

SUPPLEMENTAL

BOARD OF COMMISSIONERS' REGULAR MEETING

September 22, 2016 – 5:00 p.m.

KVH Conference Rooms A/B

AGENDA

1. **Call Regular Meeting to Order**
 - **Oath of Office:** Swearing in of New Board Member – Bob Crowe

2. ****Approval of Agenda:** (1-2)
 - (Items to be pulled from the Consent Agenda)

3. ****Consent Agenda:**
 - a. Minutes of Board Meetings: Aug. 25, 2016; Aug. 29, 2016;
Sept. 12, 2016; Sept. 15, 2016 (3-9)
 - b. Approval of Checks (10)
 - c. Report: Foundation (11)
 - d. Minutes: Finance Committee (12)

4. **Quality:**
 - a. Rhonda Holden, Chief Nursing Officer, Dr. Don Solberg, Chief Medical Officer,
Mandee Olsen, Director of Quality Assurance:
 - Mandee Olsen: Patient Story
 - QI Council Committee (13-20)
 - QI Council Dashboard (21-23)

5. **Public Comment/Announcements (5:15 p.m.)**

6. **Emerging Healthcare Topic:** A-Team Presentation – Jon Fowler,
Amy Fuller, Polly Florence, Lyn Fuller

7. **Chief Executive Officer's Report:**
 - a. Julie Petersen, CEO Report
 - HR Dashboard (24-25)

8. **Chief of Staff Report:**
 - a. Dr. Timothy O'Brien, Chief of Staff
 - ****Medical Staff Exec. Committee Report** (26)

9. **Financials:**
 - a. Libby Allgood, CFO: Treasurer's Report (27)
 - b. Finance Committee
 - Resolution No. 2016-13: Surplus Property (27f)

10. **Education:**
 - ****Attendance at the WSHA Annual Meeting at Bell Harbor, Oct. 13-14 (28-32)**

11. **Public Policy:**

12. **Old Business:**
 - a. Board Meeting Evaluation Summary (33-34)
 - b. Clinic Operations Report (35-36)
 - c. **2016 Board Officers and Board Committees (37-38)
13. **New Business:**
 - a. Community Healthcare Roundtables
14. **Articles and Communications:** Additional Article page 50 (39-50)
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
CEO Selection/Search Process**

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Kittitas Valley Healthcare
Board of Commissioners
August 25, 2016
KVH Conference Rooms A/B

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

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

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 Erica Libenow and second of Bob Davis, the Board members unanimously approved the agenda.

3. **Consent Agenda:**

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

4. **Quality:**

Julie Petersen commended staff for the excellent second quarter 2016 report from the statewide patient safety and quality program, Partnership for Patients. She noted that KVH reported zero errors in most areas and will be working on improvement in any needed areas as indicated on the report.

Mande Olsen read a letter from a Hospice family who were so grateful for the excellent care their father received especially from KVH nurse, Chad Bearup.

The Board members reviewed the QI Council summary and dashboards.

5. **Public Comment/Announcements:**

Brian Cullinane, KVH Foundation Board member, asked about the status of the planning for the proposed new clinic building, especially in regards to the concerns of the neighborhood and community members. Julie Petersen responded that there is a special Board meeting scheduled for August 29th at 5:00 p.m. in Conference Rooms A/B at the hospital that will be addressing the timeline and next steps for the process regarding the new clinic.

6. **Emerging Healthcare Topic:**

None.

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

Julie Petersen reported that she would like to schedule a presentation at the September Board meeting regarding the A-Team. Julie asked if the Board members would like to continue their monthly one-on-one meetings with her and it was agreed these meetings would continue in the future.

Julie Petersen discussed the results of the recent Employee Opinion Survey and shared the action and communication plan that will be shared with KVH employees. The short-term response will focus on communication with employees and employee morale through monthly Department Director meetings with Department Directors also holding individual departmental meetings so all employees are updated monthly on current hospital events and issues. All employee evaluations for 2016 are to be completed by August 31st and revisions will be completed to improve the evaluation process for future employee evaluations. Julie will be starting a lunch and learn program called "Management plus One" that will be educational lunches held monthly for management and an invited guest. Julie stated that long-term goals would be for the Board members to review and update the hospital's Vision and Mission Statements along with the Guiding Principles in 2017.

Dr. Solberg reported that the recent meeting with both non-KVH and KVH providers regarding the proposed medical office building went quite well with providers expressing what their needs would be in the new medical building. Julie Petersen stated that the meeting went well with the architects taking notes regarding the input from the providers.

The Board members reviewed the Human Resources Dashboard.

8. **Chief of Staff Report:**

ACTION: On motion of Matt Altman and second of Erica Libenow, the Board members unanimously approved the initial appointment for Dr. James Brull and the reappointments for Dr. Byron Haney, Dr. Frank Cruz, Dr. Douglas Rudisill, Dr. Donald Orminski, and Zoe Carlson, ARNP as recommended by the Medical Executive Committee.

9. **Financials:**

Libby Allgood presented a short financial summary for the month of July noting that operations for the month resulted in an operating loss that will result close scrutiny of future discretionary spending.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board unanimously approved the capital expenditure request for remodeling in the Surgical Outpatient area to design a room to accommodate both endoscopy and bronchoscopy procedures.

ACTION: On motion of Matt Altman and second of Bob Davis, the Board unanimously approved the capital expenditure request for the purchase of a Microsoft Exchange Server and Office Communication Server for an upgrade for Information Services.

ACTION: On motion of Matt Altman and second of Bob Davis, the Board unanimously approved the capital expenditure request for the remodeling of three exam rooms at Family Medicine-Ellensburg for Behavioral Health.

Libby Allgood reviewed the timeline for the 2017 budget process with the Board members.

10. **Education:**

Erica Libenow expressed interest in attending the WSHA Annual meeting in October at Bell Harbor. Other Board members will let Franki know if they wish to attend the conference and approval for attendance at the meeting will be finalized at the next Board meeting.

11. **Public Policy:**

None.

12. **Old Business:**

a. **Board Meeting Evaluation Summary:**

Liahna Armstrong is revising the Board meeting evaluation form and will have it ready for the Board members to review at the next meeting.

b. **Clinic Report:**

The Board members reviewed the clinic report. Randi Christensen gave a PowerPoint presentation regarding Project Patient Access outlining the need to recruit providers both short-term and long-term for the various KVH clinics. Clinic data was presented showing the recruitment needs for each KVH clinic in order to provide access for new patients at each clinic. Julie Petersen reported that a new position, Physician Liaison/Recruiter, has been created to assist with the recruitment and retention of providers. Next month Randi will present information regarding recruiting needs for primary care and specialists throughout Kittitas County.

c. **Process for Appointing a New Board Member:**

The Board members reviewed the process for interviewing and selecting a new Board of Commissioner to fill the current vacant Board position. It was noted that a special Board meeting will be held on September 12 to review applications for the position with interviews taking place at a special Board meeting on September 15.

13. **New Business:**

a. **Review of 2016 Board Officers and Board Committees:**

President Armstrong asked for a sub-committee to present a slate of officers at the next Board meeting for 2016. Bob Davis and Matt Altman volunteered to serve on the sub-committee.

b. **Employee Quality Incentive:**

The Board members acknowledged the achievement that each KVH employee has contributed towards attaining the 2015 quality incentive goal.

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

The Board members reviewed the various clippings and correspondence items.

At 6:35 p.m., President Armstrong announced that there would be a ten minutes recess followed by a 30 minute executive session regarding personnel. RCW 42.30.110(g)

At 7:14 p.m., the meeting was reconvened into open session.

ACTION: On motion of Erica Libenow and second of Matt Altman, the Board unanimously approved the 2015 quality incentive program, Resolution No. 16-12.

With no further action and business, the meeting was adjourned at 7:15 p.m.

CONCLUSIONS:

1. Motion passed to approve the Board agenda.
2. Motion passed to approve the Consent Agenda.
3. Motion passed to approve the initial appointment and reappointments for medical staff as cited above and recommended by the Medical Executive Committee.
4. Motion passed to approve the capital expenditure request for remodeling in the Surgical Outpatient area to design a room to accommodate both endoscopy and bronchoscopy procedures.
5. Motion passed to approve the capital expenditure request for the purchase of a Microsoft Exchange Server and Office Communication Server for an upgrade for Information Services.
6. Motion passed to approve the capital expenditure request for the remodeling of three exam rooms at Family Medicine-Ellensburg for Behavioral Health.
7. Motion passed to approve the 2015 quality incentive program.

Respectfully submitted,

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

Kittitas Valley Healthcare
Board of Commissioners
Special Board Meeting
Conf. A/B
August 29, 2016

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

STAFF PRESENT: Julie Petersen, Libby Allgood, Amy Diaz

President Liahna Armstrong called the meeting to order at 5:13 p.m. She announced that the Special Board meeting was being convened into executive session regarding real estate for three hours. RCW 42.30.110(b)

At 8:00 p.m., the meeting reconvened into open session. With no further business and action taken, the meeting was adjourned at 8:00 p.m.

Respectfully submitted,

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

Kittitas Valley Healthcare
Board of Commissioners
Special Board Meeting
Café Conference Room
September 12, 2016

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

STAFF PRESENT: Julie Petersen

President Liahna Armstrong called the meeting to order at 5:00 p.m. She stated that Erica Libenow was excused from attendance at the meeting. She announced that the Special Board meeting was being convened into executive session regarding personnel for one hour. RCW 42.30.110(g)

At 6:00 p.m., the meeting reconvened into open session. The following applicants were selected for interviews for vacant Board of Commissioner Position No. 4 for Kittitas County Public Hospital District No. 1: Andre Dickerson, Bob Crow, Jon Fowler and Mark Kinsel.

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

Respectfully submitted,

Bob Davis
Secretary, Board of Commissioners

Kittitas Valley Healthcare
Board of Commissioners
Special Board Meeting
Conf. A/B
September 15, 2016

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

STAFF PRESENT: Julie Petersen

President Liahna Armstrong called the meeting to order at 7:30 p.m. She stated that the purpose of the meeting was to interview applicants for vacant Board of Commissioner Position No. 4 as well as conduct an executive session regarding personnel. RCW 42.30.110(g)

An interview was conducted with Andre Dickerson. At 7:55 p.m., the Board convened into executive session to discuss personnel for 5 minutes.

At 8:00 p.m. the meeting was reconvened into open session and an interview being conducted with Bob Crowe. At 8:25 p.m., the Board convened into executive session to discuss personnel for 5 minutes.

At 8:30 p.m., the meeting was reconvened into open session and an interview was conducted with Jon Fowler. At 8:55 p.m., the Board convened into executive session to discuss personnel for 5 minutes.

At 9:00 p.m., the meeting was reconvened into open session and an interview was conducted with Mark Kinsel. At 9:20 p.m., the meeting was convened into executive session to discuss personnel for 25 minutes.

At 9:45 p.m., the meeting reconvened into open session.

ACTION: On motion of Bob Davis and second of Matt Altman, the Board members unanimously appointed Bob Crowe as Board of Commissioner for Position No. 4 for Public Hospital District No. 1.

With no further business and action taken, the meeting was adjourned at 9:55 p.m.

