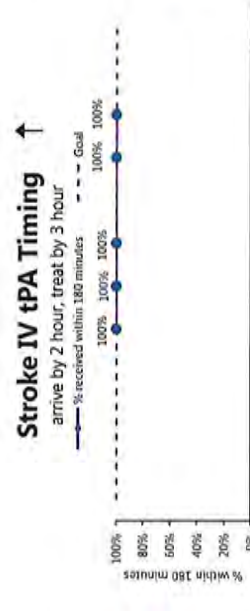
## Restraints



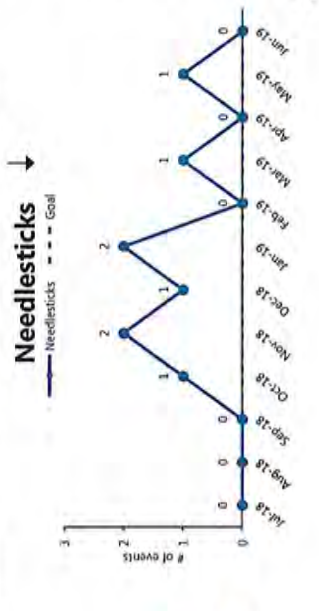
## Dysphagia Screening for patients after stroke



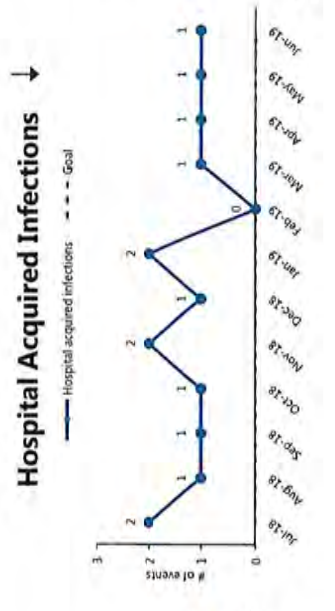
## Stroke IV tPA Timing



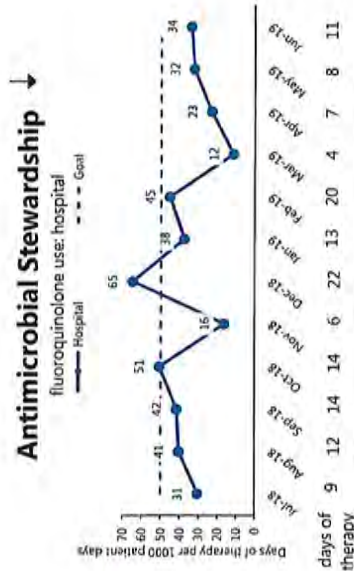
## Needlesticks



## Hospital Acquired Infections



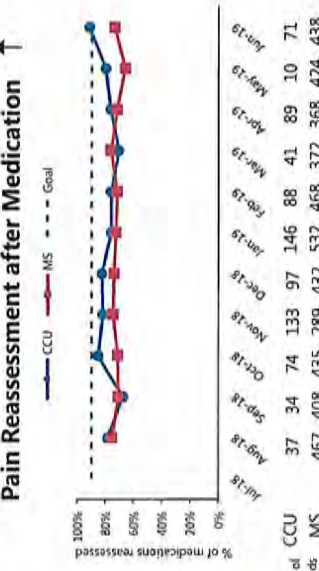
## Antimicrobial Stewardship



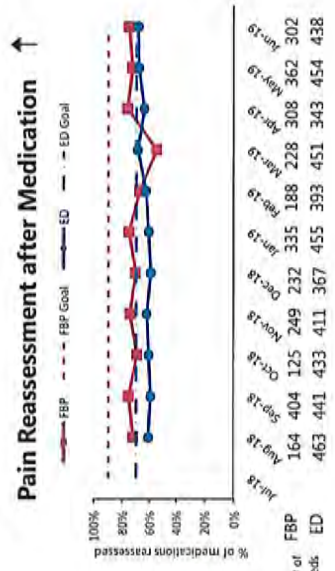
## Antimicrobial Stewardship



## Pain Reassessment after Medication

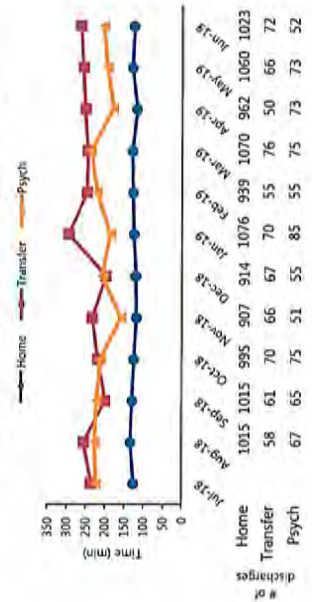


## Pain Reassessment after Medication

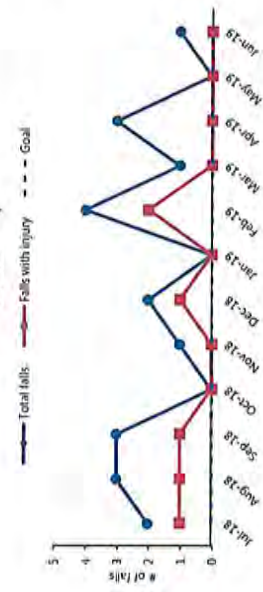




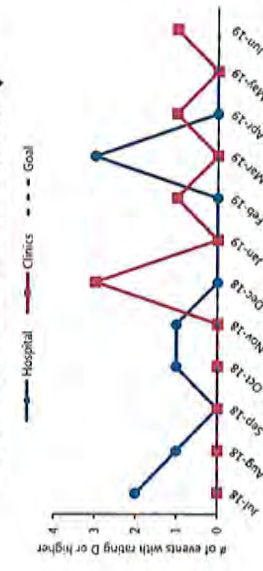
### ED Admit to Discharge Time ↓



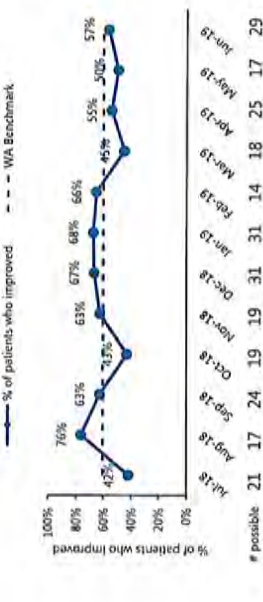
### Falls ↓



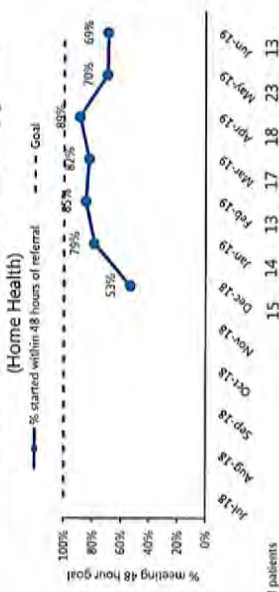
### Adverse Medication Events ↓



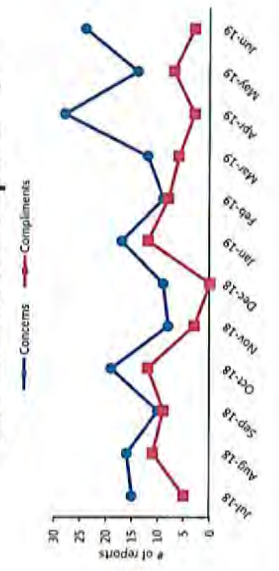
### Improvement in Management of Oral Medications (Home Health) ↑



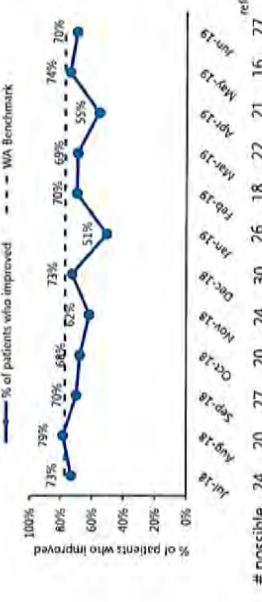
### Timely Start for Physical Therapy (Home Health) ↑



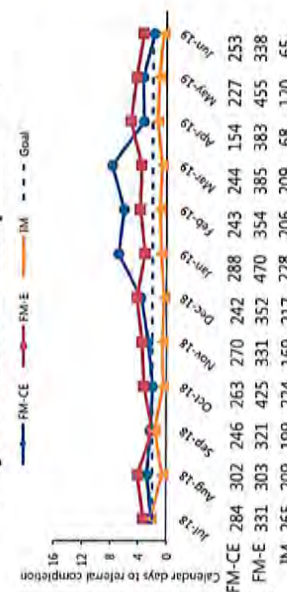
### Care and Service Reports ↓



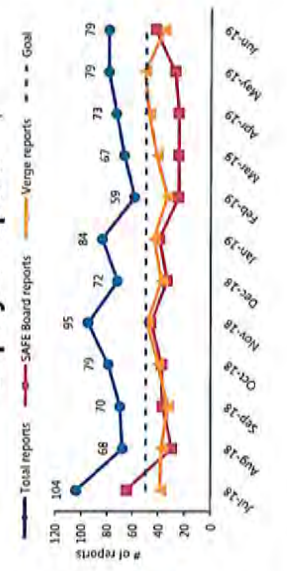
### Improvement in Pain Interfering with Activity (Home Health) ↑



