

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

January 3, 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: November 19, 2018, November 29, 2018 (3-6)
- b. Approval of Checks (7)
- c. Report: Foundation (8)
- d. Minutes: Finance Committee (9-10)
- e. Minutes: Quality Council: December 17, 2018 (11-13)

4. Presentations:

- a. Mandee Olsen, Director of Quality Improvement: CMS Hospital Compare

5. Public Comment and Announcements

6. Reports and Dashboards

- a. Quality – Mandee Olsen, Director of Quality Improvement (14-17)
 - i. Approval of 2019 QAPI ** (18-33)
- b. Chief Executive Officer – Julie Petersen (34-44)
- c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (45)
 - ii. Chief Medical Officer, Kevin Martin MD (46-47)
- d. Finance – Chief Financial Officer - Libby Allgood
 - i. Operations Report (48-54)
 - ii. Finance Committee Report – Commissioner Liahna Armstrong
- e. Operations (55-58)
 - 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 (59)

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

9. New Business

- a. Approval of Teamsters three year agreement **

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

January 24, 2019, Regular Meeting
February 28, 2019, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL MEETING
KVH Café Conference Room

November 19, 2018

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

KVH STAFF PRESENT: Carrie Youngblood

The special meeting was called to order at 5:00 p.m. President Altman announced that the purpose of the meeting was to discuss 2019 Board Retreats and to conduct an executive session regarding personnel (RCW42.30.110(g)). The Board decided on having a half day retreat in March to focus on finances and to have a half day retreat before the WSHA conference in June for Board training.

At 5:15 p.m., President Altman stated that the Board would be in executive session for 75 minutes regarding personnel. RCW 42.30.110(g). Action was anticipated.

At 6:30 p.m., the meeting convened into open session.

ACTION: On motion of Bob Davis and second of Liahna Armstrong, the Board members voted unanimously to give the CEO a 3% raise and to retain the clause of 80 hours of additional PTO in her contract. The raise amount is in keeping with market trends.

With no further business, the meeting was adjourned at 6:45 p.m.

Respectfully submitted,

Mandy Weed/Erica Libenow
Executive Assistant/Secretary, Board of Commissioners

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B
November 29, 2018

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

KVH STAFF PRESENT: Julie Petersen, Libby Allgood, Mandee Olsen, Rhonda Holden, Carrie Youngblood, Carrie Barr, Dr. Kevin Martin, Michele Wurl, Vicky Machorro, Lisa Potter, Amy Diaz, Linda Navarre, Kyle West, Tana Condatta, Jeff Yamada

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

1. At 5:00 p.m., President Matt Altman called the regular meeting to order.

Julie Petersen introduced Kyle West, Medical Staff Coordinator and Jeff Yamada, Chief Information Officer. Rhonda Holden introduced Kathy Murray, Clinic Manager for Home Health and Hospice.

President Matt Altman, on behalf of the Board of Commissioners and Kittitas Valley Healthcare, presented the KVH Auxiliary with a plaque for their fantastic work over the years supporting the hospital.

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Presentations:**

Mandee Olsen presented Safe Catch Awards for the third quarter of 2018 as follows: Clinical Award was presented to Tana Condatta, RN, Home Health & Hospice and Anna Collins, GNP, KVH Internal Medicine; Non-Clinical Award was presented to Amy Diaz, Quality Data Analyst, Quality & Risk Management.

Jinger Haberer, Superintendent of the Ellensburg School District, stated that the school bond was approved and went over the future plans for the schools. Ms. Haberer stated that the district received a \$300,000 grant for crime prevention and mental health and that the district is interested in expanding career pathways by partnering with KVH.

5. **Public Comment/Announcements:**

None.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary. Mandee Olsen noted that KVH received an award from Press Ganey for Guardian of Excellence for reaching the 95th percentile for the year in quality measures.

The Board members reviewed the CEO report with Julie Petersen. Petersen reviewed the updated organizational chart and stated that she will be reviewing it next week with the administrative team. Petersen stated that Employee Forums will be held next week, where they will discuss budget strategies for the coming year. She reviewed the graphs that she would be showing employees. Linda Navarre summarized the Compliance Program Workplan Update and stated that the security and risk assessment was completed this week. Navarre stated that the final report will be complete in four to six weeks.

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 Desirae Bloomquist, ARNP, Dr. Pushapdeep Brar and reappointments for Lauren Musick, ARNP, Dr. Abel Li, Dr. Daniel Pak, and Dr. Arthur Chen as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that he attended a CMO/CEO safe table last week with Julie Petersen regarding the challenge of provider well-being in the workforce and reviewed the Stanford Model of well-being. Dr. Martin stated that the best thing to prevent burnout is professional fulfillment.

Libby Allgood reported on financial performance for October. She stated that it was a good month financially, but that we continue to work toward reducing AR days. Allgood stated that additional coding and billing resources have been extended through February to address the AR days. Liahna Armstrong reported that the Finance Committee met, and she presented the surplus property resolution.

