

BOARD OF COMMISSIONERS' REGULAR MEETING
August 25, 2016 – 5:00 p.m.
KVH Conference Rooms A/B
AGENDA

1. **Call Regular Meeting to Order**
2. ****Approval of Agenda:** (1-2)
 - (Items to be pulled from the Consent Agenda)
3. ****Consent Agenda:**
 - a. Minutes of Board Meetings: July 28, 2016; Aug. 17, 2016 (3-8)
 - b. Approval of Checks (9)
 - c. Report: Foundation (10)
 - d. Minutes: Finance Committee (11)
4. **Quality:**
 - a. Rhonda Holden, Chief Nursing Officer, Dr. Don Solberg, Chief Medical Officer, Mande Olsen, Director of Quality Assurance:
 - Mande Olsen: Patient Story
 - QI Council Committee (12)
 - QI Council Dashboard (13-14)
 - Risk Management Education for Board Members
5. **Public Comment/Announcements (5:30 p.m.)**
6. **Emerging Healthcare Topic:**
7. **Chief Executive Officer's Report:**
 - a. Julie Petersen, CEO Report
 - Board Members Meeting Monthly with the CEO
 - Employee Survey (15-17)
 - HR Dashboard (18-19)
8. **Chief of Staff Report:**
 - a. Dr. Timothy O'Brien, Chief of Staff
 - ****Medical Staff Exec. Committee Report** (20)
9. **Financials:**
 - a. Libby Allgood, CFO: Treasurer's Report (21)
 - b. Finance Committee
 - ****Capital Expenditure Requests** (21f)
10. **Education:**
 - ****Attendance at the WSHA Annual Meeting at Bell Harbor, Oct. 13-14** (22-24)
11. **Public Policy:**

12. **Old Business:**
 - a. Board Meeting Evaluation Summary (25-26)
 - b. Clinic Operations Report (27-28)
 - c. Process for Appointing a New Board Member

13. **New Business:**
 - a. **Review of 2016 Board Officers and Board Committees (29-31)
 - b. Employee Quality Incentive (32)

14. **Articles and Communications:** (33-47)

15. **Completion of Board Meeting Evaluation Summary**

16. **Recess to Executive Session: Personnel**
RCW 42.30.110(g)

17. **Convene to Open Session**

18. **Adjournment**

FUTURE BOARD TOPICS

Board Governance Education – August
CEO Selection/Search Process - August

Kittitas Valley Healthcare
Board of Commissioners
July 28, 2016
KVH Conference Rooms A/B

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

KVH STAFF PRESENT: Julie Petersen, Libby Allgood, Randi Christensen, Rhonda Holden, Mandee Olsen, Amy Diaz

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 Pam Wilson and second of Matt Altman, the Board members unanimously approved the agenda.

3. **Consent Agenda:**

ACTION: On motion of Pam Wilson and second of Matt Altman, the Board members unanimously approved the Consent Agenda.

4. **Quality:**

Mandee Olsen gave an update on the 3P process for the new clinic building project. She reported that the cardboard mock-up of the clinic was completed and located in a barn on Tjossem Road and tours were scheduled for all KVH staff, providers and the community. Liahna asked if the cardboard templates could be used if the clinic building was constructed in a differed location than originally planned. Mandee responded that they could be used in another setting and location.

The Board members reviewed the QI Council summary and dashboards.

Rhonda Holden thanked the Emergency Department staff and providers for all of their efforts with patient care from recent multiple trauma vehicle accidents. She also expressed appreciation for other patient services such as the Laboratory Services, Imaging Services, and Respiratory Therapy Services.

5. **Public Comment/Announcements:**

Dr. John Sand thanked the Board members for their selection of Julie Petersen as interim CEO stating that morale among staff in the hospital and clinics has improved greatly since she has been hired. He also stated that patients and community members have expressed concern regarding the location of the proposed new clinic building and asked the Board to consider other locations for the building project that would be less disruptive to the neighborhood.

Pam Wilson officially resigned her position as a Board of Commissioner of Public Hospital District No. 1 stating that it was a difficult decision, but one she needed to make due to her busy career and family obligations.

6. **Emerging Healthcare Topic:**

Kyle West, Residency Coordinator of the Central Washington Family Medicine Residency Program, gave a brief overview of the family medicine residency program noting that Kittitas Valley Healthcare is one of the primary residency sites for the students prior to graduating. Dr. John Asriel, Residency Director, stated that the program is very successful and many of the students who have graduated from the residency program return to practice locally. Dr. Mike Maples, CEO of Community Health of Central Washington, stated that the program is celebrating nine years of success. Dr. Annaliese Stone, current residency student at KVH, reported that 52% of graduating students set up their practice within a 100 miles radius of where they were trained. She reported that residency students offer after hour clinics and work in the free community clinic on Saturdays.

7. **Chief Executive Officer's Report:**

Julie Petersen reported that she attended a Board meeting at Parkland Condominiums and met the residents of Parkland regarding the new clinic building project. She stated that the meeting went very well. She reported that she met with Kibble and Prentice staff to learn about the KVH employee benefit plans. She met with the shop stewards of the WSHA and Teamster Unions. She distributed a revised KVH Organizational Chart to the Board members. She reported that Jennifer Haury, Lean Consultant, transitioned out of her position at the hospital. She reported that since Mande Olsen and Carrie Barr are the Lean experts for the hospital, Hope Wiljanen, Lean Consultant, will be assisting them on an as needed basis only.

Julie stated that she held four employee forums with over 100 employees attending the sessions. Topics covered were finances, electronic healthcare record system, Lean program, and the new clinic building project. She said that she received excellent feedback and suggestions for improvement of healthcare operations in the areas of patient access, security for the Emergency Department and hospital as a whole, staff development and staff fitness.

She reported that Dr. Byron Haney is recruiting a new family practice physician who was given a tour of the hospital. She reported that the results of a second employee survey will be coming out soon. Julie reported that she is the temporary superintendent of Hospital District No. 2 and will be assisting with the ratification of negotiations for the IAFF fire fighters.

Liahna Armstrong thanked Julie for all of these efforts especially reaching out to staff through the employee forums.

Matt Altman and Erica Libenow reported that the KVH Foundation's Pint Night was successful and donated funds from the event will help purchase digital mammography for the hospital.

Julie reported that Rural Advocacy Days are in September in Washington, D.C. noting that this may not be the best year to attend due to upcoming elections. She did state, however, that the American Hospital Association's conference in April could be a good event to attend after the elections are completed. It was agreed that Franki Storlie will schedule a special Board meeting in late August regarding the new clinic project building.

The Board members reviewed the Human Resources Dashboard with Julie noting that all staff evaluations are to be completed by the end of August.

8. **Chief of Staff Report:**

This item was moved to executive session.

9. **Financials:**

Libby Allgood presented a short financial summary for the month of June noting that operations for the month resulted in an operating gain. The overall operating margin for the year is 2.3%.

ACTION: On motion of Pam Wilson and second of Bob Davis, the Board unanimously approved the capital expenditure request for the purchase of the Humidity Control/HVAC for the Family Birthing Department.

Libby Allgood reported that she was working with Piper Jaffray regarding financing for the new clinic building and an electronic healthcare record system. She also will be discussing the possibility of an aggressive leasing of equipment versus purchasing equipment for the hospital. Libby also reported that staff will be reducing the selection of vendors for a new electronic healthcare record system from four to two vendors and will conduct reference checks.

10. **Education:**

Liahna Armstrong, Erica Libenow and Matt Altman reported that overall the WSHA rural conference they recently attended in Chelan was very good noting that the focus was on fitness and health programs sponsored by hospitals for communities. Bob Davis noted that a recent “Nick in Time” screening conducted locally for high school students, with KVH donating gowns, was very well received.

11. **Public Policy:**

None.

12. **Old Business:**

a. **Board Meeting Evaluation Summary:**

The Board members discussed revising the Board meeting evaluation form. Liahna Armstrong will revise and shorten the length of the evaluation form. Board members will use the revised Board evaluation on a trial basis.

b. **Clinic Report:**

The Board members reviewed the clinic report. Randi Christensen gave a PowerPoint presentation regarding patient access for the hospital clinics showing number of patient visits per physician. Information was presented showing what could be optimal patient visits for each clinic. Julie Petersen stated that a strategic plan for medical staffing will be developed along with plans to create more access for patients to the clinics.

c. Videotaping of Board Meetings:

Julie Petersen reported that the videotaping equipment cannot be returned to the vendor and that videotaping of Board meetings will continue with the August Board meeting.

13. **New Business:**

a. Resolution Nos. 16-09, 16-10 and 16-11 - KVH Pension Plans:

ACTION: On motion of Matt Altman and second of Erica Libenow, the Board members unanimously approved Resolution Nos. 16-09, 16-10, and 16-11 authorizing Individuals to Act on Behalf of KVH Physician Pension Plan, KVH Deferred Compensation Savings Plan and KVH Healthcare Employees' Pension Plan.

b. Teamsters Local 760 Contract Approval:

ACTION: On motion of Bob Davis and second of Erica Libenow, the Board members unanimously approved the Teamsters Local 760 Contract.

c. Appointment of New Board Member:

Liahna Armstrong asked that a special Board meeting is scheduled in order for the Board to start the process for the appointment of a new Board member.

14. **Clippings, Articles, Correspondence and Board Meeting Evaluation Form:**

The Board members reviewed the various clippings and correspondence items.

President Armstrong recessed the meeting at 7:10 p.m. for ten minutes. At 7:20 p.m., she announced that the meeting would be recessed into executive session for 60 minutes to discuss personnel and provider credentialing. RCW 42.30.110(g); RCW 42.30.140(4)(a); RCW 70.44.062(1)

At 8:07 p.m., the meeting was reconvened into open session.

ACTION: On motion of Erica Libenow and second of Pam Wilson, the Board members unanimously approved the initial appointments for Drs. Carolyn Aks, Ronald Lepke, Greg Galdino, Deborah Nautsch, Mohammed Muraywid, Gregory Engel, Kenneth Lindsey, and Anita Schlitz, ARNP, and for the reappointments for Drs. Thomas Penoyar, John Asriel, David Belfie, and Mark Siks, DDS, as recommended by the Medical Executive Committee.

ACTION: On motion of Matt Altman and second of Bob Davis, the Board members unanimously approved the Separation and Release Agreement between Paul Nurick and Kittitas County Public Hospital District No. 1.

With no further action and business, the meeting was adjourned at 8:10 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 capital expenditure request for the purchase of the Humidity Control/HVAC for the Family Birthing Department.
4. Motion passed to approve Resolution Nos. 16-09, 16-10, and 16-11 authorizing Individuals to Act on Behalf of KVH Physician Pension Plan, KVH Deferred Compensation Savings Plan and KVH Healthcare Employees' Pension Plan.
5. Motion passed to approve the Teamsters Local 760 Contract.
6. Motion passed to approve the initial appointments and reappointments for medical staff as cited above and recommended by the Medical Executive Committee.
7. Motion passed to approve the Separation and Release Agreement between Paul Nurick and Kittitas County Public Hospital District No. 1.

Respectfully submitted,

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

Kittitas Valley Healthcare
Board of Commissioners
Special Board Meeting
Café Conference Room
August 17, 2016

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

STAFF PRESENT: Julie Petersen, Amy Diaz, Franki Storlie

President Liahna Armstrong called the meeting to order at 5:00 p.m. She announced that the Special Board meeting was regarding the process for appointing a new Board member and to conduct an executive session regarding personnel.

The Board members reviewed the timeline, newspaper press release, and other documents regarding the process for selection of a new Board member for vacant position #4. It was agreed that the Board will hold a special meeting on September 12 to screen the applications. The finalists for the open Board position will be interviewed at a special meeting on September 15.