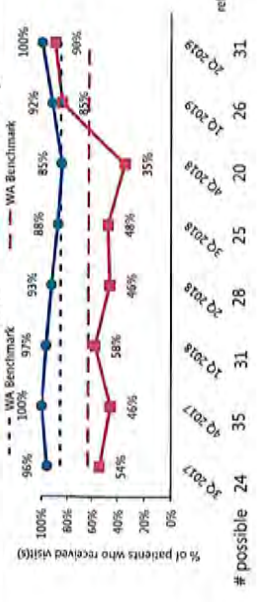
### Days to Referral Completion ↓



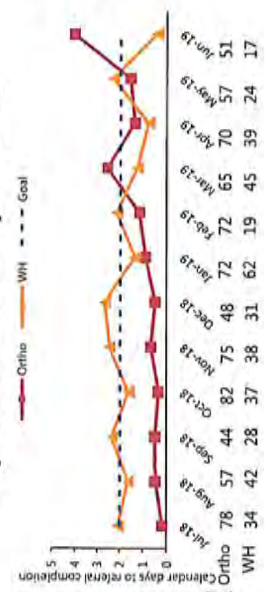
### Employee Reports ↑



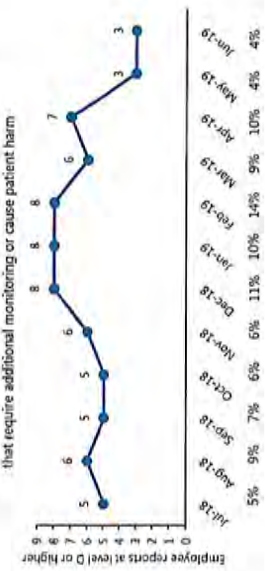
### Hospice Visits Near End of Life ↑



### Days to Referral Completion ↓

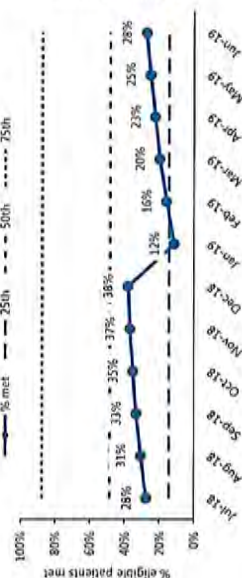


### Reports of Occurrences ↓

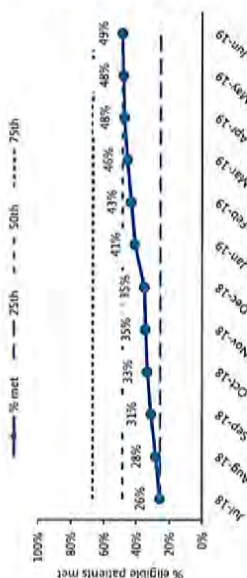


## ACO Quality Measures: Clinics

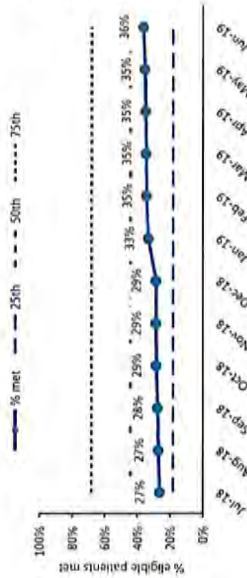
### Screening for Future Fall Risk ↑



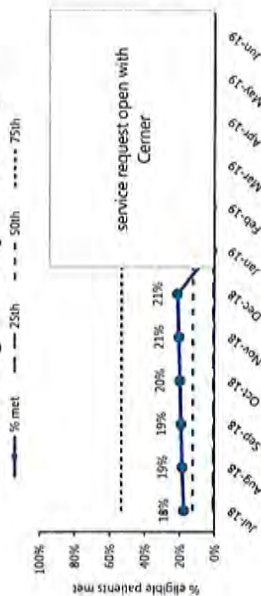
### Screening for Breast Cancer ↑



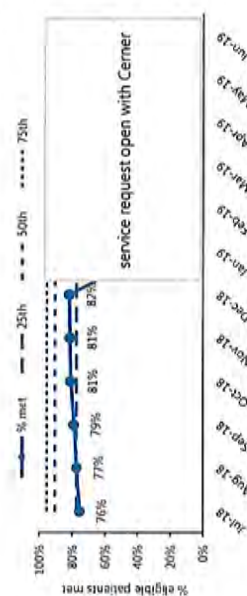
### Screening for Colorectal Cancer ↑



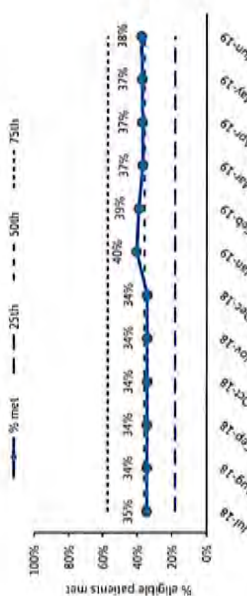
### Screening for Depression ↑



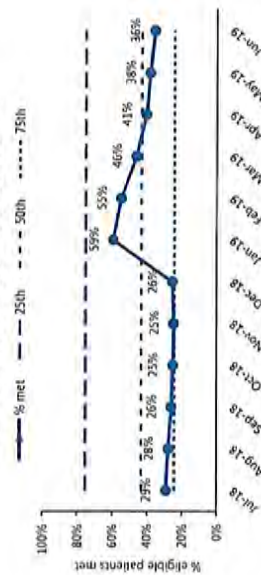
### Tobacco Use Screening and Intervention ↑