Respectfully submitted,

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

DATE OF BOARD MEETING: September 22, 2016

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	CHECK NUMBERS	<u>223443-224460</u>	NET AMOUNT:	<u>\$2,686,609.13</u>
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PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	CHECK NUMBERS	<u>76377-76406</u>	NET AMOUNT:	<u>\$40,524.33</u>
#2	CHECK NUMBERS	<u>76407-76438</u>	NET AMOUNT:	<u>\$36,748.53</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,085,347.40</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$972,432.95</u>
#5	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$459,541.83</u>
#6	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$401,408.08</u>
		SUB-TOTAL:		<u>\$2,996,003.12</u>

TOTAL CHECKS & EFTs: \$5,682,612.25

Prepared by



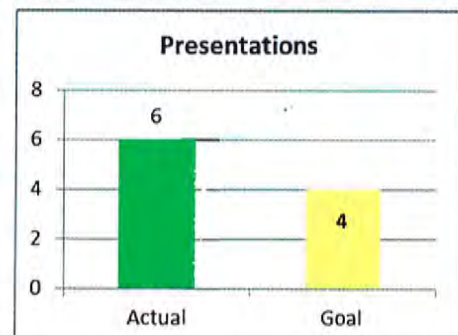
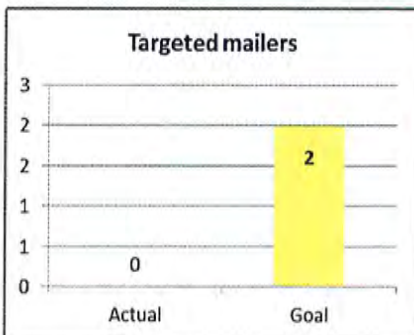
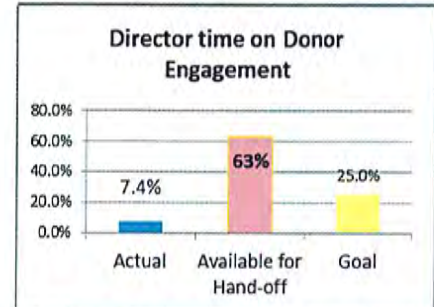
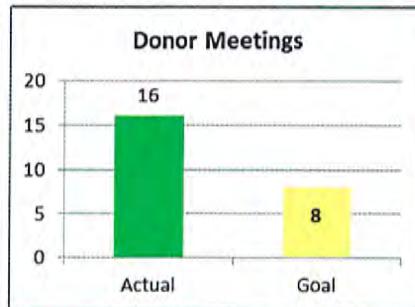
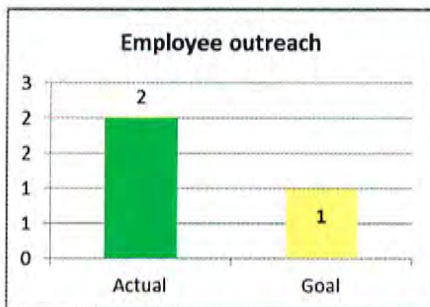
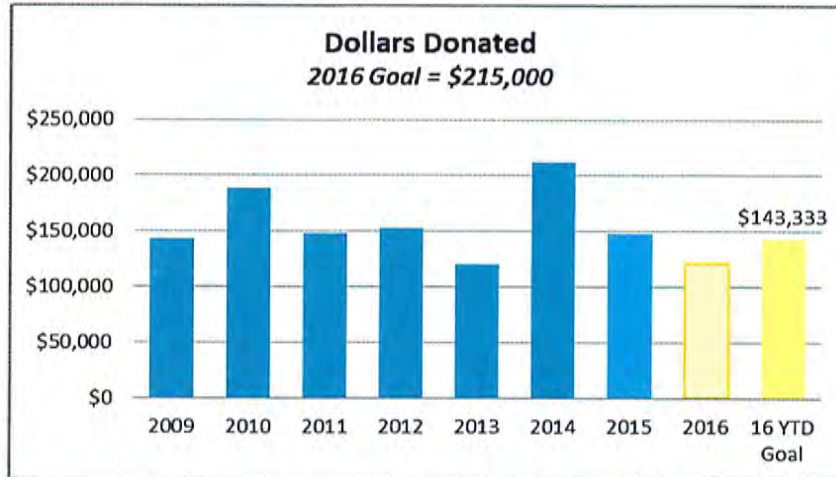
 Sharoll Cummins
 Staff Accountant



Board of Commissioners Report, September 22, 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 Wurll

Director, The Foundation at KVH

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
August 23, 2016

Present: Liahna Armstrong, Bob Davis, JoAnne Wise, Larry Dunbar, Bob Crowe, Libby Allgood, Julie Peterson, Kelli Goodian Delys, Randy Kaiser, Tiffany Price.

The meeting was called to order by Liahna Armstrong at 7:30 am.

The minutes of the August 23, 2016 meeting were approved as written.

Libby spoke to the annual budget process and presented the calendar.

For capital spending, three items were presented to include a Surgery Outpatient Negative Pressure Room, remodel three exam rooms in Family Medicine Ellensburg for Behavioral Health, and Microsoft Exchange Server upgrade for support and security patches. Upon review and discussion the request was approved for recommendation to the Board of Commissioners for approval to purchase.

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.

The meeting was adjourned at 8:35 am.

<i>Quality Improvement Council</i>	MEETING MINUTES	September 8, 2016
Present: Julie Peterson, Libby Allgood, Mandee Olsen, Matt Altman, Dr. Solberg, Liahna Armstrong, Dr. O'Brien, Randi Christensen, Rhonda Holden Guests: Linda Navarre, Stacey Botten Recording Secretary: Mandy Weed Minutes Reviewed by: Mandee Olsen		
<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION ITEM/ RESPONSIBLE PARTY</u>
<ul style="list-style-type: none"> Called to order 	The meeting was called to order by Liahna Armstrong at 4:03 pm	
<ul style="list-style-type: none"> Agenda & Minutes 	The minutes were approved as presented. Mandee requested to add Lean Leader Training to the agenda – approved.	
NEW BUSINESS		
<ul style="list-style-type: none"> Dashboard Review 	Handouts: July 2016 Dashboard Review Discussion: Mandee reviewed the data on the July 2016 dashboard. She stated she would like to highlight median time to goal on ECG's are now on track. 2 out of our 3 sepsis patients were failures as 1.) fluid had been given but a physician had not documented response to fluids in a note and 2.) the 2 nd lactate was ordered but outside of the window of appropriate time. A1c in diabetic patients is down which is good. Elective deliveries are at goal. The breastfeeding criterion has been change to meet The Joint Commission. We have had 8 surgical site infections and there have been some actions taken in the last few months to try and understand what is occurring. Readmissions have also ticked up.	
<ul style="list-style-type: none"> WSHA Patient Safety Summary Report 	Handouts: August 2016 Release of the Patient Safety Comparison Report Discussion: Mandee reviewed the WSHA Patient Safety	

	Comparison Report, showing where KVH was listed when indicated.	
<ul style="list-style-type: none"> Quality Improvement Plan Policy 	<p>Handouts: Quality Improvement Plan Policy</p> <p>Discussion: Mandee stated she would like to bring the summary for the year at the next meeting and that she had made some changes to the policy.</p> <p>Conclusion: Changes to the policy were approved.</p>	
<ul style="list-style-type: none"> SAFE Catch Nominations Review & Selection 	<p>Handouts: SAFE Catch nominations</p> <p>Discussion: The council reviewed all nominations and decided to award the following: 1st Quarter Clinical – Jeannette Simonton, RN in SOP for recognizing severe allergy to a medication that was ordered. 1st Quarter Non-Clinical – Leah Heyer, Registration Clerk, PFS for identifying the wrong patient was registered for a procedure. 2nd Quarter Clinical – Nazha El kabouss, FME RN for recognizing multidose medications not being labelled after use. 2nd Quarter Non-Clinical – Keith Graham and John Bartlett, IT for recognizing a security issue that could compromise patient data.</p> <p>Conclusion: Mandee will coordinate with department directors to recognize those awarded in their huddles and also invite them to be recognized at the next board meeting.</p>	
<ul style="list-style-type: none"> Amber Alert RCA Summary 	<p>Discussion: Mandee stated she wanted to remind everyone that everything that is shared here is protected information. Linda went over a root cause analysis (RCA) from December of 2015 stating that this was a mom who left FBC with her baby thru the emergency door exit as the band didn't</p>	

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	<p>activate the doors to lock when the mom took the band off. The baby had been placed on administrative hold but at that time the mom was unaware of the hold. Linda stated an admin hold can be placed by a licensed physician or by administration; once a hold is placed a meeting will occur within 12 hours to determine the next steps. The goal is to conduct an RCA within 7 days; 12 staff participated in the event. As a result of the RCA they updated the policy on administrative holds and took it to the Ethics Committee for review, updated the AMA, had a just in time huddle, added a cue to clinical care station, and now test the security bands monthly.</p>	
<ul style="list-style-type: none"> NextGen RCA Summary 	<p>Discussion: Mandee gave the background of the NextGen RCA stating that the upgrade had been applied over the weekend and about 1/3 of the staff were not able to use the EHR that Monday morning. We didn't have a standard upgrade plan, had inadequate resources, and the communication plan was limited to email. The main outcome of the RCA was the core team created a plan so all elements were tested, created a communication plan, and created some hard stops as to when to roll back the upgrade if things are not working correctly.</p>	
<ul style="list-style-type: none"> Lean Leader Training 	<p>Discussion: Mandee stated that prior to Lulu moving on, one her tasks was to roll out to the front line staff and provide training to leaders on problem solving. 34 Directors were trained during the sessions and 41 A-3's came out of the training. Mandee stated it create a lot more capacity for improvement if we could get this training to the front line staff. Dr. O'Brien stated he is very much in support of involving the front line staff.</p>	
<ul style="list-style-type: none"> CLOSING 		
<ul style="list-style-type: none"> Adjourned at 5:20 pm 	<p>Next meeting is November 3rd 2016 @1600</p>	

SAFE Catch Awards and Nominations

1st Quarter 2016



Clinical Award Nominations:

Winner: Jeannette Simonton, RN, SOP

Reason for nomination: Recognizing severe allergy to a medication that was ordered

Nominators and Event:

- Lynn Pownall, RN, SOP

Jeannette was assisting Lynn with admitting a cataract patient. The patient had a documented NSAID allergy with anaphylaxis response. The cataract solution that is used contains Ketorolac which is an NSAID. This medication was ordered by the MD, scanned to the pharmacy and available in the pyxis and pulled by Lynn. Jeannette noticed this and was able to avoid the administration of the medication. Pharmacy was then able to identify and fix the problem on their end.

"I appreciate Jeannette's attention to detail and her stopping the line before administering the medication," Lynn.

Nominee: Dr. Feng, Kara Henderson, Kathy McSherry, & John Yoder

Reason for nomination: Great response to a Stroke Alert in SOP and identifying lack of standard work for SOP.

Nominators and Event:

- Linda Wichers, RN

On 2/17/2016, SOP staff recognized a patient exhibiting stroke symptoms and a Stroke Alert was called. Dr. Feng, Kara, Kathy and John responded and provided timely treatment of the patient. After this incident, it was identified that Surgical Services did not have any Standard Work or protocols for a patient who exhibits stroke symptoms. Standard work has now been developed to assist in treating patients in the Surgical Services area. KVH FAST magnets have also been placed in all rooms.

"Thanks to ALL of our KVH Nurses for the great work being done for our County," Linda..



A SAFE Catch involves at least one of the following:

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

SAFE Catch Awards and Nominations

1st Quarter 2016



Non-Clinical Nominations:

Winner: Leah Heyer, Registration Clerk, Patient Financial Services

Reason for nomination: Identifying the wrong patient was registered for a procedure

Nominators and Event:

- Yvette Hake

Leah was checking in a patient for a procedure that was scheduled in SOP. She verified the patient name and date of birth and was unable to pull him up. Through a little investigation, she was able to identify that a patient with the same name but different spelling and different date of birth, was inadvertently pre-registered by SOP. Leah was able to notify SOP right away to correct the error without a delay in the patients care.

"Without Leah verifying the patient information and catching the error, the wrong patient's chart would have been used. Good job Leah!" Yvette.