At 5:44 p.m., President Armstrong convened the meeting into executive session for 15 minutes to discuss personnel. RCW 42.30.110(g)

At 6:00 p.m., the meeting reconvened into open session. 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

DATE OF BOARD MEETING: August 25, 2016

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	CHECK NUMBERS	<u>222274-223442</u>	NET AMOUNT:	<u>\$3,605,517.39</u>
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PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	CHECK NUMBERS	<u>76294-76318</u>	NET AMOUNT:	<u>\$31,859.10</u>
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#2	CHECK NUMBERS	<u>76319-76346</u>	NET AMOUNT:	<u>\$36,044.19</u>
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#3	CHECK NUMBERS	<u>76347-76376</u>	NET AMOUNT:	<u>\$101,959.48</u>
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#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$879,232.07</u>
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#5	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$933,918.39</u>
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#6	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$983,745.29</u>
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#7	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$359,237.99</u>
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#8	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$391,958.81</u>
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#9	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$493,678.15</u>
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	SUB-TOTAL:	<u>\$4,211,633.47</u>		
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OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	TRANSFER FUNDS FOR INVESTMENT		NET AMOUNT:	<u>\$998,993.63</u>
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	SUB-TOTAL:	<u>\$998,993.63</u>		
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	TOTAL CHECKS & EFTs:	<u>\$8,816,144.49</u>		
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Prepared by



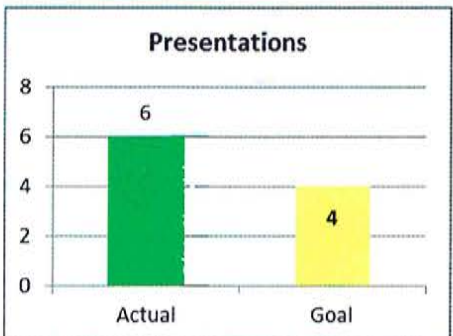
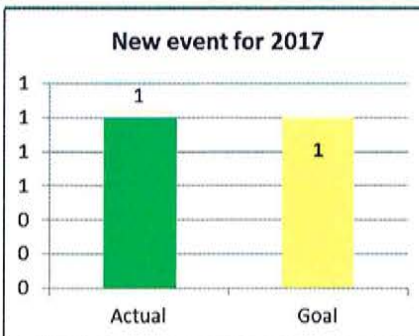
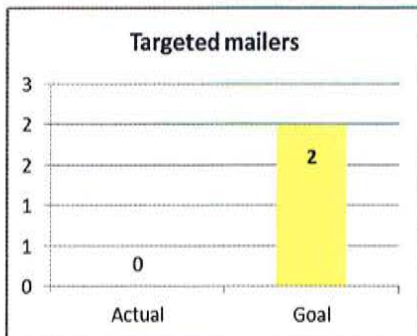
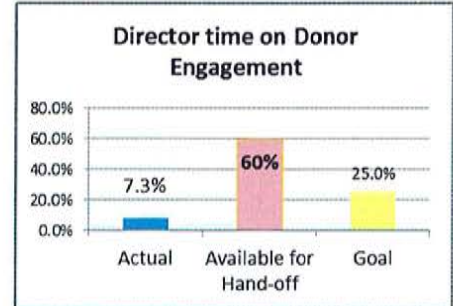
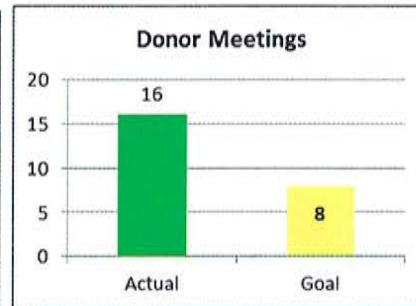
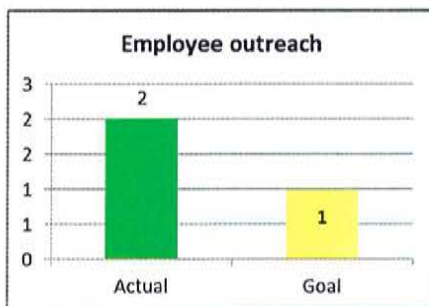
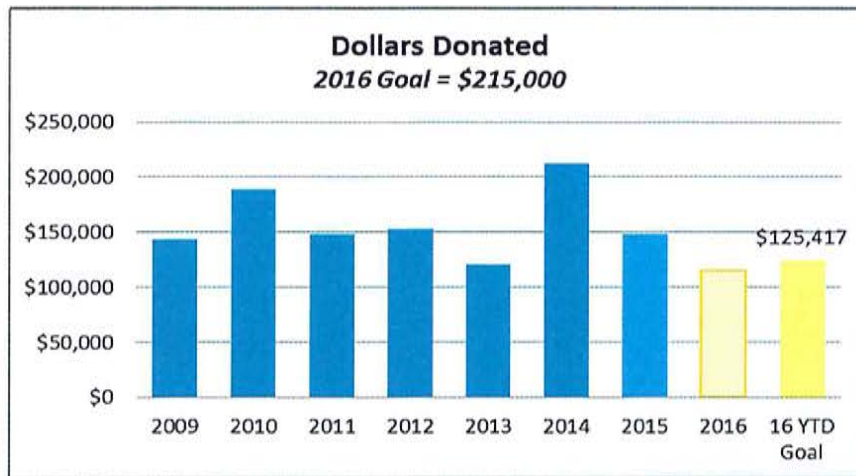
 Sharoll Cummins
 Staff Accountant



Board of Commissioners Report, August 25, 2016

2016 Goals/Metrics

1. Develop and implement an effective communication strategy that involves leadership and Board members and incorporates outreach to donors, prospective donors and the community.
2. Enhance and sustain relationships with new and existing donor by tailoring outreach to meet their individual preferences.



Respectfully submitted,

Michele Wurl

Director, The Foundation at KVH

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
July 26, 2016

Present: Pam Wilson, Bob Davis, JoAnne Wise, Paul Malinski, Jerry Decker, Larry Dunbar, Bob Crowe, Libby Allgood, Julie Peterson, Jason Adler.

The meeting was called to order by Pam Wilson at 7:29 am.

The minutes of the July 26, 2016 meeting were approved as written.

The committee had open discussion on the clinic visits being under budget year to date and below prior year. Julie spoke on access to the community for new patients and partnering with providers to accomplish this.

Libby spoke to accounts receivable and working down the clinics where A/R days have increased.

For capital spending, the request for a C-section Humidity Control in Family Birthing Center was presented. The project was budgeted at \$250,000 and actual cost from bids will total \$231,481 to be funded from reserves. Upon review and discussion the request was approved for recommendation to the Board of Commissioners for approval to purchase.

Pam Wilson announced that she will be resigning from her position as a member of the Board of Commissioners and therefore this would be her last finance committee meeting.

June 2016 Financial Summary

Key Metrics:

1. Operating Margin: June 7.1%, YTD 2.3%
2. Days Cash on Hand: 170.0
3. AR Days (Hospital Only): 47.1

Operating Highlights:

1. Public Hospital District 1 June operations resulted in an operating gain of \$446,135, a \$151,983 positive budget variance. This resulted in an operating margin of 7.1% compared to the budgeted margin of 4.8% for June. Included in June operations was \$429,215 in payments from the Disproportionate Share Hospital (DSH) and Safety Net programs and the recognition of severance expense of \$264,658. June operating income would have been \$281,578 without these non-recurring items.

Year to date the District has generated operating income of \$802,286 which is \$510,988 below budget and \$255,694 below the same period last year.

2. Patient Days were 28 days, or 9%, over budget. Although there were 21 fewer admissions than budgeted in June the average length of stay was 3.6 days resulting in the positive budget variance in patient days. Length of stay was budgeted at 2.7 days; the year to date average is 2.8 days.

3. There has been a shift from inpatient to outpatient surgical procedures since 2015. In June 2016 there were 14 more outpatient surgery procedures than budgeted, a 13.1% variance. June year to date outpatient surgery cases exceed 2015 by 234 cases or 45%. Although there were 2 more total joint procedures in June, inpatient surgery procedures were below budget by 17 cases, or 37.8%. Year to date inpatient procedures are 71, or 31.3% below last year.

4. Emergency Department visits were 68 above budget, a 5.8% positive variance, compared to 0.4% positive variance year to date.

5. Inpatient revenue was closer to budget with only 1.2% negative variance which is a significant improvement from the year to date negative variance of 19.7%. Year to date inpatient revenue is 8.4% below 2015. Outpatient revenue was slightly below budget in June but on a year to date basis exceeds 2015 by \$4,302,529.

6. Total operating expenses for June were over budget by \$75,033. The \$193,419 variance in salaries and wages was due to recognition of total severance expense as required by GAAP.

7. Clinic visits in June were 5,009 which are 673 visits below budget. Year to date the visits are 1,130 below June year to date of 2015. Clinic operations for the month resulted in an operating loss of \$207,393, a negative budget variance of \$91,282. Year to Date clinic operating loss is \$1,168,963 compared to budget loss of \$1,125,146 and same period of prior year loss of \$520,182.

The meeting was adjourned at 8:03 am.

Data Summary – For use in August 2016

Summary of Areas Meeting Goal or Showing Improvement

- Consistent medication bar code scanning has improved. Recent investigation is showing that computer malfunctions might have effected scanning; the computers in MedSurg, CCU and FBC are currently being replaced. Also working to decrease the size of the infant bar code so that small enough to still able to be scanned.
- Sepsis at 100% for 2 months in a row. We have had an average of 10 cases per month (although not all end up meeting inclusion criteria for the measure) and no mortalities.
- Four out of five home health measures at goal.

Summary of Improvement Opportunities

- Median time to ECG over goal because of 1 outlier of 8 minutes. The length of time has been attributed to the volume of patients in ED and RT unavailable “nurse did the best they could do considering the circumstances”.
- One surgical site infection. Improvement teams have continued work with increased participation and help of outside consultants as well.
- One employee needlestick.
- Exclusive breastfeeding lower than anticipated for two months. FBC has started tracking reasons for not exclusively breastfeeding during the daily huddle and will identify ways to share their data with the clinic care providers.

Patient Story

46 year old patient C4 quad admitted with suprapubic catheter not working, did not meet criteria for Code Sepsis but was started on antibiotics. On day 2 the patient spiked a fever and was found to be in septic shock and Code Sepsis called. The physician was notified and fluid resuscitation initiated within minutes. The team used the sepsis documentation and planned for all possible needed interventions. The team did an exceptional job of identifying and treating sepsis and the patient’s BP stabilized in 2 hours and was able to be discharged home with her husband two days later.

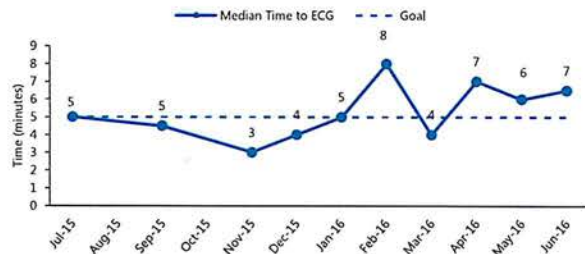
QI Council

Median Time to Pain Management (Long Bone Fracture) ↓



of pts 2 10 0 7 6 5 11 5 8 4 2 8

Median Time to ECG (Chest Pain) ↓



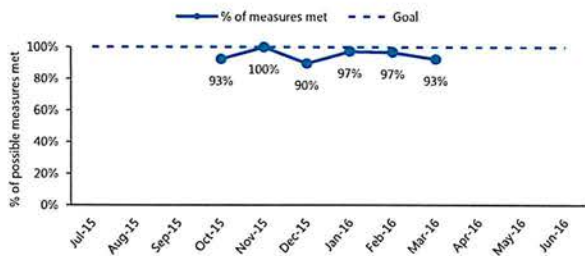
of pts 3 0 6 0 2 5 6 3 5 3 6 4

Sepsis Bundle ↑



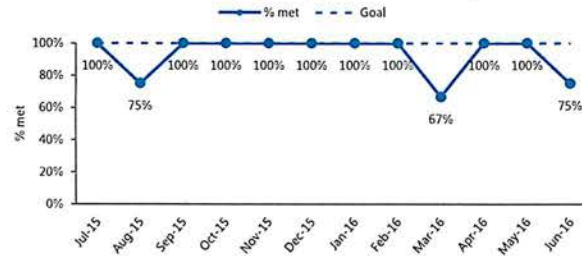
possible 4 7 1 2

Immunizations Bundle ↑



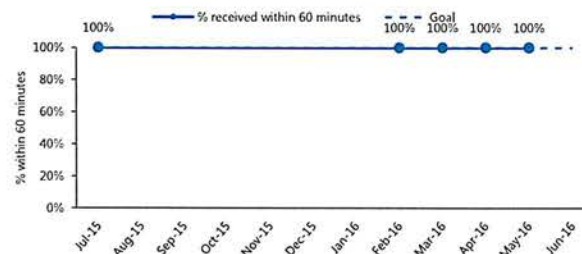
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Stroke Dysphagia Screening ↑



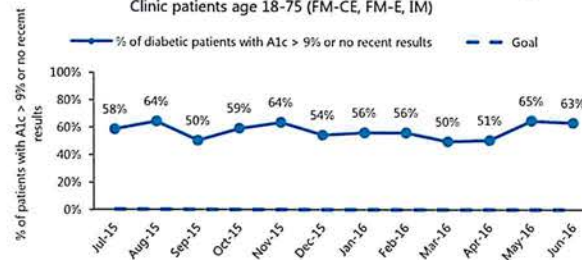
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Stroke IV Thrombolytics ↑



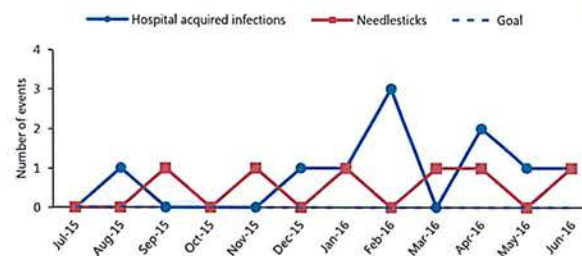
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A1c in Diabetic Patients ↓

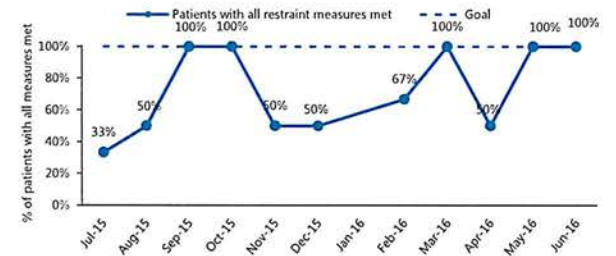


possible 137 143 140 140 125 114 155 151 144 142 147

HAIs and Needlesticks ↓

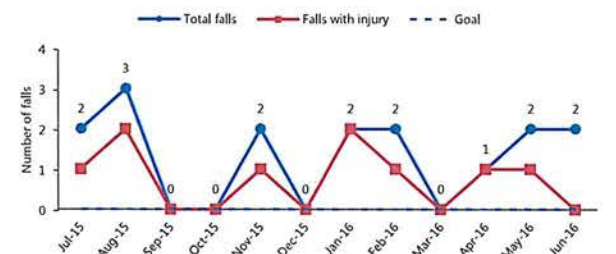


Restraints ↑

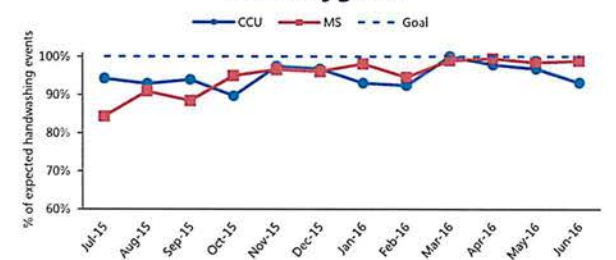


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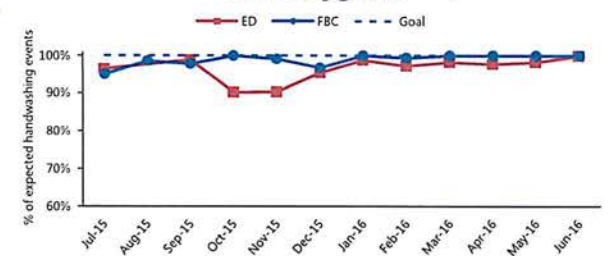
Falls ↓



