

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

September 26, 2019

1. Call Regular Meeting to Order

2. Approval of Agenda **

(Items to be pulled from the Consent Agenda) (1-2)

3. Consent Agenda **

- a. Minutes of Board Meetings: August 22, 2019 (3-5)
- b. Approval of Checks (6)
- c. Report: Foundation (7-8)
- d. Minutes: Finance Committee (9-10)
- e. Minutes: Quality Council: August 19, 2019 (11-13)

4. Presentations:

- a. Mandee Olsen, Director of Quality Improvement: Safe Catch Awards (14-15)

5. Public Comment and Announcements

6. Reports and Dashboards

- a. Quality – Mandee Olsen, Director of Quality Improvement (16-21)
- b. Chief Executive Officer – Julie Petersen (22-23)
- c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (24)
 - ii. Chief Medical Officer, Kevin Martin MD (25)
- a. Finance – Chief Financial Officer - Scott Olander
 - i. Operations Report (26-35)
 - ii. Capital Expenditure Request: Hematology Instrument and Interface: 1 for Hospital Lab and 1 for Urgent Care ** (36)
- e. Operations (37-42)
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations
- f. Community Relations Report – Michele Wurl, Director of Communications & Marketing (43)

7. Education and Board Reports



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

8. Old Business

- a. Resolution No. 19-05: Authorizing Benefits Advisory Committee (BAC) Oversight of Retirement Plans ** (44)
- b. Resolution No. 19-06: Authorizing Individuals to Act on Behalf of Plan ** (45-46)

9. New Business

- a. CEO Evaluation Process
- b. Board Self-Evaluation

10. Executive Session

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

11. Adjournment

Future Meetings

October 24, 2019 Regular Meeting
December 5, 2019, Regular Meeting

Future Agenda Items

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B

August 22, 2019

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Rhonda Holden, Lisa Potter, Dr. Kevin Martin, Carrie Youngblood, Carrie Barr, Mandee Olsen, Michele Wurl

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien, Jim Repsher, PA-C, and Dr. Thomas Mirich

1. At 5:00 p.m., Vice-President Bob Davis called the regular meeting to order.

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

ACTION: On motion of Erica Libenow and second of Liahna Armstrong, the Board members unanimously approved the consent agenda.

4. **Presentations:**

Mandee Olsen, Director of Quality Improvement, reviewed the patient satisfaction data since KVH transitioned to Press Ganey a year ago. Olsen stated that this data is very helpful for KVH leaders when developing their yearly QAPI plans.

5. **Public Comment/Announcements:**

Jim Repsher, PA-C at KVH Orthopedics, asked how KVH is going to handle thousands more patients with Family Health Care of Ellensburg transitioning away from taking insurance. Julie Petersen stated that we will be discussing what KVH will be doing later in tonight's meeting.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that she is excited for the first Patient Family Advisory Committee (PFAC) meeting at the end of September.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that she wanted to give an update on Family Health Care of Ellensburg according to the information they have posted on their website and the changes to their delivery system. Petersen stated that a meet and greet will be scheduled for Ellensburg in September and for Cle Elum in October for the community to meet our new providers.

ACTION: On motion of Erica Libenow and second of Liahna Armstrong, the Board members unanimously approved the Amendment to Services Agreement between District #1 and District #2.

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

ACTION: On motion of Liahna Armstrong and second of Erica Libenow, the Board members unanimously approved the initial appointments for Dr. Jeremy Casey, Dr. Daniel Smith, Dr. Johan Ahn, Dr. Christian Ingui, Dr. Aaron Jun, Dr. Laiandrea Stewart, Dr. David Wells, Jean Yoder, GNP and reappointments for Dr. Daniel Hanson, Dr. Steven O'Donnell, Dr. Sri Obulareddy, Dr. Vanessa Tseng, and Ryan Ahr, PA-C as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin.

Scott Olander reported on KVH's financial performance for July. Olander stated that our deliveries were down thirty-six percent for the month and we had slight uptick in self-pay, but overall we had a positive operating margin for the month. Olander stated that an outside agency provided a valuation to purchase Dr. Sand's assets. Commissioner Armstrong requested that this discussion be held in executive session.

ACTION: On motion of Liahna Armstrong and second of Erica Libenow, the Board members unanimously approved the capital expenditure request for the Panda Warmer and Panda Warmer module.

ACTION: On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved the capital expenditure request for the waiting room furniture.

ACTION: On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved the capital expenditure request for the hospital and clinic parking lot repairs.

The Board members reviewed the operations report with Rhonda Holden and Carrie Barr. Julie Petersen stated that Dean Nowak passed away after forty years with KVH and he will be greatly missed.

Mandee Olsen explained what a DNV does, as well as the benefits and the concerns of the accreditation. Olsen stated that this was part of the community plan for transparency and it will go forward to the strategy team to see if they would like to recommend it to the Board for approval.

Carrie Barr outlined the things they have been doing with providers retiring and with those onboarding for the community.

The Board members reviewed the Community Relations report with Michele Wurl.

7. Education and Board Reports:

None

8. Old Business:

None.

9. New Business:

None.

10. Executive Session:

At 7:18 pm, Vice-President Davis announced that there would be a 7-minute recess followed by a 60-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). Action was anticipated.

At 8:25 pm, the meeting was reconvened into open session.

ACTION: On motion of Roy Savoian and second of Erica Libenow, the Board members unanimously approved purchasing Dr. Sand's assets.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:26 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motion passed approving the Amendment to Services Agreement between District #1 and District #2.
4. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.
5. Motion passed approving the capital expenditure request for the Panda Warmer and Panda Warmer module.
6. Motion passed approving the capital expenditure request for the waiting room furniture.
7. Motion passed approving the capital expenditure request for the hospital and clinic parking lot repairs.
8. Motion passed to approve the purchase of Dr. Sand's assets.

Respectfully submitted,

Mandy Weed/Erica Libenow
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: September 26, 2019

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>256296-257207</u>	NET AMOUNT:	<u>\$3,850,915.60</u>
		SUB-TOTAL:		<u>\$3,850,915.60</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81468-81472</u>	NET AMOUNT:	<u>\$4,487.64</u>
#2	PAYROLL CHECK NUMBERS	<u>81473-81478</u>	NET AMOUNT:	<u>\$5,538.10</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,108,082.73</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,138,050.01</u>
		SUB-TOTAL:		<u>\$2,256,158.48</u>

TOTAL CHECKS & EFTs: \$6,107,074.08

Prepared by



Sharoll Cummins
Staff Accountant



FOUNDATION ACTIVITIES

Tough Enough to Wear Pink (Sunday, Sept. 1)- Thank you to everyone who volunteered, purchased and sold tickets, and were our advocates out in the community. On Sunday Sept. 1st we had an amazing group of over 20 volunteers and powerful presentation in the arena to include the Rodeo Board and Royal Court with us. Merchandise sales and a pick-your-prize raffle held at KVH prior to the Rodeo raised over \$4,000 and sales at the Ellensburg Rodeo raised just over \$8,700. We anticipate hearing from the Ellensburg Rodeo soon regarding total funds raised during that event and look forward to a check presentation in October.

Annual Appeal – Our materials for our annual community ask is being finalized. This mailing will drop in the mail mid-October.

Gobble Wobble 5K Run for Wellness – Save the date for Saturday, November 16, 2019 at the Rotary Park for our first annual 5K run. The family friendly race will feature a 5K run, 1K fun run for kids and a 100 yard dash for toddlers. Registration is online at: <https://www.eventbrite.com/e/gobble-wobble-5-k-for-wellness-registration-73005751167>. Proceeds from the event will continue enhancing the programs that promote, encourage, and assist the advancement of wellness within the community. Sample flyer attached.

Annual Distribution – The Foundation Board will be presenting a preliminary calculation on this year's disbursement at the September board meeting and look forward to making this contribution to KVH.

17th Annual Dinner Auction- Save the date for **Saturday May 16, 2020 at the Kittitas Valley Event Center 5:30-9:30pm** for an evening of dinner and a silent auction. We look forward to choosing a fund-a-need item as the beneficiary of the night's event.

Respectfully submitted,
Laura Bobovski
Assistant, The Foundation

Run for **yourself.**

Run for **your
community.**



Supporting healthcare in Kittitas County.

Family-Friendly | Events for all ages

1K ■ 5K
Kids' Dash

Race at your own pace
along our unique
river route.

Check out **kvhealthcare.org/foundation** for details.



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

September 24, 2019
Tuesday

Café Conference Room
7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: August 20, 2019**
- **August Financial Highlights**
- **Capital Expenditure Request**
 - **Hematology Equipment & Interface**
 - **1 for Hospital Lab and 1 for Urgent Care**
- **Adjourn**

Next Meeting Scheduled: October 22, 2019 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
August 20, 2019

Members Present: Liahna Armstrong, Roy Savoian, Jerry Grebb, and Scott Olander

Members Excused: Deborah Bezona, Julie Petersen

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

The meeting was called to order by Liahna Armstrong at 7:33am.

A motion was made to approve the agenda with the addition of three items and the July 23, 2019 minutes. The motion carried.

Scott Olander presented the financial overview of July. The short version of the Financial and Operating Indicators was updated and handed out in the meeting. The update was to the line for Surgeries. Gastrointestinal Procedures were removed from the 2017 and 2016 columns. Also a line for Gastrointestinal Procedures was added to help tell the story that the decline in surgeries is not as dramatic as the original form indicated. Then the longer statistic page, Key Statistics and Indicators, was reviewed. The July volume is typical of summer. Patient days are down, mainly due to births being lower than expected, impacting the patient days for mothers. Since Dr. Longo's departure, we hired two new physicians in Women's Health. Inpatient surgical and GI Procedure volume was strong in July. Outpatient surgeries continues its trend of being less than expected. ER visits were down from budget for the month and 1% over year to date. Urgent Care Cle Elum continues to exceed budget for the month and year to date. This service line is a "feeder" to KVH. Rehab Visits are strong and off-set negative volume in other areas. Looking at the Financial Sustainability page, self-pay crept up, but is better than the prior year. AR Days increased 4. This is due to accounts with incorrect credit balances of approximately \$1 million being reversed (the accounts showed a credit balance and should have been zero). Actual outstanding accounts went down between 300 and 400 from June to July. Revenue Cycle is continuing to go back and clean up accounts and working through processes with Cerner. The Statement of Revenue and Expense shows gross charges at \$221,096 under budget. Inpatient charges are over budget and outpatient and clinic charges under budget. We had 24 swing-bed days, which is not in the budget. ER leveling charging is also not in the budget and contributed about \$84,000 to gross charges. Total expenses are under budget \$232,364 for the month. We received a \$154,000 dividend from our worker's compensation trust which reduced the benefit expense. Salaries are less than budget as we low census staff when volume is low. We continue to review purchased services and are in the process of hiring coders to reduce this line item. The month ended with operations being positive \$178,158 and net income being positive \$227,035. The financial statements are conservative and reflect the activity for the month. Financial details are provided in the Chief Financial Officer's Report.

The review of payer contract reimbursement terms to the actual contracts is on-going.

The committee recommended three capital expenditure requests go to the Board of Commissioners for approval: Panda Warmer for Family Birth Place, parking lot seal and coating, and furniture for the Lab/Imaging/Surgical Outpatient waiting room. A proposal to purchase Dr. Sand's office furniture and equipment was presented and the committee recommended this be presented to the full Board for discussion.

With no further business, the meeting was adjourned at 8:30am.