Nominee: DrayAnn Sanchez, Housekeeper, Environmental Services

Reason for nomination: Going above and beyond to find a patients missing hearing aide

Nominators and Event:

- Jeff Holdeman, Director of MS/ICU

A patient's hearing aid had gone missing in her room. The nursing staff looked everywhere and could not find the missing hearing aide. The patient was discharged to a nursing home but Drayann continued searching. The next day she found it under the middle of the mattress. Because of Drayann's persistence, our patient did not have to replace her hearing aid and the organization was able to avoid having to submit a claim for the missing item.

"She is a phenomenal housekeeper," Jeff.



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- The catch led to front-line or just-in-time improvement

SAFE Catch Awards and Nominations

2nd Quarter 2016



Clinical Award Nominations:

Winner: Nazha El kabouss

Reason for nomination: Recognizing multidose medications not being labelled after use.

Nominators and Event:

- April Grant

Nazha discovered that multi use vials of lidocaine and 1L bottles of normal saline were not being labeled after use. Both of these items have 'beyond use' limitations and if used after that date, the risk of introducing bacteria is greater. Also, often times these items would end up being discarded. Since she reported her concerns, the clinics are now all stocked with 'beyond use' stickers that the pharmacy uses to better track dates for these items and a great reminder to staff that if there is an unopened bottle not labeled, then it needs thrown away. Her catch has improved safety while using these medications as well as cost by discarding unused medications that are still viable for use.

Nominee: Sal Camargo and Ashley Ledgerwood

Reason for nomination: Recognizing a power outage with the pharmacy refrigerator, avoiding loss of medications

Nominators and Event:

- Nasser Basmeh

While doing daily technician tasks, Ashley discovered that the pharmacy refrigerator was not working. Sal, the pharmacist, was notified along with the house supervisor and engineering. Medications were quickly moved to a secure location. Due to this catch, thousands of dollars' worth of medications were preserved along with avoiding a situation where medications, such as diltizem drip and anti-venom, would not be available for patients in need.



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- The situation was high risk or had potential for greater patient harm, such as communication errors, surgical site infections, or falls
- The catch led to front-line or just-in-time improvement

SAFE Catch Awards and Nominations

2nd Quarter 2016



Non-Clinical Award Nominations:

Winners: Keith Graham and John Bartlett

Reason for nomination: Recognizing a security issue that could compromise patient data

Nominators and Event:

- Jim Roberts

The Home Sleep Study program includes a service partner that maintains a website where patient data can be uploaded for reading and interpretation. Keith and John recognized that the provider of this website had not taken appropriate measures to ensure the data was secure. This was reported to the vendor and the website was updated the very next day. Keith and John have been persistent with their monitoring of the site security to ensure KVH does not begin using this service until ALL security vulnerabilities have been addressed.

"This has ensured KVH patient data will not be easily compromised on this website. Their actions have also compelled the service provider to improve their security of all patient data, not just that of KVH patients," Jim.

Nominee: Michele Tsuchiyama-Timmons, Revenue Cycle Clerk, Revenue Cycle Management

Reason for nomination: Recognizing the lack of lighting by the entry door and offering a solution to the problem.

Nominators and Event:

- Debi Barneycastle, Director, Revenue Cycle Management

It was observed that there was minimal lighting near the entry way where the cashiers and staff park. The cashiers and staff are there very early in the morning and they must carry money into the building. This was a safety issue for our employees. Michele suggested that we install motion lights at this entry way making it safer for all employees.

"Randy Kaiser Thought it was an excellent idea!" Debi



A SAFE Catch involves at least one of the following:

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

SAFE Catch Awards and Nominations

2nd Quarter 2016



Nominee: Deb Brunner, Director, Patient Financial Services

Reason for nomination: Assisting in coordinating a buddy system for our employees safety

Nominators and Event:

- Debi Barneycastle, Director, Revenue Cycle Management

One of our staff from the Central Billing Office had an irate customer at the end of the day, when all other employees were already gone for the day. Deb coordinated with the Central Billing Office and Patient Financial Services staff the next day to develop a Buddy System plan that will make staff aware of who is left in the building at the end of the day to help protect our employees from potential violent situations.

Nominee: Mitch Engel

Reason for nomination: Taking on a project for better scheduling of PT patients.

Nominators and Event:

- April Grant

It was discovered that patients that were referred for physical therapy were not being scheduled by the PT staff. Patients were returning for visits without completely any PT. Mitch took on this project and conducted a process walk and A3. This has led to allocation of time in the afternoons to allow for scheduling patients for therapy visits. The result has been increased PT appointments.



A SAFE Catch involves at least one of the following:

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

Data Summary – For use in September 2016

Summary of Areas Meeting Goal or Showing Improvement

- Median time to pain management for long bone fracture and median time to ECG for chest pain were at goal.
- Improvement in management of A1c for diabetic patients. Fewer patients had A1c results greater than 9% or had no results reported in the past 12 months.
- The number of elective deliveries before 39 weeks gestation continues to remain at zero. There have been only two elective deliveries within the past year that were not medically or otherwise necessary.
- The percentage of new mothers who were exclusively breastfeeding during their time at KVH was 85% for 2015. In July 2016 the rate was 80%. The Joint Commission (whose criteria KVH follows) estimates that a “good” rate would be 70%.

Summary of Improvement Opportunities

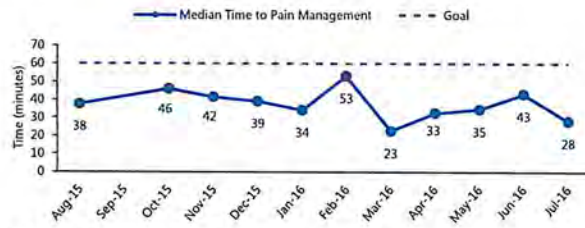
- Only one of three patients with sepsis met all of the measures in the bundle of care as recommended by the Centers for Medicare and Medicaid Services.
- There was an increase in readmissions during the month of July. Quality will begin more in-depth reviews of readmissions beginning in September. This measure does not exactly match the Centers for Medicare and Medicaid Services metric which measures only inpatient to inpatient readmissions at all hospitals.
- There was one patient fall in the month of July. The patient did not comply with staff instructions to wait in a wheelchair. She stepped away from the wheelchair unobserved and fell in the lobby area. The patient was not injured.

Patient Story

“PF Cordey in Urgent Care. Truly amazing and the home nurses and Dr. Schmitt. Can’t believe how well she has healed after an intense fall that damaged her head and left arm. Thanks to him, skin grafts were avoided and it healed very well. Truly. His calmness and assuredness were above and beyond anyone’s expectation. Don’t think you can get that type of care on the other side of the mountains.”

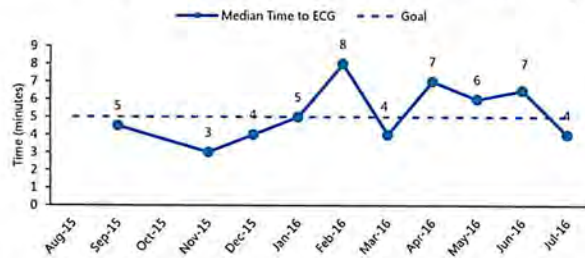
QI Council

Median Time to Pain Management (Long Bone Fracture) ↓



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

Median Time to ECG (Chest Pain) ↓



of pts 0 6 0 2 5 6 3 5 3 6 4 10

Sepsis Bundle ↑



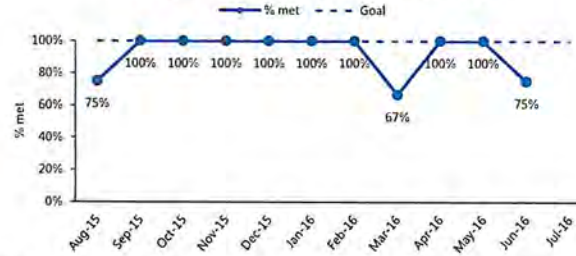
possible 5 9 3 5 7 4 7 1 2 3

Immunizations Bundle ↑



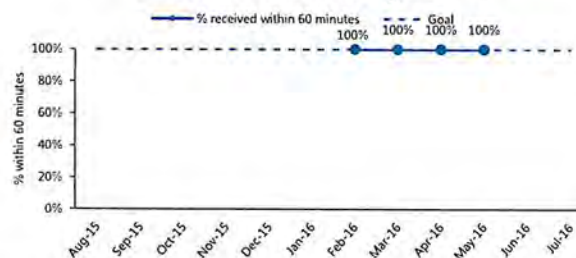
possible 0 0 40 38 39 39 32 40 0 0 0 0

Stroke Dysphagia Screening ↑



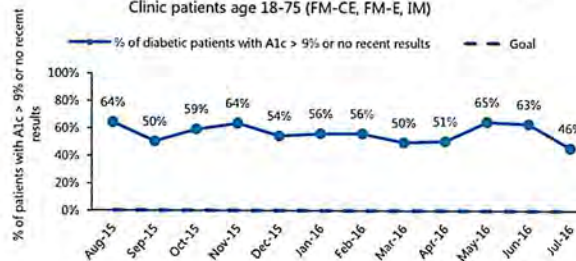
of pts 4 4 2 3 3 2 3 3 3 2 8 0

Stroke IV Thrombolytics ↑



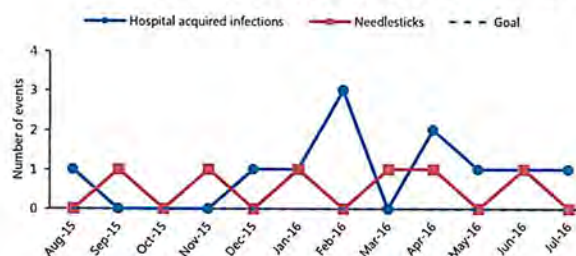
of pts 0 0 0 0 0 0 1 1 2 1 0 0

A1c in Diabetic Patients ↓

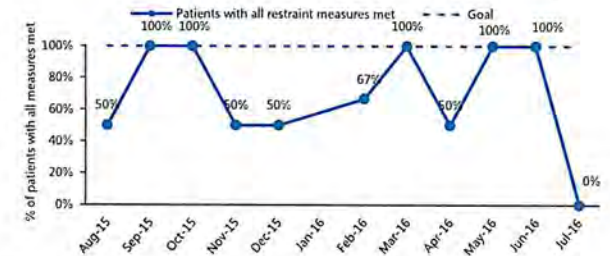


possible 143 140 140 125 114 155 151 144 142 147 94

HAIs and Needlesticks ↓

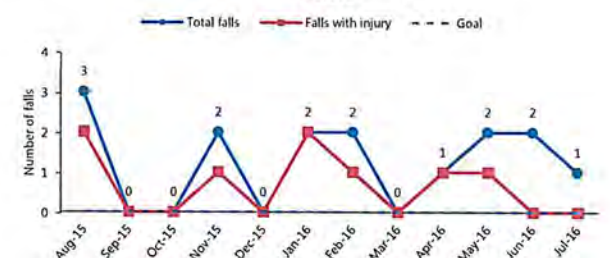


Restraints ↑

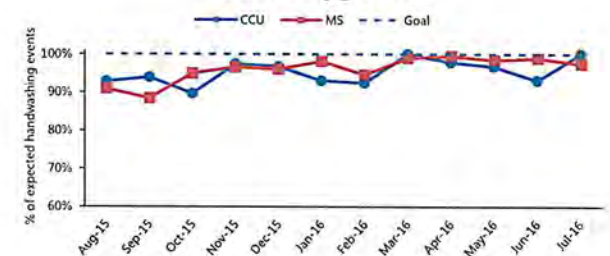


possible 2 3 1 2 2 0 3 2 2 1 1 2

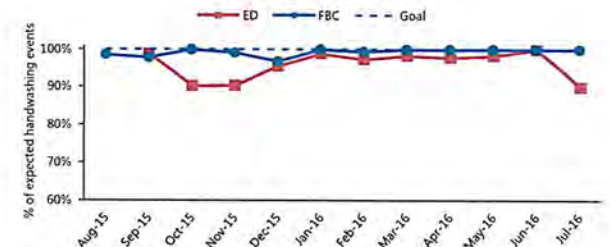
Falls ↓



Hand Hygiene ↑



Hand Hygiene ↑



el

Readmissions Within 30 Days ↓

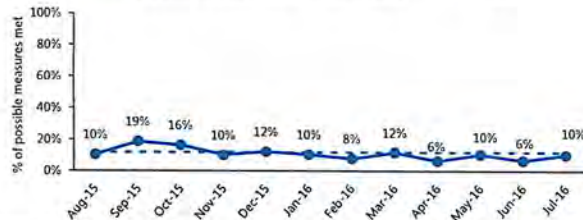
Includes inpatients and observation patients
 Readmissions (MS/CCU) --- Goal



admissions 163 180 169 188 177 164 148 170 166 155 150 162

Unplanned Hospital Care Bundle ↓

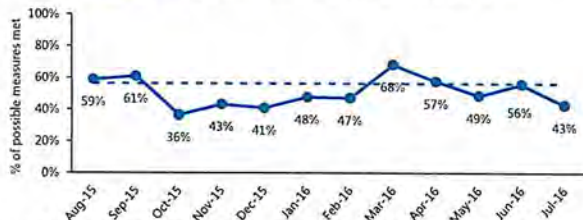
Unplanned hospital visits (home health patients) --- Goal