Hand Hygiene ↑



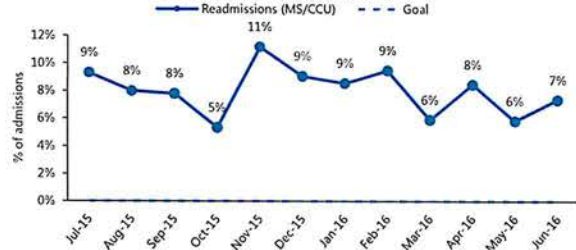
Hand Hygiene ↑



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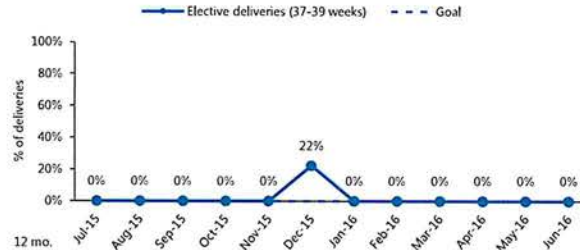
Readmissions Within 30 Days ↓

Includes inpatients and observation patients



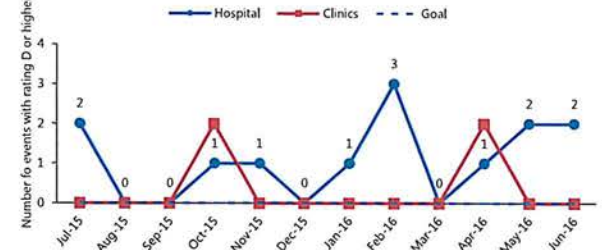
admissions 172 163 180 169 188 177 164 148 170 166 155 150

Elective Deliveries ↓

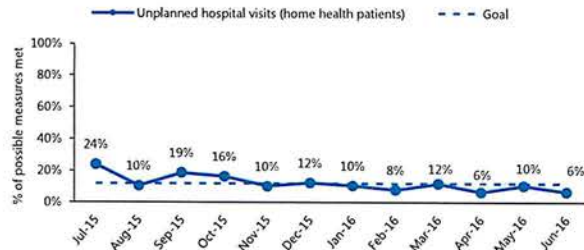


12 mo. rolling average 0.0% 0.0% 0.0% 0.0% 0.0% 2.7% 2.9% 2.9% 3.1% 3.3% 3.0% 3.0%

Adverse Medication Events ↓

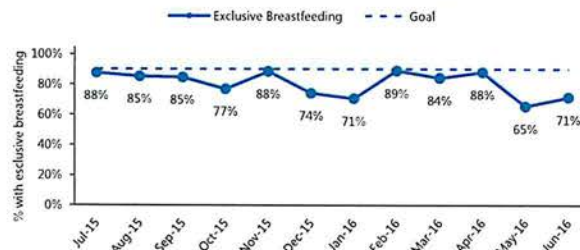


Unplanned Hospital Care Bundle ↓



possible 42 58 70 68 60 74 68 90 94 80 68 108

Exclusive Breastfeeding ↑

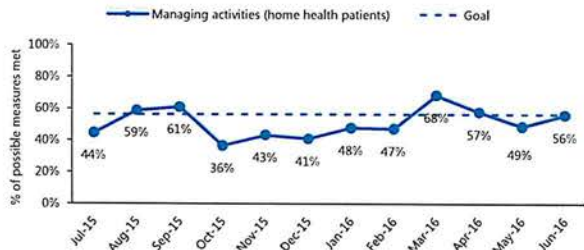


of babies 32 27 26 26 26 27 17 27 19 25 26 35

Care and Service Reports ↓

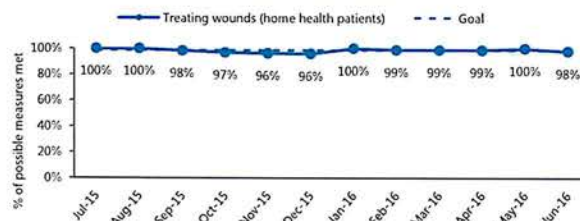


Managing Daily Activities Bundle ↑



possible 36 63 56 55 58 81 63 102 107 87 70 131

Treating Wounds and Preventing Pressure Bundle ↑

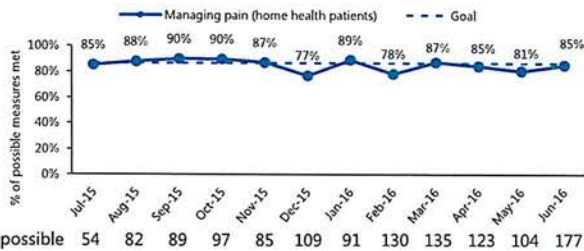


possible 36 50 55 62 52 72 64 83 77 73 60 93

Employee Reports ↑

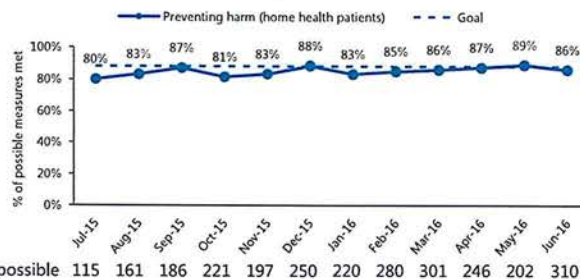


Managing Pain and Treating Symptoms Bundle



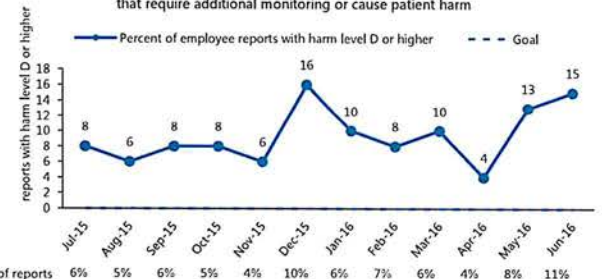
possible 54 82 89 97 85 109 91 130 135 123 104 177

Preventing Harm Bundle ↑



possible 115 161 186 221 197 250 220 280 301 246 202 310

Reports of occurrences that require additional monitoring or cause patient harm ↓



% of reports 6% 5% 6% 5% 4% 10% 6% 7% 6% 4% 8% 11%



EMPLOYEE OPINION SURVEY RESULTS ACTION AND COMMUNICATION PLAN

<u>Category</u>	<u>2015 Percentile (Mean)</u>		<u>2016 Percentile (Mean)</u>		<u>11 Select Questions</u>	
Employee Engagement	73	(5.37)	66	(4.88)		
S 3.		I assume personal responsibility	78			
S 25.		I am devoted	75			
O 39.		Overall I like my job	72	(5.09)	66	(4.88)
O 18.		What I do is important	68			
Company Image	72	(4.87)				
O 31.		I am proud to tell people	72	(4.87)		
Intent to Stay	67	(4.83)				
O 40.		I would like to stay long term	70	(5.26)		
O 20.		I have job security	63	(4.40)		
Culture	57	(4.37)	47	(4.02)		
O 28.		I am personally responsible	74	(5.39)		
O 32.		KVH values individual employees	58	(3.82)		
W 14.		Employees are treated with respect	48	(4.09)	47	(4.02)
W 2.		KVH encourages employees better ways	46	(4.16)		
Willingness to Recommend	56	(4.64)				
O 36.		As an employer	66	(4.63)		
W 22.		For treatment	45	(4.64)		
Supervision	55	(4.57)	67	(4.80)		
O 35.		My sup supports PTO	70	(5.13)		
O 34.		Encourages work related decisions	66	(4.79)	67	(4.80)
O 12.		My sup motivates me	59	(4.37)		
O 4.		My Sup recognizes contributions	54	(4.72)		
O 26.		I can talk about concerns	50	(4.81)		
W 38.		My sup is aware of workgroup	48	(4.33)		
W 16.		Sup is knowledgeable	47	(4.48)		
W 5.		Employees are held accountable	44	(3.92)		
Teamwork	53	(4.41)	49	(3.90)		
O 17.		I trust my co-workers	63	(4.93)		
W 6.		Other departments are responsive	48	(4.47)		
W 27.		Good teamwork between departments	48	(3.83)	49	(3.90)
Career Development	51	(4.12)				
O 11.		Career opportunities are good at KVH	52	(3.98)		
W 29.		My performance eval help me improve	49	(4.26)		

**EMPLOYEE OPINION SURVEY RESULTS
ACTION AND COMMUNICATION PLAN**

Employee Opinion Survey Action and Communication Plan

- Communication with the Board of Commissioners
 - Julie Petersen August 25, 2016
- Meet with directors to distribute results and plan
 - SLT August 22nd – September 2nd
- Communicate results and plan to all employees

- ✓ **Lead with our strengths**
 - ✓ Employee Engagement ○
 - ✓ Company Image ○
 - ✓ Intent to Stay ○

- ✓ **Short Term Action Plan (12/31/2016)**
 - Emphasize, re-boot wellness (fit to care)
 - ✓ Work Life 46 (4.23) **W**
 - ✓ Morale 48 (3.98) **W**

 - Reinstate monthly department meetings with SLT
 - ✓ Communications 49 (4.13) **W**

 - Evaluations will be timely, valuable and redesigned
 - ✓ Career Development 51 (4.12) **W**

 - Management – Plus 1 Monthly Lunch and Learns
 - ✓ Management Style 43 (3.71) **W**

- ✓ **Longer Term Action Plan (2017)**
 - Board reevaluate Mission, Vision, Values
 - ✓ Vision 46 (3.94) **W**

Human Resources Dashboard Report July 2016

Highlights

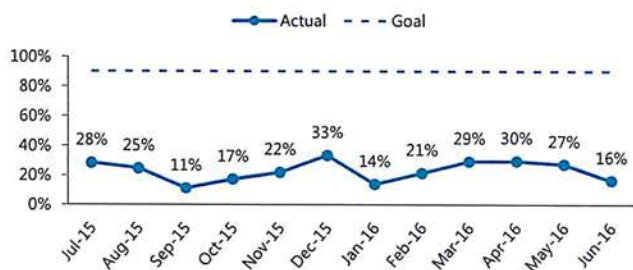
- There were positions 28 posted, with 44 being filled or closed during the month. KVH is currently recruiting for 40 positions.
- There was 1 new worker compensation claims with 0 days of time loss.
- Monthly evaluations were at 71% for the month. (34 out of 48)

Prepared by:

Human Resources
8/15/2016

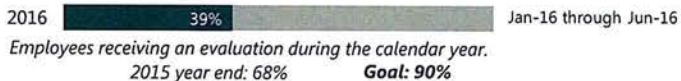
Workforce Development

Timely evaluations ↑



By month of hire, employees receiving an evaluation in or up to three months before their annual anniversary month.

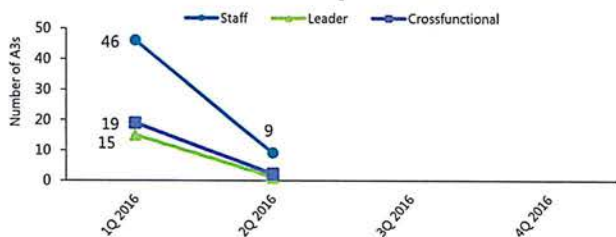
Up-to-date evaluations →



Gembas per Director



A3 Participation



Separation rate ↓



Non-standard productive pay

(call back, double time, overtime, overtime meeting)

These 10 departments represent 85.3% of the non-standard pay for the payroll period ending on 05/28/2016

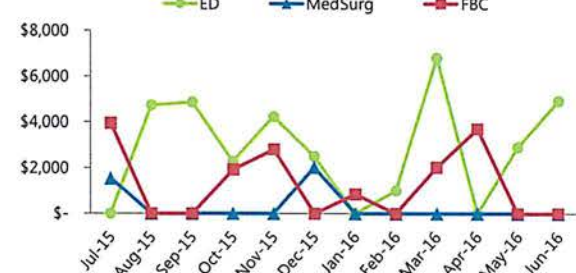
EMERGENCY SERVICE	\$ 7,941.52
MED SURG	\$ 6,856.41
3 HOME HEALTH SERVICE*	\$ 2,944.32
4 FAMILY BIRTHING CENTER	\$ 1,728.97
5 LABORATORY	\$ 1,079.93
6 KVH FAMILY MEDICINE – CLE ELUM	\$ 1,038.03
7 INFORMATION SYSTEMS	\$ 942.38
8 ICU CCU	\$ 817.17
9 KVH FAMILY MEDICINE –ELLENSBUI	\$ 712.92
10 ENGINEERING	\$ 710.75

These 10 departments represent 75.8% of the non-standard pay for the last year of payroll.