Quality Improvement Council	MEETING MINUTES	August 19, 2019
<p>Present: Mandee Olsen, Judy Love, Carrie Barr, Scott Olander, Dr. O'Brien, Roy Savoian, Liahna Armstrong, Julie Petersen, Rhonda Holden, Vicky Machorro, Ron Urlacher</p> <p>Guests: None</p> <p>Recording Secretary: Mandy Weed</p> <p>Minutes Reviewed by: Mandee Olsen</p>		
<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 at 3:00 pm.	
<ul style="list-style-type: none"> Agenda & Minutes 	The agenda and minutes were approved as presented.	
Reports:		
<ul style="list-style-type: none"> QI Council Dashboard Review 	<p>Handouts: QI Council Dashboards & KVH Quality Improvement Council Dashboard Glossary</p> <p>Discussion: Mandee went over the QI dashboards; stating one patient did not meet the sepsis measure as they were given antibiotics prior to blood culture being done, however there was no change in the outcome. Mandee stated that Care and Service reports have went up over the past 5 years from 1.5 to 1.9 per day and discussed some of the data challenges they are still having with how data is being pulled from Cerner.</p>	
<ul style="list-style-type: none"> Patient Satisfaction Dashboard 	<p>Handouts: Patient Satisfaction Dashboard</p> <p>Discussion: Mandee reminded the group that they had decided to look at the same data for 18 months and it feels like it is now time to go to</p>	

	percent top box as it would provide better guidance to the governing board. QI Council approved moving to percent top box instead of percentile rank.	
Policy Review:		
<ul style="list-style-type: none"> Quality Assessment and Performance Improvement Plan Policy and related documents 	<p>Handouts: Quality Assessment and Performance Improvement Plan Policy and related documents</p> <p>Discussion: Mandee stated that there haven't been any changes to the policy but it needs to come to QI for approval each year. QI approved the policy as presented.</p>	
New Business:		
<ul style="list-style-type: none"> DNV – GL Accreditation 	<p>Handouts: DNV handout</p> <p>Discussion: Rhonda stated that at the beginning of the year we talked about if we should become accredited and DNV is a company that has been around since 1864 and they have expanded to all sorts of industries. Rhonda went over what a DNV is. Mandee stated that it aligns with the KVH Board strategy to build community trust and transparency. Mandee went over the benefits and concerns of accreditation with DNV and stated this will be going to the Board this month for discussion.</p>	
<ul style="list-style-type: none"> 2nd Quarter SAFE Catch nominee review and selection 	<p>Handouts: SAFE Catch nominations</p> <p>Discussion: The council reviewed all nominations and decided to award the following to be presented at the July Board meeting:</p> <p>2nd Quarter Clinical – Darbi Tourtillott, RN, CCU for facilitating a pediatric</p>	

	endoscope case. 2 nd Quarter Non-Clinical – Cindy Kelly, Director of Health Information Management for identifying a breach in a “secure” cloud-based file transfer service.	
<ul style="list-style-type: none"> Proposed 2020 meeting dates and times 	<p>Handouts: None</p> <p>Discussion: QI approved keeping meetings at same time and cadence for next year.</p>	
<ul style="list-style-type: none"> Closing: 		
<ul style="list-style-type: none"> Adjourned at 4:27 pm 	Next meeting October 21, 2019 at 3:00 p.m.	

SAFE Catch Awards and Nominations

2nd Quarter 2019



Clinical Award:

Winner: Darbi Tourtillott, RN-CCU

Reason for Nomination: Facilitating a pediatric endoscopy case

Nominator: Amy Krogstadt-Director of Surgical Services

Event: Darbi voiced concerns about the appropriateness of a procedure to be completed at KVH. She made contact with the OR crew, SOP nurses, department manager, administration and medical director. Through this discussion it was determined this service was in the capabilities of KVH. The procedure was successfully completed and the patient discharged home! *"Thank you everyone for your timely responses and facilitating keeping the care of this patient within her community."*

Nominee: Dr. Kelly Noyes, Hospitalist Program

Reason for Nomination: Re-evaluating imaging to find the cause of hypoxia in a patient

Nominator: Rhonda Holden-Chief Ancillary Officer

Event: A patient was experiencing hypoxia for unknown reasons so the hospitalist ordered further work-up, but it did not reveal any causative factors for the patient's condition. Dr. Noyes decided to investigate further where she spotted a potential source. She voiced her concerns and had the exam repeated. Her quick intervention and perseverance to find the cause of hypoxia resulted in a confirmed diagnosis and ensured the patient was treated appropriately. *"We are fortunate to have such a talented physician as part of our Hospitalist team"*

Nominee: Lori George, RN-CCU and Dr. Dan Hiersche, Orthopedic Surgery

Reason for Nomination: Going above and beyond for a teenager with leg fracture

Nominator: Tamara Lewis, RN-Med/Surg

Event: A teenager was admitted due to an orthopedic injury. Nursing staff discussed his symptoms and Lori decided to contact Dr. Hiersche to discuss a potential diagnosis for this patient. Dr. Hiersche investigated further and determined the suspected diagnosis was correct. He helped facilitate this patient to be transferred to a higher level of care for his needed treatment. Dr. Hiersche even helped the family with hotel costs. *"I think the two both represent going above and beyond and I am proud to call them my co-workers"*



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 2019



Non-Clinical Award:

Winner: Cindy Kelly-Director of Health Information Management

Reason for Nomination: Identified a breach in a "secure" cloud-based file transfer service

Nominator: Linda Navarre, RN, CPHRM-Quality and Risk Management Coordinator

Event: While facilitating sending medical records following a formal request, the law firm encouraged a transfer through WeTransfer, a secure cloud based file transfer service. Prior to sending the patient files Cindy decided to test out the service with a word document. Once in the WeTransfer system, she was able to see several files for a different case along with some images. At that point, Cindy did not feel this was a secure means of transferring files and stopped the line! Instead she was able to meet the needs of the requesting law firm by sending an encrypted flash drive all while protecting the integrity of a patient's medical record. *"We appreciate your diligence to protect our patient's medical records and personal health information".*

Nominee: Kristi Ridlon and Cassandra Herrick-Materials Management

Reason for Nomination: Helping out after a staff member fell in the stairwell

Nominator: Morgan Anderson-Director of Materials Management

Event: Kristi and Cassandra were in the mezzanine when they heard a "thud". After they investigated where the noise came from, they discovered one of our staff members had fallen down the stairs! The staff member was very worried about getting back to work but needed some help herself. Kristi and Cassandra summoned help and then took it into their own hands to personally go to the staff members department to let them know about the situation so they could adjust as needed. *"Instead of allowing her to return to work or assuming that someone else would contact her department, Kristi and Cassandra worked together to get everything taken care of".*

Nominee: Bethany Windingstad, RN-CCU

Reason for Nomination: Following HIPAA policies when dealing with law enforcement

Nominator: Cindy Kelly-Director of Health Information Management

Event: The ED received a call from the State Patrol inquiring if we had cared for a patient with injuries consistent of a motor vehicle accident. ED staff indicated they were unable to provide the information and transferred the call to Bethany. Bethany reiterated to the officer that she was unable to provide the requested information. The officer was not happy with this response, pushed back on Bethany and stated he had received it the day before. Bethany stuck to her response and followed policy and did not provide the requested information.

"Thank you for following our policies!"



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

QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

September 2019

Patient and Family Advisory Council

By this board meeting, we will have held our first PFAC meeting, scheduled for September 23rd. We will be happy to report the results of our first session at the board meeting.

Greater Columbia ACH Practice Transformation and Caravan ACO

As has been mentioned in previous reports, we continue to work on Practice Transformation with the assistance of funding through the GCACH, which aligns with our ACO objectives. The GCACH has been providing clarification on goals as well as resources and education related to care management tools, team-based care, opioid use disorder, and Patient Centered Medical Home benefits. Beyond Practice Transformation, work the organization has endeavored in such as the Value Alignment Committee and the Promoting Interoperability team, help further attain the milestones of both the GCACH and the ACO. Over the past month, we have received the last of payments for 2nd quarter milestones. Carrie Barr and the clinic team recently reassessed our progress towards Patient Centered Medical Home achievement and found we have increased our scores from an average of 6.1 to 9, encouraging us we are on the right path! Areas of continued improvement and development include tracking of self-management and shared decision-making tool usage, coordination of post-discharge communication and care, and clinic/provider specific data review.

Quality Improvement Dashboard Data Summary – through July 2019

Summary of Areas Meeting Goal or Showing Improvement

- Median time to ECG for patients with chest pain below benchmark of 10 minutes.
- Dysphagia screening at 100% in both inpatient and emergency services.
- Stroke IV tPA Timing at 100%. tPA was administered within 30 minutes in this case, which is the fastest time we've yet achieved at KVH.
- No staff needlesticks during the months of June or July.
- Both Antimicrobial Stewardship measures looking good – in hospital meeting goal for seven months and clinic rates moving in the right direction.
- Hospice visits near end of life remains very high for second quarter in a row.
- No patient falls with injury.
- Clinic ACO metrics all continue to trend in the right direction.

Summary of Improvement Opportunities

- One sepsis case missed the timeframe for administration of a vasopressor, a drug used to help raise blood pressure.

- Median time to CT results for patient with stroke increased from the prior month. We are continuing to work on streamlining processes with the new radiology group, especially for after-hours reads.
- Of the three patients with restraints in the month of July, one patient was missing documented care plans specific to restraints.
- One of surgical site infections occurred following a stat C-section in the middle of the night.
- Three of the past four months have had more than 20 care and service concerns reported from patients. Improvement work underway to look at managing Care and Service most efficiently.

Patient Stories

- *"I wanted to... ..let you know how much [partner] and I really, really valued and appreciated the KVH child birthing classes that we just finished up last month. To be fully transparent, I think we were both pretty nervous about attending the classes at first and weren't sure how seven weeks of classes would go. We quickly found however that the two hours flew by and we both really started looking forward to attending them. (I'll admit we both were a little sad when the classes came to an end). Julie and Rozsika are phenomenal at what they do and it was impressive how much material and support they were able to pack into the two hour classes! I really appreciated how they took many concepts that felt overwhelming and helped to break down the information into what felt manageable. I have friends and family members who live in other areas of the state who had complained that child birthing classes at other hospitals were both hard to get into and fairly expensive. I really appreciate how reasonably priced and accessible the classes are at KVH. Thanks for supporting this tremendously valuable service. I know that [we] feel more confident and prepared for the birthing and parenting experiences ahead of us because of Julie and Rozsika!"*

- KVH Childbirth Class participants

- *"Thank you KVH RNs I truly appreciate your help, especially Erin and Angie yesterday you were absolutely the best"*

- Family of KVH Family Birth Place newborn

- *"Thank you both for all of your help in diagnosing our daughter... ..We are so impressed and appreciative of your kindness and gentleness as we tried to come to terms with the news we were receiving. We couldn't imagine a better team to have been with that night in the ER."*

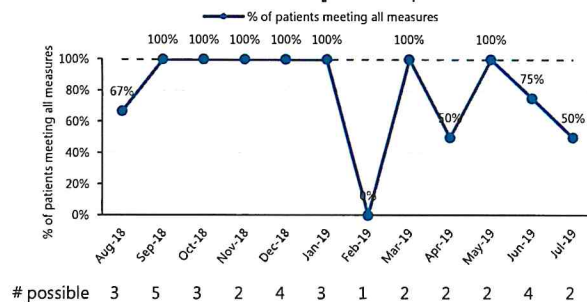
- KVH Emergency Department family to PA-C Pat Erley and RN Madeline Majsterek and the rest of the team from that night



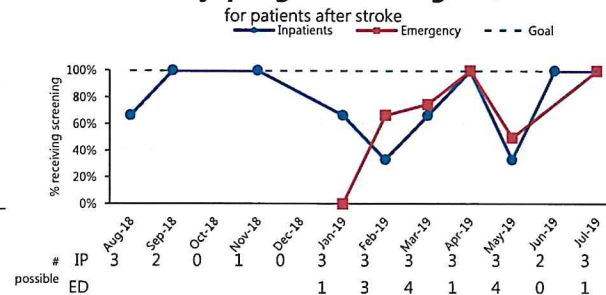
- *"The family wishes to extend their sincere thanks to the entire KVH Healthcare system, including Anita Schiltz, ARNP at KVH Internal Medicine as well as the staff of KVH Hospice for their impeccable care and guidance through a difficult time."*
– Family of KVH Internal Medicine and Hospice patient
- *"Thank you so much for coming and speaking to my class yesterday. The information you shared about the history and current role of Hospice was excellent. The stories you told were absolutely moving. I believe that was a class those students will never forget. The strength and vulnerability you showed was inspiring. In fact, it is difficult for me to find the words to thank you. You provided those students, and myself, an invaluable glimpse into the true meaning of helping others through the end stage of life. I am sincerely grateful."*
– CWU professor to KVH Hospice RN Elena James