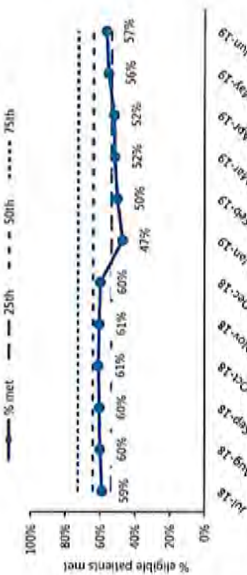
### Influenza Immunization ↑



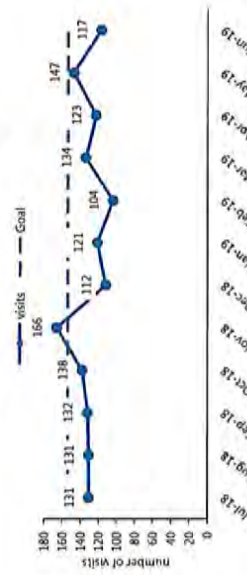
### Diabetes: Poor Control ↓



### Controlling High Blood Pressure ↑



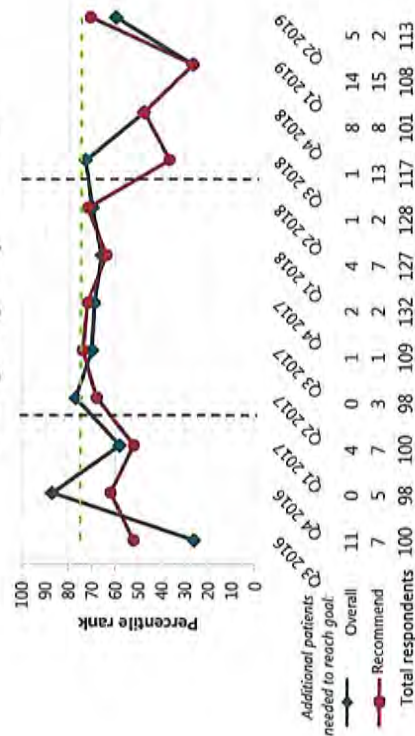
### Medicare Wellness Visits ↑



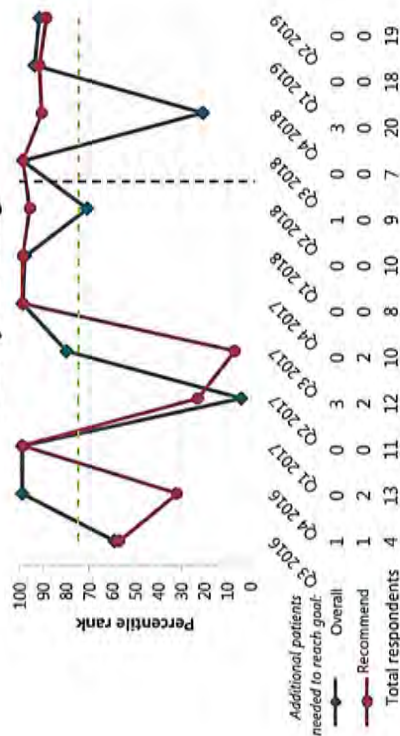


# Patient Satisfaction Dashboard

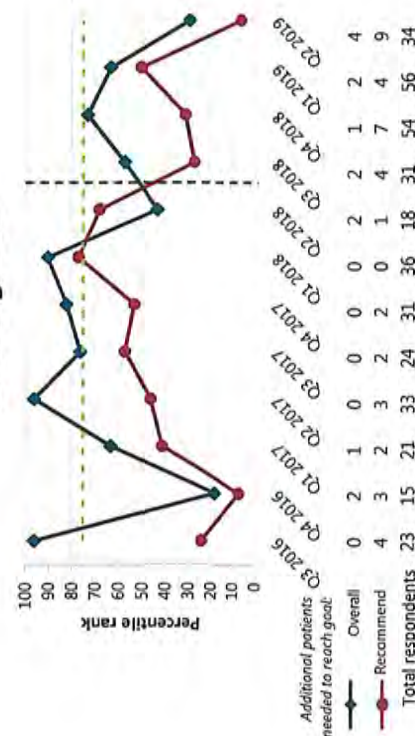
## Emergency Department



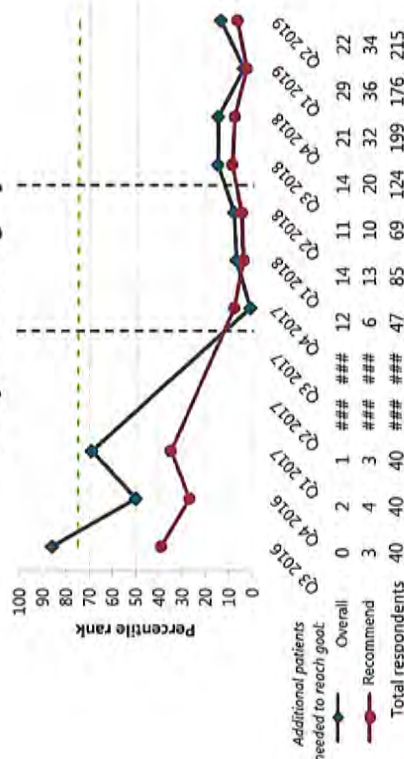
## Family Birthing



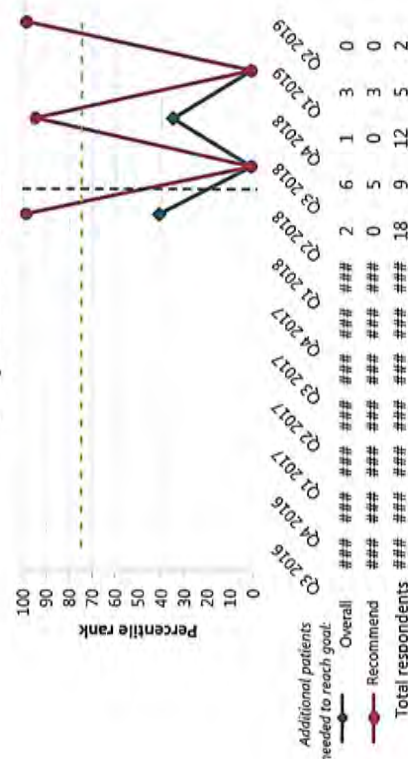
## MedSurg/CCU



## Outpatient Surgery

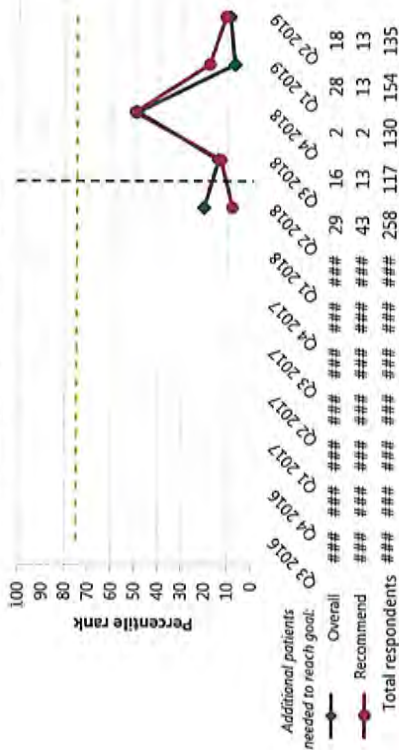


## Outpatient Rehab

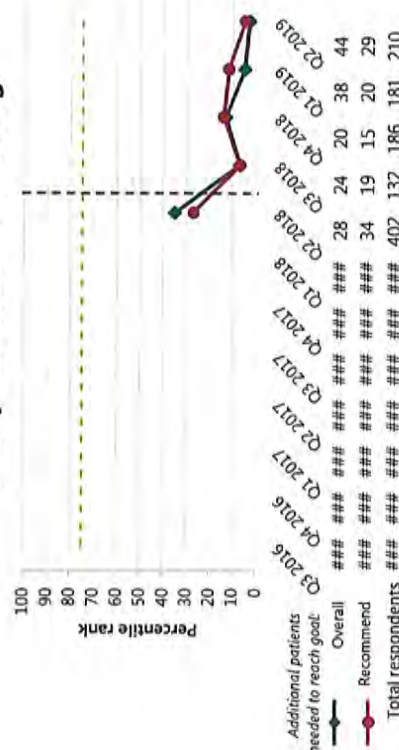


# Patient Satisfaction Dashboard

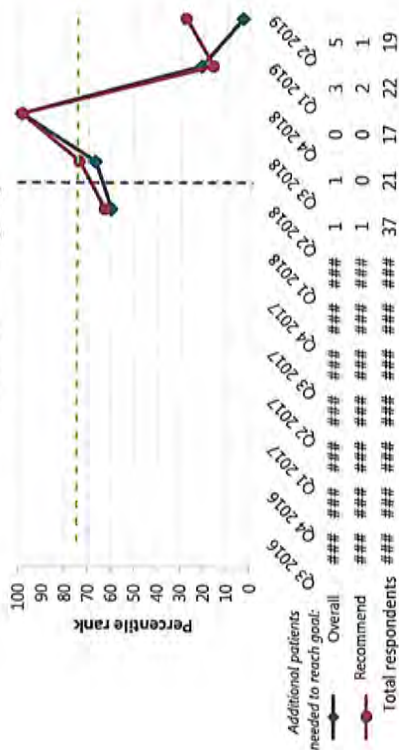
## Family Medicine - Cle Elum



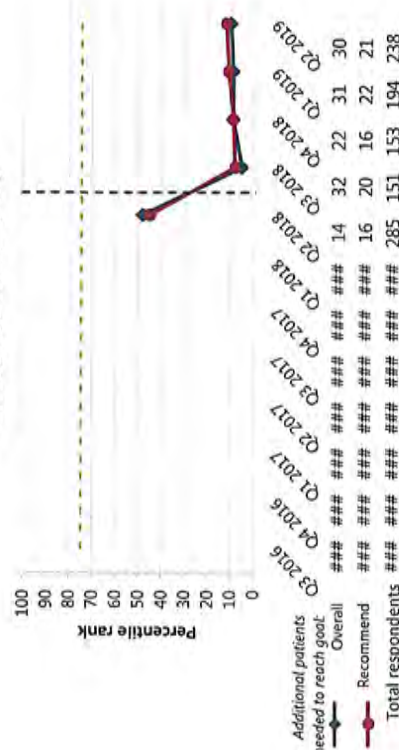
## Family Medicine - Ellensburg



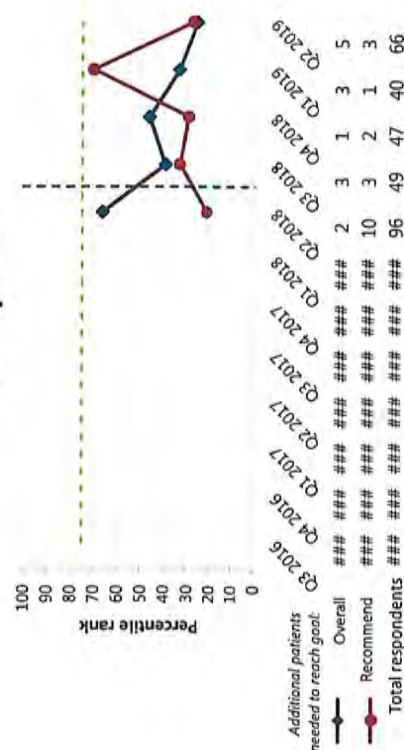
## General Surgery



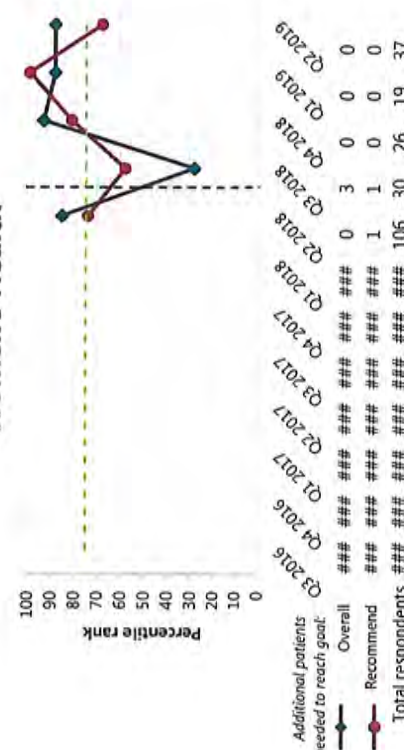
## Internal Medicine



## Orthopedics



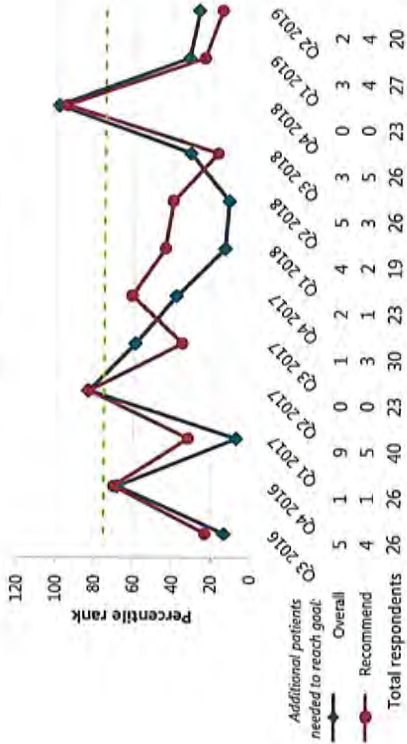
## Women's Health



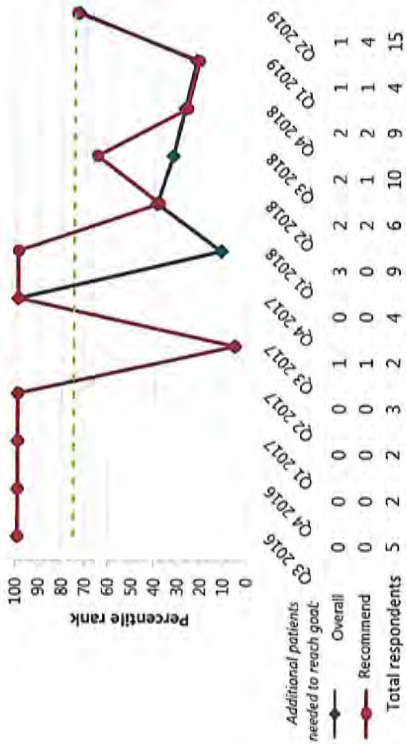


# Patient Satisfaction Dashboard

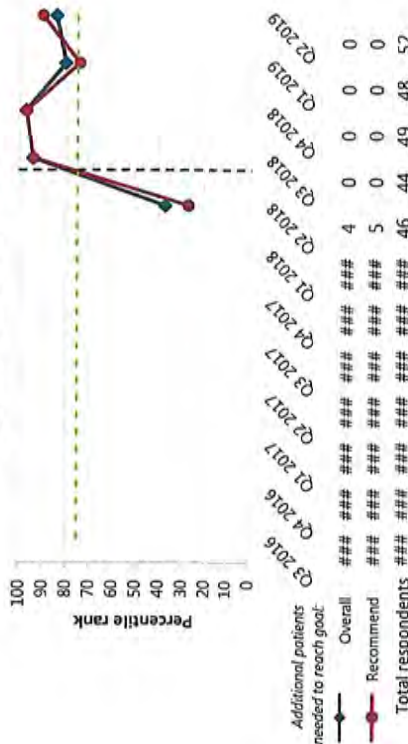
## Home Health



## Hospice



## Urgent Care - Cle Elum



## **CHIEF EXECUTIVE REPORT – Julie Petersen**

**August 2019**

### **Information Technology Relocating**

Our IT staff, with the exception of the Help Desk, is in the process of relocating to vacant space in the 309 Mountain View building. Once their transition is complete, a series of office relocations will begin. Clinical staff have raised concerns about access to Informatics. IT is aware of the concerns and they are committed to remaining accessible and responsive to staff. IT will retain a small office space in the Hospital for Informatics staff.

Scott is also exploring the possibility of relocating our Fiscal Services staff to Radio Hill with the Revenue Cycle department. Our Senior Financial Analyst, Jason Adler, would remain at the Hospital but Accounts Payable, Payroll and the accountants would move off campus. The space currently occupied by Accounting has been earmarked as a future conference room.

### **Reproductive Rights and Services**

The Washington legislature passed a new requirement for hospitals to report the specific reproductive services provided by the facility. The form for reporting is being developed by the Department of Health and is due out today. By September 1<sup>st</sup> each hospital is required to have the form posted on their website and the Department of Health will also have them all posted. This notice joins a growing number of documents (privacy notice, charity care policy, charge master) required to be posted on our websites.

### **Amendment to Operating Agreement Between KCHD#2 and KCHD#1**

The “original” Operating Agreement between HD#2 and HD#1 was executed in 2002. This agreement is the document that grants District #1 the authority to operate within the legal boundaries of District #2. The original agreement provides for District #1 to operate out of space leased from District #2. The attached Amendment modifies the agreement to allow District #1 to purchase the Urgent Care building, grants District #2 the right of first refusal if District #1 sells the property and defines and allocates “gain” from future sale to a third party, in the event that District #2 declines to exercise the right of first refusal. I will be asking the HD #2 Board to approve the Amendment at the regular meeting August 19<sup>th</sup>. If the Amendment is approved by the District #2 Board, I will be asking the HD #1 Board to approve the Amendment.

### **Legislative District 13 Delegation**

We will be hosting District #13 Representatives Dent and Yabarra and Senator Warnick on September 20<sup>th</sup> at 2pm. We will focus on educating the delegation about the breadth of services provided by our Kittitas County Hospital Districts, the systems nature of the enterprise and our strategic partnerships. We have invited Public Health, the CHCW residency program, Kittitas County Health Network and Hospital District #2 to participate in the presentation.

### **Family Medicine Ellensburg Building**

I have asked our attorneys to begin work on this project but I do not have an update at this time.

### **Obstetrics and Gynecology of Ellensburg**

We have received the fair market value report for the assets associated with Dr. Sand’s practice. Scott will present the report and a recommendation. I will most likely be seeking authority to acquire some or all of the assets.

## AMENDMENT TO SERVICES AGREEMENT

This Amendment to Services Agreement (this “**Amendment**”) is entered into as of September 1, 2019 (the “**Effective Date**”), by and between Kittitas County Public Hospital District No. 1 (“**District 1**”) and Kittitas County Public Hospital District No. 2 (“**District 2**”). The parties entered into that certain Services Agreement dated October 30, 2002 (together with all amendments, restatements, renewals, replacements, supplements and other modifications thereto, the “**Original Agreement**”). This Amendment seeks to modify specific provisions of the Original Agreement to allow District 1 to acquire real property within the legal boundaries of District 2 for the purpose of continuing to provide medical services to residents of District 2.

### RECITALS

A. Each District is a Washington municipal corporation operating in Kittitas County and is organized under state law to operate health care facilities and provide medical services to District residents and other persons.

B. District 1 owns and operates health care facilities in Ellensburg, Washington, including Kittitas Valley Healthcare, and District 2 owns and operates an ambulance service in Cle Elum, Washington, and certain real estate and other assets useful to the provision of health care and life support services.

C. The parties entered into the Original Agreement for the purpose of leveraging District 1’s experience operating clinics and providing other medical services.