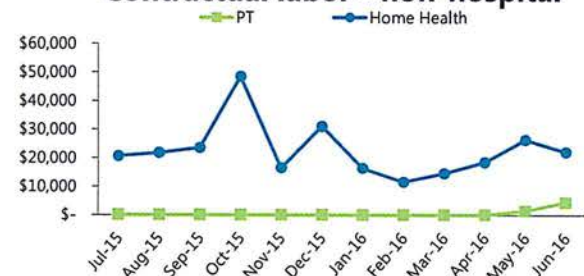
1 EMERGENCY SERVICE	\$ 112,453.96
2 HOME HEALTH SERVICE*	\$ 88,490.30
3 MED SURG	\$ 87,647.42
4 FAMILY BIRTHING CENTER	\$ 74,104.43
5 ICU CCU	\$ 45,781.39
6 LABORATORY	\$ 34,826.99
7 PHARMACY	\$ 28,533.42
8 SURGICAL SERVICE*	\$ 23,945.53
9 KVH FAMILY MEDICINE –ELLENSBUI	\$ 20,277.70
10 KVH URGENT CARE CENTER – CLE E	\$ 17,077.32

*Call back pay excluded

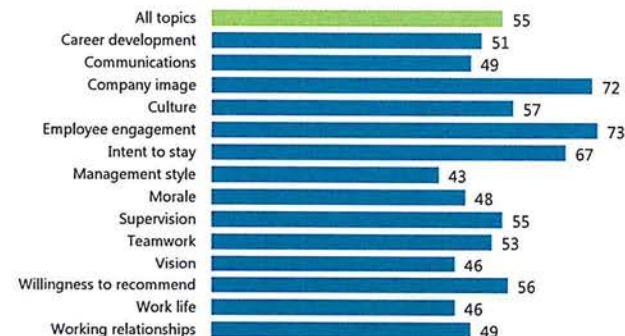
Contractual labor - hospital ↓



Contractual labor - non-hospital ↓



Employee satisfaction



National benchmark percentile ranking

Last updated 08/01/2016

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**NOTIFICATION OF CREDENTIAL FILES
FOR REVIEW**

Date: August 15, 2016
 TO: Board of Commissioners
 FROM: Mandy Weed
 Medical Staff Services

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

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APPT/REAPPT</u>
James Brull, MD	Provisional/Associate	Initial Appointment
Byron Haney, MD	Active	Reappointment
Frank Cruz, MD	Associate	Reappointment
Douglas Rudisill, MD	Associate	Reappointment
Donald Orminski, DPM	Associate	Reappointment
Zoe Carlson, ARNP	AHP	Reappointment

July 2016 Financial Summary

Key Metrics:

1. Operating Margin: July -9.2%, YTD 0.7%
2. Days Cash on Hand: 173.7
3. AR Days (Hospital Only): 51.0

Operating Highlights:

1. Public Hospital District 1 July operations resulted in an operating loss of \$508,994, a \$536,912 negative budget variance. This resulted in an operating margin of -9.2% compared to the budgeted margin of 0.5% for July. Year to date the District has generated operating income of \$293,292 which is \$1,047,900 below budget and \$1,540,061 below the same period last year.
2. July produced 22 fewer admissions than budget resulting in Patient Days to be 46 days, or 14.3%, under budget. There were 8 more outpatient surgery procedures than budgeted, a 7.2% positive variance. July year to date outpatient surgery cases exceed 2015 by 248 cases or 40%. Inpatient surgery procedures were below budget by 19 cases, or 41.3%. Year to date inpatient procedures are 85, or 31.7% below last year.
3. Emergency Department visits were 92 below budget, a 7.6% negative variance, compared to 0.8% negative variance year to date.
4. Inpatient revenue was \$424,687, or 17.3%, under budget compared to 19.4% below budget year to date. Due to lower than average volume outpatient revenue was \$756,496, or 8.8%, under budget compared to 1.1% below budget year to date. After deductions, this resulted in total net operating revenue of \$5,528,197, a \$654,009 negative budget variance.
5. Total operating expenses for July were under budget by \$117,097. Employee Benefits are over budget by \$97,024 due to higher than anticipated medical payments as well as pension and FICA negative variances to budget. Other Direct Expenses includes an expense of \$50,000 for a legal settlement was not included in budget.
6. Clinic visits in July were 4,262 which are 905 visits below budget. Year to date the visits are 1,725 below 2015 July year to date. Clinic operations for the month resulted in an operating loss of \$469,955, a negative budget variance of \$93,123. Year to Date clinic operating loss is \$1,638,918 compared to budget loss of \$1,501,978 and same period of prior year loss of \$880,662.
7. Home Health revenue is under budget by \$98,828. July operations resulted in total revenue of \$75,489 compared to 6 month average of \$153,449. Additionally, an out of period adjustment to deferred revenue on the balance sheet resulted in a reduction to revenue of \$28,099. The adjustment will be repeated in August and September.

Kittitas Valley Healthcare
Key Statistics and Indicators
 July 2016

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	98	120	-18.3%	650	829	-21.6%	779	-16.6%	01
02 Patient Days - W/O Newborn	275	321	-14.3%	1,836	2,210	-16.9%	2,071	-11.3%	02
03 Avg Daily IP Census	8.9	10.4	-14.3%	8.6	10.4	-16.9%	9.8	-11.8%	03
04 Average Length of Stay	2.8	2.7	4.9%	2.8	2.7	6.0%	2.7	6.2%	04
05 Deliveries	32	32	0.0%	183	223	-17.9%	223	-17.9%	05
06 Case Mix	1.01	0.98	2.6%	1.03	0.98	5.0%	0.95	8.3%	06
07 Surgery Minutes - Inpatient	3,740	4,865	-23.1%	22,171	33,427	-33.7%	26,361	-15.9%	07
08 Surgery Minutes - Outpatient	5,707	7,056	-19.1%	48,229	48,477	-0.5%	41,310	16.7%	08
09 Surgery Procedures - Inpatient	27	46	-41.3%	183	316	-42.1%	268	-31.7%	09
10 Surgery Procedures - Outpatient	119	111	7.2%	873	764	14.3%	625	39.7%	10
11 ER Visits	1,111	1,203	-7.6%	8,201	8,265	-0.8%	7,968	2.9%	11
12 Laboratory	35,444	39,959	-11.3%	266,596	274,556	-2.9%	270,394	-1.4%	12
13 Radiology	24,547	25,818	-4.9%	178,704	177,398	0.7%	176,424	1.3%	13
14 Rehab	2,838	3,506	-19.1%	22,542	24,079	-6.4%	21,526	4.7%	14
15 Outpatient Visits	5,787	6,556	-11.7%	43,881	45,044	-2.6%	44,897	-2.3%	15
16 Outpatient Percent of Total Revenue	79.4%	77.7%	2.1%	81.2%	77.9%	4.3%	78.9%	3.0%	16
17 Clinic Visits	4,262	5,167	-17.5%	34,292	38,231	-10.3%	36,017	-4.8%	17
18 Adjusted Patient Days	1,333	1,441	-7.5%	9,786	10,005	-2.2%	9,810	-0.3%	18
19 Equivalent Observation Days	75	81	-7.9%	472	559	-15.6%	560	-15.8%	19
20 Avg Daily Obs Census	2.4	2.6	-7.9%	2.2	2.6	-15.6%	2.6	-15.8%	20
Financial Measures									
21 Salaries as % of Net Pt Revenue	59.3%	52.3%	-13.5%	52.0%	49.6%	-4.7%	49.8%	-4.4%	21
22 Salaries/Bene as % of Net Pt Revenue	73.3%	63.0%	-16.3%	64.2%	60.9%	-5.4%	61.0%	-5.2%	22
23 Revenue Deduction %	45.4%	44.9%	-1.1%	44.8%	44.8%	-0.1%	44.7%	-0.3%	23
24 Operating Margin	-9.2%	0.5%	-2138.9%	0.7%	3.1%	-77.0%	4.6%	-84.4%	24
Operating Measures									
25 Productive FTE's	384.2	409.8	6.3%	393.3	409.8	4.0%	387.0	-1.6%	25
26 Non-Productive FTE's	60.4	48.6	-24.4%	48.5	48.6	0.2%	50.9	4.8%	26
27 Paid FTE's	444.6	458.4	3.0%	441.8	458.4	3.6%	437.9	-0.9%	27
28 Operating Expense per Adj Pat Day	\$ 4,530	\$ 4,271	-6.1%	\$ 4,141	\$ 4,160	0.5%	\$ 3,864	-7.2%	28
29 Net Revenue per Adj Pat Day	\$ 4,148	\$ 4,291	-3.3%	\$ 4,171	\$ 4,294	-2.9%	\$ 4,051	3.0%	29
30 A/R Days-Hospital Only	51.0	50.0	-2.0%	51.0	50.0	-2.0%	54.2	5.9%	30
31 Days Cash on Hand	173.74	170	2.2%	173.74	170	2.2%	173.80	0.0%	31

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Kittitas Valley Healthcare
Income Statement
July 2016

	Current Month				Year-to-Date				Prior Y-T-D	
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	Actual	
Patient Services Revenue:										
Inpatient Revenue	2,027,029	2,451,716	(424,687)	-17.32%	13,579,758	16,845,659	(3,265,901)	-19.39%	14,883,554	1
Outpatient Revenue	7,796,817	8,553,314	(756,496)	-8.84%	58,798,311	59,420,114	(621,803)	-1.05%	55,618,932	2
Total Patient Services Revenue	\$ 9,823,846	\$ 11,005,029	\$ (1,181,183)	-10.73%	\$ 72,378,069	\$ 76,265,774	\$ (3,887,704)	-5.10%	\$ 70,502,485	3
Deductions from Revenue:										
Contractual Adjustments	4,144,161	4,669,916	525,755	11.26%	30,428,462	32,263,406	1,834,944	5.69%	29,784,443	4
Provision for Bad Debts	251,326	190,574	(60,753)	-31.88%	1,335,208	1,309,426	(25,782)	-1.97%	1,168,199	5
Charity and Uncompensated Care	19,520	59,290	39,770	67.08%	380,242	407,377	27,135	6.66%	375,988	6
Prior Yr Cost Rep Settle	-	-	-	-	-	-	-	-	-	7
Other Allowances	44,320	22,713	(21,607)	-95.13%	271,429	156,063	(115,366)	-73.92%	151,584	8
Total Deductions from Revenue	\$ 4,459,328	\$ 4,942,493	\$ 483,165	9.78%	\$ 32,415,341	\$ 34,136,273	\$ 1,720,931	5.04%	\$ 31,480,213	9
Net Patient Services Revenue	5,364,518	6,062,536	(698,018)	-11.51%	39,962,728	42,129,501	(2,166,773)	-5.14%	39,022,272	10
Other Operating Revenue	163,679	119,669	44,010	36.78%	854,173	837,685	16,488	1.97%	718,460	11
Total Operating Revenue	\$ 5,528,197	\$ 6,182,206	\$ (654,009)	-10.58%	\$ 40,816,901	\$ 42,967,186	\$ (2,150,285)	-5.00%	\$ 39,740,733	12
Operating Expenses:										
Salaries & Wages	3,182,932	3,169,115	(13,817)	-0.44%	20,769,966	20,907,764	137,798	0.66%	19,433,633	13
Employee Benefits	747,586	650,561	(97,024)	-14.91%	4,871,386	4,739,910	(131,476)	-2.77%	4,373,959	14
Professional Fees	175,186	297,482	122,296	41.11%	2,025,356	2,084,108	58,752	2.82%	1,767,416	15
Supplies	702,791	760,074	57,282	7.54%	4,864,521	5,722,648	858,127	15.00%	4,864,468	16
Utilities	61,636	71,536	9,900	13.84%	464,153	521,371	57,218	10.97%	492,211	17
Purchased Services	642,051	659,474	17,423	2.64%	3,771,095	3,773,525	2,430	0.06%	3,376,405	18
Depreciation	203,552	227,284	23,732	10.44%	1,563,547	1,590,986	27,439	1.72%	1,527,702	19
Rent/Lease	89,065	80,845	(8,220)	-10.17%	615,154	573,378	(41,776)	-7.29%	581,787	20
Insurance	27,427	53,468	26,041	48.70%	338,340	383,052	44,712	11.67%	325,831	21
Travel & Education	18,871	49,798	30,927	62.10%	218,957	310,460	91,503	29.47%	192,932	22
Licenses & Taxes	79,373	63,565	(15,808)	-24.87%	540,358	502,461	(37,898)	-7.54%	515,440	23
Interest	24,204	24,214	10	0.04%	172,472	169,497	(2,976)	-1.76%	201,818	24
Other Direct Expenses	82,518	46,873	(35,645)	-76.04%	308,302	346,833	38,531	11.11%	253,777	25
Total Operating Expenses	\$ 6,037,191	\$ 6,154,288	\$ 117,097	1.90%	\$ 40,523,609	\$ 41,625,994	\$ 1,102,385	2.65%	\$ 37,907,379	26
Operating Income	\$ (508,994)	\$ 27,918	\$ (536,912)	-1923.20%	\$ 293,292	\$ 1,341,192	\$ (1,047,900)	-78.13%	\$ 1,833,353	27
Operating Margin %	-9.21%	0.45%			0.72%	3.12%			4.6%	
Non-Operating Revenue/Exp	106,050	130,000	(23,950)	-18.42%	1,014,034	910,000	104,034	11.43%	917,917	28
Net Income	\$ (402,944)	\$ 157,918	\$ (560,861)	-355.16%	\$ 1,307,326	\$ 2,251,192	\$ (943,866)	-41.93%	\$ 2,751,270	29
Unit Operating Income										
Hospital	200,905	482,599	(281,694)	-58.37%	2,856,175	3,351,180	(495,005)	-14.77%	3,346,888	30
Clinic Group	(469,955)	(376,832)	(93,123)	-24.71%	(1,638,918)	(1,501,978)	(136,940)	-9.12%	(880,662)	31
Home Care Grp	(68,061)	11,384	(79,445)	-697.87%	(179,033)	59,551	(238,584)	-400.64%	(185,965)	32
Hospitalist	(187,671)	(91,891)	(95,780)	-104.23%	(741,393)	(552,509)	(188,884)	-34.19%	(470,097)	33
Urgent Care	15,788	2,658	13,130	494.04%	(3,538)	(15,051)	11,513	76.49%	23,189	34
Totals	\$ (508,994)	\$ 27,918	\$ (536,912)	-1923.20%	\$ 293,292	\$ 1,341,192	\$ (1,047,900)	-78.13%	\$ 1,833,353	35