QI Council

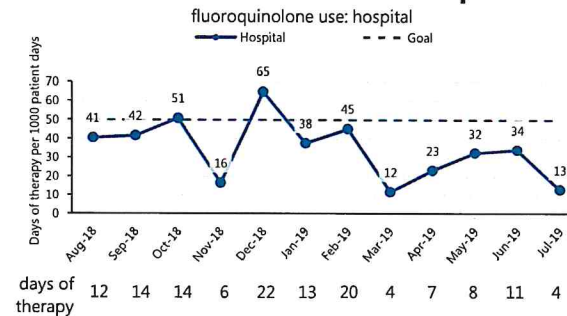
Sepsis ↑



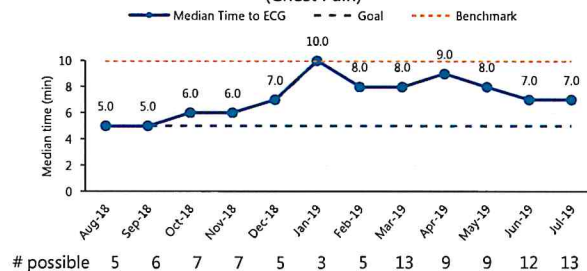
Dysphagia Screening ↑



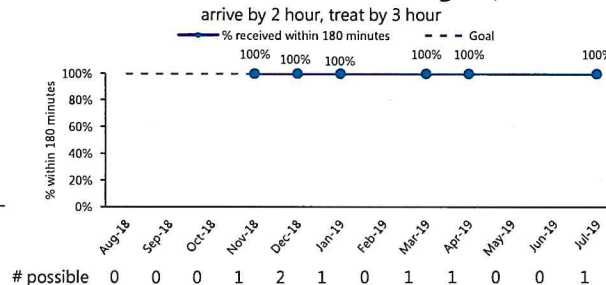
Antimicrobial Stewardship ↓



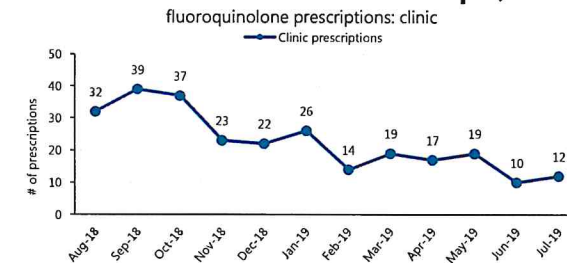
Median Time to ECG (Chest Pain) ↓



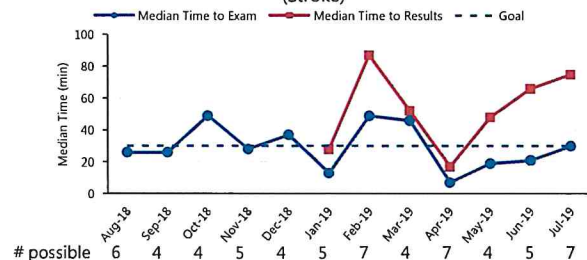
Stroke IV tPA Timing ↑



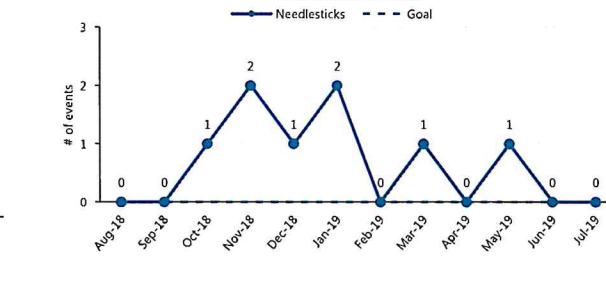
Antimicrobial Stewardship ↓



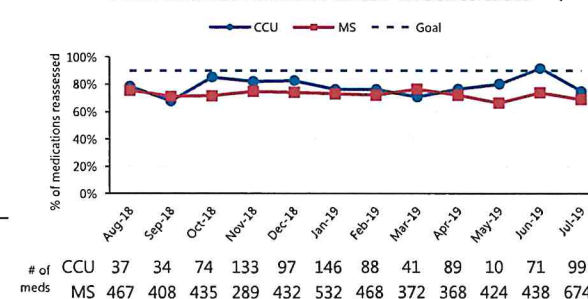
Median Time to CT or MRI (Stroke) ↓



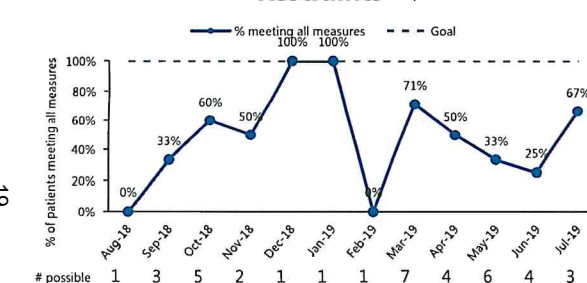
Needlesticks ↓



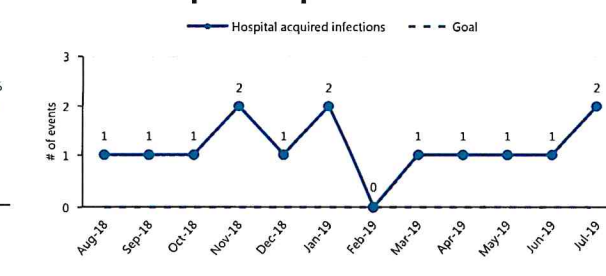
Pain Reassessment after Medication ↑



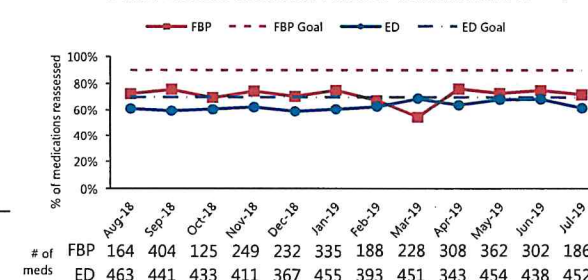
Restraints ↑



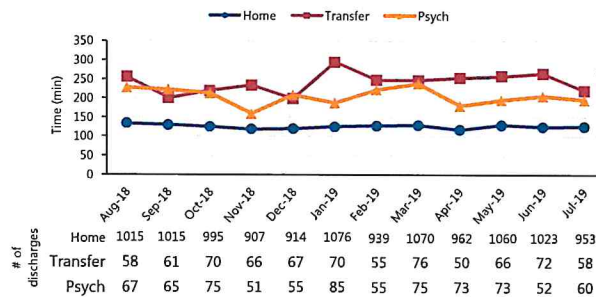
Hospital Acquired Infections ↓



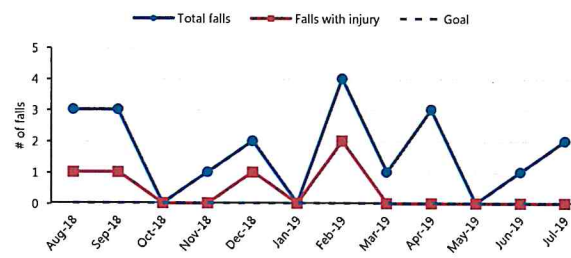
Pain Reassessment after Medication ↑



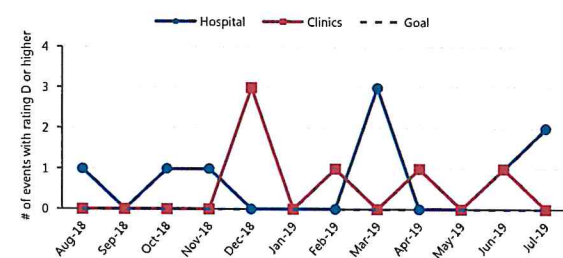
ED Admit to Discharge Time ↓



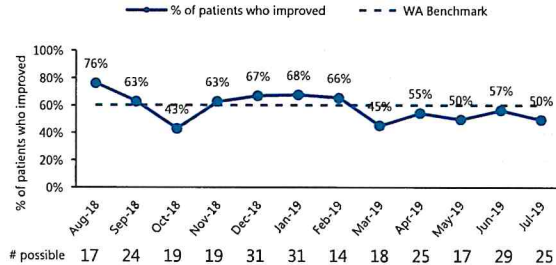
Falls ↓



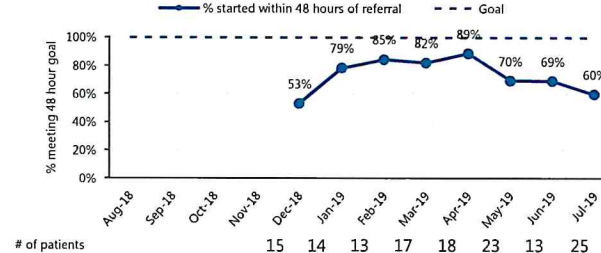
Adverse Medication Events ↓



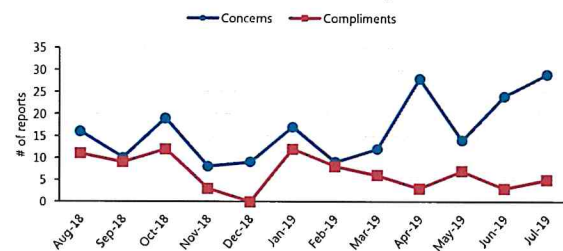
Improvement in Management of Oral Medications (Home Health) ↑



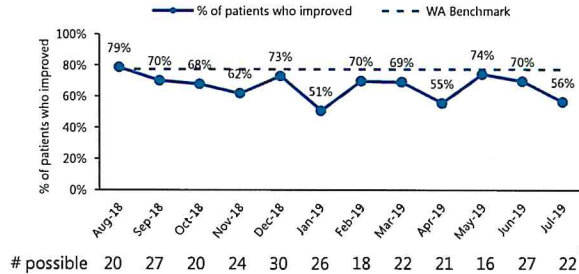
Timely Start for Physical Therapy (Home Health) ↑



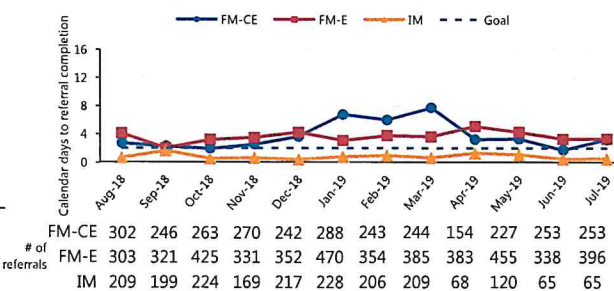
Care and Service Reports ↓



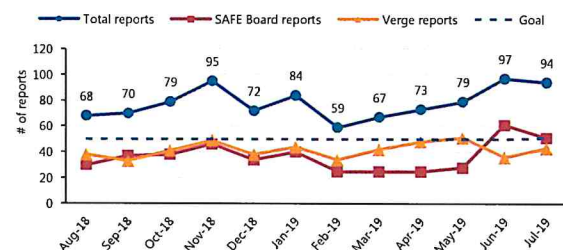
Improvement in Pain Interfering with Activity (Home Health) ↑