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

Managing Daily Activities Bundle ↑

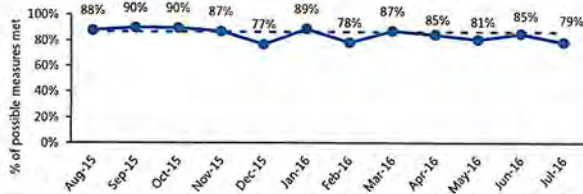
Managing activities (home health patients) --- Goal



possible 63 56 55 58 81 63 102 107 87 70 131 68

Managing Pain and Treating Symptoms Bundle

Managing pain (home health patients) --- Goal



possible 82 89 97 85 109 91 130 135 123 104 177 94

Elective Deliveries ↓

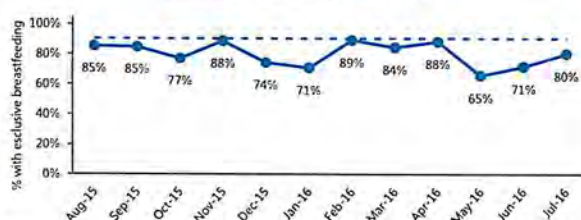
Elective deliveries (37-39 weeks) --- Goal



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

Exclusive Breastfeeding ↑

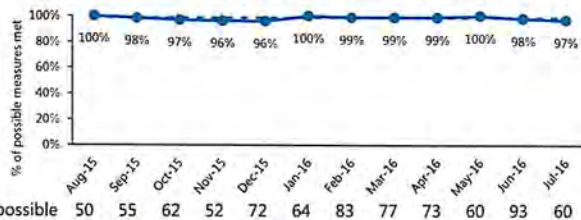
Exclusive Breastfeeding --- Goal



of babies 27 26 26 26 27 17 27 19 25 26 35 30

Treating Wounds and Preventing Pressure Bundle ↑

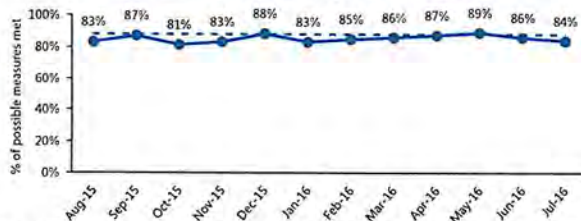
Treating wounds (home health patients) --- Goal



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

Preventing Harm Bundle ↑

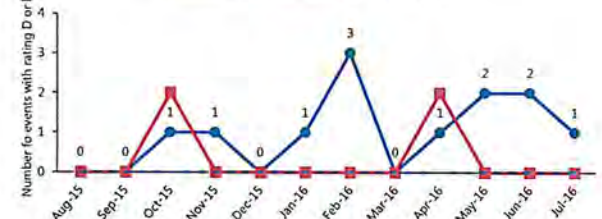
Preventing harm (home health patients) --- Goal



possible 161 186 221 197 250 220 280 301 246 202 310 169

Adverse Medication Events ↓

Hospital --- Clinics --- Goal



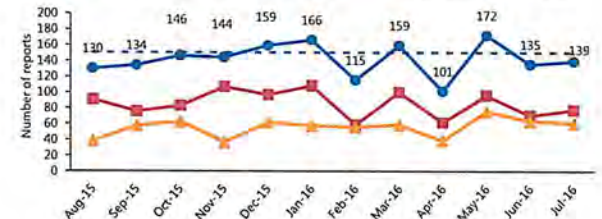
Care and Service Reports ↓

Concerns --- Compliments



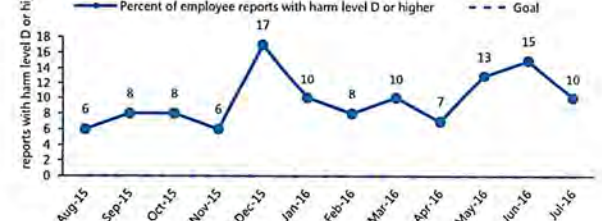
Employee Reports ↑

Total reports --- SAFE Board reports --- Verge reports --- Goal



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

Percent of employee reports with harm level D or higher --- Goal



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



**KITTITAS VALLEY HEALTHCARE
HUMAN RESOURCE DASHBOARD REPORT
2016**

	Jan	Feb	Mar	1st Q Avg	April	May	June	2nd Q	July	Aug	Sept	3rd Q	Oct	Nov	Dec	4th Q	2016 Annual YTD	Target	2015 Annual	2014 Annual
# Employees	552	550	553	552	557	555	555	556	575	580		578				#DIV/0!	580	562	552	562
FTE Count	411.94	410.89	409.56	410.80	412.67	411.44	404.15	409	422.82	423.71		423					423.71	402.70	405.93	402.70
Turnover - TTL %	1.4%	1.5%	1.1%	1.33%	0.5%	1.6%	1.3%	1.14%	1.2%	0.9%		1.04%				#DIV/0!	9%	<10%	18.8%	15.9%
Turnover - # EE	8	8	6	7	3	9	7	6.33	7	5		6				#DIV/0!	53	<58	105	100
Exit Interview - # EE	0	1	1	1	0	1	0	0.33	0	1		1				#DIV/0!	4	100% (of all voluntary terms)	19	4
Voluntary Terms - TTL # (exclude PD)	2	6	5	4	2	5	4	3.67	3	1		2				#DIV/0!	28	TBD	54	44
Involuntary Terms - TTL # (exclude PD)	2	0	0	1	0	0	0	0.00	2	1		2				#DIV/0!	5	TBD	7	14
Worker's Comp Claims - TTL #	5	1	3	3	2	5	2	3	3	1		2				#DIV/0!	22	<40	38	20
Time Loss Days - TTL #	0	2	0	0.67	0	2	0	0.67	0	0		0				#DIV/0!	4	<75	73	240
Requisitions Posted - TTL #	15	30	28	24	17	29	37	28	30	16		23				#DIV/0!	202	TBD	190	204
Time to Fill Requisition - TTL Days (notice to dept. start)	-	-	-	-	-	-	44	44.00	52.35	52		52				#DIV/0!	52	<20	-	-

24

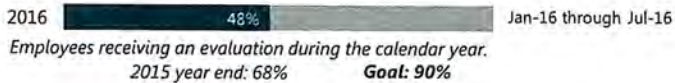
Workforce Development

Timely evaluations ↑



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

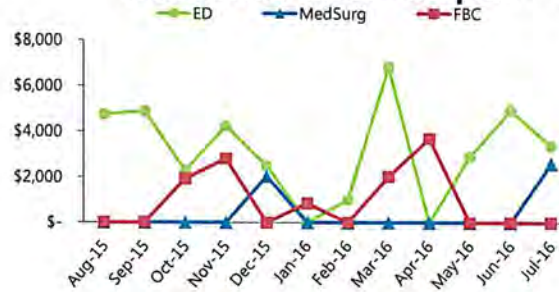
Up-to-date evaluations →



Separation rate ↓



Contractual labor - hospital ↓



Contractual labor - non-hospital ↓



Non-standard productive pay

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

These 10 departments represent 78.1% of the non-standard pay for the payroll period ending on 07/23/2016

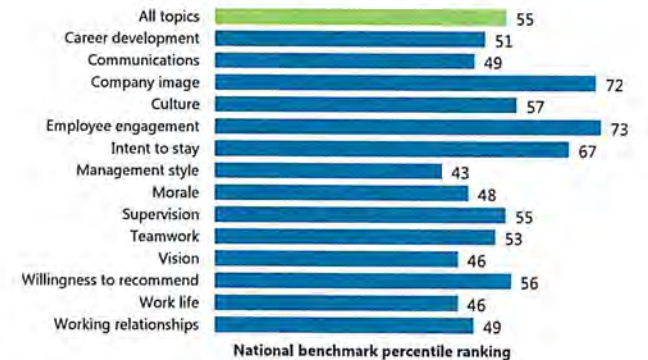
EMERGENCY SERVICE	\$ 7,784.13
HOME HEALTH SERVICE*	\$ 4,698.19
3 FAMILY BIRTHING CENTER	\$ 3,283.86
4 MED SURG	\$ 3,175.96
5 LABORATORY	\$ 1,308.32
6 ICU CCU	\$ 1,294.93
7 SURGICAL SERVICE*	\$ 1,013.68
8 ENGINEERING	\$ 1,004.48
9 PATIENT FINANCIAL SERVICES	\$ 864.17
10 HOSPICE*	\$ 852.38

These 10 departments represent 74.9% of the non-standard pay for the last year of payroll.

1 EMERGENCY SERVICE	\$ 118,124.13
2 HOME HEALTH SERVICE*	\$ 91,078.43
3 MED SURG	\$ 90,093.97
4 FAMILY BIRTHING CENTER	\$ 71,122.62
5 ICU CCU	\$ 42,103.71
6 LABORATORY	\$ 35,093.43
7 PHARMACY	\$ 26,972.34
8 SURGICAL SERVICE*	\$ 23,713.91
9 KVH FAMILY MEDICINE -ELLENSBUI	\$ 20,307.63
10 KVH URGENT CARE CENTER - CLE E	\$ 16,992.46

*Call back pay excluded

Employee satisfaction





**NOTIFICATION OF CREDENTIAL FILES
FOR REVIEW**

Date: September 22, 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>
Laurel Gorham, ARNP	Provisional/AHP	Initial Appointment
Nathaniel Ruiz, PA-C	Provisional/AHP	Initial Appointment
Dhawal Goradia, MD	Provisional/Associate	Initial Appointment
Robert Merkel, PA-C	AHP	Reappointment
Frank Smith, MD	Active	Reappointment
Kenneth Gano, CRNA	Active	Reappointment
Vicki Macy, MD	Provisional	Reappointment
Larry Birger, MD	Active	Reappointment
Don Solberg, MD	Ambulatory	Reappointment
Brian McElaney, MD	Associate	Reappointment

August 2016 Financial Summary

Key Metrics:

1. Operating Margin: August 7.1%, YTD 1.6%
2. Days Cash on Hand: 179.1
3. AR Days (Hospital Only): 46.7

Operating Highlights:

1. Public Hospital District 1 August operations resulted in an operating gain of \$464,898, which is \$124,329 above budget. Year to date the District has generated operating income of \$758,190 which is \$923,571 below budget and \$1,436,340 below the same period last year.
2. August produced 25 fewer admissions than budget resulting in Patient Days to be 74 days, or 23.1%, under budget. There were 34 more outpatient surgery procedures than budgeted, a 30.6% positive variance. August year to date outpatient surgery procedures exceed 2015 by 306 cases or 43.0%. Inpatient surgery procedures were below budget by 23 procedures, or 50.0%. Year to date inpatient procedures are 99, or 32.7% below last year.
3. Emergency Department visits were 74 above budget, a 6.2% positive variance. Year to date visits are 0.1% above budget and 3.2%, or 280 visits, above 2015.
4. Inpatient revenue was \$667,101, or 27.2%, under budget compared to 20.4% below budget year to date. Outpatient revenue was \$109,195, or 1.3%, over budget compared to -0.8% below budget year to date. After deductions, this resulted in total net patient service revenue of \$6,457,211, a \$260,275 positive budget variance.
5. Total operating expenses for August were over budget by \$147,431. The negative variance is due to Salaries and Wages over budget by \$421,885. The quality bonus and teamster retro-pay was paid in August totaling \$221,585. Included in August operations was a credit to benefits for a workers compensation distributions for \$192,253. Medical claims expense were high in August exceeding budget by \$109,995.
6. Clinic visits in August were 5,092 which is 851 visits below budget. Year to date the visits are 4,790 below budget and 1,264 below 2015 August year to date. Clinic operations for the month resulted in an operating loss of \$44,242, a positive budget variance of \$76,219. Year to Date clinic operating loss is \$1,683,160 compared to budget loss of \$1,622,439. The prior year loss \$1,043,453 at the same period.
7. Home Health and Hospice revenue was \$272,184 producing a \$27,615 positive budget variance. Net operations resulted in an operating loss of \$1,284, a negative budget variance of \$10,665. Home Health had 42 new episodes of care in August which is 19.2% below budget. Year to date episodes of care are 345 which is 61 episodes below budget, or 15.0%.

Kittitas Valley Healthcare
Key Statistics and Indicators
 August 2016

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	95	120	-20.8%	745	949	-21.5%	878	-15.1%	01
02 Patient Days - W/O Newborn	247	321	-23.1%	2,083	2,531	-17.7%	2,330	-10.6%	02
03 Avg Daily IP Census	8.0	10.4	-23.1%	8.5	10.4	-17.7%	9.6	-11.0%	03
04 Average Length of Stay	2.6	2.7	-2.8%	2.8	2.7	4.8%	2.7	5.4%	04
05 Deliveries	30	32	-6.3%	213	255	-16.5%	252	-15.5%	05
06 Case Mix	0.93	0.98	-5.0%	1.02	0.98	3.7%	0.96	5.9%	06
07 Surgery Minutes - Inpatient	2,961	4,865	-39.1%	25,132	38,292	-34.4%	29,986	-16.2%	07
08 Surgery Minutes - Outpatient	6,587	7,056	-6.6%	54,816	55,533	-1.3%	47,036	16.5%	08
09 Surgery Procedures - Inpatient	23	46	-50.0%	206	362	-43.1%	305	-32.5%	09
10 Surgery Procedures - Outpatient	145	111	30.6%	1,018	875	16.3%	712	43.0%	10
11 ER Visits	1,277	1,203	6.2%	9,478	9,468	0.1%	9,188	3.2%	11
12 Laboratory	38,773	39,959	-3.0%	305,369	314,515	-2.9%	305,428	0.0%	12
13 Radiology	26,042	25,818	0.9%	204,747	203,216	0.8%	201,808	1.5%	13
14 Rehab	3,276	3,506	-6.6%	25,818	27,585	-6.4%	24,553	5.2%	14
15 Outpatient Visits	6,520	6,556	-0.5%	50,401	51,600	-2.3%	50,789	-0.8%	15
16 Outpatient Percent of Total Revenue	83.2%	78.1%	6.6%	81.5%	77.9%	4.6%	79.2%	2.9%	16
17 Clinic Visits	5,092	5,943	-14.3%	39,384	44,174	-10.8%	40,648	-3.1%	17
18 Adjusted Patient Days	1,471	1,465	0.4%	11,254	11,470	-1.9%	11,179	0.7%	18
19 Equivalent Observation Days	77	81	-4.5%	549	640	-14.2%	627	-12.4%	19
20 Avg Daily Obs Census	2.5	2.6	-4.5%	2.3	2.6	-14.2%	2.6	-12.4%	20
Financial Measures									
21 Salaries as % of Net Pt Revenue	52.9%	48.3%	-9.5%	52.1%	49.5%	-5.3%	49.7%	-4.9%	21
22 Salaries/Bene as % of Net Pt Revenue	63.1%	59.2%	-6.7%	64.0%	60.7%	-5.5%	60.8%	-5.3%	22
23 Revenue Deduction %	39.3%	44.6%	12.0%	44.1%	44.7%	1.5%	44.6%	1.2%	23
24 Operating Margin	7.1%	5.4%	30.9%	1.6%	3.4%	-53.1%	4.8%	-67.0%	24
Operating Measures									
25 Productive FTE's	401.2	409.8	2.1%	394.3	409.8	3.8%	387.0	-1.9%	25
26 Non-Productive FTE's	56.8	48.6	-17.0%	49.5	48.6	-1.8%	50.9	2.9%	26
27 Paid FTE's	458.0	458.4	0.1%	443.7	458.4	3.2%	437.9	-1.3%	27
28 Operating Expense per Adj Pat Day	\$ 4,161	\$ 4,079	-2.0%	\$ 4,145	\$ 4,150	0.1%	\$ 3,859	-7.4%	28
29 Net Revenue per Adj Pat Day	\$ 4,477	\$ 4,312	3.8%	\$ 4,212	\$ 4,297	-2.0%	\$ 4,055	3.9%	29
30 A/R Days-Hospital Only	46.7	50.0	6.6%	46.7	50.0	6.6%	49.4	5.5%	30
31 Days Cash on Hand	179.08	170	5.3%	179.08	170	5.3%	186.80	-4.1%	31

27a



Kittitas Valley Healthcare
Income Statement
August 2016

	Current Month				Year-to-Date				Prior Y-T-D
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	Actual
Patient Services Revenue:									
Inpatient Revenue	1,784,615	2,451,716	(667,101)	-27.21%	15,364,373	19,297,375	(3,933,002)	-20.38%	16,734,586
Outpatient Revenue	8,846,970	8,737,775	109,195	1.25%	67,645,281	68,157,889	(512,608)	-0.75%	63,558,632
Total Patient Services Revenue	\$ 10,631,585	\$ 11,189,490	\$ (557,905)	-4.99%	\$ 83,009,655	\$ 87,455,264	\$ (4,445,609)	-5.08%	\$ 80,293,218
Deductions from Revenue:									
Contractual Adjustments	3,870,429	4,719,978	849,550	18.00%	34,298,891	36,983,384	2,684,494	7.26%	33,850,907
Provision for Bad Debts	218,734	190,574	(28,160)	-14.78%	1,553,942	1,500,000	(53,942)	-3.60%	1,363,628
Charity and Uncompensated Care	19,407	59,290	39,883	67.27%	399,649	466,667	67,018	14.36%	410,291
Prior Yr Cost Rep Settle	-	-	-	-	-	-	-	-	-
Other Allowances	65,805	22,713	(43,091)	-189.72%	337,234	178,777	(158,457)	-88.63%	184,905
Total Deductions from Revenue	\$ 4,174,375	\$ 4,992,555	\$ 818,180	16.39%	\$ 36,589,716	\$ 39,128,828	\$ 2,539,112	6.49%	\$ 35,809,730
Net Patient Services Revenue	6,457,211	6,196,935	260,275	4.20%	46,419,939	48,326,436	(1,906,498)	-3.95%	44,483,488
Other Operating Revenue	131,153	119,669	11,484	9.60%	985,326	957,354	27,972	2.92%	849,927
Total Operating Revenue	\$ 6,588,364	\$ 6,316,605	\$ 271,759	4.30%	\$ 47,405,265	\$ 49,283,791	\$ (1,878,526)	-3.81%	\$ 45,333,415
Operating Expenses:									
Salaries & Wages	3,412,999	2,991,115	(421,885)	-14.10%	24,182,965	23,898,879	(284,087)	-1.19%	22,099,922
Employee Benefits	664,646	676,794	12,147	1.79%	5,536,032	5,416,704	(119,329)	-2.20%	4,937,821
Professional Fees	262,534	293,739	31,206	10.62%	2,287,890	2,377,848	89,958	3.78%	2,016,487
Supplies	725,519	891,118	165,599	18.58%	5,590,040	6,613,766	1,023,726	15.48%	5,580,706
Utilities	73,739	82,108	8,369	10.19%	537,892	603,479	65,587	10.87%	573,213
Purchased Services	508,014	511,049	3,035	0.59%	4,279,109	4,284,575	5,465	0.13%	3,834,985
Depreciation	203,552	227,284	23,732	10.44%	1,767,099	1,818,270	51,171	2.81%	1,731,926
Rent/Lease	93,856	83,731	(10,125)	-12.09%	709,010	657,109	(51,901)	-7.90%	675,547
Insurance	40,571	54,051	13,480	24.94%	378,911	437,103	58,192	13.31%	370,926
Travel & Education	25,983	29,808	3,825	12.83%	244,940	340,268	95,328	28.02%	213,438
Licenses & Taxes	57,286	66,193	8,907	13.46%	597,645	568,654	(28,991)	-5.10%	584,578
Interest	24,204	24,214	10	0.04%	196,676	193,710	(2,966)	-1.53%	230,240
Other Direct Expenses	30,562	44,831	14,269	31.83%	338,865	391,665	52,800	13.48%	289,095
Total Operating Expenses	\$ 6,123,466	\$ 5,976,036	\$ (147,431)	-2.47%	\$ 46,647,075	\$ 47,602,029	\$ 954,955	2.01%	\$ 43,138,884
Operating Income	\$ 464,898	\$ 340,569	\$ 124,329	36.51%	\$ 758,190	\$ 1,681,761	\$ (923,571)	-54.92%	\$ 2,194,531
Operating Margin %	7.06%	5.39%			1.60%	3.41%			4.8%
Non-Operating Revenue/Exp	106,592	130,000	(23,408)	-18.01%	1,120,626	1,040,000	80,626	7.75%	1,042,434
Net Income	\$ 571,490	\$ 470,569	\$ 100,921	21.45%	\$ 1,878,816	\$ 2,721,761	\$ (842,945)	-30.97%	\$ 3,236,965
Unit Operating Income									
Hospital	619,674	524,299	95,375	18.19%	3,475,849	3,875,479	(399,631)	-10.31%	4,019,874
Clinic Group	(44,242)	(120,461)	76,219	63.27%	(1,683,160)	(1,622,439)	(60,721)	-3.74%	(1,043,453)
Home Care Grp	(1,284)	9,381	(10,665)	-113.69%	(180,317)	68,932	(249,249)	-361.59%	(261,405)
Hospitalist	(139,008)	(75,457)	(63,551)	-84.22%	(880,401)	(627,967)	(252,435)	-40.20%	(558,990)
Urgent Care	29,758	2,808	26,950	959.84%	26,220	(12,243)	38,463	314.15%	38,504
Totals	\$ 464,898	\$ 340,569	\$ 124,329	36.51%	\$ 758,190	\$ 1,681,761	\$ (923,571)	-54.92%	\$ 2,194,531