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Balance Sheet
July 2016

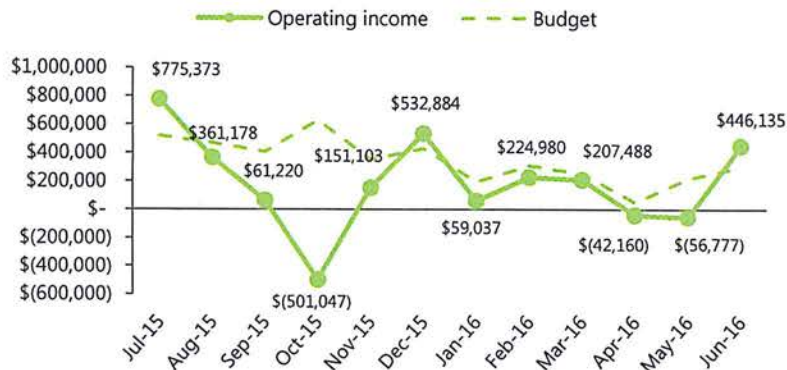
Current Assets:		Current Month	Prior Year End	Change	
1	Cash	6,274,181	7,562,435	(1,288,255)	1
2	Patient Accounts Receivable	9,105,795	7,079,248	2,026,547	2
3	Other Receivable	589,382	496,462	92,920	3
4	Inventories	1,063,488	910,035	153,453	4
5	Prepaid Expenses and Deposits	937,858	579,944	357,914	5
6	Total Current Assets	17,970,704	16,628,124	1,342,579	6
Assets Whose Use is Limited:					
7	Investments	25,504,850	25,253,677	251,173	7
8	Total Assets Whose Use Is Limited	25,504,850	25,253,677	251,173	8
Property, Plant & Equipment:					
9	Property, Plant and Equipment	59,373,180	54,926,987	4,446,193	9
10	Less Accumulated Depreciation	34,407,134	32,843,586	1,563,547	10
11	Net Property, Plant & Equipment	24,966,047	22,083,400	2,882,646	11
Other Assets					
12	Bond Issue Costs, Less Amortization	0	0	0	12
13	Total Other Assets	0	0	0	13
14	Total Assets	68,441,601	63,965,202	4,476,399	14
Current Liabilities:					
15	Accounts Payable	1,833,921	1,806,265	27,657	15
16	Cost Reimbursement Payable	944,328	(996,662)	1,940,990	16
17	Accrued Salaries	1,093,967	603,984	489,983	17
18	Accrued Employee Benefits	919,929	675,991	243,938	18
19	Accrued Vacations	2,061,228	1,713,651	347,577	19
20	Current Maturities of Long-Term Debt	1,424,558	1,424,558	0	20
21	Current Maturities of Capital Leases	0	0	0	21
22	Total Current Liabilities	8,277,931	5,227,787	3,050,144	22
Other Liabilities:					
23	Accrued Interest 2008 UTGO & 2009 LTGO B	55,416	27,708	27,708	23
24	2008 UTGO Refunding Bonds Premium	72,254	96,782	(24,528)	24
25	Deferred Revenue - Home Health	115,950	201	115,748	25
26	Total Other Liabilities	243,620	124,692	118,929	26
Long-Term Debt & Capital Leases:					
27	Long-Term Debt - 2008 UTGO Bonds	2,260,442	2,260,442	0	27
28	Long-Term Debt - 2009 LTGO Bonds	3,397,887	3,397,887	0	28
29	Long-Term Debt - Energy Project	(0)	(0)	0	29
30	Long-Term Debt - Dell	(0)	(0)	0	30
31	Long-Term Debt - PACS System	0	0	0	31
32	Total Long-Term Debt & Leases	5,658,329	5,658,329	0	32
Fund Balances:					
33	Equity - Hospital Operations	52,954,395	47,859,832	5,094,564	33
34	Income (Loss) Year-to-Date	1,307,326	5,094,564	(3,787,237)	34
35	Total Fund Balance	54,261,722	52,954,395	1,307,326	35
36	Total Liabilities & Fund Balance	68,441,601	63,965,202	4,476,399	36

Cash Flow
Year to Date, July 2016

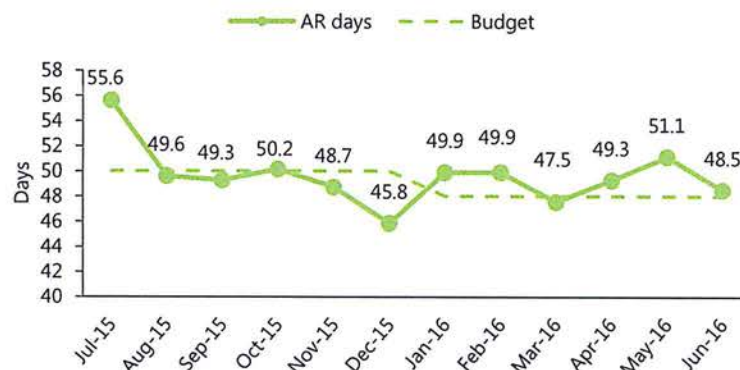
	Cash	Add	Subtract
1 Net Book Income	1,307,326	1,307,326	
<u>Add Back Non Cash Expenses</u>			
2 Depreciation	1,563,547	1,563,547	
3 Provision For Bad Debt			
4 Loss on Sale of Assets			
5 Net Cash From Operations	2,870,874		
Increase in Current Assets = ()			
6 Patient Accounts & Other Receivables	(2,026,547)		(2,026,547)
7 Other Receivables	(92,920)		(92,920)
8 Inventories	(153,453)		(153,453)
9 Prepaid Expenses & Deposits	(357,914)		(357,914)
10 Total Current Assets	(2,630,834)		
11 Investments	(251,173)	0	(251,173)
Purchase of Property, Plant & Equipment:	(4,446,193)		(4,446,193)
12 Net Property, Plant & Equipment	(4,446,193)		
13 Bond Issue Costs, Less Amortization	0		
14 Total Assets	(4,457,327)		
Decrease in Current Liabilities: = ()			
15 Accounts Payable	27,657	27,657	
16 Cost Reimbursement Payable	1,940,990	1,940,990	
17 Accrued Salaries	489,983	489,983	
18 Accrued Employee Benefits	243,938	243,938	
19 Accrued Vacations	347,577	347,577	
21 Current Maturities of Long-Term Debt	0		
22 Current Maturities of Capital Leases	0		
23 Total Current Liabilities	3,050,144		
Decrease in Other Liabilities:= ()			
24 Accrued Interest on 1998, 1999 UTGO Bonds	27,708	27,708	
25 2008 UTGO Refunding Bonds Premium	(24,528)		(24,528)
26 Deferred Revenue - Home Health	115,748	115,748	
27 Total Other Liabilities	118,929		
Decrease in LT Debt & Cap Leases:= ()			
28 Long-Term Debt - 2008 UTGO Bonds	0		
29 Long-Term Debt - 2009 LTGO Bonds	0		
30 Long-Term Debt - Energy Project	0		
31 Long-Term Debt - Dell	0		
32 Long-Term Debt - PACS System	0		
32 Total Long-Term Debt & Leases	0		
33 Total Liabilities	3,169,073		
34 Net Change in Cash	(1,288,255)	6,064,474	(7,352,728)
35 Beginning Cash On Hand	7,562,435		
36 Ending Cash On Hand	6,274,181		

Financial Stewardship

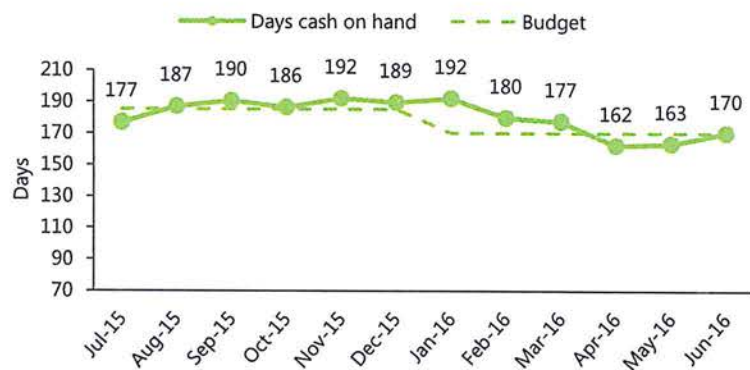
Operating income ↑



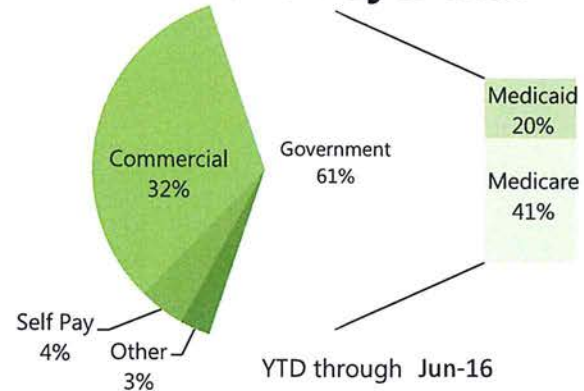
Accounts receivable days ↓



Days cash on hand ↑



2016 Payer Mix



**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Surgical Outpatient/Engineering

Capital Item Requested: Construction costs for converting room to negative air in order to provide dual purpose room for use in endoscopy and bronchoscopy procedures.

Function of Project: Room designed to accommodate both Endoscopy and Bronchoscopy procedures.

Reason Requested: Safety for equipment and employees, length of time to prepare and transport equipment and turnaround time for cleaning with current set up for procedures.

Budget: \$ none

Actual Cost: \$36,547.00 for construction

To be funded from reserves.

\$20,962.80 previously approved for design fees

Submitted By: Randy Kaiser, Director Engineering

Date: 8/8/16

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**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Information Systems

Capital Item Requested: Microsoft Exchange Server and Office Communication Server Upgrade

Function of Equipment: Used to provide email and office communication functions.

Reason Requested: Microsoft will end support of our current version of Exchange Service on 4/11/2017. Upgrade required mitigating risk of running unsupported software.

Budget: \$80,500

Actual Cost: \$32,990

To be funded from reserves.

Submitted By: Jim Roberts, Director IS

Date: 8/8/2016

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Home (<http://www.wsha.org/>) / Events (<http://www.wsha.org/events/>)
/ WSHA 84th Annual Member Meeting

WSHA 84th Annual Member Meeting

WSHA Educational Meeting

Location:

Bell Harbor International Conference Center
2211 Alaskan Way, Seattle, WA

Event Information

October 13, 2016 - October 14, 2016

Audience: Member

Event Type: WSHA Educational Meeting

Registration: Registration will open later this summer, please check back soon!

Lodging: WSHA has room blocks at the Edgewater Hotel and the Marriott Waterfront

- Click here to book your room at the Edgewater Hotel (<https://gc.synxis.com/rez.aspx?Hotel=29020&Chain=11910&arrive=10/11/2016&depart=10/14/2016&adult=1&child=0&group=21E>)
- Click here to book your room at the Marriott Waterfront (<http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=WWSHA%20Annual%20Meeting%20Room%20Block%5Eseawf%60hoshosa%60269.00%60USD%20>)

Staff
Contacts



Cynthia Hay

(206) 216-2526

(/staff/cynthia-hay)

22

60false%602%6010/11/16%6010/15/16%
6009/20/16&app=resvlink&stop_mobi=yes)

Preliminary Schedule*

**Note: Times and events subject to change*

Wednesday October 12:

Governance Skills Building Intensive for Trustees and Commissioners and Optional Orientation Basics for New Trustees and Commissioners at the Edgewater Hotel

Thursday October 13:

AM events: AWPHD and UC Trust Annual Membership Meeting, WSHA Board Meeting, Opening Plenary, WSHA Business Meeting

PM events: Plenary Session, Four Breakout Sessions, Reception, Transportation to PAC Dinner, PAC Appreciation Dinner (\$350 min. donation)

Friday October 14:

Trustee Breakfast, ACHE Breakfast, Honoring Our Members, Plenary Session, Closing Plenary, Closing Comments

2016 Annual Meeting speakers:

Patrick Kennedy — Former United States Representative, Rhode Island; Co-founder, One Mind; Founder, Kennedy Forum



The Honorable Patrick J. Kennedy is a former member of the U.S. House of Representatives and the nation's leading political voice on mental illness, addiction and other brain diseases. During his 16-year career representing Rhode Island in Congress, he fought a national battle to end medical and societal discrimination against these illnesses, highlighted by his lead sponsorship of the Mental Health Parity and Addiction Equity Act

of 200 — and his brave openness about his own health challenges. The son of Senator Edward "Ted" Kennedy, he decided to leave Congress not long after his father's death to devote his career to advocacy for

brain diseases and to create a new, healthier life and start a family. He has since founded the Kennedy Forum, which unites the community of mental health, and co-founded One Mind for Research, a global leader in open science collaboration in brain research. Kennedy is also the co-author of "A Common Struggle," which outlines both his personal story and a bold plan for the future of mental health in America. Patrick lives in New Jersey with his wife, Amy, and their four children.