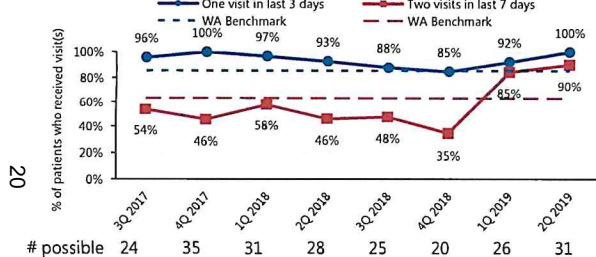
Days to Referral Completion ↓



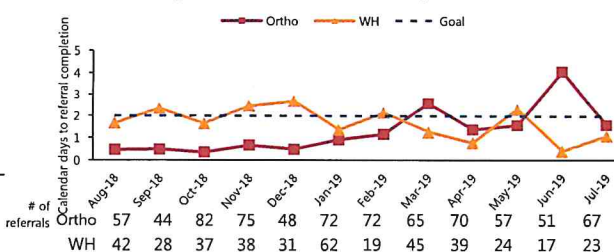
Employee Reports ↑



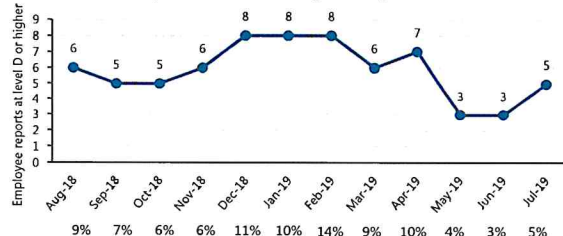
Hospice Visits Near End of Life ↑



Days to Referral Completion ↓

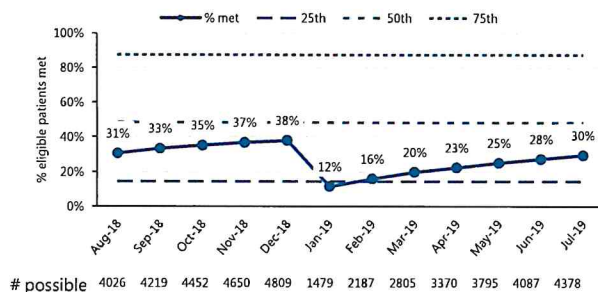


Reports of Occurrences ↓

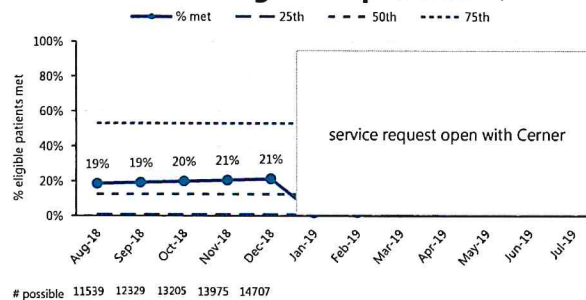


ACO Quality Measures: Clinics

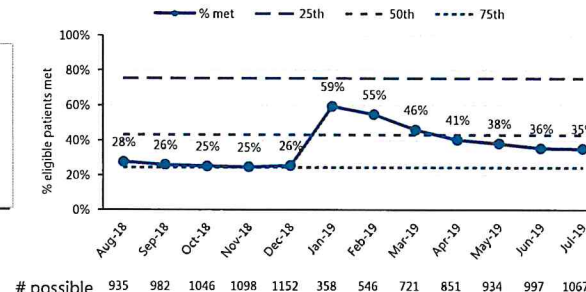
Screening for Future Fall Risk ↑



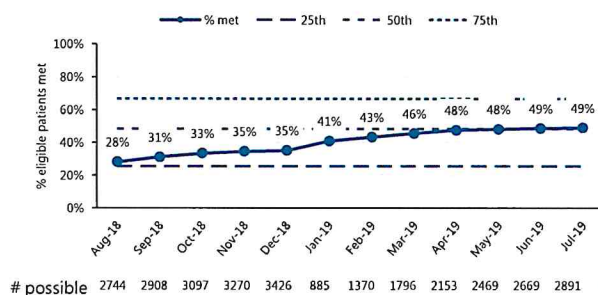
Screening for Depression ↑



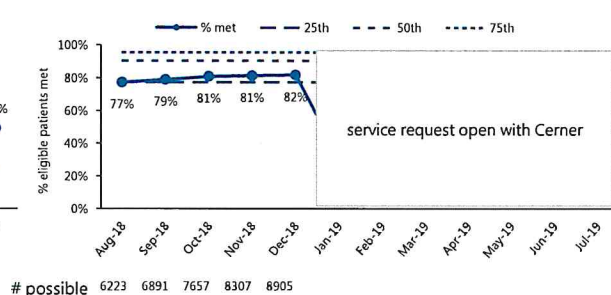
Diabetes: Poor Control ↓



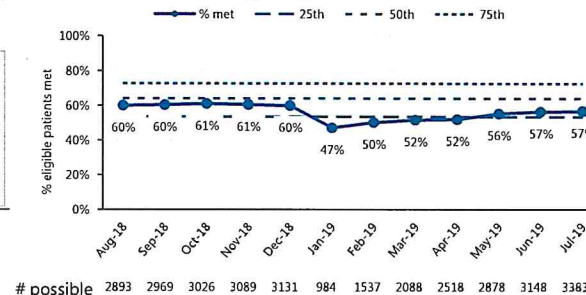
Screening for Breast Cancer ↑



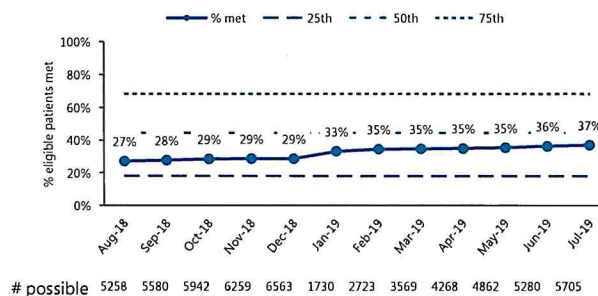
Tobacco Use Screening and Intervention ↑



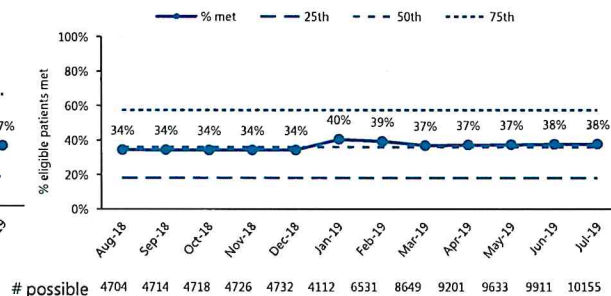
Controlling High Blood Pressure ↑



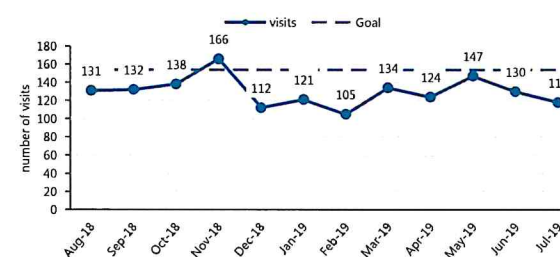
Screening for Colorectal Cancer ↑



Influenza Immunization ↑



Medicare Wellness Visits ↑



September 2019

Washington State Nurses Association

WNSA has officially notified us that they want to negotiate a new collective bargaining agreement. I believe we are operating from a generally sound contract with clear language that serves us all well but this is always an opportunity to listen and learn. We anticipate that state and federal changes, including the 2018 Janis decision, will necessitate some changes to the language.

On the Move

IT is successfully relocated to the 309 Mountain View Building. A number of other relocations including Dr. Martin, Quality/Risk, Carrie Barr and Fiscal Services should be complete by the end of the month.

Advocacy

I attended the American Hospital Association National Regional Policy Board Meeting in Washington DC this month. I represent Region 9 (Pacific Northwest) small and rural hospitals. Each RPB meets three times a year in their respective regions and once every two years collectively in DC, it was another opportunity to hear from excellent speakers including Seema Verma. One particular panel included an executive from a private equity (hedge fund) firm, a regulator from the Federal Trade Commission and an anti-trust attorney who specializes in healthcare. They addressed the topic of physician practice acquisition and the impact that private equity investment in specialty practices is having in large urban markets. While fascinating, it reminder of why I appreciate community healthcare.

We met with Senator Cantwell, Congresswoman Schrier, other members of our state delegation and the Senate HELP Committee staff (Senator Murray is the Ranking Member). Site neutral, surprise billing and Medicaid DSH were all on the agenda.

I have been asked to represent the hospital perspective on a Washington Health Alliance panel discussion in Seattle on the morning of September 18th. The Health Care Authority, Department of Health, private and commercial purchasers and several physician groups will also be addressing the challenge of how to increase resources for primary care without increasing the overall healthcare spend. I will let you know how it goes.

Legislative District 13 Delegation

While Representative Yabarra will not be able to attend, we will still be hosting Senator Warnick and Representative Dent on September 20th. We will be highlighting some of the opportunities and threats that we see emerging for the 2020 legislative session. The 13th is home to six hospital based rural healthcare delivery systems who collectively provided access for 156,000 clinic visits and employed more than 1,400 full time equivalents. Again, I will let you know how it goes.

Obstetrics and Gynecology of Ellensburg

The assets of Dr Sands practice have been acquired for approximately \$60,000. We have taken custody of his recent records and are still rounding up some of the older ones. We did not acquire accounts receivable in this transaction.

Community Health of Central Washington

Mike Maples, the longtime CEO of CHCW, retired on September 20th. Mike has some special projects that he will wrap up between now and the end of the year but operations of CHCW has officially transitioned to his successor, Angela Gonzalez. Angela is originally from Louisiana, which is also her most recent home, but she spent a number of years working for Yakima Valley Farm Workers both in Yakima and Portland. Angela was anxious to get back to the northwest. Mike has been wonderful to work with and I look forward to building on that relationship with Angela.

HR Dashboard															
Measurement		19-Aug	19-Jul	19-Jun	19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	
Employee Population	Available workforce	Rolling 12 Variance													
	Full-time	23	373	368	369	369	366	370	364	370	368	366	365	361	350
	Part-time	-3	131	131	128	129	133	131	133	132	135	130	133	135	134
	Per Diem	0	95	95	97	99	96	101	104	104	103	104	100	97	95
	Total Employees	20	599	594	594	597	595	602	601	606	606	600	598	593	579
Turnover	Quality of recruitment and retention	Rolling 12 Total													
	Voluntary (excludes pd terms, includes reduction of FTE to pd)	122	16	10	9	13	5	6	8	6	12	7	9	4	17
	Involuntary (excludes pd terms)	13	1	2	1	0	1	1	0	0	2	2	1	2	0
	Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	22.64%	2.84%	2.02%	1.68%	2.18%	1.01%	1.16%	1.33%	0.99%	2.31%	1.50%	1.67%	1.01%	2.94%
	Total All Employees Separated	141	17	13	12	12	11	8	7	7	10	7	13	7	17
General Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total													
	Open Postings	195	20	15	14	16	8	6	11	10	17	12	14	15	37
	Unique Applications Received	2770	310	231	236	315	184	161	167	99	174	179	242	248	224
	Employees Hired	162	21	14	10	12	3	10	3	11	7	16	18	21	16
	Time to Fill (Median)	32.55	28.00	26.5	23.5	25.0	24.2	25	26.5	28.5	38.5	43.5	45	45	44
	Time to Fill (Average)	33.17	28.70	27.3	23.8	21.0	22.3	23.4	30.3	31.9	41.8	43.0	45.7	47.0	45.1
Provider Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total													
	Open Postings	43	4	3	3	2	1	1	1	3	3	5	4	6	7
	Open Slots	43	4	3	3	2	1	1	1	3	3	5	4	6	7
	Unique Applications Received	25	1	0	1	4	3	0	0	1	1	1	3	5	5
	Candidates Interviewed	21	1	0	0	1	3	0	3	2	1	2	6	2	0
	Employees Hired	13	2	1	1	1	1	0	1	0	1	2	0	1	2
	Time to Fill (Average)	295	214	62	202	377	416	486	486	238	238	210	132	132	645
Benefits	Financial impact of adding talent	Rolling 12 Total													
	Workers Comp Claims	44	1	2	2	5	3	7	4	6	1	3	3	3	4
	Time Loss Days	322	31	31	13	8	24	25	6	51	62	30	9	19	13
	Employee Population on Medical Benefits (Average)	66.5%	67.3%	68.0%	68.2%	66.8%	67.2%	65.8%	67.2%	66.3%	65.2%	66.0%	65.7%	65.4%	66.0%
	Total cost in benefits per FTE - welfare (Average)	\$ 864.68	\$ 839.52	\$ 877.94	\$ 843.51	\$ 874.38	\$ 845.20	\$ 864.76	\$ 824.54	\$ 817.34	\$ 876.60	\$ 972.83	\$ 881.21	\$ 875.65	\$ 847.32
	Total cost in benefits per FTE - total (Average)	\$ 1,832.35	\$ 1,824.89	\$ 1,546.29	\$ 1,805.61	\$ 1,881.98	\$ 1,868.97	\$ 1,931.69	\$ 1,902.52	\$ 1,855.42	\$ 2,061.65	\$ 1,884.46	\$ 1,665.97	\$ 1,768.48	\$ 1,822.56
Evaluations	Providing timely feedback to employee	Total Percentage													
	Percentage of employees with completed annual evaluation	79.5%	79.5%	84.3%	89.0%	90.4%	88.5%	88.9%	88.5%	85.8%	87.7%	90.0%	83.1%	84.3%	86.6%