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Balance Sheet
August 2016

	Current Month	Prior Year End	Change	
Current Assets:				
1 Cash	7,436,857	7,562,435	(125,578)	1
2 Patient Accounts Receivable	8,547,692	7,079,248	1,468,444	2
3 Other Receivable	677,190	496,462	180,728	3
4 Inventories	1,075,235	910,035	165,200	4
5 Prepaid Expenses and Deposits	736,247	579,944	156,303	5
6 Total Current Assets	18,473,221	16,628,124	1,845,097	6
Assets Whose Use is Limited:				
7 Investments	25,501,231	25,253,677	247,553	7
8 Total Assets Whose Use Is Limited	25,501,231	25,253,677	247,553	8
Property, Plant & Equipment:				
9 Property, Plant and Equipment	59,796,536	54,926,987	4,869,549	9
10 Less Accumulated Depreciation	34,610,685	32,843,586	1,767,099	10
11 Net Property, Plant & Equipment	25,185,850	22,083,400	3,102,450	11
Other Assets				
12 Bond Issue Costs, Less Amortization	0	0	0	12
13 Total Other Assets	0	0	0	13
14 Total Assets	69,160,302	63,965,202	5,195,100	14
Current Liabilities:				
15 Accounts Payable	2,139,546	1,806,265	333,282	15
16 Cost Reimbursement Payable	864,283	(996,662)	1,860,946	16
17 Accrued Salaries	1,441,575	603,984	837,591	17
18 Accrued Employee Benefits	540,892	675,991	(135,099)	18
19 Accrued Vacations	2,001,482	1,713,651	287,830	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	8,412,335	5,227,787	3,184,549	22
Other Liabilities:				
23 Accrued Interest 2008 UTGO & 2009 LTGO B	83,124	27,708	55,415	23
24 2008 UTGO Refunding Bonds Premium	68,750	96,782	(28,032)	24
25 Deferred Revenue - Home Health	104,553	201	104,351	25
26 Total Other Liabilities	256,427	124,692	131,735	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	1,878,816	5,094,564	(3,215,747)	34
35 Total Fund Balance	54,833,211	52,954,395	1,878,816	35
36 Total Liabilities & Fund Balance	69,160,302	63,965,202	5,195,100	36



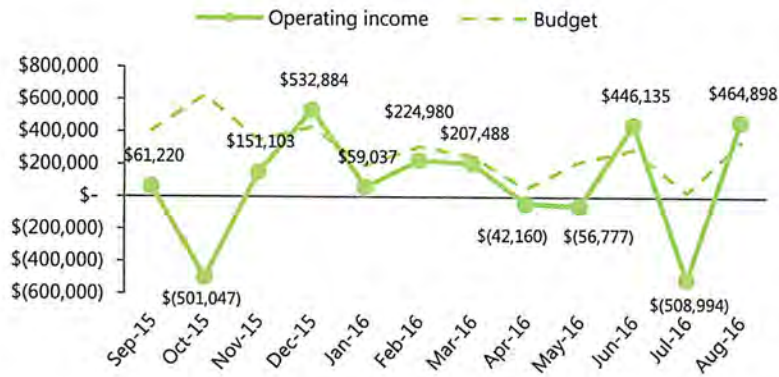
Cash Flow
Year to Date, August 2016

	Cash	Add	Subtract
1 Net Book Income	1,878,816	1,878,816	
<u>Add Back Non Cash Expenses</u>			
2 Depreciation	1,767,099	1,767,099	
3 Provision For Bad Debt			
4 Loss on Sale of Assets			
5 Net Cash From Operations	3,645,915		
<u>Increase in Current Assets = ()</u>			
6 Patient Accounts & Other Receivables	(1,468,444)		(1,468,444)
7 Other Receivables	(180,728)		(180,728)
8 Inventories	(165,200)		(165,200)
9 Prepaid Expenses & Deposits	(156,303)		(156,303)
10 Total Current Assets	(1,970,675)		
11 Investments	(247,553)	0	(247,553)
<u>Purchase of Property, Plant & Equipment: (4,869,549)</u>			
12 Net Property, Plant & Equipment	(4,869,549)		(4,869,549)
13 Bond Issue Costs, Less Amortization	0		
14 Total Assets	(3,441,862)		
<u>Decrease in Current Liabilities: = ()</u>			
15 Accounts Payable	333,282	333,282	
16 Cost Reimbursement Payable	1,860,946	1,860,946	
17 Accrued Salaries	837,591	837,591	
18 Accrued Employee Benefits	(135,099)		(135,099)
19 Accrued Vacations	287,830	287,830	
21 Current Maturities of Long-Term Debt	0		
22 Current Maturities of Capital Leases	0		
23 Total Current Liabilities	3,184,549		
<u>Decrease in Other Liabilities: = ()</u>			
24 Accrued Interest on 1998, 1999 UTGO Bonds	55,415	55,415	
25 2008 UTGO Refunding Bonds Premium	(28,032)		(28,032)
26 Deferred Revenue - Home Health	104,351	104,351	
27 Total Other Liabilities	131,735		
<u>Decrease in LT Debt & Cap Leases: = ()</u>			
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	3,316,284		
34 Net Change in Cash	(125,578)	7,125,330	(7,250,908)
35 Beginning Cash On Hand	7,562,435		
36 Ending Cash On Hand	7,436,857		

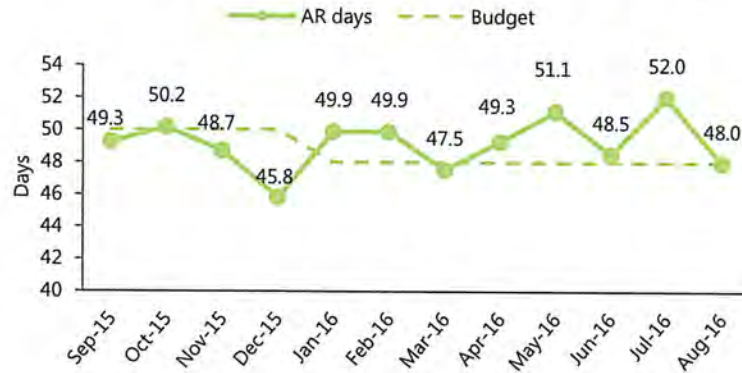


Financial Stewardship

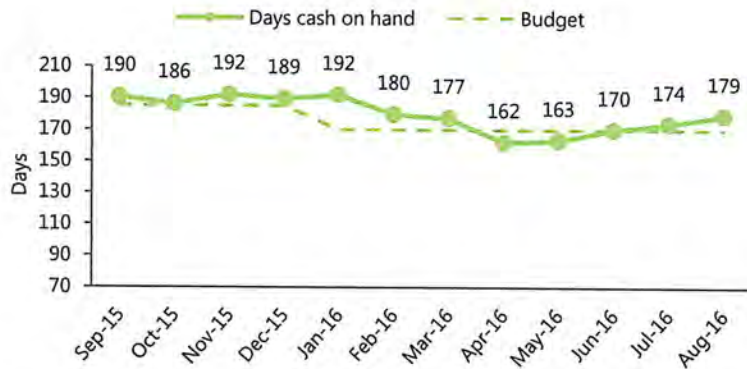
Operating income ↑



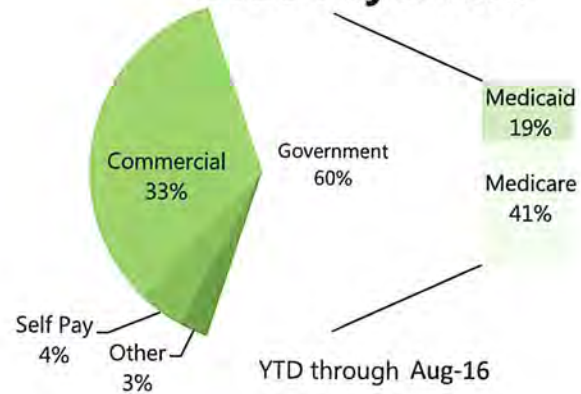
Accounts receivable days ↓



Days cash on hand ↑



2016 Payer Mix



KITTITAS VALLEY HEALTHCARE

**RESOLUTION 16-13
SURPLUS PERSONAL PROPERTY**

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

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

See Exhibit A attached.

DATED this 22nd day of September, 2016

Liahna Armstrong, President
Board of Commissioners

Bob Davis, Secretary
Board of Commissioners

EXHIBIT A

Asset #	Description	Serial #	Model #	Purchase Date	Purchase Price	Accumulated Depreciation	Disposal Proceeds	Gain/(Loss) on Disposal	Final Disposition
9991777	BURR DRIVER	1157	5603-53	1/20/97	\$2,251.64	\$2,251.64			SCRAP
9992063	MULTIFRC 20 DEG CON ANG DRILL	R66AD4000	5603-68-000	5/28/99	\$2,061.83	\$2,061.83			SCRAP
9991778	RIGHT ANGLE DRILL ATTACHMENT	1024	5603-55	1/20/97	\$1,212.25	\$1,212.25			SCRAP
9991781	MAGNA FORCE DEPUY	1050	5603-96	2/6/97	\$1,783.04	\$1,783.04			SCRAP
9992070	A/O DRILL	13120	511.701	6/29/99	\$14,581.80	\$14,581.80			SCRAP
9992387	AIR CORD		519.51S	1/18/02	\$724.04	\$724.04			SCRAP
3027	RADIOLUCENT RIGHT ANGLED DRI	11452	511.300	1/10/07	\$7,648.85	\$7,648.85			SCRAP

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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=WWSA%20Annual%20Meeting%20Room%20Block%5Eseawf%60hoshosa%60269.00%60USD%20>)

Staff
Contacts



Cynthia Hay

(206) 216-2526

(/staff/cynthia-hay)

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:

Afternoon and evening	Rural Hospital Committee Meeting, Policy Meeting, AWPHD Board Dinner
10 a.m.-4 p.m., Edgewater Hotel	Governance Skills Building Intensive for Trustees and Commissioners and Optional Orientation Basics for New Trustees and Commissioners

Thursday October 13:

8-10 a.m., Sound Room	AWPHD and UC Trust Annual Membership Meeting
9-10:15 a.m., Sound Room	WSHA Board Meeting
10:30-11:45 a.m., Bay Auditorium	Opening & Plenary – Equity of Care Damon Tweedy, MD: Author, Black Man in a White Coat
11:45 a.m.-12:30 p.m., Bay Auditorium	WSHA Business Meeting
12:30-1:30 p.m., Harbor Dining Room	Lunch
12:30-1:30 p.m.	VIP Lunch With Patrick Kennedy

1:45-3:15 p.m., Bay Auditorium	Welcome Back/Plenary Session — Patrick Kennedy: A Common Struggle Patrick Kennedy: Former United States Representative, Rhode Island; Co-founder, One Mind; Founder, Kennedy Forum
3:15-4:30 p.m.	Breakout sessions
4:30-5:30 p.m., Harbor Dining Room	Reception
5:30-6 p.m.	Transportation to PAC Dinner at Columbia Tower
6-8:30 p.m., Columbia Tower	PAC Appreciation Dinner

Friday October 14:

7:30-9 a.m., Harbor Dining Room	ACHE Breakfast Brian Wong, MD (book signing)
8-9:30 a.m., Sound Room	Trustee Breakfast
9:45-10:45 a.m., Bay Auditorium	Honoring Our Members, Patient Safety, Joe Hopkins, Community Health Leadership Awards
10:45-11:45 a.m., Bay Auditorium	Plenary Session Lee Hood, MD: Co-Founder & President, Institute for Systems Biology
11:45 a.m.-12:15 p.m., Bay Auditorium	Closing Plenary Session, Washington State Opportunity Scholarship (WSOS Scholars)
12:15-12:30 p.m., Bay Auditorium	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 2008 — 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.

Damon Tweedy — Author, *Black Man in a White Coat* (<http://www.damontweedy.com/>); Assistant Professor of Psychiatry, Duke University



Damon Tweedy is a graduate of Duke University School of Medicine. He is an assistant professor of psychiatry at Duke University Medical Center and staff physician at the Durham Veteran Affairs Medical Center. He has published articles about race and medicine in the *New York Times*, *Washington Post*, *Chicago Tribune*, and *Raleigh News & Observer*, as well as in various medical journals. He lives outside Raleigh-Durham, North Carolina, with his family. *Left: Photo by Stocks Photography.*

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

Rodney F. Hochman, MD, serves as president and CEO of Providence St. Joseph Health , 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)

Thank you sponsors!