D. The Original Agreement allowed District 1 to operate a Primary Care Clinic and Urgent Care Service within the legal boundaries of District 2. In accordance with the Original Agreement and pursuant to that certain Lease dated November 1, 2002, by and between District 2, as Lessor, and District 1, as Lessee (together with all amendments, restatements, renewals, replacements, supplements and other modifications thereto, the “**Original Lease**”), District 2 leased to District 1 certain premises commonly known as 505 Power Street, Cle Elum, Washington 98922. District 1 has operated a Primary Care Clinic and provided other medical services including Urgent Care Service within the leased premises.

E. The parties have successfully grown and expanded the medical services provided by District 1 within the legal boundaries of District 2. The nature and volume of the medical services being provided now and in the future necessitate District 1’s expansion into additional space.

F. Pursuant to that certain Lease Agreement dated October 6, 2017, by and between Swedish Health Services, a Washington nonprofit corporation, as Lessor (“**SHS**”), and District 1, as Lessee (the “**Swedish Lease**”), District 1 leased from SHS certain premises located within the boundaries of District 2, commonly known as 214 W. 1st Street, Cle Elum, Washington 98922 and as legally described in the Swedish Lease (the “**Building**”). The Swedish Lease



commenced on December 1, 2017, and from and after that date District 1 has provided Urgent Care Service in the Building.

G. The Swedish Lease grants District 1 a right of first refusal to purchase the Building in the event that SHS makes its interest in the Building available for sale during the term or any extended term of the Swedish Lease, as more fully set forth therein. SHS has indicated to District 1 its willingness to sell the Building to District 1 and District 1 desires to pursue the potential purchase of the Building.

H. District 2 supports District 1's efforts to purchase the Building for the purpose of District 1 continuing to provide Urgent Care Service and other medical services in the Building.

Now, therefore, in consideration of the covenants set forth herein, the parties agree as follows:

### **AGREEMENT**

1. **District 1's Purchase of the Building.** District 1 has entered into negotiations with SHS to purchase the Building with the intent to continue to provide Urgent Care Service and other medical services in the Building. District 2 acknowledges and approves of District 1's efforts to purchase the Building and shall cooperate in good faith with District 1 and SHS in furtherance of this goal.

2. **District 2's Right of First Refusal.** In the event District 1 purchases the Building from SHS, District 1 hereby grants District 2 a right of first refusal to purchase the Building in the event that District 1 makes its interest in the Building available for purchase. District 2 shall have 120 days to purchase the Building from District 1 at the fair market value of the Building as determined between the parties at the time of purchase.

3. **Capital Gain Allocation.** In the event that, in the future, District 1 makes the Building available for purchase and District 2 declines to exercise its right of first refusal, District 2 shall participate in a portion of gains realized by District 1 by the sale of the Building. The formula for distribution shall deduct from the future sales price the following items: (a) the original gross purchase price paid by District 1 for the Building; (b) the costs of all major capital repairs, upgrades and improvements made by District 1 including expansion; and (c) the customary fees, commissions, excise and other taxes and assessments incurred by District 1 in the future sale transaction. If a gain results from the future sale, District 1 shall retain seventy percent (70%) of the gain and remit the remaining thirty percent (30%) to District 2.

4. **No Further Modification.** Except as set forth in this Amendment, all of the terms and provisions of the Original Agreement shall remain unmodified and in full force and effect.

[Signatures appear on following page]

IN WITNESS WHEREOF, this Amendment has been entered into as of the day and year first above written.

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT NO. 1

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_

HR Dashboard																
Measurement		Available workforce														
		19-Jul	19-Jun	19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	18-Jul		
Population	Rolling 12 Variance															
	Full-time	17	368	369	369	366	370	364	370	368	366	365	361	350	351	
	Part-time	-3	131	128	129	133	131	133	132	135	130	133	135	134	134	
	Per Diem	3	95	97	99	96	101	104	104	103	104	100	97	95	92	
	Total Employees	17	594	594	597	595	602	601	606	606	600	598	593	579	577	
Turnover	Rolling 12 Total															
	Voluntary (excludes pd terms, includes reduction of FTE to pd)	114	10	9	13	5	6	8	6	12	7	9	4	17	8	
	Involuntary (excludes pd terms)	13	2	1	0	1	0	0	0	2	2	1	2	0	1	
	Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	21.36%	2.02%	1.68%	2.18%	1.01%	1.16%	1.33%	0.99%	2.31%	1.50%	1.67%	1.01%	2.94%	1.56%	
	Total All Employees Separated	137	13	12	12	11	8	7	7	10	7	13	7	17	13	
Recruitment	Rolling 12 Total															
	Open Postings	188	15	14	16	8	6	11	11	17	12	14	15	37	13	
	Unique Applications Received	2652	231	236	315	194	161	167	167	174	179	242	248	224	192	
	Employees Hired	159	14	10	12	3	10	3	11	7	16	18	21	16	18	
	Time to Fill (Median)	33.90	26.5	23.5	25.0	24.2	25	26.5	28.5	38.5	43.5	45	45	44	45.5	
Time to Fill (Average)	34.56	27.3	23.8	21.0	22.3	23.4	30.3	31.9	41.8	43.0	45.7	47.0	45.1	46.7		
Provider Recruitment	Rolling 12 Total															
	Open Postings	49	3	3	2	1	1	1	3	3	5	4	6	7	10	
	Open Slots	39	3	3	2	1	1	1	3	3	5	4	6	7	0	
	Unique Applications Received	31	0	1	4	3	0	1	0	1	1	3	5	5	7	
	Candidates interviewed	24	0	0	1	3	0	3	2	1	2	6	2	0	4	
Employees Hired	13	1	1	1	1	0	1	1	0	1	2	0	1	2		
Time to Fill (Average)	307	62	202	377	416	485	485	238	238	210	132	132	645	367		
Benefits	Rolling 12 Total															
	Workers Comp Claims	43	2	2	5	3	7	4	6	1	3	3	3	4	0	
	Time Lost Days	319	31	13	8	24	25	6	51	62	30	9	19	13	28	
	Employee Population on Medical Benefits (Average)	66.5%	68.0%	68.2%	66.8%	67.2%	65.8%	67.2%	66.3%	65.2%	66.0%	65.7%	65.4%	66.0%	66.7%	
	Total cost in benefits per FTE - welfare (Average)	\$ 861.87	\$ 877.94	\$ 843.51	\$ 874.38	\$ 845.20	\$ 864.76	\$ 824.54	\$ 817.34	\$ 876.60	\$ 972.83	\$ 881.21	\$ 875.65	\$ 847.32	\$ 803.07	
Total cost in benefits per FTE - total (Average)	\$ 1,800.25	\$ 1,546.29	\$ 1,805.61	\$ 1,881.98	\$ 1,868.97	\$ 1,931.69	\$ 1,902.52	\$ 1,855.42	\$ 2,061.65	\$ 1,884.46	\$ 1,665.97	\$ 1,768.48	\$ 1,822.56	\$ 1,407.69		
Evaluations	Rolling 12 Total															
	Percentage of employees with completed annual evaluation	84.3%	84.3%	89.0%	90.4%	88.5%	88.9%	88.5%	85.8%	87.7%	90.0%	83.1%	84.3%	86.6%	89.2%	



### Hospital Reproductive Health Services

In accordance with 2SSB 5602 (Laws of 2019), the purpose of this form is to provide the public with specific information about which reproductive health services are and are not generally available at each hospital.

**Please contact the hospital directly if you have questions about services that are available.**

Hospital name:

Physical address:

City:

State:

ZIP Code:

Hospital contact:

Contact phone #:

**An acute care hospital may not be the appropriate setting for all reproductive health services listed below.**  
Some reproductive services are most appropriately available in outpatient settings such as a physician office or clinic, depending on the specific patient circumstances.

The following reproductive health services are generally available at the above listed hospital:

**Abortion services**

- ☐ Medication abortion
- ☐ Referrals for abortion
- ☐ Surgical abortion

**Contraception services**

- ☐ Birth control: provision of the full range of Food and Drug Administration-approved methods including intrauterine devices, pills, rings, patches, implants, etc.
- ☐ Contraceptive counseling
- ☐ Hospital pharmacy dispenses contraception
- ☐ Removal of contraceptive devices
- ☐ Tubal ligations
- ☐ Vasectomies

**Emergency contraception services**

- ☐ Emergency contraception - sexual assault
- ☐ Emergency contraception - no sexual assault

**Infertility services**

- ☐ Counseling
- ☐ Infertility testing and diagnosis
- ☐ Infertility treatments including but not limited to in vitro fertilization

**Other related services**

- ☐ Human immunodeficiency virus (HIV) testing
- ☐ Human immunodeficiency virus (HIV) treatment
- ☐ Pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prescriptions, and related counseling
- ☐ Sexually transmitted disease testing and treatment
- ☐ Treatment of miscarriages and ectopic pregnancies

**Pregnancy-related services**

- ☐ Counseling
- ☐ Genetic testing
- ☐ Labor and delivery
- ☐ Neonatal intensive care unit
- ☐ Prenatal care
- ☐ Postnatal care
- ☐ Ultrasound

**Comments; limitations on services; other services**

☐ Additional comments on next page

Signed by:

Date (mm/dd/yyyy)



### Hospital Reproductive Health Services

Hospital name:

Additional comments; limitations on services; other services (*continued*)

Signed by:

Date (mm/dd/yyyy)

NOTIFICATION OF CREDENTIALS FILES  
FOR REVIEW

Date August 20, 2019

TO: Board of Commissioners  
Kevin Martin, MD

FROM: Kyle West  
Medical Staff Services

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

PRACTITIONER	STATUS	APT/REAPT	SITE
Jeremy "Jie" Casey, DO	Provisional Active	Apt	KVH Women's Health
Daniel Smith, DO	Provisional Active	Apt	KVH General Surgery
Johan Ahn, MD	Provisional Associate	Apt	MDIG Onsite Locums
Christian Ingui, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Aaron Jun, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Laiandrea Stewart, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
<b>David Wells, MD</b>	<b>Provisional Associate</b>	<b>Apt</b>	<b>MDIG/OnRad Telerad</b>
Jean Yoder, GNP	Provisional AHP	Apt	KVH GNP Program
Daniel Hanson, MD	Associate	ReApt	Valley Vision
Steven O'Donnell, MD	Associate	ReApt	VM Telestroke
Sri Obulareddy, MD	Associate	ReApt	North Star Lodge
Vanessa Tseng, MD	Associate	ReApt	VM Telestroke
Ryan Ahr, PA-C	AHP	ReApt	KVH Workplace Health