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date September 13, 2019

TO: Board of Commissioners
 Kevin Martin, MD

FROM: Kyle West
 Medical Staff Services

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

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
George Heard Jr., MD	Provisional Associate Apt		MDIG Onsite Locums
Stuart O'Byrne, MD	Provisional Associate Apt		MDIG Onsite Locums
Anna Collins, ARNP	Provisional AHP	Apt	KVH GNP Program
 Sara Cate, MD	 Ambulatory	 ReApt	 CHCW-E

CHIEF MEDICAL OFFICER – Kevin Martin, MD

September 2019

Medical Staff Services:

- Mitch Engel reports that we had 1 interview in August. Maribel Serrano, MD, joined Women's Health. Jie Casey, DO, joined Family Medicine Ellensburg and will be practicing family medicine and providing maternity care. Catherine Patnode, ARNP, joined the GNP program. Additionally, Dr. Kamalyan is transitioning from a locum tenens role to employment with KVH.
- Lisa Potter is, as always, working on a number of primary and ongoing. These include:

- **Primary Projects:**

- **ENT (Ear, Nose, Throat)**

- We are currently exploring different models of offering this service in our community, including potential partnerships or through an employed specialist.

- **Pediatrics**

- With finance assistance, she is preparing a one year review of this service line.

- **MAT (Medication Assisted Treatment) Program**

- We are exploring how a program like this might work in Kittitas County, how it might help meet the growing need for addiction medicine services, and what the delivery model might look like within our clinic system.

- **Palliative Care**

- Lisa is putting together an operations model and corresponding reimbursement analysis for consideration.

- **Foundation at KVH Presentations**

- The final two presentations will be delivered together at the September meeting. Preparations are underway with content experts.

- **Home Health and Hospice Outreach**

- Developing a plan to further our outreach for home health and hospice services, develop stronger referral partners and deliver education to community and neighboring community partners.

- **Ongoing Projects:**

- Pulmonary Rehab Program/Cardiopulmonary Rehab Option
 - Podiatry
 - Pulmonary procedures and sleep medicine
 - Home Health and Hospice Outreach

- Kyle West reports that we have 4 initial appointments in September and 1 reappointment. 4 medical/PA students are rotating at KVH: 1 PA student with Rob Merkel, one PA student with Brett White, the TRUST student, and a PNWU student with Dr. Noyes. 1 of the CWFMR 3rd year residents is completing a rotation in the ED from mid-Sept through mid-Oct.

- **CMO activities:**

- **Community & Regional Partnerships**

- Greater Columbia Accountable Community of Health: I continue as facilitator of the Transition Care Project (Project 2C). We are receiving payments from GCACH to support our transformation work in our family medicine clinics and inpatient services.
 - KVH continues to be a key partner in the Kittitas County Health Network. As Mitchell reported, KCHN has received a \$1M 3-year implementation grant for a medication-assisted treatment program.
 - We were fortunate to have Dr. Gregg VandeKieft, a nationally recognized and awarded physician in hospice and palliative care on-site and available to staff for an afternoon and was able to talk about community based palliative care programs and staffing.
 - The Values Alignment Committee continues to have very interesting, sometimes challenging meetings every other week. We are nearing the point of draft contract language.
 - We continue work on a third Evidence-Based Medicine workshop next spring.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer

August Operating Results

- With the exception of Urgent Care and Rehab visits all of the organizations statistical indicators were negative in August. The YTD actual to budget variances show that the hospital is tracking much closer to budget expectations than August results would indicate. Revenue from the ER facility fee charge leveling initiative continues to provide additional unbudgeted revenue of approximately \$450k YTD. In early August, the hospital increased charges by approximately 1.9% to take the total annual charge master increase to 5% as allowed by our current year payer contracts. One of our commercial payer contracts limits the hospital to 2.5% charge master increases over the next two years. (KVH's charge master increases on January 1st were 3% rather than the allowed charge master increase of 5%.)
- Gross revenue of \$12,139,072 was below budget by \$803,147. Inpatient, outpatient and clinic revenue were all below budget but the revenue tracked with various statistical measures.
- Deductions from revenue were \$614,039 below budget for the month. In August the hospital received official notice from Medicare of an interim settlement of KVH's 2018 cost report. KVH recognized remaining portion of the 2018 Medicare cost report settlement of \$339,867. This was recorded as an offset to contractual adjustments. Also in August Medicare notified KVH of an estimated underpayment of \$704,000 for patients served from January through August 14, 2019. KVH elected to not recognize this amount as income at this time. We will work with our auditors DZA to calculate an interim 2019 cost report settlement and recognize the 2019 underpayment at that time if warranted.
- Other operating revenue for August exceeded budget by \$155,380 due to the receipt of \$73,337 from Greater Columbia Accountable Community of Health (GCACH) for clinic integration milestones and a \$5,000 Mental Health Quality improvement. August 340b revenue of \$214,444 was \$80,000 greater than our monthly average of \$133,000.
- Overall operating expenses were below budget by \$166,984 in August. The negative variance in professional fees was an accrual for a general surgery locum provider. For the most part, all other YTD expenses are tracking close to budget and when they are not, the variances are explainable.
- August operations resulted in an operating gain of \$394,504 compared to budgeted operating gain of \$261,248. YTD KVH is \$4,752 below our operating income target.

- Non-operating revenue/expense exceeded budget by\$3,652.
- Due to the weak August Revenue Days in Accounts Receivable increased 1 day from 92 to 93 days. Although Days in Accounts Receivable increased by 1 day, the gross account receivable actually decreased by \$127,522 in August. If the impact of the charge master increase were factored out, gross AR would have decreased by about \$330,000. Business Services had two individuals resign in July, one of the individuals was the primary Medicaid biller. One of the vacant positions has been filled and management is interviewing for the other position. Business Service staff have been putting in extra hours so as to not fall further behind in billing. There is a significant back log of accounts that have now been through the four statement billing cycle and will start to be referred to collection agencies for follow-up if payment arrangements have not been made. The Accounts Receivable balance will be reduced as accounts are referred to collection.
- Days Cash on Hand increased 4.3 days to 141.0 days in August from 136.7 in July. With the 2018 Cost Report Settlement and estimated 2019 cost underpayment, days cash in September will likely grow from 8 to 10 days. Overall, days cash on hand has been stable. As we start to spend funds on the Medical Arts Clinic project the days cash on hand will decline substantially.
- Average daily cash collections (all cash) in August increased to \$321,098 per working day from \$315,485 in July. The hospital averaged \$331,825 in collections per working day for the first 8 months of the year.

Kittitas Valley Healthcare
Financial and Operating Indicators
August 2019 - Key Statistics and Indicators

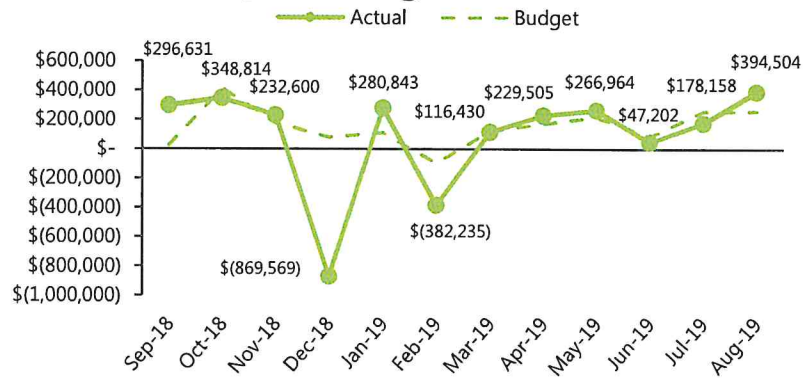
L	Measure	2019 YTD	2019 Budget	2019 Annualize	2018	2017	2016
1	Total Charges	99,451,152	151,556,153	149,176,729	140,104,003	130,611,388	124,153,636
2	Net Revenue	54,440,165	82,594,255	81,660,247	78,753,810	71,490,964	71,506,819
3	Operating Income	1,131,371	2,013,073	1,697,056	474,120	885,655	(5,893)
4	Operating Margin %	2.1%	2.4%	2.1%	0.6%	1.2%	0.0%
5	Cash	29,489,988	31,428,600	29,489,988	27,408,625	33,213,447	29,859,717
6	Days Cash on Hand	141.0	150.0	141.0	133.5	178.7	156.0
7							
8	Surgeries	840	1,478	1,260	1,461	1,396	1,510
9	Gastrointestinal Procedures	953	1,250	1,430	1,250	1,383	1,396
10	Emergency Visits	9,204	13,760	13,806	13,930	13,162	13,789
11	% ED visits To Bed	9.9%	n/a	9.9%	n/a	n/a	n/a
12	Diagnostic Imaging	20,141	31,664	30,212	29,474	33,836	33,471
13	Laboratory	139,092	218,157	208,638	207,040	190,587	181,082
14	Clinic Visits	47,337	75,644	71,006	58,500	50,917	48,525
15	IP & Obs Days (no swing)	2,578	3,801	3,867	3,829	3,440	3,937
16	Deliveries	205	332	308	332	322	312
17	Admits	620	952	930	944	899	1,043
18							
19	FTEs	474.1	485.4	474.1	469.4	457.6	449.1
20	AR Days	93.0	60.0	93.0	92.0	50.8	47.5