Rodney F. Hochman, MD — CEO, Providence St. Joseph Health

Rodney F. Hochman, MD, serves as president and CEO of Providence Health & Services, leading the five-state health system. Before serving as group president and now president and CEO of Providence, Dr. Hochman was president and chief executive officer of Swedish Health Services. He and his team helped transform Swedish and positioned the organization for a strong, stable future. In his five years at Swedish he strengthened the community safety net, created a strong culture of safety and re-invented their business model from a downtown hospital focus to a regional system of care. Knowing that greater collaboration among providers was the future of health care, Dr. Hochman and the Swedish board conducted an exhaustive search over the course of his tenure and aligned Swedish with the right partner – Providence. Click here to read more.

(<http://www2.providence.org/phs/bios/Pages/hochman.aspx>)

Lee Hood, MD, PhD — Co-Founder & President, Institute for Systems Biology

Lee Hood, M.D., Ph.D., is an unparalleled pioneer in the translation of technology from R&D to industry. He has co-founded more than 14 biotechnology companies, including Amgen, Applied Biosystems, Systemix, Darwin and Rosetta. Amgen and Applied Biosystems have a combined market capitalization of over \$50B. Dr. Hood is a member of the National Academy of Sciences, the American Philosophical Society, the American Academy of Arts and Sciences, the Institute of Medicine and the National Academy of Engineering. He is one of only 10 members out of more than 6000 that are in all three US National Academies (NAS, IOM, and NAE). Click here to read more.

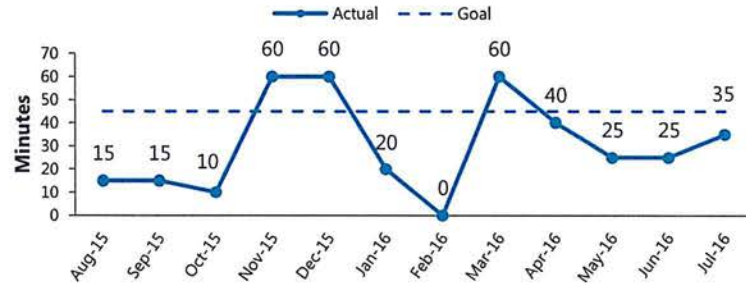
(http://www.indidx.com/lee_hood)

Board Meeting Dashboard

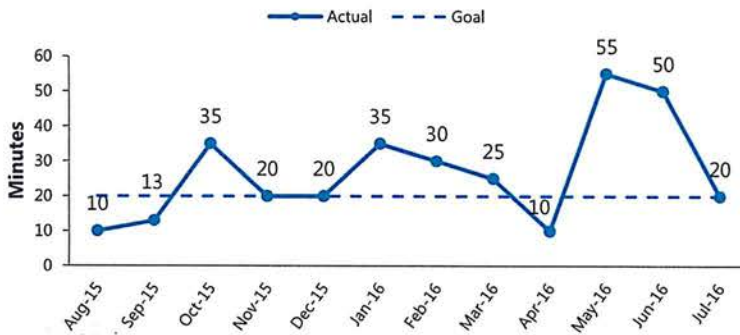
Time spent on financials



Time spent on emerging health care issues



Time spent on CEO report



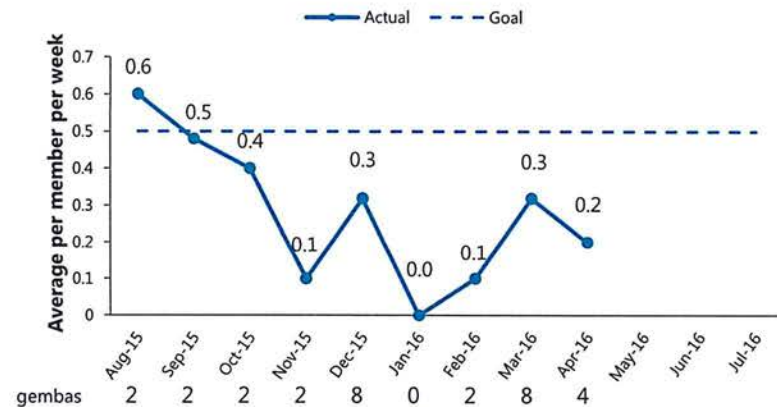
Total meeting time



Time spent on quality (without patient story)

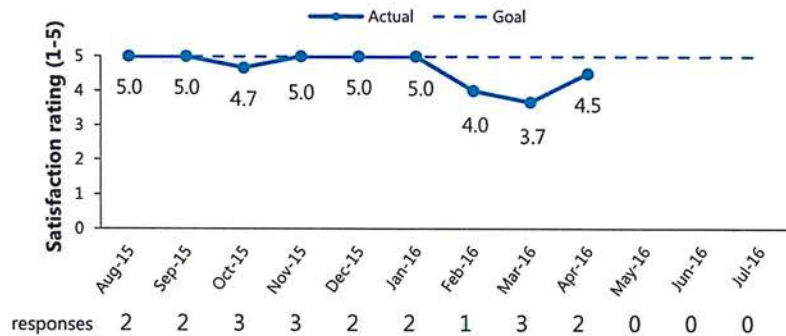


Gemba walks by Board members

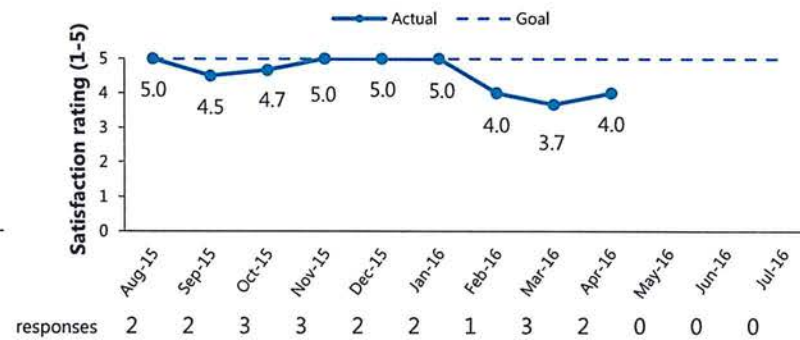


Board Meeting Dashboard

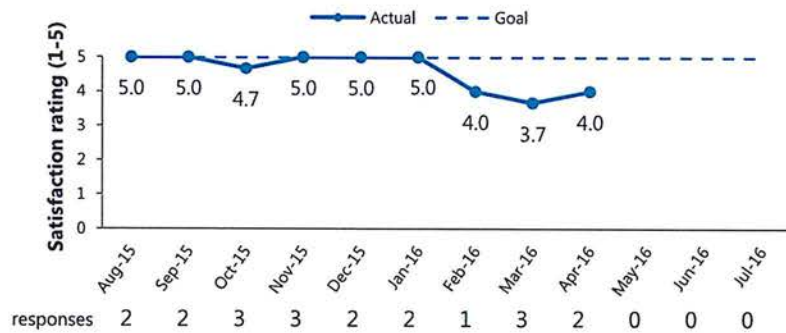
Satisfaction with time spent on emerging health care issues



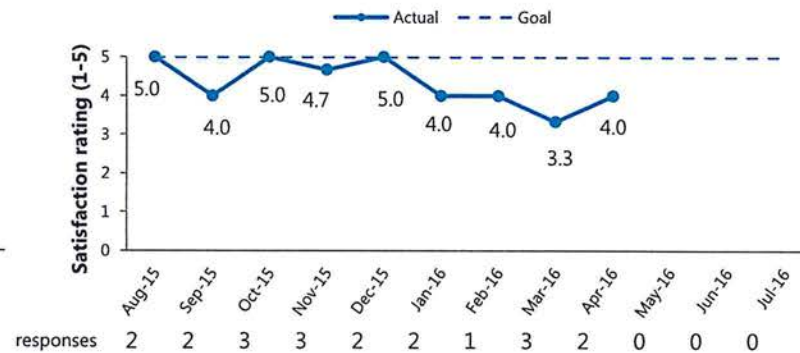
Satisfaction with materials provided for emerging health care issues



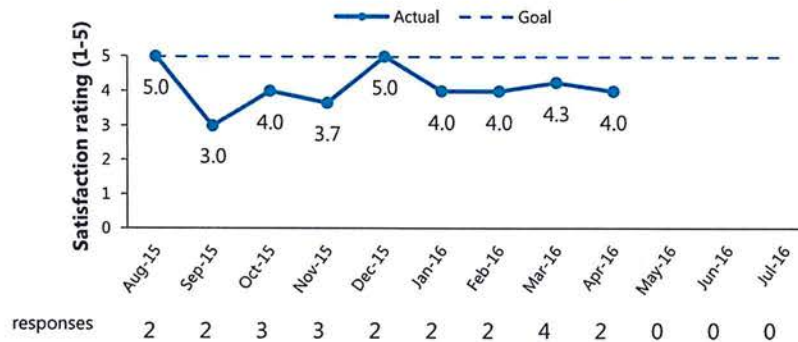
Satisfaction with information covered for emerging health care



Emerging health care issues presentation format promotes board involvement in discussion



Belief that board met goal of 80% discussion, 20% reporting



Chief of Clinic Operations Report to the Board of Commissioners
August 25, 2016

July Operations:

The clinics were below their budgeted visits for the month of June by 18% which puts us year to date 10.30% below budget.

We had 2 providers out in FM-CE, 1 in Internal Medicine, 3 providers out in Family Medicine Ellensburg, 1 out from Ortho, 1 out from Gen Surg and 1 from Women's Health for a total of 9 providers out for at least a week in all clinics combined due to CME or PTO.

We had 2 out all month due to FMLA from IM and FM-E.

We also had a 5 day RPIW where 1 provider from Cle Elum, 1 from IM, 1 from FM-E and 1 provider from Ortho attended 5-6 days of workshop/RPIW.

This totaled 15 providers out of the clinics combined due to workshops, PTO/CME as well as FMLA.

New patient appointments for July were below budget by 23 percent, for a total of 239 new patients for the month. Orthopedics saw the most growth with 81 new patients. General Surgery saw the least growth at 21 patients.

Average Charge per visit is \$254.62 which is above budget by \$15.43. Cardiopulmonary has the highest visit charge average at \$1133.98 and FM-CE is lowest at \$186.19.

GENERAL UPDATES:

- We applied with the National Health Service Corps to be an approved site. Two of our clinics were approved as new sites, the Hospital as well as Internal Medicine. The Family Medicine Clinics were not selected. We were the only 2 sites that were granted this year. We will be in good shape for next year to have all of our clinics approved.

RECRUITING UPDATES:

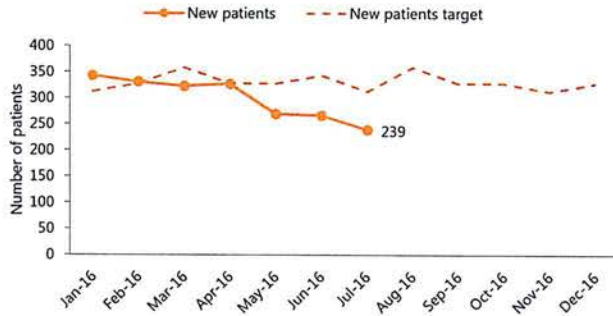
- We have a new part time ARNP, Megan Powers starting in Sept. She is a seasoned provider who will be taking over Jan Paxton's panel of patients. We are excited to welcome her.