## CHIEF MEDICAL OFFICER – Kevin Martin, MD

August 2019

### Medical Staff Services:

- Mitch Engel reports that we had no interviews in July. One provider started – Daniel Smith, General Surgeon and Nathan Kemalyan accepted an offer earlier this month. Both Daniel Smith and Nathan Kemalyan will be taking ten days of surgical call/clinic/OR time with KVH.
- Lisa Potter is, as always, working on a number of primary and ongoing. These include:
  - **Primary Projects:**
    - **Anti-Coagulation Clinic**
      - A financial analysis and the pros/cons of moving the anti-coagulation clinic to a new location were discussed by the admin team. While there are some secondary financial benefits related to cost reporting, this move remains under consideration but without any immediate actions planned.
    - **Foundation at KVH Presentations**
      - The final two presentations will be delivered together at the September meeting. Preparations are underway with content experts.
    - **Palliative Care**
      - Hosted Dr. Gregg VandeKieft on August 9<sup>th</sup>. Dr. VandeKieft is a family medicine physician and hospice/palliative care specialist out of Olympia, WA, and the 2017 recipient of the Stuart J. Farber Award for excellence in palliative care and hospice work, and a 2018 recipient of the Cunniff Dixon Award from The Hastings Institute, a national award recognizing 5 physicians annually for this work. Dr. VandeKieft answered many of our questions regarding care delivery models and how the service may be delivered in rural communities. I will be putting together an operations model and corresponding reimbursement analysis for consideration.
  - **Ongoing Projects:**
    - Pulmonary Rehab Program/Cardiopulmonary Rehab Option
    - Podiatry
    - Specialty Exam Services: FAA and immigration exams
- Kyle West reports that August we have 8 initial and 5 reccredentialling requests. We currently have 7 medical students rotating at KVH and 3 students where we are waiting to get agreements in place with their school. The schools where we are working on getting agreements in place are WSU College of Medicine and the University of Cincinnati. Kyle notes that one of the students includes as rotating at KVH is the 4<sup>th</sup> year PNWU externship student who is spending a year with the CWFMR Ellensburg rural residency track. Her name is Emily Webb. She is rotating here for a year with the plan of matching to the CWFMR Ellensburg track. This is the first year they have had this program. It has the potential to improve the training pipeline to train and retain the graduates of the CWFMR Ellensburg rural track.
- **CMO activities:**
  - **Community & Regional Partnerships**
    - Greater Columbia Accountable Community of Health: I continue as facilitator of the Transition Care Project (Project 2C). We are receiving payments from GCACH to support our transformation work in our family medicine clinics and inpatient services. We are also applying for a \$100,000 prize from GCACH to support management of the treatment of opioid use disorder across the county.
    - On 8/1-2, GCACH hosted a summit on Transitional Care. I presented a brief plenary on a toolset for improved communication at transitions between hospital and the range of organized care settings in the community such as skilled nursing facilities, long-term care, assisted living, and home health. I also moderated a panel discussion with local experts in community-based palliative care from Yakima, Pullman, Dayton, and Tri-Cities.
    - KVH continues to be a key partner in the Kittitas County Health Network and at the Annual Meeting. As reported elsewhere, this partnership has resulted in a \$200,000 planning grant from the Health Resources and Services Administration (HRSA) for an opioid treatment program as well \$1,877,000 from HRSA, the Bureau of Justice Assistance, and AmerisourceBergen to support KCHN's work around substance use and care coordination, with additional monies on the horizon. We hope that this will allow us to work as a community to strengthen mental health services, crisis services, and the treatment of substance use across the county.

**CHIEF MEDICAL OFFICER – Kevin Martin, MD**

**August 2019**

- On 7/25, I gave a brown-bag lunch presentation at the Adult Activity Center describing work by KVH and it the community to support state-of-the-art models of care and living for elders in the county.
- The Values Alignment Committee continues to have very interesting, sometimes challenging meetings every other week. We are nearing the point of draft contract language.
- We continue work on a third Evidence-Based Medicine workshop next spring.

Respectfully submitted,  
Kevin Martin, MD  
Chief Medical Officer





## CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

### July Operating Results

- July inpatient admission and patient days were below budget by 7 admits and 19 patient days, respectively. Low patient volume in the Family Birth Place was the reason for the admission and patient day variance. There were only 18 births in July, 10 below budget. The Medical/Surgical Department exceeded their July revenue target by \$47,546 and ICU was just \$3,761 below their budget target. There are 3 swing bed admission and 24 swing bed days included in the admission and patient days totals. Inpatient surgeries, GI procedures, Urgent Care visits and Rehab services exceeded their July budget target. Outpatient surgeries, ER visits, laboratory tests, radiology exams and clinic visits were below their budget target. The additional GI procedures are helping to offset the negative outpatient surgery volume variance. Although July ER visits were below budget, ER departmental revenue exceeded budget by \$81,492 due to ER leveling project. Rehab visits were 18.3% better than budget for July and 13.5% better than budget YTD. Clinic visits were below budget, by 11.2% in July and 4.1% YTD. Although clinic visits in 2019 are below their budget target, clinic visits are 12.54% greater than 2018.
- Gross revenue of \$12,706,938 was below budget by \$221,096. July inpatient revenue tracked with acute admissions, patient days and inpatient surgeries that went the Medical/Surgical floor exceeded budget by \$103,167. Outpatient revenue was below budget by \$74,261 and clinic revenue below budget by \$250,002.
- Deductions from revenue were \$140,515 greater than budget for the month. In July there were system challenges that prevented the hospital from writing off Cerner patient accounts to bad debt and sending the accounts to collection agencies. This issue did not impact patient accounts in the Nextgen or Paragon billing systems. YTD, self-pay revenue increased from 1.82% through June to 2.14% through July. KVH has not accrued for the remaining portion of the 2018 Medicare cost report settlement which is approximately \$340,000.
- Other operating revenue for July exceeds budget by \$48,287 due primarily to the receipt of \$53,529 grant award from Greater Columbia Accountable Community of Health (GCACH). 340b revenue continues to be a significant source of income for KVH, averaging \$133,000 per month.
- Overall operating expenses were below budget by \$232,364 in July. The positive wage variance of \$138,855 was due to adjusting staffing to the patient volumes. Home Health was below their labor budget by \$32,536, the clinics were below budget by \$83,693, surgery was below budget by \$15,029, family birth place by \$7,298 and engineering by



\$11,770. Temporary labor was over budget by \$11,575 due to a \$8,564 payment for an ER nurse and \$5,628 for cardio pulmonary tech. Benefit expenses were below budget by \$154,036 due to receipt of a dividend payment from the Public Hospital Direct Worker's Compensation Group. The negative July purchased service expense was due mainly to an additional \$37,439 for contract coders for HIM. HIM is in the process of hiring coders so that this expensive purchase service can be reduced. For the most part, all other YTD expenses are tracking close to budget and when they are not, the variances are explainable.

- July operations resulted in an operating gain of \$178,158 compared to budgeted operating gain of \$259,118. YTD KVH is \$138,009 below our operating income target.
- Non-operating revenue/expense was below budget by \$7,425.
- Days in Accounts Receivable increased 4 days from 88 to at 92 days in July. Gross account receivable increased by \$1,080,675 in July. There were a number of factors that caused the AR to increase. Business Office staff were cleaning up incorrect account credit balances that had been building since the conversion to Cerner. Total value of the credit balances that were reversed was approximately \$1,000,000. The billing staff encountered some system issues that prevented them from referring accounts to collection that had been through the 4 month hospital billing cycle.
- Days Cash on Hand decreased 3.2 days to 136.7 days in July from 139.9 in June. Overall, days cash on hand has been stable. As we start to spend fund on the Medical Arts Clinic project the days cash on hand will decline substantially.
- Average daily cash collections (all cash) in July slipped to \$315,485 per working day from \$365,867 in June. The hospital averaged \$333,357 in collections per working day for the first 7 months of the year.

# Kittitas Valley Healthcare

## Financial and Operating Indicators

July 2019 - Key Statistics and Indicators

Measure	2019 YTD	2019 Budget	2019 Annualize	2018	2017	2016
Total Charges	87,312,080	151,556,153	149,677,852	140,104,003	130,611,388	124,153,636
Net Revenue	47,393,529	82,594,255	81,246,049	78,753,810	71,490,964	71,506,819
Operating Income	736,866	2,013,073	1,263,199	474,120	885,655	(5,893)
Operating Margin %	1.6%	2.4%	1.6%	0.6%	1.2%	0.0%
Cash	28,670,670	31,428,600	28,670,670	27,408,625	33,213,447	29,859,717
Days Cash on Hand	136.7	150.0	136.7	133.5	178.7	156.0
Surgeries	735	1,478	1,260	1,461	1,641	1,856
Emergency Visits	8,070	13,760	13,834	13,930	13,162	13,789
% ED visits To Bed	9.9%	n/a	9.9%	n/a	n/a	n/a
Diagnostic Imaging	17,641	31,664	30,242	29,474	33,836	33,471
Laboratory	121,967	218,157	209,086	207,040	190,587	181,082
Clinic Visits	41,429	75,644	71,021	58,500	50,917	48,525
IP & Obs Days (no swing)	2,309	3,801	3,959	3,829	3,440	3,937
Deliveries	182	332	312	332	322	312
Admits	547	952	938	944	899	1,043
FTEs	473.4	485.4	473.4	469.4	457.6	449.1
AR Days	92.0	60.0	92.0	92.0	50.8	47.5