Kittitas Valley Healthcare
August 2019 - Key Statistics and Indicators

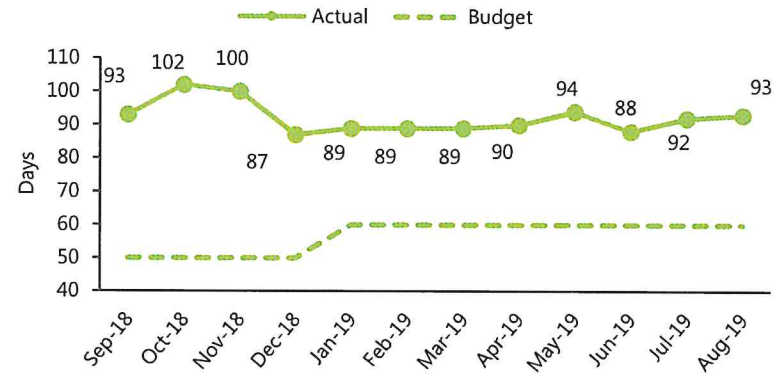
Activity Measures		Current Month			Year to Date			Prior YTD	
		Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01	Admissions w/Swingbed	73	83	-11.9%	620	639	-2.9%	658	-5.8%
02	Patient Days - W/O Newborn	201	226	-10.9%	1,764	1,768	-0.3%	1,875	-5.9%
03	Patient Days - Swingbed	-	28	-100.0%	31	70	-56.1%	NA	NA
04	Avg Daily IP Census w/Swingbed	6.5	8.2	-20.8%	7.4	7.6	-2.4%	7.7	-4.3%
05	Average Length of Stay	2.8	2.7	1.1%	2.8	2.8	2.8%	2.8	-0.2%
06	Average Length of Stay w/Swingbed	2.8	3.1	-10.1%	2.9	2.9	0.6%	2.8	1.6%
07	Deliveries	23	28	-18.4%	205	221	-7.3%	218	-6.0%
08	Case Mix Inpatient	1.01	1.00	0.7%	1.14	1.00	14.4%	1.05	8.9%
09	Surgery Minutes - Inpatient	2,342	3,018	-22.4%	23,989	23,655	1.4%	24,348	-1.5%
10	Surgery Minutes - Outpatient	6,771	6,759	0.2%	45,006	52,978	-15.0%	56,831	-20.8%
11	Surgery Procedures - Inpatient	16	23	-31.1%	181	182	-0.6%	173	4.6%
12	Surgery Procedures - Outpatient	89	102	-13.1%	659	802	-17.9%	804	-18.0%
11	Gastrointestinal Procedures	105	119	-11.8%	953	888	7.3%	839	13.6%
12	ER Visits	1,134	1,169	-3.0%	9,204	9,161	0.5%	9,390	-2.0%
13	Urgent Care Cle Elum Visits	488	362	34.8%	3,413	2,841	20.1%	2,981	14.5%
14	Laboratory	17,065	18,528	-7.9%	139,092	145,239	-4.2%	152,743	-8.9%
15	Radiology Exams	2,500	2,689	-7.0%	20,141	21,081	-4.5%	21,105	-4.6%
16	Rehab Visit	1,557	1,416	10.0%	12,549	11,098	13.1%	9,438	33.0%
17	Outpatient Percent of Total Revenue	87.3%	86.2%	1.2%	85.3%	86.1%	-0.9%	85.0%	0.4%
18	Clinic Visits	5,938	6,611	-10.2%	47,337	49,793	-4.9%	37,841	25.1%
19	Adjusted Patient Days	1,579	1,635	-3.4%	12,015	12,722	-5.6%	12,489	-3.8%
20	Equivalent Observation Days	68	97	-30.5%	814	762	6.8%	810	0.5%
21	Avg Daily Obs Census	2.2	3.1	-30.5%	3.4	3.1	6.8%	3.3	0.5%
22	Home Care Visits	617	738	-16.4%	4,552	5,783	-21.3%	6,063	-24.9%
23	Hospice Days	727	930	-21.8%	6,612	7,291.3	-9.3%	8,586	-23.0%
Financial Measures									
24	Salaries as % of Operating Revenue	50.1%	50.0%	-0.2%	50.3%	50.6%	0.6%	52.9%	4.9%
25	Total Labor as % of Operating Revenue	61.4%	61.3%	-0.1%	62.0%	62.2%	0.2%	65.1%	4.6%
26	Revenue Deduction %	45.2%	47.1%	4.1%	47.9%	47.4%	-1.1%	46.8%	-2.3%
27	Operating Margin	5.6%	3.7%	51.7%	2.1%	2.1%	0.3%	-1.5%	-237.7%
Operating Measures									
28	Productive FTE's	416.2	432.9	3.9%	415.7	432.9	4.0%	417.0	0.3%
29	Non-Productive FTE's	60.8	52.5	-15.8%	58.3	52.5	-11.2%	52.4	-11.3%
27	Paid FTE's	477.0	485.4	1.7%	474.1	485.4	2.3%	469.4	-1.0%
28	Operating Expense per Adj Pat Day	\$ 4,213	\$ 4,171	-1.0%	\$ 4,437	\$ 4,221	-5.1%	\$ 4,095	-8.4%
29	Operating Revenue per Adj Pat Day	\$ 4,463	\$ 4,331	3.1%	\$ 4,531	\$ 4,310	5.1%	\$ 4,034	12.3%
30	A/R Days	93.0	60.0	-55.0%	93.0	60.0	-55.0%	85.0	-9.4%
31	Days Cash on Hand	141.0	175.0	-19.4%	141.0	175.0	-19.4%	158.2	-10.9%

Financial Sustainability

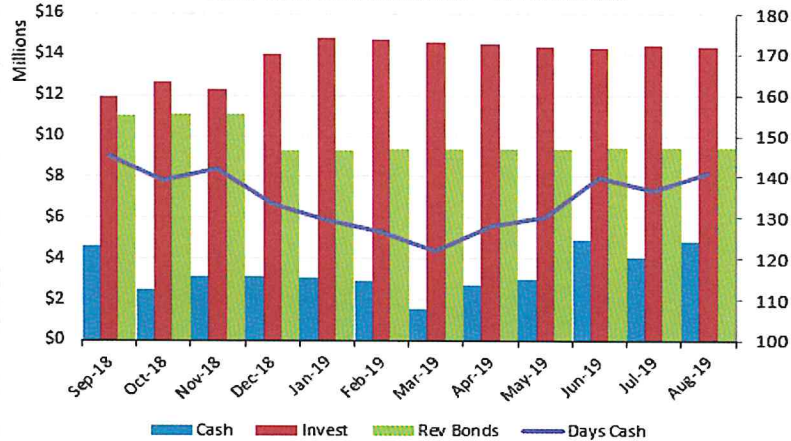
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2017	CY 2018	YTD 2019
Medicare	40.47%	41.85%	42.70%
Medicaid	18.90%	18.45%	18.73%
Commercial	33.14%	32.03%	32.17%
Self Pay	4.31%	3.52%	2.11%
Other	3.18%	4.15%	4.28%

Kittitas Valley Healthcare
Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	1,545,017	1,785,915	(240,899)	14,599,214	13,999,270	599,944	13,728,790
OUTPATIENT REVENUE	8,846,042	9,158,303	(312,261)	70,822,252	71,789,276	(967,023)	67,184,393
CLINIC REVENUE	1,748,014	1,998,001	(249,987)	14,029,686	14,926,964	(897,278)	10,530,609
REVENUE	12,139,072	12,942,219	(803,147)	99,451,152	100,715,510	(1,264,357)	91,443,791
CONTRACTUALS	5,107,942	5,687,085	(579,143)	44,943,875	44,516,516	427,359	39,774,073
PROVISION FOR BAD DEBTS	265,959	257,181	8,778	1,909,861	2,017,325	(107,464)	1,850,427
FINANCIAL ASSISTANCE	75,118	92,100	(16,982)	303,468	721,943	(418,475)	724,396
OTHER DEDUCTIONS	34,832	61,524	(26,692)	479,784	478,197	1,586	481,532
DEDUCTIONS FROM REVENUE	5,483,850	6,097,889	(614,039)	47,636,988	47,733,982	(96,994)	42,830,427
NET PATIENT SERVICE REVENUE	6,655,222	6,844,330	(189,108)	51,814,164	52,981,528	(1,167,364)	48,613,364
OTHER OPERATING REVENUE	391,414	236,034	155,380	2,626,000	1,850,199	775,801	1,762,713
TOTAL OPERATING REVENUE	7,046,636	7,080,364	(33,728)	54,440,165	54,831,727	(391,563)	50,376,077
SALARIES	3,529,979	3,539,569	(9,590)	27,371,600	27,745,651	(374,052)	26,630,650
TEMPORARY LABOR	9,936	11,519	(1,583)	253,004	83,029	169,975	269,111
BENEFITS	795,438	803,901	(8,463)	6,403,874	6,344,078	59,796	6,140,274
PROFESSIONAL FEES	90,007	55,541	34,466	551,319	435,319	116,000	457,965
SUPPLIES	711,737	785,101	(73,364)	5,699,544	6,159,439	(459,895)	5,770,972
UTILITIES	80,637	84,828	(4,192)	642,572	631,802	10,771	624,369
PURCHASED SERVICES	776,710	825,189	(48,479)	6,898,647	6,601,512	297,135	6,517,185
DEPRECIATION	306,022	342,061	(36,039)	2,498,052	2,736,490	(238,438)	1,867,618
RENTS AND LEASES	130,182	127,932	2,250	983,217	1,023,453	(40,236)	932,449
INSURANCE	38,509	39,575	(1,066)	373,728	316,600	57,128	308,213
LICENSES & TAXES	45,251	67,783	(22,532)	558,885	542,267	16,618	504,492
INTEREST	57,160	56,913	247	457,237	455,307	1,931	456,846
TRAVEL & EDUCATION	27,666	36,314	(8,648)	235,215	286,052	(50,837)	231,302
OTHER DIRECT	52,897	42,890	10,007	381,900	334,606	47,294	425,152
EXPENSES	6,652,132	6,819,116	(166,984)	53,308,794	53,695,605	(386,811)	51,136,598
OPERATING INCOME (LOSS)	394,504	261,248	133,257	1,131,371	1,136,123	(4,752)	(760,521)
OPERATING MARGIN	5.60%	3.69%	-395.10%	2.08%	2.07%	1.21%	-1.51%
NON-OPERATING REV/EXP	59,953	56,301	3,652	568,989	428,774	140,214	1,338,136
NET INCOME (LOSS)	454,457	317,549	136,909	1,700,359	1,564,897	135,462	577,615
UNIT OPERATING INCOME							
HOSPITAL	1,492,643	335,872	1,156,771	2,272,757	2,367,124	(94,368)	1,583,847
URGENT CARE	(76,179)	(5,818)	(70,361)	(303,071)	(49,112)	(253,960)	(220,169)
CLINICS	(1,031,963)	(118,112)	(913,850)	(1,131,108)	(1,565,057)	433,949	(2,514,957)
HOME CARE COMBINED	10,003	49,306	(39,303)	292,887	383,167	(90,280)	390,758
OPERATING INCOME	394,504	261,248	133,257	1,131,464	1,136,123	(4,659)	(760,521)

08/31/2019

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	4,848,256	3,268,227	1,580,029
ACCOUNTS RECEIVABLE	39,482,661	36,648,852	2,833,809
ALLOWANCE FOR CONTRACTUAL	(21,602,632)	(18,507,689)	(3,094,943)
THIRD PARTY RECEIVABLE	1,590,167	1,889,004	(298,837)
OTHER RECEIVABLES	340,623	788,227	(447,604)
INVENTORY	1,631,444	1,526,115	105,329
PREPAIDS	589,695	591,940	(2,245)
INVESTMENT FOR DEBT SVC	820,104	945,710	(125,606)
CURRENT ASSETS	27,700,318	27,150,386	549,933
INVESTMENTS	23,821,628	23,320,485	501,142
PLANT PROPERTY AND EQUIPMENT	79,091,461	79,180,803	(89,342)
ACCUMULATED DEPRECIATION	41,295,396	40,721,063	574,333
NET PROPERTY, PLANT, & EQUIP	37,796,065	38,459,739	(663,675)
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	37,796,065	38,459,739	(663,675)
ASSETS	89,318,011	88,930,610	387,401
ACCOUNTS PAYABLE	1,132,793	2,234,706	(1,101,913)
ACCRUED PAYROLL	1,240,026	1,046,722	193,304
ACCRUED BENEFITS	712,944	209,608	503,336
ACCRUED VACATION PAYABLE	1,618,198	1,678,465	(60,267)
THIRD PARTY PAYABLES	1,687,300	1,708,504	(21,204)
CURRENT PORTION OF LONG TERM DEBT	997,343	1,587,202	(589,859)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	7,388,605	8,465,208	(1,076,603)
ACCRUED INTEREST	121,936	322,579	(200,643)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	2,994	0	2,994
DEFERRED REVENUE HOME HEALTH	77,498	116,204	(38,706)
DEFERRED LIABILITIES	202,427	438,783	(236,355)
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,989,839	13,399,698	(409,859)
LTD - 2018 REVENUE BOND	5,820,000	6,000,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,540,849	2,540,849	0
CURRENT PORTION OF LONG TERM DEBT CONTF	(997,343)	(1,587,202)	589,859
LONG TERM DEBT	20,353,345	20,353,345	0
NONCURRENT LIABILITIES	20,555,772	20,792,128	(236,355)
FUND BALANCE	59,673,274	59,673,274	0
NET REVENUE OVER EXPENSES	1,700,359	0	1,700,359
FUND BALANCE	61,373,633	59,673,274	1,700,359
TOTAL LIABILITIES & FUND BALANCE	89,318,011	88,930,610	387,401