ACTION: On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved Resolution 18-11 authorizing surplus of personal property.

The Board members reviewed the operations report with Rhonda Holden, Carrie Barr, and Vicky Machorro.

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

7. **Education and Board Reports:**

None

8. **Old Business:**

None

9. **New Business:**

- a. **ACTION:** On motion of Liahna Armstrong and second of Erica Libenow, the Board members unanimously approved 2019 Board Officers as presented (Matt Altman as President, Bob Davis as Vice-President, and Erica Libenow as Secretary).

- b. President Altman reviewed the 2018 Board committee assignments. The Board agreed to keep all committee assignments the same for 2019 as they were in 2018.
- c. **ACTION:** On motion of Liahna Armstrong and second of Erica Libenow, the Board members unanimously approved the 2019 Board Calendar as presented.

10. Executive Session:

At 7:25 p.m., President Altman announced that there would be a 10-minute recess followed by a 30-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). No action was anticipated.

At 8:05 p.m., the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:05 p.m.

CONCLUSIONS:

1. Motion passed to approve the Board agenda.
2. Motion passed to approve the Consent Agenda.
3. Motion passed approving Resolution 18-11 authorizing surplus of personal property.
4. Motion passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.
5. Motion passed approving the 2019 Board Officers.
6. Motion passed approving the 2019 Board Calendar.

Respectfully submitted,

Mandy Weed/Erica Libenow
Executive Assistant/Secretary, Board of Commissioners

DATE OF BOARD MEETING: January 3, 2019

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

| | | | | |
|----|------------------|----------------------|-------------|-----------------------|
| #1 | AP CHECK NUMBERS | <u>249111-249822</u> | NET AMOUNT: | <u>\$4,320,207.48</u> |
| | | SUB-TOTAL: | | <u>\$4,320,207.48</u> |

PAYROLL CHECKS/EFTS TO BE APPROVED:

| | | | | |
|----|------------------------|--------------------|-------------|-----------------------|
| #1 | PAYROLL CHECK NUMBERS | <u>81255-81271</u> | NET AMOUNT: | <u>\$13,971.70</u> |
| #2 | PAYROLL CHECK NUMBERS | <u>81272-81284</u> | NET AMOUNT: | <u>\$16,132.40</u> |
| #3 | PAYROLL CHECK NUMBERS | <u>81285-81297</u> | NET AMOUNT: | <u>\$20,562.78</u> |
| #4 | PAYROLL DIRECT DEPOSIT | <u>EFT</u> | NET AMOUNT: | <u>\$1,113,299.71</u> |
| #5 | PAYROLL DIRECT DEPOSIT | <u>EFT</u> | NET AMOUNT: | <u>\$1,094,021.25</u> |
| #6 | PAYROLL DIRECT DEPOSIT | <u>EFT</u> | NET AMOUNT: | <u>\$1,189,042.44</u> |
| | | SUB-TOTAL: | | <u>\$3,447,030.28</u> |

TOTAL CHECKS & EFTs: \$7,767,237.76

Prepared by



Sharoll Cummins
Staff Accountant

THE FOUNDATION AT KVH – Lauren Denton

December 2018

FOUNDATION

Annual & Planned Giving

- 2018 Distribution made to KVH; check presentation in OR with Anesthesia Machines
- Year-end gift processing; attained 50% of our goal
- Donor Meetings (5)
- Statement of Intent received for \$200,000 planned gift for wellness & equipment needs
- Mary Berry Art Show (12/19); 25% proceeds received

Special Events

- 16th Magical Evening... A Night of Hope (4/27/19) – planning and marketing underway

Board Development

- Working with Quality Dept. on planning the Board Annual Retreat/Goal Setting – (1/10)

GRANTS

Management

- Facilitating Opioid Response Work Group with KCHN, fulfilling HRSA management requirements, working on 90 day financial & grant report. Jan 2019 will transition this to KCHN Director.

Submitted

- SHIP grant- \$12,000 for ACO
- WSHA grant- \$5,000 for provider coding education
- American Society of Breast Surgeon Foundation- \$5,000 for breast cancer education materials

Received

- WA Physicians Insurance, \$5,000 for EBM 2019

Researching/Work in Progress

- Federal and private opportunities for KCHN presented: Care Coordination, housing
- Integrated Care for Kids Model webinar (12/13)- value based care funding (\$16M/7 years pilot program through CMS); funding announcement expected Jan 2019, due April
- Blue Band Initiative & Wellness/Diabetes Education planning for Q1 2019 submissions (funding sources identified)
- GCACH discussions to further support opioid response education for providers/care team members

Collaboration & Partnerships

- Foundation at KVH Board social to increase relationships with KVH Board & Admin (12/6)
- Working with Olympic Community of Health & Puget Sound Fire on developing template grant proposal for the “Commons IT Project”. Only these 3 counties in WA are approaching population health care coordination through this innovative IT system. We will work together to research and submit opportunities Q1 2019.