# Kittitas Valley Healthcare

## July 2019 - Key Statistics and Indicators

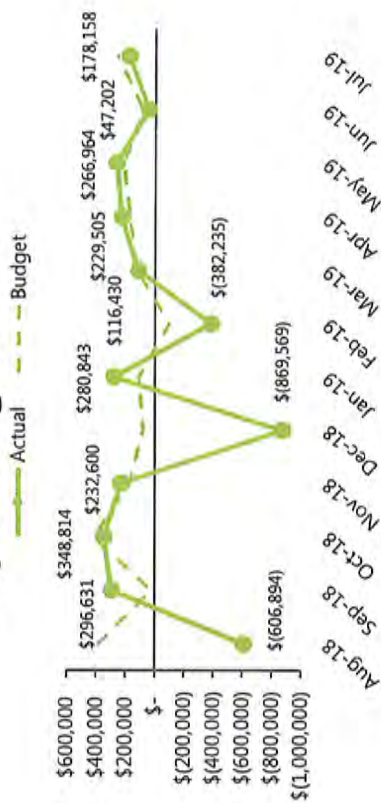
Activity Measures	Current Month			Year to Date			Prior YTD	
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01 Admissions w/Swingbed	76	83	-8.3%	547	556	-1.6%	587	-6.8% 01
02 Patient Days - W/O Newborn	207	226	-8.1%	1,563	1,543	1.3%	1,699	-8.0% 02
03 Patient Days - Swingbed	24	28	-15.4%	31	42	-26.9%	NA	NA 03
04 Avg Daily IP Census w/Swingbed	7.5	8.2	-8.9%	7.5	7.5	0.6%	8.0	-6.2% 04
05 Average Length of Stay	2.7	2.7	0.2%	2.9	2.8	3.0%	2.9	-1.3% 05
06 Average Length of Stay w/Swingbed	3.0	3.1	-0.7%	2.9	2.9	2.2%	2.9	0.6% 06
07 Deliveries	18	28	-36.2%	182	193	-5.6%	196	-7.1% 07
08 Case Mix Inpatient	1.07	1.00	7.4%	1.04	1.00	4.1%	1.17	-11.0% 08
09 Surgery Minutes - Inpatient	3,399	3,018	12.6%	21,647	20,637	4.9%	21,683	-0.2% 09
10 Surgery Minutes - Outpatient	5,556	6,759	-17.8%	38,235	46,219	-17.3%	51,575	-25.9% 10
11 Surgery Procedures - Inpatient	25	23	7.7%	166	159	4.5%	176	-5.7% 11
12 Surgery Procedures - Outpatient	83	102	-18.9%	569	700	-18.7%	803	-29.1% 12
11 Gastrointestinal Procedures	127	119	6.7%	848	769	10.3%	776	9.3% 11
12 ER Visits	1,097	1,169	-6.1%	8,070	7,992	1.0%	8,198	-1.6% 12
13 Urgent Care Cle Elum Visits	482	362	33.1%	2,925	2,479	18.0%	2,612	12.0% 13
14 Laboratory	17,158	18,528	-7.4%	121,967	126,711	-3.7%	132,909	-8.2% 14
15 Radiology Exams	2,522	2,689	-6.2%	17,641	18,391	-4.1%	18,481	-4.5% 15
16 Rehab Visit	1,675	1,416	18.3%	10,992	9,683	13.5%	8,144	35.0% 16
17 Outpatient Percent of Total Revenue	85.1%	86.2%	-1.2%	85.0%	86.1%	-1.2%	84.4%	0.7% 17
18 Clinic Visits	5,837	6,571	-11.2%	41,429	43,182	-4.1%	32,757	26.5% 18
19 Adjusted Patient Days	1,394	1,633	-14.6%	10,453	11,087	-5.7%	10,921	-4.3% 19
20 Equivalent Observation Days	103	97	5.6%	747	665	12.3%	689	8.3% 20
21 Avg Daily Obs Census	3.3	3.1	5.6%	3.5	3.1	12.3%	3.3	8.3% 21
22 Home Care Visits	593	738	-19.6%	3,935	5,045	-22.0%	5,284	-25.5% 22
23 Hospice Days	637	930	-31.5%	5,885	6,361.2	-7.5%	7,645	-23.0% 23
<b>Financial Measures</b>								
24 Salaries as % of Operating Revenue	50.3%	50.1%	-0.5%	50.3%	50.7%	0.8%	52.4%	4.0% 24
25 Total Labor as % of Operating Revenue	60.0%	61.4%	2.4%	62.1%	62.3%	0.2%	64.5%	3.7% 25
26 Revenue Deduction %	49.1%	47.1%	-4.1%	48.3%	47.4%	-1.8%	46.2%	-4.5% 26
27 Operating Margin	2.6%	3.7%	-28.1%	1.6%	1.8%	-15.1%	-0.3%	-548.2% 27
<b>Operating Measures</b>								
28 Productive FTE's	400.0	432.9	7.6%	415.6	432.9	4.0%	417.0	0.3% 28
29 Non-Productive FTE's	68.1	52.5	-29.7%	57.8	52.5	-10.2%	52.4	-10.4% 29
27 Paid FTE's	468.1	485.4	3.6%	473.4	485.4	2.5%	469.4	-0.9% 27
28 Operating Expense per Adj Pat Day	\$ 4,717	\$ 4,170	-13.1%	\$ 4,463	\$ 4,228	-5.6%	\$ 4,069	-9.7% 28
29 Operating Revenue per Adj Pat Day	\$ 4,845	\$ 4,329	11.9%	\$ 4,534	\$ 4,307	5.3%	\$ 4,055	11.8% 29
30 A/R Days	92.0	60.0	-53.3%	92.0	60.0	-53.3%	86.0	-7.0% 30
31 Days Cash on Hand	136.7	175.0	-21.9%	136.7	175.0	-21.9%	154.2	-11.4% 31

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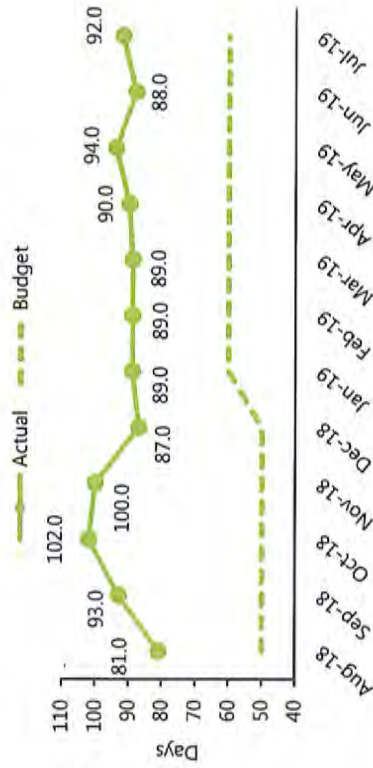


# Financial Sustainability

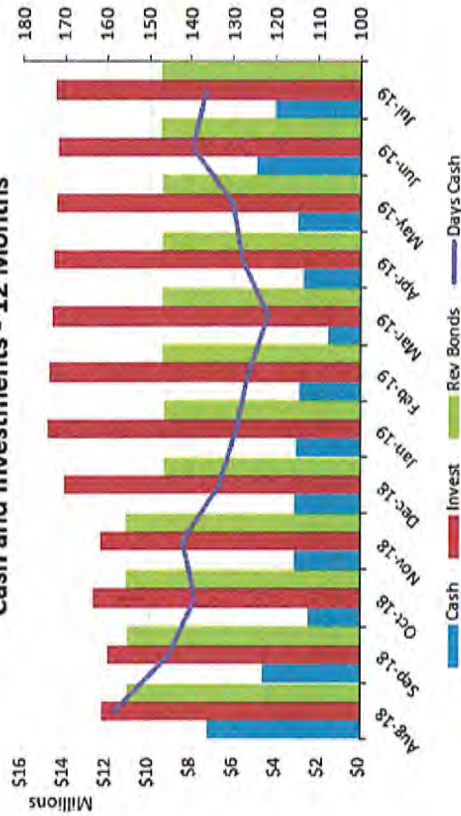
## Operating Income



## Accounts Receivable Days



## Cash and Investments - 12 Months



## Payer Mix

	CY 2017	CY 2018	YTD 2019
Medicare	40.47%	41.85%	42.47%
Medicaid	18.90%	18.45%	19.21%
Commercial	33.14%	32.03%	31.88%
Self Pay	4.31%	3.52%	2.14%
Other	3.18%	4.15%	4.30%

# Kittitas Valley Healthcare

## Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	1,889,082	1,785,915	103,167	13,054,198	12,213,355	840,843	12,358,876
OUTPATIENT REVENUE	9,084,041	9,158,303	(74,261)	61,976,211	62,630,973	(654,763)	57,934,391
CLINIC REVENUE	1,733,814	1,983,816	(250,002)	12,281,672	12,928,963	(647,291)	9,129,468
<b>REVENUE</b>	<b>12,706,938</b>	<b>12,928,034</b>	<b>(221,096)</b>	<b>87,312,080</b>	<b>87,773,291</b>	<b>(461,211)</b>	<b>79,422,735</b>
CONTRACTUALS	5,883,753	5,684,394	199,359	39,835,934	38,829,431	1,006,502	34,002,874
PROVISION FOR BAD DEBTS	215,104	257,181	(42,077)	1,643,902	1,760,144	(116,242)	1,650,044
FINANCIAL ASSISTANCE	74,422	92,100	(17,678)	228,350	629,844	(401,493)	631,445
OTHER DEDUCTIONS	62,434	61,524	911	444,952	416,674	28,278	402,168
<b>DEDUCTIONS FROM REVENUE</b>	<b>6,235,713</b>	<b>6,095,198</b>	<b>140,515</b>	<b>42,153,138</b>	<b>41,636,093</b>	<b>517,045</b>	<b>36,686,531</b>
NET PATIENT SERVICE REVENUE	6,471,224	6,832,836	(361,611)	45,158,942	46,137,198	(978,256)	42,736,204
OTHER OPERATING REVENUE	284,321	236,034	48,287	2,234,587	1,614,166	620,421	1,548,712
<b>TOTAL OPERATING REVENUE</b>	<b>6,755,545</b>	<b>7,068,869</b>	<b>(313,324)</b>	<b>47,393,529</b>	<b>47,751,364</b>	<b>(357,835)</b>	<b>44,284,916</b>
SALARIES	3,400,713	3,539,569	(138,855)	23,841,621	24,206,083	(364,462)	23,204,238
TEMPORARY LABOR	23,094	11,519	11,575	243,068	71,510	171,558	220,246
BENEFITS	649,865	803,901	(154,036)	5,608,436	5,540,177	68,260	5,369,116
PROFESSIONAL FEES	64,252	55,541	8,711	461,312	379,778	81,534	430,951
SUPPLIES	781,131	785,101	(3,970)	4,987,807	5,374,339	(386,531)	5,014,854
UTILITIES	79,001	75,463	3,538	561,935	546,973	14,962	540,874
PURCHASED SERVICES	877,592	825,189	52,403	6,121,937	5,776,323	345,614	5,542,485
DEPRECIATION	301,574	342,061	(40,488)	2,192,031	2,394,429	(202,398)	1,634,146
RENTS AND LEASES	120,441	127,932	(7,491)	853,035	895,522	(42,486)	799,512
INSURANCE	39,326	39,575	(249)	335,219	277,025	58,194	270,827
LICENSES & TAXES	78,185	67,783	10,401	513,633	474,483	39,150	438,905
INTEREST	55,470	56,913	(1,444)	400,077	398,393	1,684	393,779
TRAVEL & EDUCATION	32,093	36,314	(4,221)	207,548	249,738	(42,189)	202,965
OTHER DIRECT	74,651	42,890	31,761	329,003	291,716	37,287	375,644
<b>EXPENSES</b>	<b>6,577,387</b>	<b>6,809,751</b>	<b>(232,364)</b>	<b>46,656,662</b>	<b>46,876,489</b>	<b>(219,826)</b>	<b>44,438,542</b>
<b>OPERATING INCOME (LOSS)</b>	<b>178,158</b>	<b>259,118</b>	<b>(80,960)</b>	<b>736,866</b>	<b>874,875</b>	<b>(138,009)</b>	<b>(153,627)</b>
OPERATING MARGIN	2.64%	3.67%	25.84%	1.55%	1.83%	38.57%	-0.35%
NON-OPERATING REV/EXP	48,876	56,301	(7,425)	509,035	372,473	136,562	1,196,229
<b>NET INCOME (LOSS)</b>	<b>227,035</b>	<b>315,419</b>	<b>(88,385)</b>	<b>1,245,902</b>	<b>1,247,348</b>	<b>(1,447)</b>	<b>1,042,602</b>
<b>UNIT OPERATING INCOME</b>							
HOSPITAL	145,750	342,989	(197,240)	780,114	2,031,252	(1,251,138)	1,764,985
URGENT CARE	27,732	(5,725)	33,456	(226,892)	(43,293)	(183,599)	(94,080)
CLINICS	(15,159)	(127,529)	112,369	(99,145)	(1,446,945)	1,347,799	(2,187,180)
HOME CARE COMBINED	19,836	49,382	(29,546)	282,883	333,861	(50,977)	362,648
<b>OPERATING INCOME</b>	<b>178,158</b>	<b>259,118</b>	<b>(80,960)</b>	<b>736,959</b>	<b>874,875</b>	<b>(137,916)</b>	<b>(153,627)</b>