Diamond Sponsors



DRAFT

Board Meeting Evaluation Form

A. Please respond to the following questions with a numerical score between 1 and 5, 1 being low and 5 being high.

1. Rate the overall effectiveness of the meeting.

Comments:

2. Rate the clarity, cogency, and usefulness of the reports and information provided by staff and presenters.

Comments:

3. Was the ration of discussion to reportage appropriate? (The Board has tried to reduce reportage and maximize discussion of issues.)

Comments:

4. Rate the new room and table layout.

Comments:

5. Were you able to speak and have your points heard?

Comments:

B. Please comment as you see fit:

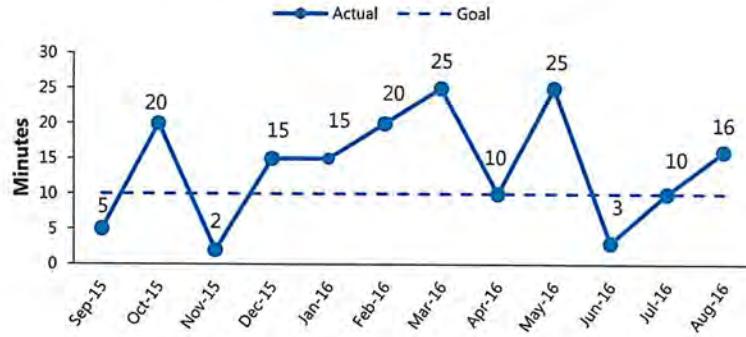
6. What topics addressed needed more coverage/discussion?

7. What topics should be addressed in future?

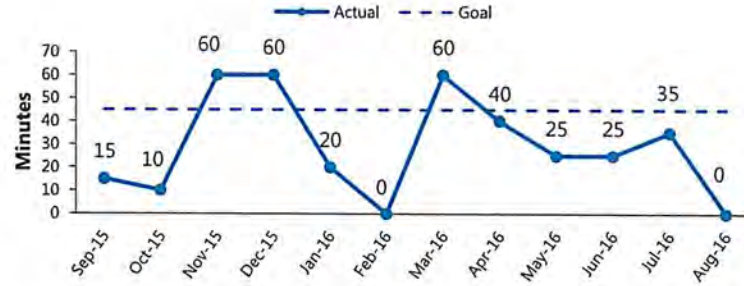
8. Other comments or suggestions?

Board Meeting Dashboard

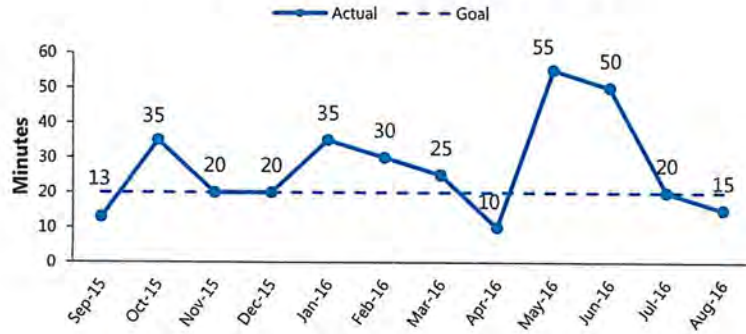
Time spent on financials



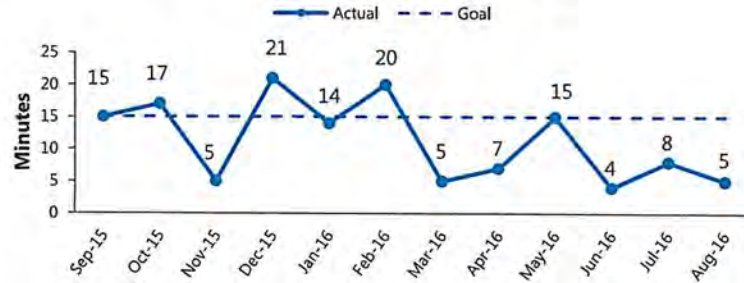
Time spent on emerging health care issues



Time spent on CEO report



Time spent on quality (without patient story)



Total meeting time



Chief of Clinic Operations Report to the Board of Commissioners September 22, 2016

August Operations:

The clinics were below their budgeted visits for the month of August by 15% which puts us year to date 10.84% below budget.

We had 3 providers out in FM-CE, 1 in Internal Medicine, 3 providers out in Family Medicine Ellensburg, 3 out from Ortho, for a total of 10 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.

This totaled 13 providers out of the clinics combined due to PTO/CME as well as FMLA.

We also had a 2 day workshop where 1 provider from Cle Elum attended, but this was not all week so does not count toward totals.

New patient appointments for August were below budget by 12%, for a total of 317 new patients for the month. Orthopedics saw the most growth with 71 new patients. General Surgery and FM-E saw the least growth at 34 patients each.

Average Charge per visit is \$254.70 which is above budget by \$4.71. Orthopedics has the highest visit charge average at \$561.64 and FM-CE is lowest at \$183.55.

GENERAL UPDATES:

- Mitch Engle who is the manager for our Family Medicine Ellensburg Clinic was selected for the new position of Physician Liaison. In order for this to remain budget neutral he will not be replaced. I will be relocated into FM-E to provide onsite day to day management starting Sept. 19th as well as keep my current duties as Chief of Clinic Operations.

RECRUITING UPDATES:

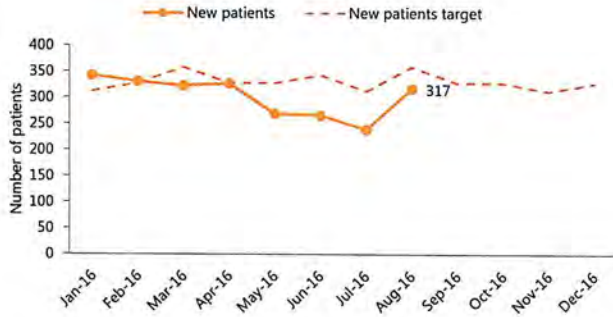
- We have a new part time ARNP, Megan Power started on Sept 6th in FM-E. She is a seasoned provider who will be taking over Jan Paxton's panel of patients as well as Sonja Wrights who left earlier this year. We are excited to welcome her.
- Anita Schlitz ARNP has started in Internal Medicine Clinic on Sept 19th full-time. She will be increasing our capacity in Internal Medicine as well as alleviate some of PA-C, Andy Shock's panel in order for him to be more of the rapid access provider for the clinic.

Respectfully submitted,

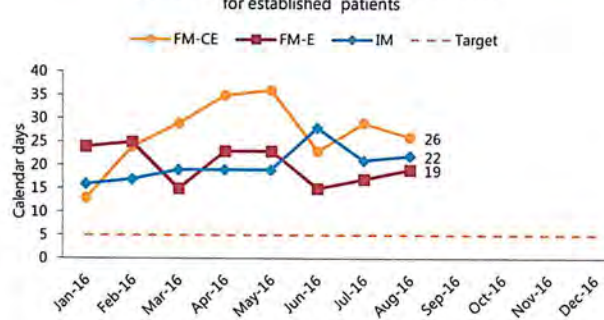
Randi Christensen RN

Clinic Operations Dashboard

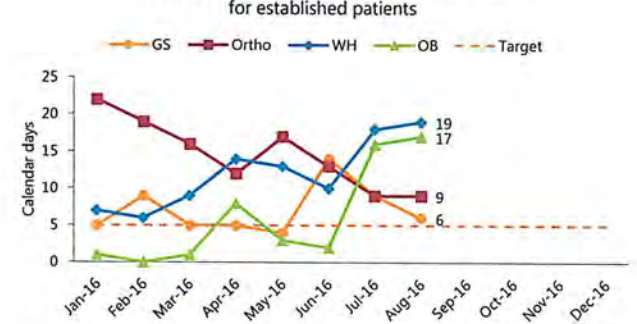
New patients



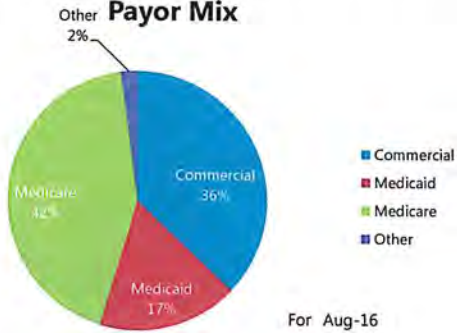
Third available appointment for established patients



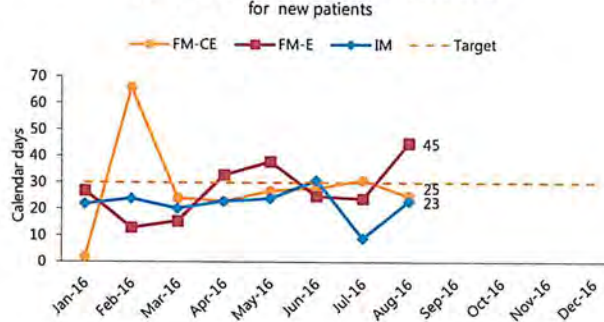
Third available appointment for established patients



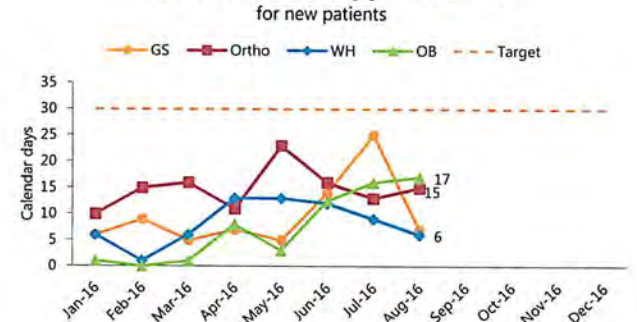
Payor Mix



Third available appointment for new patients



Third available appointment for new patients



**KITTITAS 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		

September 22, 2016, Board Packet Clippings/Information

<u>Pages</u>	<u>Title</u>
40	Hospital District No. 1 looks for Commissioner Replacement
41-42	Foundation Raising Funds for Mammography Machine
43-44	KVH Board talks about New Medical Building
45	KVH Seeks Consultant to work on Building
46	Medicare Patients eligible for KVH Virtual Care
47-49	KVH Library Report

Hospital District 1 looks for commissioner replacement

By JULIA MARTINEZ
staff writer

Kittitas County Hospital District 1 commissioners are working fill an opening created when former commissioner Pam Wilson resigned in July.

Commissioners met on Thursday night and discussed filling the board vacancy. The board met in a special meeting last week to finalize the appointment process.

Those interested in the position can submit a letter of interest to the board by Sept. 9. Interviews will be conducted in September. Applicants must be registered voters residing in Hospital District 1. The hospital district oversees Kittitas Valley Healthcare.

The next commissioner will be appointed by the end of October and will hold the position until November 2017.

Letters of interest can be sent electronically to fstorlie@kvhealthcare.org. For additional information, contact Franki Storlie at 509-962-7302 or visit www.kvhealthcare.org/commissioners.

EMPLOYEE SURVEY

Acting interim CEO Julie Petersen reported to the board that she's still meeting regularly with KVH employees and reviewed an 11-ques-

Employee survey, clinic access also discussed

tion employee survey. Employees filled out a 40-question survey at the start of the year and the second survey served as check-in with employees.

Petersen said short-term changes included a move from quarterly to monthly directors' meetings, a reboot of an employee wellness program and a new look at insurance benefits. An insurance advisory committee was recently set up for employees to discuss benefits, and Petersen said participation was great.