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

December 28, 2018
Friday

**Café Conference Room
7:30 A.M.**

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: November 27, 2018**
- **November Financial Highlights**
- **2019 Budget Update**
- **Adjourn**

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

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
November 27, 2018

Members Present: Liahana Armstrong, Roy Savoian, Deborah Bezona, Jerry Grebb, Julie Petersen, Libby Allgood

Staff Present: Kelli Goodian Delys

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

Motion was made to approve the Agenda and Minutes as written. Both motions carried.

Libby Allgood presented a financial overview of October operations. Inpatient census and deliveries were below budget. October inpatient surgery procedures were also under budget, yet included 13 total hip/knee cases which is 4 more than the monthly average. This resulted in a \$375,000 positive revenue budget variance for surgical services. The overall result was a gain for the month of October. Financial details were provided in the Chief Financial Officer's Report.

The committee discussed the increase in AR days to 112 as of the end of October. An increase in AR days was anticipated with the implementation of the OneSource system however it was expected to occur earlier in the year. There was discussion and education on the entire process of charging through collection. Since implementation we have used external consultants to assist with coding and billing. The first consultant hired to assist with coding did not meet our expectations and we have since hired a different firm to get us current in coding. In addition, Cerner has provided resources to review, educate and make recommendations on revenue cycle processes and workflow improvements. Although we expected the AR day increase and positioned ourselves accordingly we are actively addressing the issues in order to bring the AR days back down to the more typical range of 46-48 days.

The committee reviewed and recommended that the Board of Commissioners' approve the surplus capital list.

With no further business, the meeting was adjourned at 8:15am.

| Quality Improvement Council | MEETING MINUTES | December 17, 2018 |
|---|--|---|
| Present: Mandeel Olsen, Julie Petersen, Rhonda Holden, Michele Wurl, Libby Allgood, Dr. Martin, Judy Love, Carrie Barr, Matt Altman, Vicky Machorro, Scott Olander Guests: None Recording Secretary: Mandy Weed Minutes Reviewed by: Mandeel 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 Matt 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 | Handouts: QI Council Dashboard Discussion: Mandeel went over the dashboards with the committee and stated sepsis took a little dip, but when compared to other hospitals we are still above and beyond. Employee flu vaccine rate is at 95% and 100% of employees have been reached. The Quality group is working on the inpatient flu vaccination rate reporting that our largest opportunity is in surgery patients. Mandeel stated our overall stroke timing is looking great and on average is at 24 minutes. | |
| <ul style="list-style-type: none"> Patient Satisfaction | Handouts: Patient Satisfaction Dashboard Discussion: Mandeel stated the timeliness of the patient satisfaction survey is not always clear to the patient the service they are being surveyed for or who the survey is coming from with all of the different | Mandeel Olsen to present patient satisfaction data to the Board in April. |

Page 1 of 3

Quality Improvement Council Meeting Minutes

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| | surveys going to patients from KVH and insurance companies. Mandee went over the KVH Data report from Press Ganey including areas that we survey and what we have to do to make the 50 th percentile rank. Further discussion regarding reducing the number of surveys that are not required at this time to increase response rates and lessen the burden on our patients. Mandee stated we are still learning from this data and the committee agreed we need to give it a full 18 months for better data sampling. Matt questioned when this data should go to the Board. | |
| QAPI Planning: | | |
| <ul style="list-style-type: none"> Process/timeline review | <p>Handouts: None</p> <p>Discussion: Mandee stated in September the leaders started reviewing their scope of services and drafted QAPI plans. Looking today for QI Council to recommend forwarding them to the Board for approval. Mandee went over the changes in the QAPI plans since they were last reviewed and went over the past years process and how it varied from this year with directors coming together to work on their plans and sharing them with one another.</p> | |
| <ul style="list-style-type: none"> 2019 Organizational QAPI final review | <p>Handouts: 2019 DRAFT QAPI Plan Summaries</p> <p>Discussion: QI voted all in favor to forward to the Board for approval of both the cover page and QAPI plan summaries (excluding column P of the draft plan spreadsheet).</p> | |
| New Business | | |
| <ul style="list-style-type: none"> 2019 QI Dashboard measures: review available metrics, select metrics | <p>Handouts: KVH Tool – Quality Data Matrix</p> <p>Discussion: Mandee stated the committee needs to select measures to</p> | Mandee will bring updated dashboard to QI in February. |

| | | |
|------------------------|--|--|
| | forward to the Board for approval and went over the KVH Tool – Quality Data Matrix and the numbering values. Julie stated she would like at least a one page dashboard that is focused on the clinics, PCMH, ACO, care gaps etc. Carrie Barr stated she would discuss this at the provider meeting tonight for other items the providers would like to track. The committee agreed on measures they would like forwarded to the Board. | |
| • Closing | | |
| • Adjourned at 5:00 pm | Next meeting February 18, 2019 from 3:00 p.m. | |

QUALITY IMPROVEMENT REPORT – Mande Olsen, BSN RN CPHQ

December 2018

Hospital Compare Preview

I will be providing a brief presentation about the most recent Hospital Compare Preview Report, a consumer-oriented website produced by CMS to provide information on how well hospitals provide recommended care to their patients.