08/31/2019

Kittitas Valley Healthcare Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	1,700,359
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	574,333
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	2,274,692
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	261,134
OTHER RECEIVABLES	746,441
INVENTORIES	(105,329)
PREPAID EXPENSES & DEPOSITS	2,245
INVESTMENT FOR DEBT SVC	125,606
TOTAL CURRENT ASSETS	1,030,096
INVESTMENTS	(501,142)
PROPERTY, PLANT, & EQUIP.	89,342
OTHER ASSETS	0
TOTAL ASSETS	2,892,988
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(1,101,913)
ACCRUED SALARIES	193,304
ACCRUED EMPLOYEE BENEFITS	503,336
ACCRUED VACATIONS	(60,267)
COST REIMBURSEMENT PAYABLE	(21,204)
CURRENT MATURITIES OF LONG-TERM DEBT	(589,859)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(1,076,603)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(200,643)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	2,994
DEFERRED REVENUE - HOME HEALTH	(38,706)
TOTAL OTHER LIABILITIES	(236,355)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(409,859)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	589,859
TOTAL LONG-TERM DEBT & LEASES	0
TOTAL LIABILITIES	(1,312,959)
NET CHANGE IN CASH	1,580,029
BEGINNING CASH ON HAND	3,268,227
ENDING CASH ON HAND	4,848,256

GRANTS – Mitchell Rhodes

September 2019

Awarded

- *HRSA (KCHN) – \$1,000,000 - Opioid Implementation grant*
 - *Award Began September 1, 2019*
- *GCACH - \$100,000 – Opioid Resource Network Manager and Expand Medication Assisted Treatment at KVH*
 - *Waiting Contract*
- *Department of Health FLEX Grant - \$5,000 – Interactive Trauma Training*
 - *Waiting Contract*

Not Awarded

- *SAMHSA (KCHN) – \$300,000 - Underage substance use evaluation, education campaign, and intervention program*
- *NACCHO (KCHN) – \$10,000 - Improve community health and safety*

Waiting Determination

- *Pride Foundation Community Grant (KVH Foundation) - \$15,000 – Provider education on LGBTQ health concerns*
 - *Expected determination November 2019*
- *Kittitas County Law and Justice Grant - \$5,263 – Community education program/implementation of the Stop the Bleed program*
 - *Expected Determination December 2019*
- *Bureau of Justice Assistance Grant (KCHN) - \$750,000 over 2 years – Opioid Implementation Grant Supplement*
 - *Expected Determination October/November*
- *AmerisourceBergen Community Grant (KCHN) - \$127,395 – Opioid Assistance Grant*
 - *Expected Determination November/December – This determination will allow us to move into a full application round*
- *Foundation for Opioid Response Efforts (FORE) Access to Treatment Grant (KCHN) – \$300,000/year over 2 years – Increase sustainability of the Network, Expand Health Commons, Increase workforce surrounding Substance Use Disorder*
 - *Expected Determination October/November – This determination will allow us to move into a full application round*
- *RWJF Cross Sector Innovation Initiative (KCHN) - \$150,000 – Complete a needs assessment of childcare in the community and create a strategic plan.*
 - *Expected Determination December/January*

Works in Progress

- Coverys Foundation Grant (KVH) – \$49,000 – Rolling – Develop and Implement both Clinical and Non-Clinical Drill Program
- HRSA Rural Health Network Development Program (KCHN) - \$300,000 – Improve sustainability of the Health Network
- Puget Sound Energy Safety Grant – up to \$40,000 – Purchase emergency communication systems for KVH
- UW/Premera Rural Mental Health Integration - \$245,000 per clinic – Due September 29 - Training and ongoing support to integrate mental health initiatives into Family Medicine Clinics
- RWJF Culture of Health Award (KCHN) - \$25,000 – Due November 4 - Award highlighting innovative accomplishments of the Health Network
- Premera Behavioral Health - \$100,000 – Rolling - Grant to remodel 2 Emergency and 2 ICU rooms to be safe rooms for behavioral holds, and training for staff

Current Awarded Grants

- *WSHA – Rural Health Systems Capacity - \$5,000 – Provider Coder Education*
- *HRSA Opioid Planning Grant - \$200,000*
- *American Society of Breast Surgeons Foundation - \$5,000 – Breast Cancer Education*
- *Shoemaker Foundation - \$6,500 – Blue Band Initiative*
- *DOH SHIP- \$12,000 – Quality Improvement*
- *DOH Trauma Grant - \$10,503 – Trauma Coordinator*
- *SoCentral Workforce Council - \$3,800 – Coder Training*

Recently Completed

- *DOH Coverdell Stroke Quality Improvement*
- *DOH FLEX Mental Health Training*

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

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Laboratory

Capital Item Requested: Hematology Instrument and Interface: 1 for Hospital Lab and 1 for Urgent Care

Function of Project: Perform complete blood counts (CBCs), reticulocyte count blood tests, and body fluid cell counts. Interface results into Cerner.

Reason Requested: Hospital Lab: Current equipment will no longer be supported. It is beyond life expectancy and has had significant downtime due to equipment failure.

Urgent Care Lab: Software is Microsoft XP based and is no longer supported. Information Systems department will not allow it to be remotely monitored.

Budget: \$218,300 **Actual Cost:** \$201,120

Submitted By: Stacy Olea, Director – Laboratory Services

Date: 09/26/19



OPERATIONS REPORT

September 2019

PATIENT CARE OPERATIONS

Diabetes Education/Outpatient:

- Provider referral project – QAPI - Goal is to improve the percentage of patients scheduled who received a referral for education. Activity has included the clinic PSR scheduling the appointment while the patient is currently in clinic with their provider at the time of the referral. We continue to sporadically meet with staff, managers, and providers to promote the new work system. Initial January baseline of 59.6%
 - June: 34 new referrals, 28 scheduled = 82%
 - July: 29 new referrals, 26 scheduled = 90%
 - August: 29 new referrals, 25 scheduled = 86%
- Continued projects: Diabetes 101 Survival Skills class, Diabetes Support Group

Food Service:

- Fully staffed in the department.
- Busy August with the Rodeo BBQ. We served a few shy of 650 meals during the two hours of the BBQ.
- Conducting a thorough review of food pricing to match food costs with retail in the Café, with patient meals, and with caterings.
- Obtaining Micro Market vendor for the MAC.

Emergency Department/Urgent Care Clinic:

- The Emergency Department continues to welcome new staff to our department. We have hired two more experienced per diem ED RNs to join our team: Krystal Larimer and Layne Dretke. In addition, Maren McCosh will be joining us full time as a patient care technician.
- Education! Staff from the ED and UC will be attending educational conferences this month:
 - UW Harborview's EMS and Trauma Conference
 - Emergency Nurses National Conference
 - 3-day SANE Training
- The Emergency Department's Best Practice Committee is starting a new project of updating Emergency Preparedness Carts for the department. These carts would be utilized in patient surge or mass causality incidents. They will be working close with the Emergency Preparedness Committee. Along with the refresh on these carts we can expect to provide training on policy and procedure in the near future.

- Urgent Care staff is working with Kittitas County Public Health and Hospital District #2 on helping to provide a drive through flu vaccine clinic in late October. This will be the first (hopefully, annual) free flu clinic for Upper County residents.

MS/CCU Department:

- There have been some modifications in the departments that will be helpful to the care of patients and staff engagement.
 - Daily huddles are being timed so that more staff can participate.
 - The M/S Patient Care Technician will participate with the care of CCU patients when the need is identified.
 - There is a new process implemented for the RN staff to conduct discharge follow up phone calls to patients who are discharged back to their homes. This will help us identify any barriers the patient may encounter in regards to their discharge instructions and follow-up care.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

Home Health & Hospice:

- On August 28 LifeNet Health gave a presentation to staff and leadership about tissue donation in our Hospice Program. We will likely pursue this program in 2020. Our Business Officer Manager Aggie went out on FMLA September 3 and will be a per diem staff member when she returns to work. We have hired Michelle Sexton as the full time Business Office Manager. Michelle will join us on October 7. In addition, our QA RN moved to Richland and we are busy training her replacement. With the accounting staff moving to Radio Hill, we are transitioning the small conference room into an Accounting Office and moving Dr. Martin and the GNP staff to a shared workspace near the back entrance. The accounting staff will move into the Social Work Office and the social worker and chaplain are moving to the QA office. The QA RN will then move into Dr. Martin's current space. We are keeping IT and Engineering busy with these moves!
- On September 17th we presented RN Chad Bearup with the DAISY Award for Extraordinary Nurses. Chad was nominated for the award by a Hospice family that he cared for and is the second time Chad has received this honor

Hospice Friends:

- There are two events in September hosted by Hospice Friends. On Saturday, September 21 they hosted "Rooted with Care" a family reggae event and fundraiser for Hospice Friends. On Saturday, October 5, they will host a "Fly In BBQ" at Bowers Field. This event is being held to raise awareness of the importance of Bowers Field to our community. Representative Tom Dent, Kittitas County Commissioner Cory Wright, representatives

from CWU, Air Lift Northwest, KVH and KVFR will also be attendance. A flyer for both events are in your packet.

Rehab Services:

- Our Cle Elum PT has been out on leave and a Traveler filled in for him until September 9. Ellensburg PT submitted an emergency capital request to replace our pool lift. This is an essential patient safety item for the aquatic program and it was deemed unsafe by engineering and we are unable to get replacement parts. Ellensburg PT Director, Marcus Jaffe will be on Reserve Duty September 8 through October 6, and due to his absence, we have postponed the Rehab Visions presentation to the Board until the October 24th Board meeting. Our longterm Speech and Language Pathologist RuthAnn Hall retired on September 12. She was the sole provider of ST in our Community until we transitioned these services to Rehab Visions. RuthAnn's commitment and dedicated service to our community is greatly appreciated and she will be missed, but she has a long list of activities to keep her busy in retirement.

Breast Cancer Awareness:

- October is Breast Cancer Awareness month and KVH has been awarded a \$5,000 grant from the American College of Breast Surgeons Foundation to provide patient education materials to our community. The KVH Foundation has raised \$49,000 from their Tough Enough to Wear Pink campaign. This money will be used to provide free mammograms and diagnostic breast ultrasounds to anyone without insurance coverage or the financial means to pay for care.

Diagnostic Services:

- The lab has applied to The Joint Commission for lab accreditation. We anticipate a survey sometime in October or November. The initial survey will be a scheduled survey and will replace our Washington State DOH survey. This transition is occurring at the request of our Lab Medical Director, Dr. Sandquist. Our Director of Diagnostic Services, Stacy Olea, was a former lab surveyor with The Joint Commission and she feels we are well prepared for this survey.
- Our EKG carts have arrived, but unfortunately they won't be in use until mid-October. We have had 2 carts breakdown, causing some heartburn as we share between departments.
- We implemented our paper patient satisfaction survey the week of August 12 and I will provide an update on the results at the September meeting.

Hospital District 2:

- We have held our first design team meeting for the Medic One Station 99 on September 25 and will continue to meet every other week. At this point, they anticipate breaking ground in September 2020.

Pharmacy:

- Nasser is continuing to work closely with IT and Amy Diaz to implement the split billing software that will allow us to capture medications utilized on our outpatients and qualify them into the 340B program.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS**ACO Steering Committee Meeting:**

- On August 16th, we conducted our Quarter 3 Steering Committee for the Accountable Care Organization (ACO). The Regional Vice President and Clinical Leader from the ACO began the meeting with accolades on how well KVH is achieving the set goals under the timelines. They are most impressed with the involvement we continue to have with improvement with the staff and providers. They also noted our 51.8% of Hierarchical Condition Category (HCC) codes were higher than the Caravan overall percentage at 47.6%. These codes help identify the correct specificity of a patient's diagnosis.

Our overall scorecard, of 85 out of 100, was better than expected as we are still in our first year of joining the ACO. The factors of the scorecard are not only attendance of meetings, calls, workshops but also our percentages of Medicare Beneficiaries with an Annual Wellness Visit (AWV), Chronic Care Management (CCM) visit, HCC gaps closed, and Advanced Care Planning (ACP) conducted.

GPS Line:

- On August 23rd, we responded to an ever growing need of the community to establish care with KVH. We initiated the Guided Patient Service (GPS) line. In Family Medicine Ellensburg, Internal Medicine and Pediatrics we are receiving an average of 40 calls per day. This has not slowed down and we are hoping with advertisement we can begin to assist these patients by having one phone number for them to ask questions about all of our providers, to be assigned to a provider and/or schedule appointment(s).

Women's Health Meet & Greet:

- We had a successful Meet & Greet with our new providers Dr. Maribel Serrano and Dr. Holly Dawson. They were at Gard for 3 hours chatting with patients and community members. We also had a laptop available for scheduling.