07/31/2019

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	4,076,895	3,268,227	808,669
ACCOUNTS RECEIVABLE	39,610,183	36,648,852	2,961,331
ALLOWANCE FOR CONTRACTUAL	(21,503,689)	(18,507,689)	(2,996,000)
THIRD PARTY RECEIVABLE	1,250,300	1,889,004	(638,704)
OTHER RECEIVABLES	296,779	788,227	(491,448)
INVENTORY	1,618,025	1,526,115	91,910
PREPAIDS	760,337	591,940	168,397
INVESTMENT FOR DEBT SVC	679,832	945,710	(265,879)
<b>CURRENT ASSETS</b>	<b>26,788,663</b>	<b>27,150,386</b>	<b>(361,723)</b>
INVESTMENTS	23,913,943	23,320,485	593,458
PLANT PROPERTY AND EQUIPMENT	78,638,609	79,180,803	(542,194)
ACCUMULATED DEPRECIATION	40,971,212	40,721,063	250,149
<b>NET PROPERTY, PLANT, &amp; EQUIP</b>	<b>37,667,396</b>	<b>38,459,739</b>	<b>(792,343)</b>
OTHER ASSETS	(0)	(0)	0
<b>NONCURRENT ASSETS</b>	<b>37,667,396</b>	<b>38,459,739</b>	<b>(792,343)</b>
<b>ASSETS</b>	<b>88,370,003</b>	<b>88,930,610</b>	<b>(560,607)</b>
ACCOUNTS PAYABLE	994,363	2,234,706	(1,240,343)
ACCRUED PAYROLL	1,145,055	1,046,722	98,333
ACCRUED BENEFITS	378,994	209,608	169,386
ACCRUED VACATION PAYABLE	1,709,933	1,678,465	31,468
THIRD PARTY PAYABLES	1,687,300	1,708,504	(21,204)
CURRENT PORTION OF LONG TERM DEBT	997,343	1,587,202	(589,859)
OTHER CURRENT LIABILITIES	0	0	0
<b>CURRENT LIABILITIES</b>	<b>6,912,990</b>	<b>8,465,208</b>	<b>(1,552,219)</b>
ACCRUED INTEREST	64,775	322,579	(257,803)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	3,742	0	3,742
DEFERRED REVENUE HOME HEALTH	115,975	116,204	(229)
<b>DEFERRED LIABILITIES</b>	<b>184,492</b>	<b>438,783</b>	<b>(254,290)</b>
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,989,839	13,399,698	(409,859)
LTD - 2018 REVENUE BOND	5,820,000	6,000,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,540,849	2,540,849	0
CURRENT PORTION OF LONG TERM DEBT CONTF	(997,343)	(1,587,202)	589,859
<b>LONG TERM DEBT</b>	<b>20,353,345</b>	<b>20,353,345</b>	<b>0</b>
<b>NONCURRENT LIABILITIES</b>	<b>20,537,837</b>	<b>20,792,128</b>	<b>(254,290)</b>
FUND BALANCE	59,673,274	59,673,274	0
NET REVENUE OVER EXPENSES	1,245,902	0	1,245,902
<b>FUND BALANCE</b>	<b>60,919,176</b>	<b>59,673,274</b>	<b>1,245,902</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>88,370,003</b>	<b>88,930,610</b>	<b>(560,607)</b>



07/31/2019

# Kittitas Valley Healthcare Balance Sheet and Cash Flow

## Statement of Cash Flow

	CASH
NET BOOK INCOME	1,245,902
<b>ADD BACK NON-CASH EXPENSE</b>	
DEPRECIATION	250,149
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	1,496,051
<b>CHANGE IN CURRENT ASSETS ( \$ )</b>	
PATIENT ACCOUNTS	34,668
OTHER RECEIVABLES	1,130,151
INVENTORIES	(91,910)
PREPAID EXPENSES & DEPOSITS	(168,397)
INVESTMENT FOR DEBT SVC	265,879
<b>TOTAL CURRENT ASSETS</b>	<b>1,170,392</b>
INVESTMENTS	(593,458)
PROPERTY, PLANT, & EQUIP.	542,194
OTHER ASSETS	0
<b>TOTAL ASSETS</b>	<b>2,615,178</b>
<b>CHANGE IN CURRENT LIABILITIES ( \$ )</b>	
ACCOUNTS PAYABLE	(1,240,343)
ACCRUED SALARIES	98,333
ACCRUED EMPLOYEE BENEFITS	169,386
ACCRUED VACATIONS	31,468
COST REIMBURSEMENT PAYABLE	(21,204)
CURRENT MATURITIES OF LONG-TERM DEBT	(589,859)
CURRENT MATURITIES OF CAPITAL LEASES	0
<b>TOTAL CURRENT LIABILITIES</b>	<b>(1,552,219)</b>
<b>CHANGE IN OTHER LIABILITIES ( \$ )</b>	
ACCRUED INTEREST ON 1998, 1999 UTGO	(257,803)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	3,742
DEFERRED REVENUE - HOME HEALTH	(229)
<b>TOTAL OTHER LIABILITIES</b>	<b>(254,290)</b>
<b>CHANGE IN LT DEBT &amp; CAPITAL LEASES ( \$ )</b>	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(409,859)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	589,859
<b>TOTAL LONG-TERM DEBT &amp; LEASES</b>	<b>0</b>
<b>TOTAL LIABILITIES</b>	<b>(1,806,509)</b>
NET CHANGE IN CASH	808,669
BEGINNING CASH ON HAND	3,268,227
ENDING CASH ON HAND	4,076,895

## GRANTS – Mitchell Rhodes

August 2019

### Awarded

- *HRSA (KCHN) – \$1,000,000 - Opioid Implementation grant*
  - *Award Begins September 1, 2019*

### Not Funded

- *HRSA-19-018 Small Health Care Provider QI Program - \$200,000 per year over 3 years: Chronic Disease Management and Motivational Interviewing for KVH primary care clinics*
  - *Reviewers were looking for more detail on how this program would be implemented and managed at KVH*

### Waiting Determination

- *NACCHO (KCHN) – \$10,000 - Improve community health and safety*
  - *Expected determination Summer 2019*
- *SAMHSA (KCHN) – \$300,000 - Underage substance use evaluation, education campaign, and intervention program*
  - *Expected determination August/September 2019*
- *Pride Foundation Community Grant (KVH Foundation) - \$15,000 – Provider education on LGBTQ health concerns*
  - *Expected determination November 2019*
- *Kittitas County Law and Justice Grant (KVH – ED) - \$5,263 – Community education program/implementation of the Stop the Bleed program*
  - *Expected Determination December 2019*
- *Bureau of Justice Assistance Grant (KCHN) - \$750,000 over 2 years – Opioid Implementation Grant Supplement*
  - *Expected Determination October/November*
- *AmerisourceBergen Community Grant (KCHN) - \$127,395 – Opioid Assistance Grant*
  - *Expected Determination November/December – This determination will allow us to move into a full application round*

### Works in Progress

- *Coverys Foundation Grant (KVH) – \$49,000 – Rolling – Develop and Implement both Clinical and Non-Clinical Drill Program*
- *GCACH Opioid Resource Network Manager - \$100,000 – Due 8/16 – Develop/expand Medication Assisted Treatment of Opioid Use Disorder at KVH and throughout the County*

- Foundation for Opioid Response Efforts (FORE) Access to Treatment Grant (KCHN) – Due 8/23 - \$300,000/year over 2 years – Increase sustainability of the Network, Expand Health Commons, Increase workforce surrounding Substance Use Disorder
- Updating and developing new grant processes and policies with both KVH and KCHN. Expected roll out to departments in August.

#### Researching

- HRSA Rural Health Network Development Program (KCHN) - \$300,000 – Improve sustainability of the Health Network

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



## KITTITAS VALLEY HEALTHCARE Capital Expenditure Board Narrative

**Requesting Department:** Family Birthing Place

**Capital Item Requested:** Panda Warmer and Panda Warmer module to resuscitate with neopuff (T-Piece)

**Function of Project:** Panda Warmers help keep healthy babies healthy by directing heat to the infant, and not the caregiver. Provides easy access to infant while keeping them warm and content. Allows more room for staff and patient's family to interact with the baby. Hands-free alarm silence, full-color display and integrated scale makes the caregiver's job easier and help provide better care to the patient.

Resuscitation unit (T-Piece) enhances ability to provide immediate resuscitation and stabilization of newborns when needed.

**Reason Requested:** Replace/reallocate aging equipment with model capable of supporting neopuff (T-piece) use, replace component on current equipment to be capable of supporting neopuff (T-piece). This will also allow for a warming unit to reside in the main OR for scenarios when needed.

**Budget:** \$28,000

**Actual Cost:** \$33,693

**Submitted By:** Stacey Botten, Director – Family Birthing Place

**Date:** 08/22/19

**KITTITAS VALLEY HEALTHCARE  
Capital Expenditure Board Narrative**

**Requesting Department:** Lab/Imaging/Surgical Outpatient

**Capital Item Requested:** Waiting Room Furniture

**Function of Project:** Comfortable waiting space for patients and families.

**Reason Requested:** The current furniture is 10 years old. The wear and tear on the tables and chairs is showing its age.

**Budget:** \$53,100

**Actual Cost:** \$47,980

**Submitted By:** Morgan Anderson, Director – Materials Management

**Date:** 08/22/19



## OPERATIONS REPORT

August 2019

### **PATIENT CARE OPERATIONS**

#### **De-escalation Training:**

- On August 8 and 9, staff were provided an opportunity to attend a 4-hour training on de-escalation techniques and education. The high risk areas (ED and FBC) were represented well and overall the feedback on the training was excellent. There were 84 staff who were able to attend from all departments

#### **Food and Nutrition Services:**

- Diabetes Education/Outpatient nutrition
- Cerner workflow improved regarding charges for Medical Nutrition Therapy and Diabetes Self-Management.
- Provider Referral Project - QAPI – Goal is to improve the percentage of patients scheduled who received a referral for education. Activity has included the clinic PSR scheduling the appointment while the patient is currently in clinic with their provider at the time of the referral. We continue to sporadically meet with staff, managers, and providers to promote the new work system. Initial January baseline of 59.6%
  - June: 34 new referrals, 28 scheduled = 82%
  - July: 29 new referrals, 26 scheduled = 90%
- We are working on a Diabetes 101 Survival Skills class to be offered in the fall as well as a diabetic support group.

#### **Community Engagement:**

- Activities of the Rodeo BBQ on 8/21.

#### **Emergency Department/Urgent Care Clinic**

- The Emergency Department says goodbye to some wonderful staff as life transitions happen. Shannon Edwards and Ben Jackman are relocating out of the area. They are two wonderful per diem nurses that the ED will miss greatly. This married couple always brought a smile to work and were wonderful role models to all. In addition, we will be losing Kayce Chlarson, PCT as she is entering her last semester of nursing school. We wish her well as she takes one step closer to obtaining her RN.

With loss comes new gains. We welcome two experienced ED nurses to the team: Kayla Engelhardt and Aime Hale will be joining our department.



Members of the ED staff participated in National Night Out on Aug. 6th discussing water safety.

We would like to thank Dr. Asriel who presented on the Opioid Crisis and Medication Assisted Treatment (MAT) at our staff meeting Aug. 20<sup>th</sup>. The KVH ED staff look forward to working with the Kittitas Health Network on battling Opioid Use Disorder through grants received. In addition, Dede Utley participated on the CHCW and KCHM's panel discussion on Opioid Awareness for the community on Aug. 14<sup>th</sup>.

Congratulations to the team who worked on the Coverdell Stroke Grant. Cody Staub, RN, Special Programs Coordinator with the help of Anna Scarlett, RN, Quality did an outstanding job on implementing improvements to our Stroke Program. Cody has been asked to present the work done at the next Stroke Program Leaders Network and at the Coverdell Stroke QI Forum. We are already seeing improvements in our times of care for these patients.

Urgent Care continues to do great for our Upper County community.

*Thank you, Vicky Machorro, Chief Nursing Officer*

## **ANCILLARY SERVICES OPERATIONS**

### **Home Health & Hospice:**

- We are down one OT and one PT in Home Health and being cautious about filling the PT until we understand the impact of the new CMS Home Health billing program (PDGM), which I presented on at the last Board meeting.