She also suggested a possible rewrite of the KVH vision and mission statements because it's something that "speaks to the employees" who get a sense of direction from the statements. Petersen called the current statements "pretty clinical."

ACCESS TO CLINICS

Chief of Clinic Operations Randi Christiansen gave an update on a patient access project spearheaded by Petersen. KVH Project Access is a project that analyzes the current number of patient visits per physician and what the optimal visit count would be for each clinic.

A plan to increase access for

patients to clinics is being developed and Petersen hopes to have a finalized strategic plan for medical staffing at the next meeting. The project could include hiring additional staff.

Petersen also mentioned the search for a physician recruiting liaison. The liaison would regularly contact potential providers on behalf of KVH.

"I think it has great potential," Petersen said.

A community member asked about an update on the medical office building. Petersen said the short answer was that there was no update.

A tentative plan had construction slated to begin in December at the earliest, with March 2018 as the earliest date for completion of the first phase. The board would vote on a final construction plan in September or October. At this time, no construction has been approved.

"We have recognized a need to sit down and look at the timeline," she said.

Providers did get a chance to walk through a cardboard mockup, although a mockup is not yet ready for the community.

The proposed medical office building would have 40 exam rooms and replace outdated facilities elsewhere on the KVH campus. The plan would tear down several existing KVH-owned homes across Spokane Street.

Foundation raising funds for mammography machine

By JULIA MARTINEZ

staff writer

Michele Wurl has been the director for The Foundation at Kittitas Valley Healthcare for two years and this year she tried something different: she started a year-long fundraising effort to help purchase a digital mammography machine.

"Technology is not cheap," Wurl said.

The machine costs around \$400,000. The price includes everything it needs to operate.

While KVH does have a mammography machine, it does not have a digital one. Wurl compared the machine to using a cell phone: you can make the same phone call from have a flip phone and an iPhone, but which would you prefer to use?

Wurl said the community has asked for a newer machine and that some patients were traveling out of the area for the procedure. Digital mammography is an expectation that patients have, Wurl said.

She's been applying for grants and partnering with local business like Iron Horse Brewery. The Foundation's

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main fundraiser, Magical Evening Gala, took place in April and helped raise around \$20,000. The event sold out but Wurl didn't want to stop there.

"It was not an accomplishment of the foundation, it's an accomplishment of the community that was there," she said. "I didn't want it to be a one-and-done."

Wurl hopes to raise funds until the last day of the year. The hospital district will cover the remaining cost.

KVH board talks about new medical building

By DAILY RECORD STAFF

Hospital District 1 commissioners met in a special meeting Monday night to discuss a proposed medical office building.

Liahna Armstrong, board president, closed the meeting for an executive session for discussions of real estate immediately after opening the meeting. The closed-door session lasted three hours and concluded with no action. Several community members were present at the beginning.

KVH is exploring the possibility of expanding south and building a new medical office building next to the hospital.

The first part of a larger facility plan. The medical office building would have 40 exam rooms and replace outdated facilities elsewhere on the KVH campus. The plan would tear down several existing KVH-owned homes across Spokane Street.

A tentative plan has construction slated to begin in December at the earliest, with March 2018 as the earliest date for completion of the first phase. The board would vote on a

Daily Record, page A3, 8/30/16

final construction plan in September or October. At this time, no construction has been approved. The board will meet for its regularly scheduled board meeting on Sept. 22 at 5 p.m. in the upstairs conference room at Kittitas Valley Healthcare.

KVH seeks consultant to work on building

By DAILY RECORD STAFF

Kittitas Valley Healthcare is searching for a consultant who will work with neighbors and surrounding homeowners in an organized and meaningful conversation about a new medical office building.

The proposed medical office building would have 40 exam rooms and replace outdated facilities elsewhere on the KVH campus. The plan would tear down several existing KVH-owned homes across Spokane Street.

The first phase of planning focused on designing the building around the way KVH provides care. The next phase will include input from residents and homeowners on what concerns they have about the building.

A consultant can be hired without any action by the Hospital District 1 commissioners.

Medicare patients eligible for KVH virtual care

By **DAILY RECORD STAFF**

Virtual care services at Kittitas Valley Healthcare are now open to Medicare patients who wish to pay for the out-of-pocket service. First introduced in April, the service was not originally available to Medicare patients regardless of their wish to pay out of pocket. A new ability allowing patients to sign electronically for services allowed for the change.

Since its roll out, the virtual care service has helped 119 patients, 80 through the KVH website, 16 through a KVH virtual care smartphone app and 23 via phone.

KVH Virtual Care costs \$40 per visit and is available 24 hours a day, seven days a week. Common conditions that can generally be treated by phone or webcam include cold or flu symptoms, sore throat, headache, pink eye, cold sores, rashes and urinary tract infections.

The virtual providers are based in Washington state and are board-certified in family medicine. Medicaid and Tricare patients, or those on any government sponsored insurance plan other than Medicare, are not eligible for the service.

Most patients will be seen within 30 minutes of their request without an appointment necessary. For more information, visit www.kvhealthcare.org or call 855-962-1KVH.

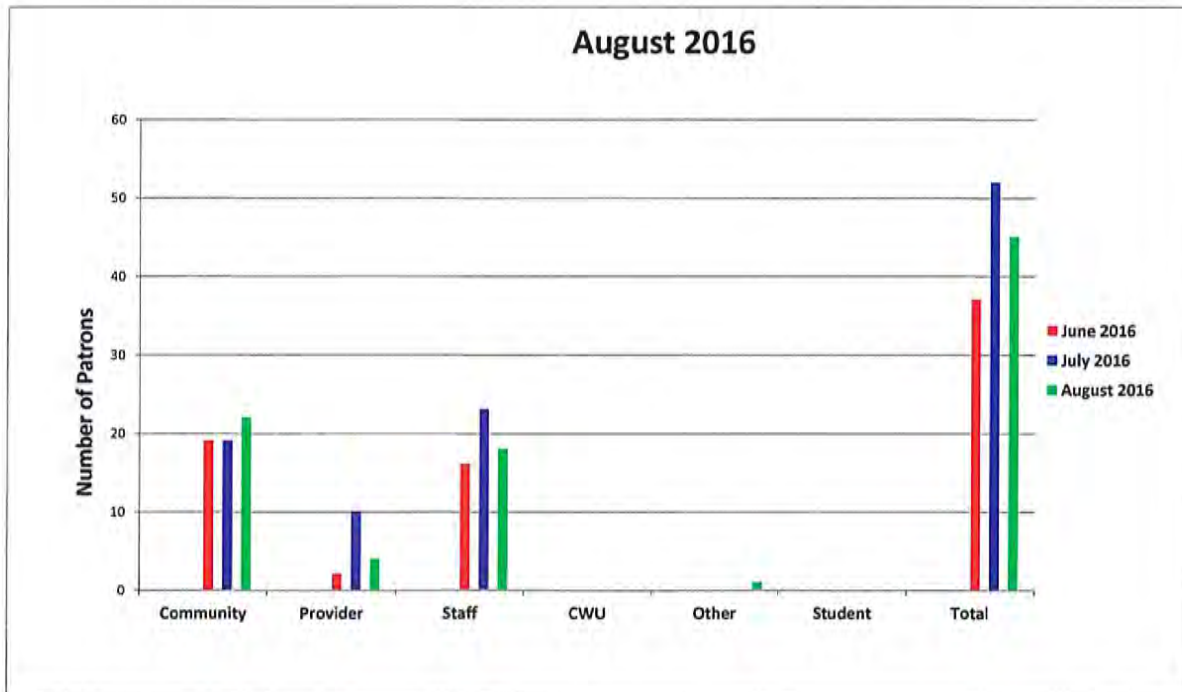
Kittitas Valley Healthcare
Community Health Library
Monthly Patron Statistics

	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	22		32		
Provider	24	10		22	4		12		
Staff	19	23		25	18		19		
CWU	2	0		0	0		1		
Other	0	0		0	1		0		
Student	0	0		0	0		0		
Total	79	52	0	79	45	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	0	0



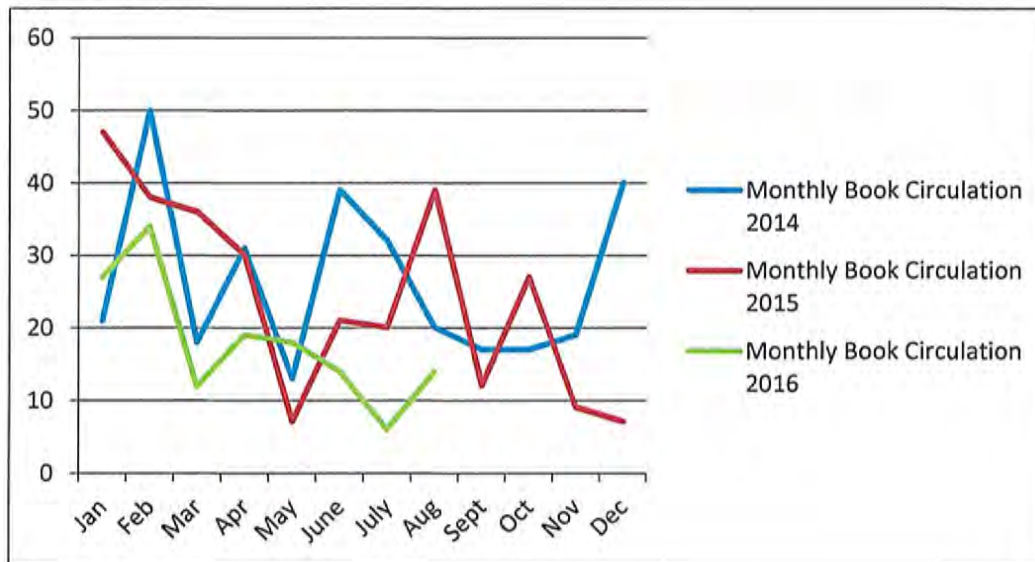
Community Health Library Databases - Number of Searches

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	2051					13374
ClinicalKey	2015	156	110	163	217	263	99	186	68	79	207	140	132	1820
	2016	442	167	174	108	157	105	36	44					1233
ClinicalKey for Nurses	2015											48	85	133
	2016	255	61	69	34	46	69	14	22					570
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	11					63
ProQuest	2015	14	54	0	0	2	17	12	2	2	2	3	0	105
	2016	13	7	0	4	0	8	0	5					37
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	34					384
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	14					144
Inter-library Loan	2015								2			1		3
	2016	3	5	1	0	2	0	24	2					37
New England Journal of Medicine Online	2016	0	31	29	54	19	25	42	17					217

n/a = not available at this time

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	14
Sept	17	12	
Oct	17	27	
Nov	19	9	
Dec	40	7	
YTD Total	<u>317</u>	<u>293</u>	



KVH board selects Bob Crowe to fill vacant seat

By **JULIA MARTINEZ**
staff writer

Kittitas County Hospital District 1 commissioners held a special meeting Thursday to conduct a round of interviews for former commissioner Pam Wilson's seat.

Wilson resigned from the position in July and had served on the board since 2011.

Bob Crowe was selected as Wilson's replacement, a motion brought forth by Bob Davis and seconded by Matthew Altman.

Crowe has been a member of the Kittitas Valley Healthcare finance

committee for four years and is a member of the Ellensburg Rodeo Board.

Out of 12 applicants, four were selected for interviews: Crowe, Andre Dickerson, director at Hospice Friends, Kittitas Valley and Fire Rescue Capt. Jon Fowler, and local business

owner Mark Kinsel.

Crowe will be sworn in at a Sept. 22 regular board meeting.

The five-member Hospital District 1 board oversees operations at KVH. Crowe's position will be up for election in November 2017. Commissioners serve six-year terms.