Quality Assessment Performance Improvement

After several months of development and review, attached is the QI Council recommended 2019 QAPI Plan for approval. During the last QI Council meeting, potential metrics for the QI Dashboard were also reviewed and proposed for 2019. Also attached is the list of proposed measures. The Quality department, in conjunction with reporting departments, will work to develop the new dashboard and expect the first draft to be published in February.

Quality Improvement Dashboard Data Summary – through October 2018

Summary of Areas Meeting Goal or Showing Improvement

- Workflow processes becoming standard procedure for sepsis. We have been at 100% for two months in a row.
- Median time to ECG at 6 minutes is well below benchmark of 10 minutes.
- Median time to CT scan for patients with stroke symptoms at 24 minutes. This is well below the goal of 45 minutes.
- Healthcare Personnel Influenza vaccination rate is at 95%.
- Improvement in documentation of restraints. A self-audit tool has been created to help improve rates further.

Summary of Improvement Opportunities

- Inpatient influenza vaccination rates are much lower in Cerner than they were when using Paragon. This is the first month with a new workflow and we expect that rates will improve as staff become familiar with new processes. In particular, patients who move from surgical services to Med/Surg have a cumbersome workflow that we are working to streamline.
- The hospital acquired infection in October does not meet criteria for reporting to the National Health and Safety Network.
- One needlestick in October.
- Have a request in to Cerner to make documentation of sequential compression devices for prevention of pulmonary embolism/deep vein thrombosis a required field. Cerner does not currently prompt the user for documentation.



Patient Stories

"I had 2 surgeries at KVH this year. One outpatient, one 3 day stay. Dr. O'Brien and Dr. Mirich were awesome!! The whole staff at KVH are awesome!!! From the front desk, the folks that take food orders, and the gals that clean the rooms, awesome job!!! Be Proud, You Guys Rock!!!"

-Surgical Patient to our awesome staff!!!

"You were all so wonderful while our family member was under your care. Everything that he (or the family) needed, you provided, as well as kindness, compassion, and understanding. We all appreciate you very much. Thank you."

-Family of a MedSurg Patient to staff

"I just wanted to express my gratitude to "all" of the hospital staff during tow difficult visits to ER and as an inpatient, each and every person I dealt with... ..was nothing short of exemplary! Very caring, compassionate and understanding..."

-Daughter of Hospital Patient to staff

"I have reason to see lots of medical people, often they seem uncaring and uninterested. That was not the case today with Kim. She was so warm, cheerful and kind to me. She also took the time to explain what she was try to do... previous mammograms involved pushing and pinching me to achieve the right position.

This is not the only great experience with KVH. Without exception, I am always well cared for. This starts with Laura at the front desk in Cle Elum, Sonja and best of all Rob Merkel. I have a great team at KVH and I want "you" to know how grateful and appreciative I am."