Dr. Martin previewed a software upgrade to our HHH EMR that will enhance his ability to sign documents electronically, which will be very helpful with the PDGM payment model. We will be taking this to Capital next month.

HHH participated in the County wide Emergency Operations Center (EOC) drill, with a tabletop scenario of a fire in Upper County causing the City of Roslyn to be evacuated. We successfully communicated with staff at the EOC, our staff in the field, and had plans in place to notify EMS of patients in the area that would need assistance being evacuated in a real disaster.

### **Rehab Services:**

- We provided 25 new patient evaluations at Cle Elum PT in February and had 15 patients on a waiting list to receive services. The staff is excellent at pulling new patients into

open slots created by a cancellation. I'm continuing to work with the clinic staff to find space to expand PT service within the FMC building.

#### **Diagnostic Services:**

- We implemented our paper patient satisfaction survey the week of August 12 and I will provide an update on the results at the September meeting.

Our 30 day post survey regarding imaging phone communication has been completed and we showed a great deal of improvement by removing the phone tree and answering the phone "live". The results are posted below and I'm expecting even more improvement once we are fully staffed with imaging receptionists. We will survey again in early November.

**On a scale of 1-10, with 1 being Never and 10 being Always, please answer the following questions:**

**Question: How frequently does a person answer the imaging department phone when you call?**

	% rating of 1,2 or 3	%rating of 8,9,or 10
May-19	62.91	11.29
Aug-19	30.77	30.77

**Question: When you call the imaging department, please rate your ability to have your need met with one call.**

	% rating of 1,2 or 3	%rating of 8,9,or 10
May-19	43.33	23.34
Aug-19	30.77	33.34

**Question: Please rate your ease of communicating by phone with the imaging department in the last 30 days**

	% rating of 1,2 or 3	%rating of 8,9,or 10
May-19	61.67	18.33
Aug-19	23.68	39.47

**Question: Has your overall satisfaction with phone communication with the imaging department Improved in the last 30 days?**

	Yes	No
Aug-19	50	50

We are continuing to have calls weekly to focus on improvement in turn around times with our radiology service. The table below shows the current average TAT for STAT exams.

Date	Average of TAT in Minutes
Aug 5, 2019	35.57
Aug 4, 2019	38.96
Aug 3, 2019	18.58
Aug 2, 2019	20.17
Aug 1, 2019	37.44
Jul 29, 2019	41.29
Jul 30, 2019	34.56
Jul 28, 2019	49.70
Jul 27, 2019	35.80
Jul 26, 2019	17.11
Jul 25, 2019	23.90
Jul 24, 2019	33.06
Jul 23, 2019	19.69
Jul 22, 2019	19.60
Jul 21, 2019	44.18
<b>Grand Total</b>	<b>31.90</b>

*Thank you, Rhonda Holden, Chief Ancillary Officer*

## **CLINIC OPERATIONS**

### **Farmer's Market:**

- On July 27<sup>th</sup> and July 28<sup>th</sup>, Mitch Engel and I spent the weekend chatting with hundreds of patients, community members and visitors. We attended the Ellensburg and Roslyn markets to meet a strategic goal of surveying the community on needs. *See the results of information gathered below.*

We were so grateful to have Elise Rhodes, Katie Johnson, Kelsey Chappelle, Sarah Devries and Katie Barnhart there helping us out. These ladies are all part of our Family Medicine Ellensburg team and are the experts on scheduling. We had them signed into Cerner with a Wi-Fi hotspot and they were available to schedule patients.

### **Chronic Care Management (CCM):**

- We have gone live with Chronic Care Management at Internal Medicine, Family Medicine Cle Elum and Family Medicine Ellensburg. This is the program where the Medicare patient will need to agree to sign up to have direct one on one care with the nurse regarding their chronic condition. There is a charge for this service and the patient will be responsible for \$8/month after Medicare reimbursement.



I listened to Dr. Jeff Hummel speak at the Greater Columbia ACH conference in Yakima at the first of August. One of his slides was on creating a team culture and how this is associated with lower burnout rates. He particularly associated CCM as a process which will assist our Physicians and APC's. So, we are hopeful this will make for a rewarding program not only for our patients but staff as well.

On this same topic, we have been approached by Caravan Health (ACO) to speak at their symposium in December in Scottsdale, AZ. They have really appreciated hearing about the nurses creating this new CCM process, the standard work and how the nurses are involving the Physicians and APC's.

#### **Patient Scam Alert:**

- Family Medicine Cle Elum has had a slew of requests from third party vendors asking for the office to just fill out the form and fax back for our patients. However, the patients have never requested this to be done. These vendors are able to send the items to the patient and bill Medicare. Apparently, there was an elderly woman in Cle Elum with a large volume of DME that she did not need or request but was sent to her based on this scam. I have reported this to the State Attorney General and the Office of Inspector General.

#### **Workplace Health:**

- They have officially made the transition to Cerner. This was particularly difficult as it is client based and not patient based as our other clinics. Nonetheless, they have gotten past all the hurdles and are living the implementation pains the rest of the organization felt over a year ago.

#### **Family Medicine Cle Elum:**

- A couple of weeks ago the two bathrooms close to the front lobby began to back up onto the floors and onto the carpet. The bathrooms were out of service for about a week while the problem was being addressed and carpet cleaned. Luckily, this all happened on the old carpet which was approved at the last board meeting to be replaced.

Access:

Are you able to see your local medical provider when you need to?

#### **YES**

Family Medicine Ellensburg	60
Internal Medicine	14
Family Medicine Cle Elum	12
Family Healthcare of Ellensburg	14
Community Health of Central Washington	7
Other	16

**NO**

They are never available	
The hours don't work for me	
The locations don't work	
Other (insurance coverage – both patients we were able to tell them we accept their insurance at KVH locations)	2

Primary Care:  
Do you have a Primary Care Provider?

**YES**

in Ellensburg	89
in Cle Elum	20
in Yakima	2
in Seattle	7
Other	8

**NO**

I don't know how to find one	
I don't need one	
I can't afford one	
I'm not comfortable with local options	
Other (These were patients who don't live in the area and do not have one. One individual lives in 3 states, is 71 and has never seen a physician. Another one lives in Arizona and here part time and not Medicare so coverage is not available here.)	7

Specialty Services:  
What specialty services should we work on bringing to Kittitas County?

Ear/Nose/Throat	21%
Cardiology	17%
Rheumatology	14%
Podiatry	11%
Urology	5%
Other	32%

Other includes: Endocrinology, Mental Health, Denturist, Neurology, Allergist, Hand specialist, Gerontology, children pulmonologist

Convenience:

What is your preferred time for routine medical appointments?

Before 8:00am	31%
Between 8:00am – 4:30pm	48%
After 5:00pm	20%

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

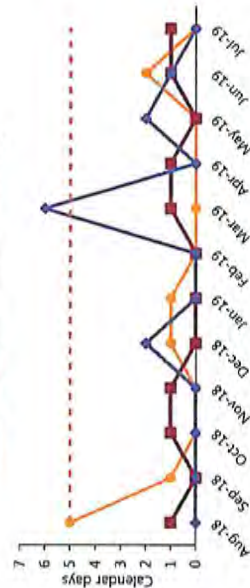


# Clinic Operations Dashboard

Third available appointment for established patients



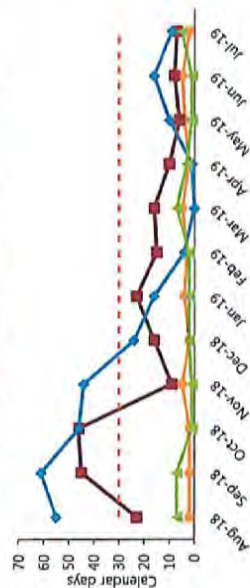
Third available appointment for established patients



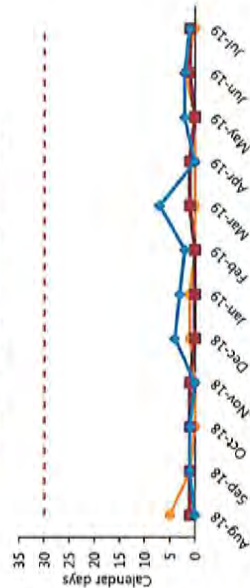
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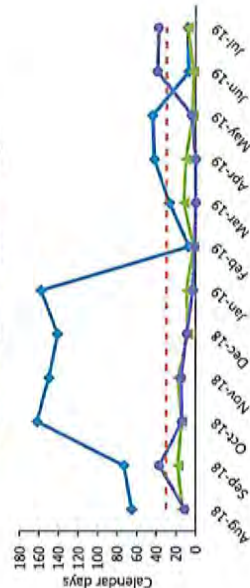
Third available appointment for new patients



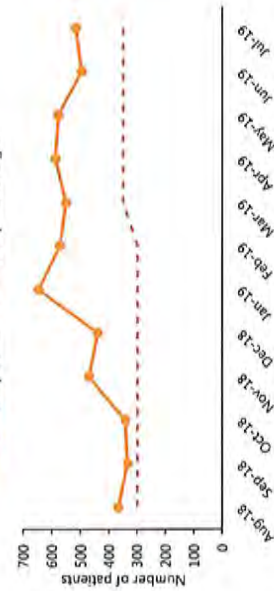
Third available appointment for new patients



Third available appointment for new patients



New patients



Payor Mix



## COMMUNITY RELATIONS – Michele Wurl

July 26 – August 22, 2019

### Marketing Plan Focus:

- Women's Health – OB Care, new providers & patient access (July - September)
- Back to School Safety (August-September)
- Clinical Collaborations & KVH recognitions

### External Outreach activities:

- Ellensburg Farmer's Market (7/27 & 8/17)
- Roslyn Farmer's Market (7/28)
- Brown bag lunch at the Adult Activity Center w/ Dr. Martin (7/25)
- National Night Out (8/6)
- Women's Health new provider meet & greet at Gard (8/14)
- Rodeo BBQ (8/21)
- Rodeo Parade (8/31)

### Internal Outreach activities:

- Back to school supply drive for KVH Families in Ellensburg & Cle-Elum – runs through 8/23/19

### Collaborations & Partnerships:

- Level 1 Swim safety classes through the City of Ellensburg
- Kittitas County Fire District #1 car show support
- Central WA University Athletic Department support – the KVH logo will be directly above the basketball shot clock at Tomlinson Pavilion



### Stories/Letters to the Editor:

- Behind the scenes at KVH blog – Central Business Office
- Behind the scenes at KVH blog – Laundry Services
- Patient Story – Emily Wurl (ER/Orthopedics/Imaging)

### Other:

- We have been assisting various departments in the areas below:
  - ✓ Community Benefit – This has gone to print will be mailed to mailboxes in the HD1 service area. I will have a hand out for you to review at the board meeting.
  - ✓ Family birthing place – Community Cornerstone Award
  - ✓ Family birthing place – Lactation program materials
  - ✓ Chronic Care management – patient materials
  - ✓ MAC Call for artists
  - ✓ Foundation's TETWP and 5K

### On the horizon:

- Meditation & Mindfulness with Anita Schiltz – August 29 & September 25
- KVH Participation in the Rodeo Parade – August 31
- I will be attending to the AHA's Society for Healthcare Strategy & Market Development annual conference 9/7-9/11 in Nashville
- CASA cornhole tournament – September 21
- Bite of the Burg – September 24
- KVH sponsorship of the CWU Football game – September 28
- Retirement celebration for Dr. Sand – October 4, 3:30-6:30