Respectfully submitted,

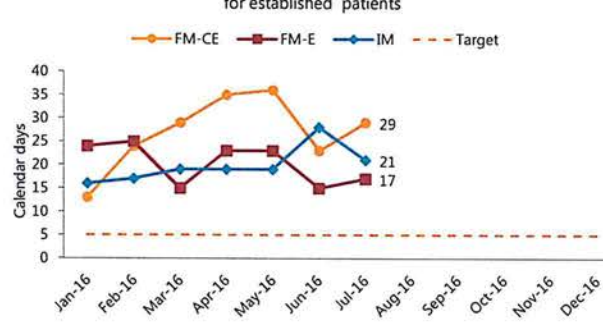
Randi Christensen RN

Clinic Operations Dashboard

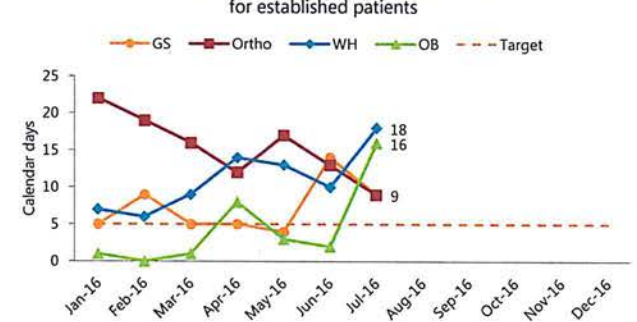
New patients



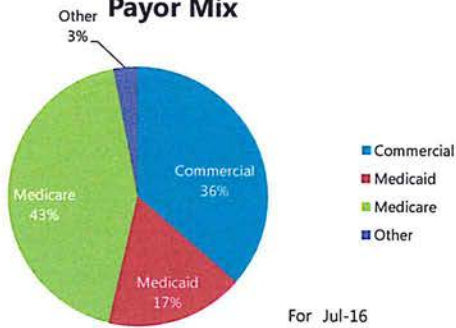
Third available appointment for established patients



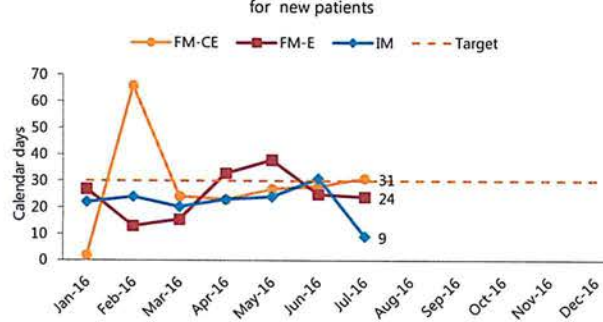
Third available appointment for established patients



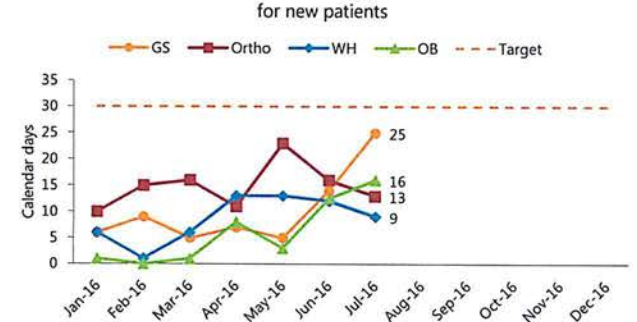
Payor Mix



Third available appointment for new patients



Third available appointment for new patients



**Kittitas County Public Hospital District #1
2016 Nomination of Board of Commissioner Officers**

President: Liahna Armstrong

Vice-President: Pam Wilson

Secretary: Bob Davis

**KITTITAS VALLEY HEALTHCARE
BOARD OF COMMISSIONERS
2016 COMMITTEES & MEETINGS**

Standing Board Committee	Meeting Schedule	2015 Members	2016 Members	Alternates
Quality Improvement Council	Quarterly on Thursday Afternoon	Liahna Armstrong Jack Baker	Chair: Liahna Armstrong Matt Altman	<i>Erica Libenow</i>
Finance Committee	Monthly – Tuesday preceding Board Meeting at 7:30 a.m.	Liahna Armstrong Pam Wilson	Chair: Pam Wilson Bob Davis	<i>Matt Altman</i>
Strategic Planning Committee	Schedule to be determined	Michael Smith Jack Baker		
Joint Districts Committee: Hospital Districts #1 & #2	Schedule to be determined	Liahna Armstrong Jack Baker	Erica Libenow Bob Davis	<i>Pam Wilson</i>

Special Purpose Committees and/or Responsibilities	Meeting Schedule	2015 Members	2016 Members	Alternates
Medical Executive Committee – Board of Commissioners Liaison	Monthly – 3rd Monday at 12:15 p.m.	Michael Smith	Liahna Armstrong	<i>Bob Davis</i>
Ad hoc Master Site and Facilities Planning Committee	Varies	Michael Smith Pam Wilson	Pam Wilson Bob Davis	
The Foundation at KVH – Liaisons to Foundation’s Board	Bi-Monthly – 4 th Tuesday at 5:30 p.m.	Jon Ward Jack Baker	Erica Libenow Matt Altman	

Special Purpose Committees and/or Responsibilities	Meeting Schedule	2015 Members	2016 Members	Alternates
Compliance Committee	Every other month	Pam Wilson	Pam Wilson	
Community Healthcare Roundtable	Varies		Matt Altman	
Rural Advocacy Days	Usually in September	<i>Based on availability</i>	<i>Based on availability</i>	
Liaisons with Elected Officials	Varies	Michael Smith		

August 10, 2016

Dear KVH Employees,

The Board of Commissioners and I would like to congratulate you for your outstanding performance on quality metrics in 2015. The employment agreement between KVH and the Washington State Nurses Association includes a bonus payment for meeting quality and financial performance metrics. Unfortunately, we did not hit our financial performance targets in 2015, but we did achieve outstanding results with our quality targets. Consistent with the agreement each of you have received an incentive bonus of \$500, pro-rated based on FTE or hours worked if per diem.

This is a very special organization because of the contributions that you make every day to ensure quality and safe patient care. Thank you for your dedication in continuing to keep your focus on patients and giving them excellent care.

Sincerely,

KVH Board of Commissioners

Bob Davis, Secretary

August 25, 2016, Board Packet Clippings/Information

<u>Pages</u>	<u>Title</u>
34	Patient Thank You Letter to Family Birthing Center Staff
35	What do we want in a KVH CEO?
36	Pam Wilson Resigns from KVH Board of Commissioners
37-38	KVH Commissioner Resigns
39	Appreciated, Enjoyed working with Bambrick
40	City Mayor won't run for Council in 2017
41-42	New Pediatric Provider
43-44	KVH Commissioners Expand Community Healthcare Roundtable Program
45-47	KVH Library Report

♡ To all of the Birthing Center -

Thank you! Here's a photo of our now-named baby born 7/13 at KVH. I am so grateful for the kind, personal touch that your doctors + nurses gave to me, our new baby + visiting family. My first two babies were born at big city hospitals where care often felt rushed + done merely to check the boxes. I actually got to know some of the nurses that helped me this time around! I was also very happy with how much time you allowed Russell to stay with me immediately after birth. A great experience full of lovely memories delivering our baby boy at your Birthing center!

Best,
Lauren Penoyar

Additionally, none of you thought it was odd to not give the new baby a bath! 😊 Thank You!

IN OUR VIEW

What do we want in a KVH CEO?

As KVH moves forward from what could be termed a period of personnel transition, if not turmoil, the focus of the KVH board and staff needs to be on clearly defining the expectations and objectives for people brought in to fill key positions.

Over the past weeks, the KVH board has fired Paul Nurick as CEO and Nurick's replacement interim CEO Julie Petersen fired chief operating officer Cathy Bambrick.

At the last election voters installed a new majority on the KVH board. Change should not be unexpected, but replacing the top two positions in any organization is significant.

With a public entity we know how much employees make and decisions to hire and fire are part of the public record, but the personnel details are not public record. That's protection for the individual as much as the public entity.

But it can be frustrating for members of the public to not know what is going on when key personnel for critical services, such as the local hospital, are dismissed.

The first question that needs to be asked is: What does it mean to be a successful CEO and COO at KVH? Is there a difference between how the board would define a successful CEO and COO, how the staff would define success and how the public would define it?

The board is the one with the authority to make decisions but as we've seen if there is a conflict in the definitions it can create discord that impacts the operation of the hospital.

Before the board launches a search for a permanent CEO we need a public dialogue both for the board to clearly outline its objectives and standards and for the public to express its expectations.

Hospital District 2 and the Upper County need to be involved as well. As COO for KVH Bambrick served as administrator for District 2 — a key position in the county's health care system. If the new COO handles that responsibility as well, the District 2 board needs to be involved in the search and hiring process.

By many measurements KVH has been a successful operation for several years. It's a financially sound public entity operating with very limited taxpayer support. It annually receives recognition for the quality of its care.

Beyond financial stability and quality of care, what measurements do we want to apply to evaluate CEO performance?

Obviously, staff morale is critical. That can come down to management style. Do you want someone who comes in and lays down the law, set the standards and calls on people to comply or someone who builds consensus before taking action? What makes this one hard to evaluate is that it is impossible to know what it is like to work for a person unless you work for that person.

The CEO is the public face of the hospital. How that person represents the hospital in the community and larger venues of the state and professional organizations is important.

The list of what's expected for the CEO of a public hospital could be pretty long. It may come down to prioritizing desired qualities and outcomes.

It is important to do all this work upfront because once a person is hired he or she needs the freedom and ability to do their job without being micromanaged by the board or public. In theory, if everyone has the same objectives and goals there should be less conflict as the CEO works to obtain those objectives and goals.

The first step in this process is to talk about what we want.

Media Contact: Amy Diaz
Email: adiaz@kvhealthcare.org
Phone: 509-933-7593



Pam Wilson Resigns from KVH Board of Commissioners

Ellensburg, Wash. (July 29, 2016) – After five years of service, Pam Wilson has resigned her position on the Board of Commissioners for Kittitas Valley Healthcare. The position, which is publicly elected, oversees the operations of Kittitas County Public Hospital District No. 1. The hospital district covers the Lower Kittitas County area and does business as Kittitas Valley Healthcare.

Pam was appointed to the Board of Commissioners in February 2011, following the death of Al Moss. She fulfilled the remaining year of his term, and was elected to a full six-year term in November 2011. That term will end on December 31, 2017.

In a letter to KVH employees, Pam wrote, "The changes that have been made...were in the best interest of the district and they will benefit the hospital district for a long time. The progress this organization has made over the last several years has allowed KVH to be an outstanding healthcare system for the residents of Kittitas County." ↻

The KVH Board of Commissioners will move quickly to identify a thoughtful and inclusive process to solicit interest and identify candidates to fill the vacated position. An appointment will be made within 90 days; the individual who is appointed will hold the position until the November 2017 general election.

The appointment comes at an important time for KVH. The Board of Commissioners may make several key decisions in the coming year, including the selection of a permanent Chief Executive Officer, selection of a new electronic health records system, and the potential construction of a new medical office building for clinic appointments. By stepping down now, the future commissioner will be involved in these important decisions.

Pam will remain as a citizen-advisor on the planning team for the proposed medical office building. Her depth of understanding and commitment to the project would be difficult to replace, and the Board is appreciative of her willingness to continue in a new role.

More information about the appointment process will be shared in the coming weeks. For additional information, please contact Franki Storlie at (509) 962-7302 or visit www.kvhealthcare.org/board-of-commissioners.

###

Kittitas Valley Hospital commissioner resigns

Board will make appointment to fill vacancy

By JULIA MARTINEZ staff writer

Kittitas County Hospital District 1 commissioner Pam Wilson resigned Thursday from her position.

In a statement to board members, Wilson said "the position has taken a toll on my wellbeing along with impacting my full time job so I have made the choice to resign."

With the appointment of Julie Petersen as Kittitas Valley Healthcare's interim CEO in late June, Wilson said it was a good time to step down. She said her replacement will have time to get up to speed before votes are taken on a new electronic health records system and medical office building. She remains supportive of the organization, she said.

Wilson has been a member of the board since 2011. The five-member Hospital District 1 board oversees operations at KVH.

The board has 90 days to find someone to fill Wilson's position. Board President Liahna Armstrong said the board will have a special meeting to discuss the process of appointing someone new. The individual who is appointed will be up for election in November 2017. Terms are six years.

Wilson was the board's vice president and chaired the finance committee, a position that Armstrong will take over. A new vice president will be chosen at a future board meeting. Wilson will continue to serve on the planning team for the proposed medical office building as a citizen adviser.

Wilson's ending remarks were met with thanks from Armstrong and applause by the board and those in the audience.

Dr. John Sand was in the audience and spoke during public comment.

"I just want to thank the board for the hard work and implementing needed change," he said, adding that he's seen an increase in morale.

Sand also mentioned a conversation he had with a patient that led him to ask the board to reconsider their decision on the placement of the medical office building, especially with new leadership in place.

Petersen updated the board on the work she's been doing since arriving at KVH last month. She has held four open forums with employees.

"You do not have shy staff here," Petersen said.

During the forums she asked employees for observations and feedback, which engendered a lot of discussion, she said. Employees told Petersen they wanted more staff development time to keep their skills current, and more security in the emergency department.

Daily Record, 7/30/16, page A3

Employees expressed the desire for a wellness program and praised the residency program. Armstrong told Petersen that her efforts were important and valued.

"I think that's very important that we create a sense of community," Armstrong said.

Video recordings

An earlier attempt to record commissioner meetings was met with unrecoverable video files, so the board is exploring options within the community to find someone who might help. The goal is to be up and running in August.

Board member Bob Davis said he's spoken to several people who have watched the video of an earlier meeting online. The videos are recorded then posted to YouTube under the hospital's channel. Only a portion of a June meeting was recorded and recovered.

The next board meeting is at 5 p.m. Aug. 25 in the upstairs conference room at KVH. Meetings are open to the public.

Daily Record, 8/3/16

Appreciated, enjoyed working with Bambrick

To the Editor:

I am not in a position to look inside the heads of the people making decisions at KVH. Change has been a constant in medicine since my entry into the field in 1985. I was told by my mentors at the time, "It's not like it used to be." That can certainly be said for the times that we are in now. But I am in the position to speak about the character of a person that we have lost.

I have worked with Catherine Bambrick for over 10 years, both in her roles as the Administrator of Kittitas County Public Health and in her role as the COO of KVH. She has been a tireless champion of rural healthcare. Intelligent, committed and honest, Cathy has been able to work with a diverse group of people to improve the health of Kittitas County. She is a long-term resident of our community. She knows Kittitas County and wants this to be a healthy place for people to live and work.

I do not know where KVH is going. I can only say that it is not as strong of an organization without Ms. Bambrick in a leadership role. I am mourning the loss. If you see Cathy on the streets of our community, please say a word of thanks to this person who has been a dedicated public servant in Kittitas County for over 10 years. Our loss is another community's gain. I wish her the best.

Mark Larson, M.D.

Health Officer, Kittitas County

Public Health, Ellensburg

City mayor won't run for council in 2017

Plans to run for hospital board

By **NICOLE KLAUSS** staff writer

Ellensburg City Mayor Rich Elliott will not run for another term on the Ellensburg City Council once his ends in 2017, but instead will run for a position on Kittitas County Hospital District No. 1.