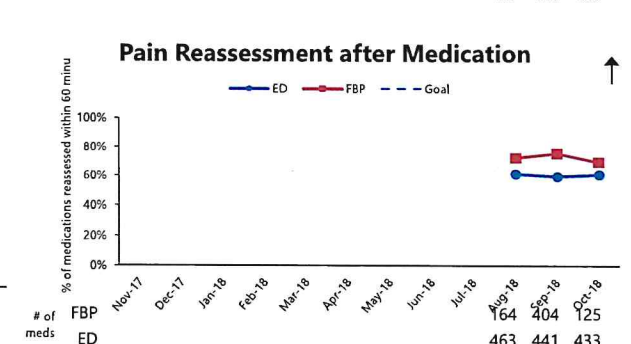
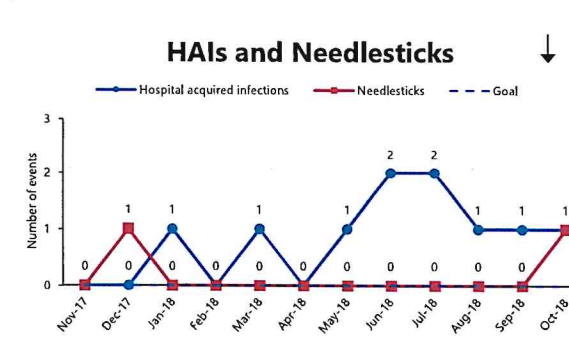
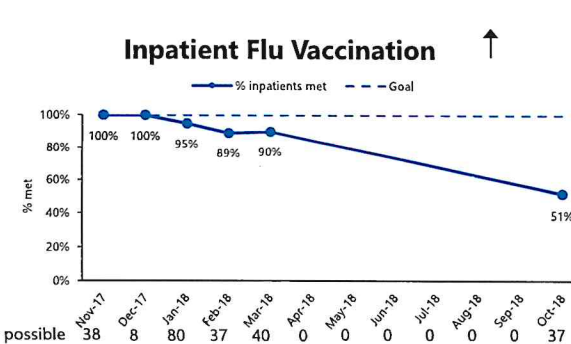
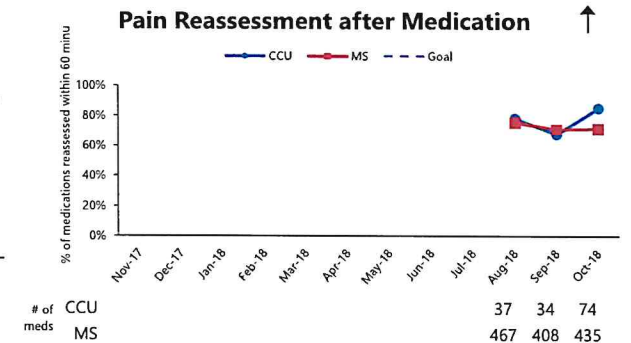
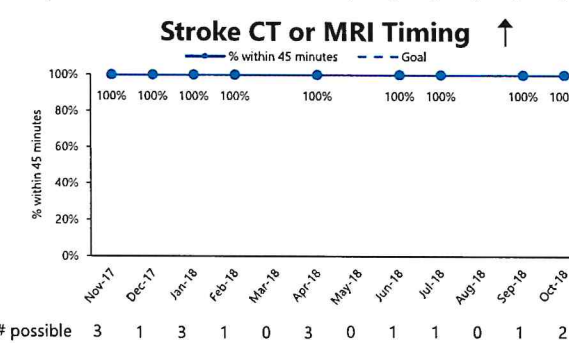
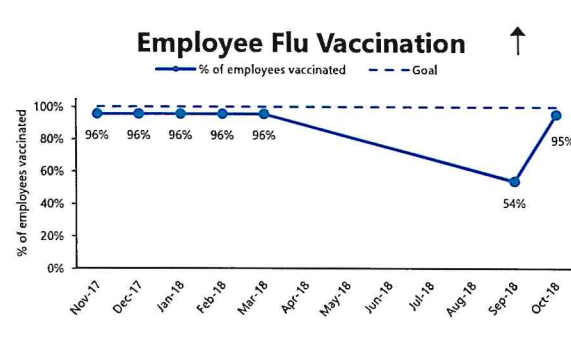
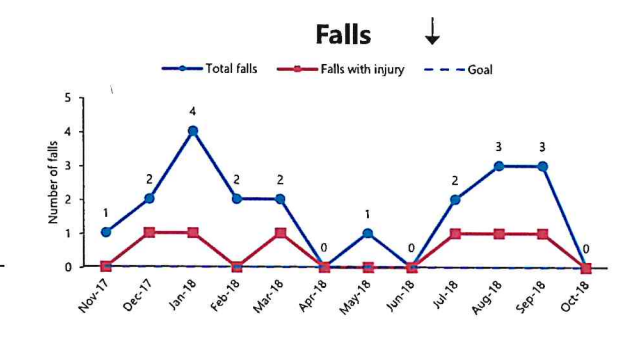