Provider Meet/Greet & Eat:

- On September 12th, we had our first provider meet & greet for the community. We invited all Physicians and Advanced Practitioner Clinician (APC)'s to attend. Amongst our providers we also had Financial Service representatives for billing questions and Patient

Service Representatives to schedule appointments. We scheduled around 16 appointments and had numerous conversations.

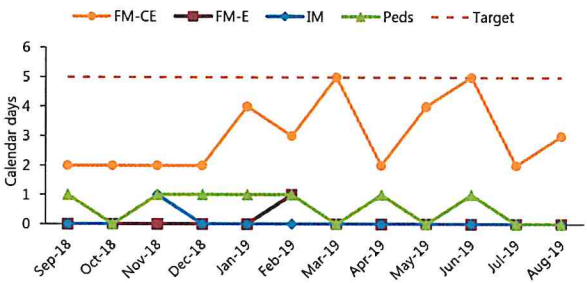
OB/GYN & Pediatric Meeting:

- We have had our first meeting with our new and existing OB/GYN, Family Medicine Obstetrics Physicians (FPOB), Certified Nurse Midwife and our Pediatricians. This meeting purpose was to bring together our KVH providers in a collaborative setting to review quality of care and create team structure and development.

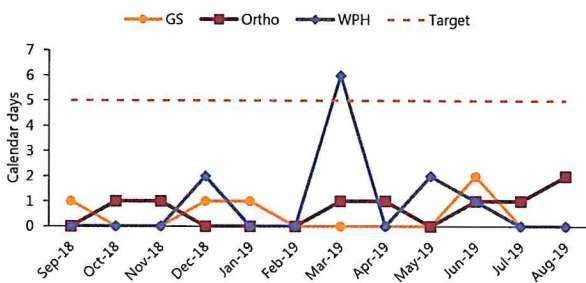
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

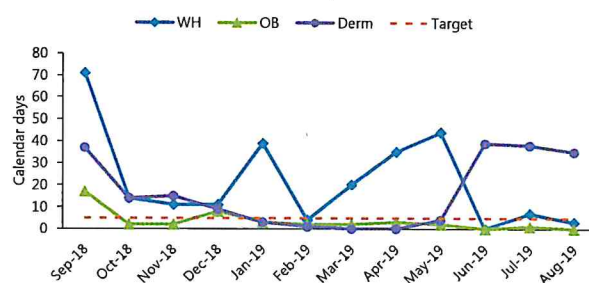
Third available appointment
for established patients



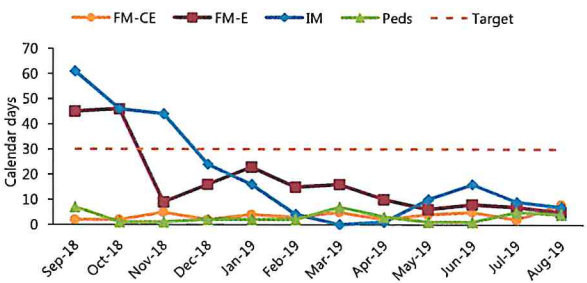
Third available appointment
for established patients



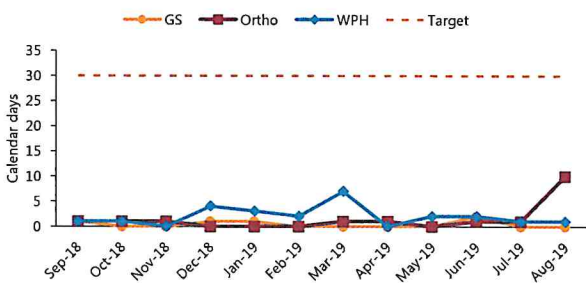
Third available appointment
for established patients



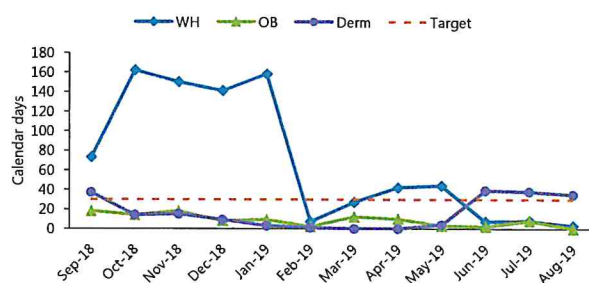
Third available appointment
for new patients



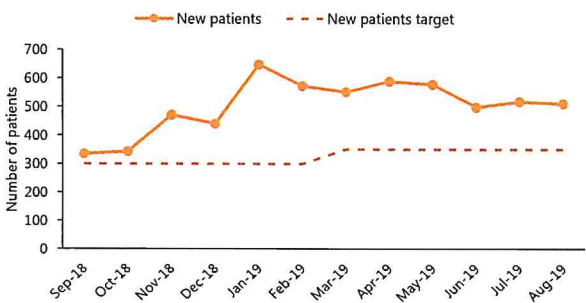
Third available appointment
for new patients



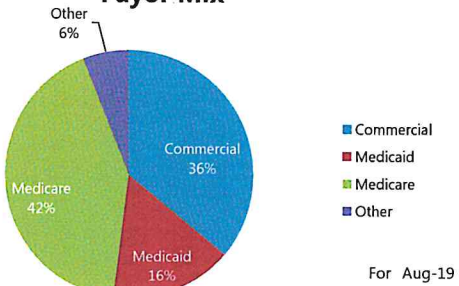
Third available appointment
for new patients



New patients



Payor Mix



COMMUNITY RELATIONS – Michele Wurl

August 23 – September 26, 2019

Marketing Plan Focus:

- Women's Health – OB Care, new providers & patient access (July - September)
- Guided Patient Services (August-October)

External Outreach activities:

- Rodeo Parade (8/31)
- Labor Day Baby (9/2)
- Provider meet and greet (9/12)
- Bite of the Burg (9/24)
- Meditation & Mindfulness (9/25)
- Concussion Discussion with ESD youth and parents (9/25)

Internal Outreach activities:

- Free CWU football tickets to the game on 9/28

Collaborations & Partnerships:

- Level 1 Swim safety classes through the City of Ellensburg
- KVH has entered 12 teams in to the CASA Cornhole tournament on 9/21 to support their local efforts
- KVH was a t-sponsor in the Ryan Thompson Memorial Golf Tournament on 9/18/19
- KVH and CWU has teamed up for our raffle give-a-way on the KVH sponsored game on 9/28. We will be giving away a #KVHKool 30-quart cooler filled with CWU swag to one lucky winner.
- Upper County drive thru flu clinic – partnering with HD2 – October 26

Stories/Letters to the Editor:

- Behind the scenes at KVH blog – Patient Financial Services
- Behind the scenes at KVH blog – Materials Management
- Patient Story – Nigel McNeill (General Surgery)
- Patient Story – Bri Botten (Women's Health & FBP)

Other:

- We have been assisting various departments in the areas below:
 - ✓ Community Benefit – Has arrived in area mailboxes. If you need extra copies please let me know
 - ✓ Family birthing place has launched the Blue Bland initiative. We will be following up with information for the public on this new program
 - ✓ MAC Call for artists – by the time we get together on 9/26 we should have made our tentative selections
 - ✓ Foundation's TETWP and 5K

On the horizon:

- Retirement celebration for Dr. Sand – October 4, 3:30-6:30
- Ellensburg Farmer's Market – October 5
- Run for the Brave – October 6
- Thorp Career Days – October 7
- Cle Elum BBQ and provider meet and greet – October 8 from 4:30 – 6:30pm
- Running clinic with Physical Therapist – October 10 at 6pm
- Women's Health Panel in Cle Elum – October 15 at 6pm
- Women's Health Panel in Ellensburg – October 22 at 6pm
- Upper County drive thru flu clinic hosted by HD1 and HD2 – October 26 from 10-1
- Meditation & Mindfulness with Anita Schiltz – October 30

KITTITAS VALLEY HEALTHCARE

RESOLUTION NO. 19-05

**RESOLUTION AUTHORIZING BENEFITS ADVISORY COMMITTEE (BAC)
OVERSIGHT OF RETIREMENT PLANS**

WHEREAS, the Board of Commissioners (hereinafter the “Board”) of Kittitas Valley Healthcare (hereinafter the “Employer”) desire to identify the “duly constituted” Retirement Committee established as an oversight committee for the KVH Pension Plan - 003, the Kittitas Valley Healthcare Pension Plan – 002, and the Kittitas Valley Healthcare Deferred Compensation Plan - 001, therefore

RESOLVED: That the Board hereby authorizes the following positions to constitute the Benefits Advisory Committee:

Chief Executive Officer
Chief Financial Officer
Human Resource Administrator
Benefits/Compensation Coordinator
Registered Nurse Representative
Teamsters Representative
Department Director Representative
Staff Accountant
Independent Retirement Consultant

RESOLVED: That the Board authorizes the Benefits Advisory Committee to oversee the regulatory, compliance, operations and investments within the Plans and bestows on the Benefits Advisory Committee any powers that may be necessary to maintain the Plan as a qualified Plan under the Internal Revenue Code, and

RESOLVED: That an executed copy of this resolution shall be filed and retained in Administration.

I, Julie Petersen, do hereby certify that the above and foregoing was unanimously adopted by the Board of Directors at their meeting held at Ellensburg, WA on the _____ day of _____ in the year _____.

Matt Altman, Board President

Robert Davis, Board Vice President

Erica Libenow, Board Secretary

Liahna Armstrong, Board of Commissioners

Roy Savoian, Board of Commissioners

Signature

ATTEST:

Witness

KITTITAS VALLEY HEALTHCARE

RESOLUTION No. 19-06

**RESOLUTION AUTHORIZING INDIVIDUALS
TO ACT ON BEHALF OF PLAN**

WHEREAS, Kittitas Valley Healthcare (hereinafter, the “Employer”) established Kittitas Valley Healthcare Employee Pension Plan, Physician Pension Plan, and Deferred Compensation Savings Plan, for the benefit of its employees and their beneficiaries;

WHEREAS, Employer is establishing or has established a Custodial account for which AIG Federal Savings Bank serves as Custodian; and

WHEREAS, the Employer desires to authorize individuals holding certain positions with the Employer to act on behalf of the Plan;

NOW, THEREFORE, BE IT RESOLVED that the fullest authority has been invested in any individual (each an “Incumbent”) holding a position identified below according to the title of the position (each a “Designated Position”) for the duration of the period (the “Incumbency Period”) in which such Incumbent holds the Designated Position; that each Incumbent is empowered during his or her Incumbency Period to execute any documents that AIG Federal Savings Bank requires relevant to the opening or maintaining of an account for the Plan; and that each Incumbent is empowered during his or her Incumbency Period to take any and all action deemed by any Incumbent to be proper in connection with said account, including, but not limited to, being empowered to give written or oral instructions to AIG Federal Savings Bank with respect to account transactions.

Chief Executive Officer
Designated Position

Julie Petersen
Current Incumbent Name (Print)

Current Incumbent Signature

Finance Director
Designated Position

Kelli Goodian Delys
Current Incumbent Name (Print)

Current Incumbent Signature

Chief Financial Officer
Designated Position

Scott Olander
Current Incumbent Name (Print)

Current Incumbent Signature

Designated Position

Current Incumbent Name (Print)

Current Incumbent Signature

BE IT FURTHER RESOLVED that the responsibility and authority to take whatever actions and to execute whatever instruments that may be necessary or convenient for the day-to-day transactions and plan operations is granted to the person or persons in the positions identified below:

HR Director
Designated Position

HR Business Partner
Designated Position

Carrie Youngblood
Current Incumbent Name (Print)

Marlo Willis
Current Incumbent Name (Print)

Current Incumbent Signature

Current Incumbent Signature

DATED this _____ day of _____, 2019.

Matthew Altman, President

Erica Libenow, Secretary

Bob Davis, Vice-President

Liahna Armstrong, Commissioner

Roy Savoian, Commissioner

I, _____, do hereby certify that the above and foregoing was unanimously adopted by the Board of Directors at their meeting held at Ellensburg, Washington on the 26th day of September in the year 2019.

ATTEST:

Signature

Witness