"I will finish my term and do my job, and do it well," Elliott said on Tuesday.

Elliott, who is a deputy chief for Kittitas Valley Fire and Rescue, has a strong interest in health care delivery, and said he feels there are other members of the Ellensburg City Council who can do the things he does equally as well. His fellow council members elected him as mayor.

"I have a very strong interest in the city of Ellensburg and a lot of loyalty to the city of Ellensburg, and feel like we've hired a good city manager who is delivering a high level of service to the community, but also taking care of the employees," he said.

Elliott said he is putting news of his decision out to the public now so anyone potentially interested in running for his seat can begin attending meetings to understand the issues. They would have a year and a half to really look at the position. The seven-member City Council is elected at large and members serve four-year terms.

When Elliott's term ends in 2017, he will have served nine years, two full terms plus the time from his first term when he was appointed to the position, he said.

In 2014 Elliott considered applying for the then-vacant city manager position, but was found ineligible to apply due to a state law that prohibits current council members from throwing their hats in for the job. The state law reads "No person elected to membership on the council shall be eligible for appointment as city manager until one year has elapsed following the expiration of the term for which he or she was elected."

Current City Manager John Akers has not announced plans to resign or retire, but Elliott said if that position ever becomes vacant again in the future he wants to be eligible to apply.

"A possibility in the future if the city manager's position opened and I feel qualified, I would want to be eligible for that position and being on the city council would make me ineligible," he said.

Hospital board

The five-member Hospital District 1 board oversees the operation of Kittitas Valley Healthcare. Pam Wilson stepped down from her seat on the board last month, and the board will appoint someone to fill her place until the November 2017 general election.

That seat is the only one up for election next year and has a six-year term.

New pediatric provider

Dr. Laurel Gorham joins Ellensburg Pediatrics

By JULIA MARTINEZ

staff writer

Dr. Laurel Gorham has joined the team at Ellensburg Pediatrics.

Gorham, a doctor of nursing practice and a certified pediatric nurse practitioner, was a good match for the practice, said Dr. Elise Herman.

It was clear at the start that Gorham loved kids, and proved to have a nice manner with parents and families and the office staff, Herman said.

"You want someone who treats everybody with respect, and that was clear," she said. "She has an easy laugh and a relaxed manner and I could tell that she would be a reassuring presence with the families."

Herman said it was a match, both in personality style and goals for the private practice.

Gorham is a Minnesota native, growing up in a small farm town, and moved to Michigan after receiving her NP. She lived in Big Rapids, about 60 miles north of Grand Rapids, for 22 years.

She lives in Ellensburg with her husband and her son.

Gorham said she knew she wanted to be a pediatrician after she had an accident when she was small. She was around 4 years old and had to spend a couple of weeks in the hospital.

During nursing school, Gorham said students are exposed to a variety of specialties. She was always attracted to pediatrics, even more so after an internship she had on a pediatric floor.

"I just love to work with children," she said.

Herman said that her practice needs more pediatric providers and she is still on the lookout for one more physician or NP to join her.

Gorham said she was impressed at how well the Ellensburg team worked together, and how close the philosophies and practice styles were to how she likes to practice.

"I've been to lots of practices where that wasn't the case," she said.

In her down time, Gorham likes to hike, bike and explore the country with her husband. She also likes to do glass work. Gorham's mother worked with stained glass, and took her to a community class where they both learned more about the craft. Gorham makes glass beads, and makes her own jewelry.

A great place to work

Herman said that Ellensburg is a wonderful place to practice pediatrics. She's been practicing in Ellensburg since 1990.

"It's a great community, it's a community that cares about their children," she said. "And it's a privilege to be able to help parents from the time they've got a newborn and be part of their evolution as a family."

Herman said her career in the community has been extremely rewarding, and she believes that Gorham will be a great asset to the practice.

Daily Record, page A3, 8/12/16

"I'm thrilled," Elise said.

Rural medicine is particularly challenging, she said, because there aren't specialists right around the corner. If a child is sick, they have to be stabilized and transported elsewhere.

"We do everything," she said. "The idea of doing everything is kind of fading, so people want to specialize within pediatrics more."

Herman said it takes a special person to do rural pediatrics and always be on call.

"A lot of people don't want to do it, but I think they're missing out. Rural medicine is never dull," she said. "It's very rewarding ... it's not everybody's cup of tea."



Brian Myrick / Daily Record

Dr. Laurel Gorham works with a tiny patient, 2-month-old Dominick Vaughn, in an exam room at Ellensburg Pediatrics on Aug. 5.



KVH Commissioners Expand Community Healthcare Roundtable Program

2016 Roundtable Dates

May 17

August 16 (Cle Elum)

September 20

Three options to register:

1. Register online
2. Call 509.962.7302
3. Email forums
@kvhealthcare.org

Event Agenda

5:15 p.m. *Optional Tour*

6:00 p.m. *Roundtable*

8:00 p.m. *Adjourn*

8/17/2016

Members of the Kittitas Valley Healthcare Board of Commissioners have expanded on a program of community healthcare roundtables introduced by former commissioner Joan Baird Glover.

The community healthcare roundtables were developed as an opportunity for members of the community to share with and learn from the KVH senior leadership team and Board of Commissioners about the healthcare needs of the county. The program is also designed to provide attendees with a general

overview of public hospital districts and information about the operations of KVH. Since the program's inception in 2005, nearly 500 community members have participated in a roundtable.

This year, the KVH Board of Commissioners hosted a community healthcare roundtable event in Cle Elum on August 16. This is the first session in Cle Elum since 2006. A brief version of the roundtable program was also introduced at the meetings of many local service groups in Ellensburg and Cle Elum earlier this year.

"The community healthcare roundtables allow us to speak directly with the community that we serve," said KVH Commissioner Matthew Altman. "The feedback that we have received is invaluable; it will help us continue to adapt and develop the services and priorities of our local healthcare system."

The next session of the community healthcare roundtable series is scheduled for the evening of September 20 at KVH in Ellensburg.

If you are interested in requesting a speaker for your group or signing up to attend the September 20 roundtable at KVH, please call us at (509) 962-7302 or sign up online at www.kvhealthcare.org/roundtable (<http://www.kvhealthcare.org/roundtable>).

Kittitas Valley Healthcare

603 S. Chestnut St.

Ellensburg, WA 98926

(509) 962-9841

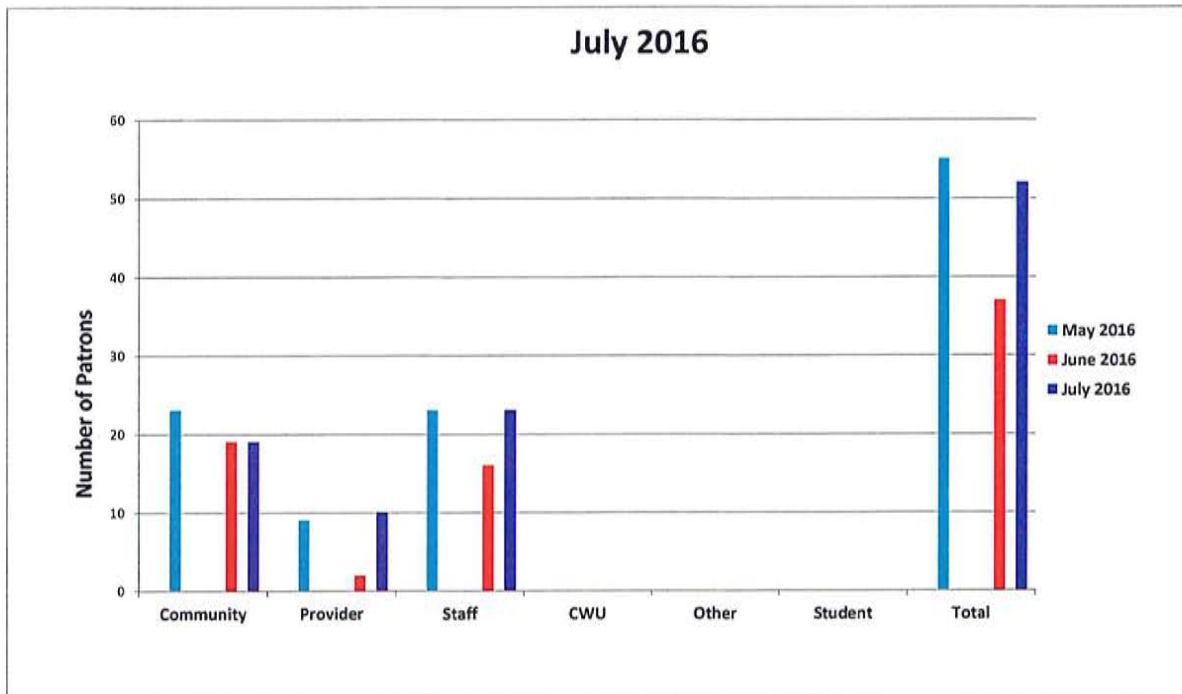
Kittitas Valley Healthcare
Community Health Library
Monthly Patron Statistics

	January			February			March		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community		21			35			32	
Provider		18			21			7	
Staff		12			24			14	
CWU		0			4			3	
Other		0			0			0	
Student		3			4			0	
Total		54	0		88	0		56	0

	April			May			June		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community	33	23			23		26	19	
Provider	48	7			9		30	2	
Staff	41	13			23		16	16	
CWU	2	1			0		1	0	
Other	0	0			0		1	0	
Student	0	0			0		0	0	
Total	124	44	0		55	0	74	37	0

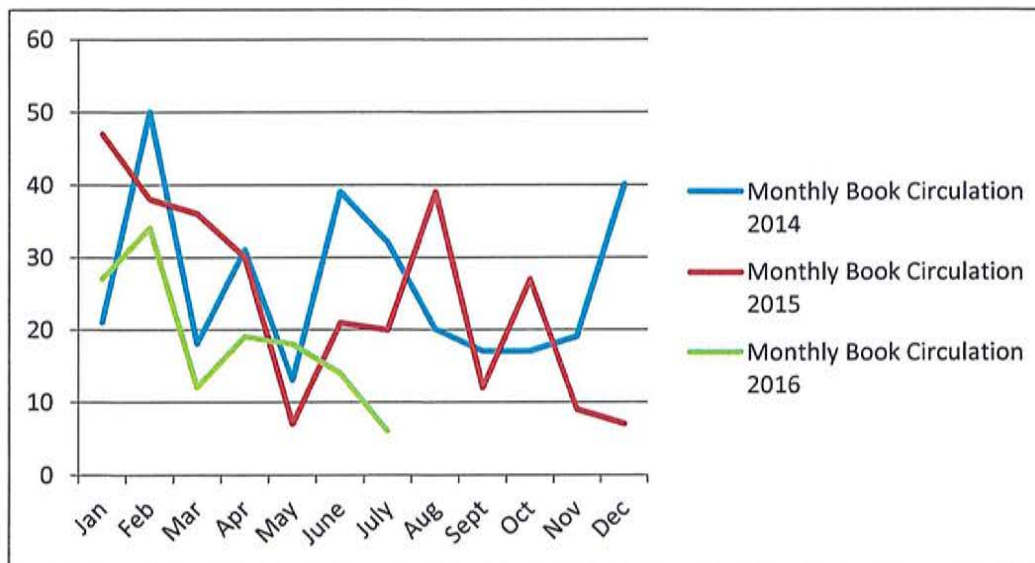
	July			August			September		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community	34	19		32			32		
Provider	24	10		22			12		
Staff	19	23		25			19		
CWU	2	0		0			1		
Other	0	0		0			0		
Student	0	0		0			0		
Total	79	52	0	79	0	0	64	0	0

	October			November			December		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community	23			16					
Provider	20			21					
Staff	12			26					
CWU	0			3					
Other	0			0					
Student	0			1					
Total	55	0	0	67			0	0	0



Monthly Book Circulation

	<u>2014</u>	<u>2015</u>	<u>2016</u>
Jan	21	47	27
Feb	50	38	34
Mar	18	36	12
Apr	31	30	19
May	13	7	18
June	39	21	14
July	32	20	6
Aug	20	39	
Sept	17	12	
Oct	17	27	
Nov	19	9	
Dec	40	7	
YTD Total	<u>317</u>	<u>293</u>	



Community Health Library Databases - Number of Searches

Database Name		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
UpToDate	2015	1063	1165	1407	1112	1154	1742	1288	1655	1814	1654	2025	1772	17851
	2016	1451	1810	1706	1202	1523	1751	1880						11323
ClinicalKey	2015	156	110	163	217	263	99	186	68	79	207	140	132	1820
	2016	442	167	174	108	157	105	n/a						1153
ClinicalKey for Nurses	2015											48	85	133
	2016	255	61	69	34	46	69	n/a						534
EBSCO Consumer Health Complete	2015	18	73	31	38	2	16	27	13	8	3	3	8	240
	2016	1	3	33	4	4	5	2						52
ProQuest	2015	14	54	0	0	2	17	12	2	2	2	3	0	105
	2016	13	7	0	4	0	8	0						32
Patron Services														
Articles & Newsletters Sent to Patrons & Providers	2015	8	36	10	28	4	15	6	2	64	48	71	43	287
	2016	42	117	50	52	41	16	32						350
Books Checked Out	2015	47	38	36	30	7	21	20	39	12	27	9	7	293
	2016	27	34	12	19	18	14	6						130
Inter-library Loan	2015								2			1		3
	2016	3	5	1	0	2	0	24						35
New England Journal of Medicine Online	2016	0	31	29	54	19	25	30						

n/a = not available at this time