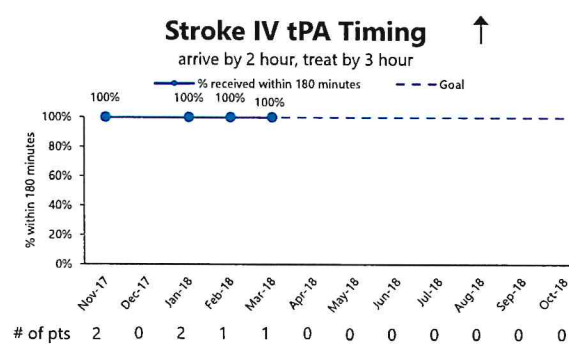
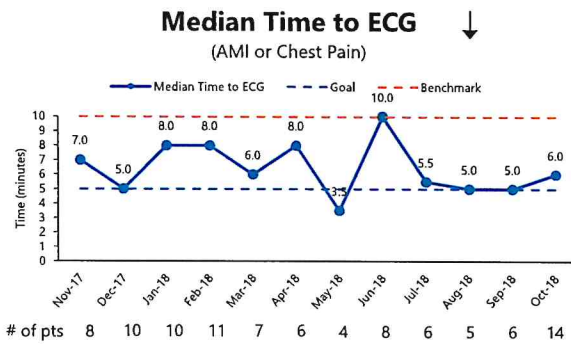
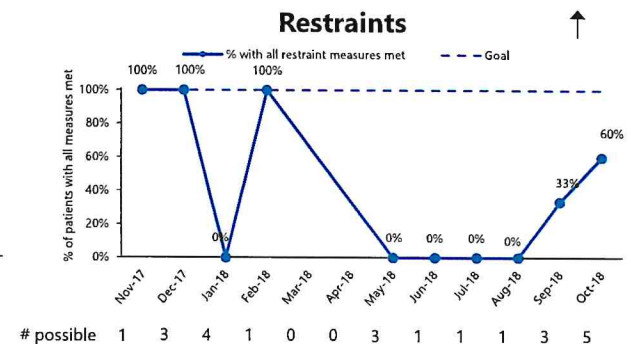
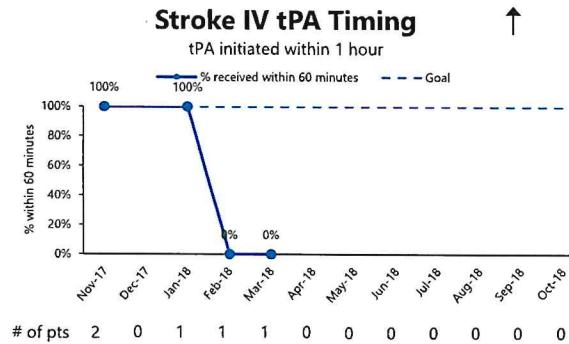
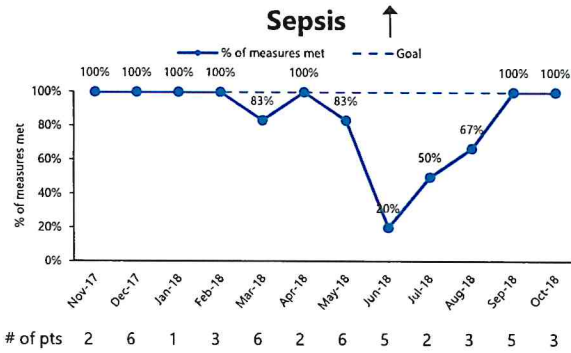
-Imaging and FM-CE patient to Kim Williams, Laura Cresto, Sonja Tutino, and Rob Merkel PA-C

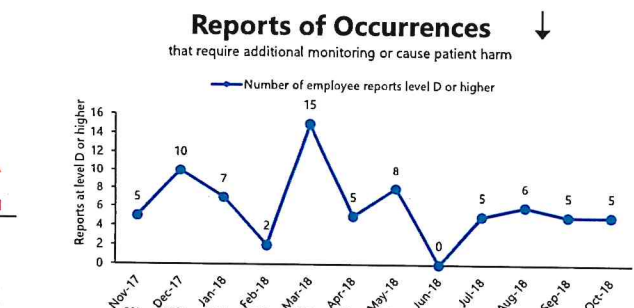
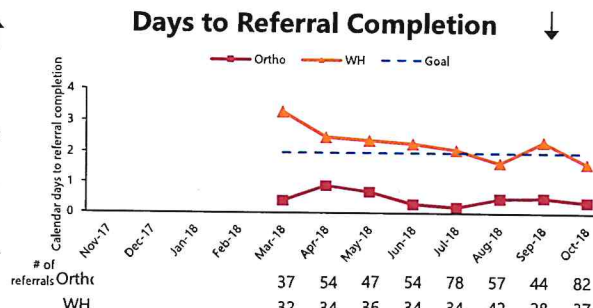
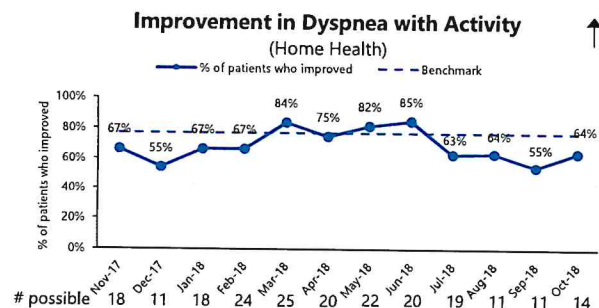
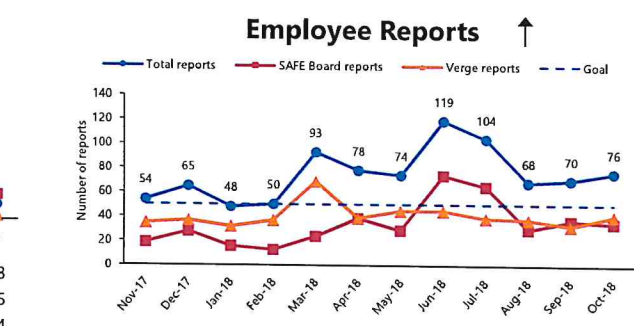
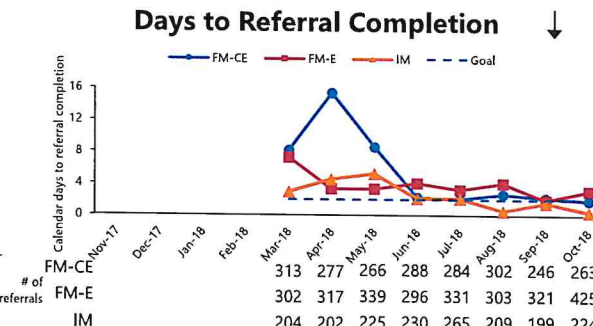
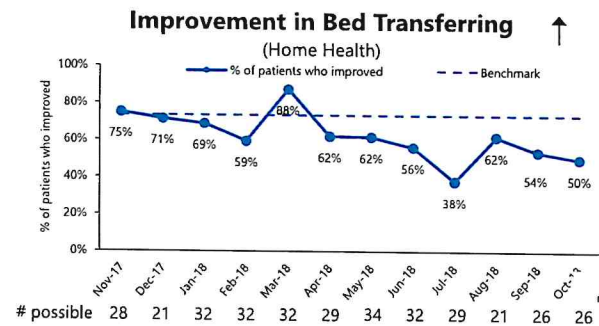
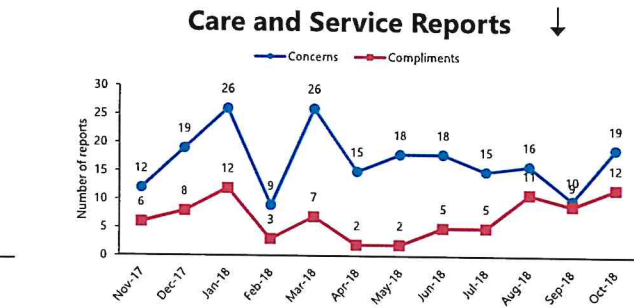
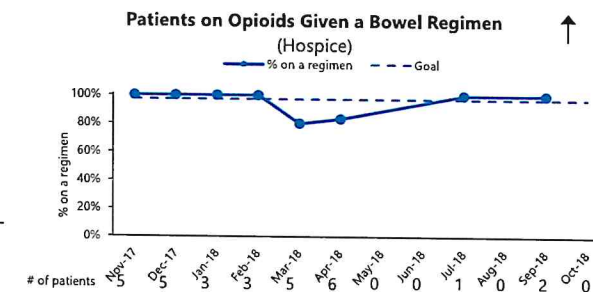
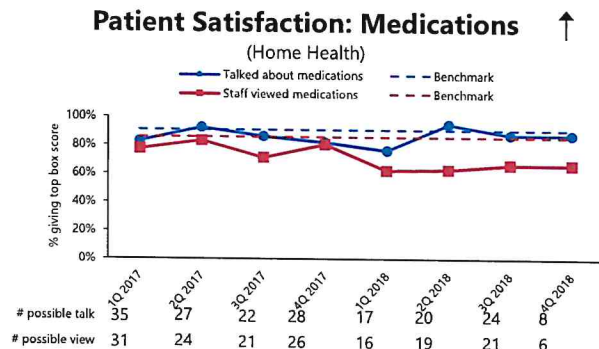
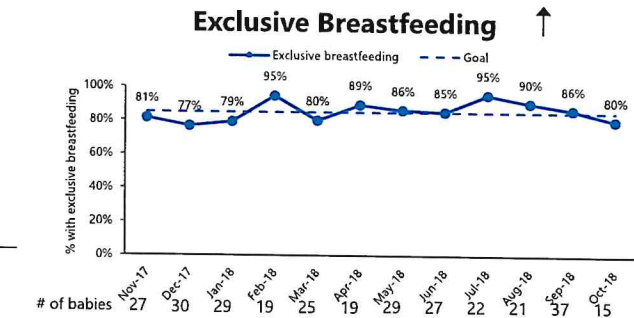
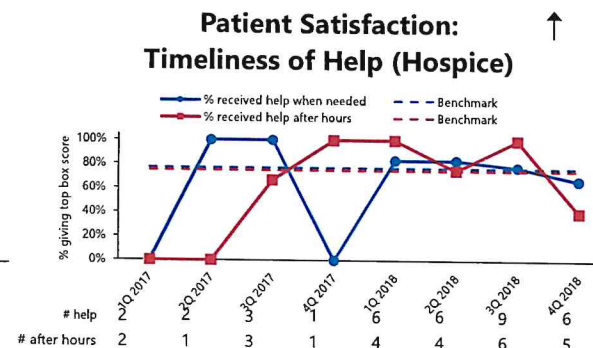
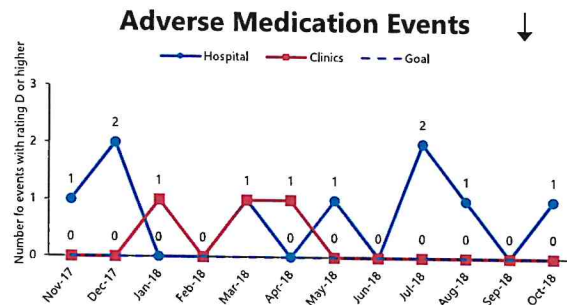
"I never would have made it this far with breastfeeding without your support and assistance. We are now at 6 months and still going strong. At first I wondered if I could do it! You are the reason this worked – I cannot thank you enough. You make such a difference for people in your job – keep it up. Thank you!!"

-Lactation Consultant Patient to Rozsika Steele

QI Council

Page 1, updated 12/21/2018





2019 DRAFT QAPI Plan Summaries

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|---|------------------|-----------|-----------------------------------|---|--------|--------------|-------|---------------|---------|---------|---------|--------------|---------------|---|------------------------------------|
| | Service | Division | Topic/Project Name | General Description/Problem Statement | Access | Partnerships | Comm. | Fin. Sustain. | Quality | Respect | Service | Transparency | Collaboration | Measure(s) | How shared? |
| 1 | | | | | | | | | | | | | | | |
| 2 | Admin | Admin | Strategic Milestones | Administration will be responsible to quarterly review and report to the board that strategic milestones are met | x | x | x | x | x | x | x | x | x | Strategic business plan timelines | Board Meeting |
| 3 | Admin | Admin | Strategic Planning | Administration will affirm/refresh the strategic plan and revise business plan as needed | x | x | x | x | x | x | x | x | x | Strategic plan, strategic business plans | Board Meeting |
| 4 | Admin | Admin | Patient Perception | Administration will evaluate the progress to close the gap between overall quality of care and willingness to recommend for patient satisfaction | x | x | x | x | x | x | x | x | x | Inpatient Overall Satisfaction Inpatient Willingness to Recommend | Board Meeting |
| 5 | Cardio-Pulmonary | Ancillary | CardioPulmonary Market Growth | To be adaptive, responsive and grow market, as well as design care models and processes to meet patient needs, we will look at opportunities to increase volume of stress tests, home sleep studies, and PFTs | x | | | | x | | | | | Monthly volume of tests performed and corresponding revenue | |
| 6 | Cardio-Pulmonary | Ancillary | CardioPulmonary - Pt Satisfaction | Promote a culture where patients come first in all we do | x | | | | | | | | | Press Ganey - Overall Likelihood to Recommend | |
| 7 | Case Management | PCS | Boarder Patients | Decrease the length of stay of the "boarder patient" and/or prevent admissions of patient not qualifying for hospital admission (inpatient/obs) | | | | x | | | | x | x | Identify and track "boarder" patients Time from ID to placement # pts placed from ED # not qualifying for inpt/obs stay # of ABNs | Monthly through Quality Department |
| 8 | Case Management | PCS | Swing Bed Opportunities | **Explore the possibilities for a "swing bed" program at KVH. Track and identify potential patients who would qualify for this service line. **Link to MS/CCU QAPI | x | | | x | | | x | | | Identify and track "swing bed" patients | Monthly within the department |
| 9 | Clinics | Clinics | Productivity = Access | Improve care team efficiency to support provider productivity and increase access to care | x | | | x | x | x | x | x | | # provider visits Provider satisfaction with care team efficiency | Staff huddle board |

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| | Service | Division | Topic/Project Name | General Description/Problem Statement | Access | Partnerships | Comm. | Fin. Sustain. | Quality | Respect | Service | Transparency | Collaboration | Measure(s) | How shared? |
| 1 | | | | | | | | | | | | | | | |
| 10 | Clinics | Clinics | Transforming Clinical Practice Initiative (TCPi) | Improve quality of care on measures to be identified during TCPi process such as immunization status, A1c, and controlling high blood pressure. Part of ACO/VBP preparedness | | x | | x | x | | | | x | MIPS/ACO quality metrics from Cerner | Monthly with Care Teams |
| 11 | Clinics | Clinics | Clinic Coding/Billing Collaboration | Clinic Managers increase collaboration with coding and billing to improve financial sustainability | | x | x | x | x | | | | x | Bi-weekly meeting | |
| 12 | Compliance | Admin | Advanced Beneficiary Notice Process | CMS requires notification of charges that may not be covered. If patient made aware, the facility can bill for charges not covered. In 2017, KVH adjusted off \$273,000 due to denials with no ABN on file. | x | x | x | x | x | x | x | x | x | % \$ reduction in adjustments related to no ABN on file | Compliance Committee |
| 13 | ED | PCS | ED - Pt Satisfaction | Aligning with strategies of Access and Community Engagement we will monitor nursing courtesy and respect | x | | x | | | x | x | | | Press Ganey - Nurse Courtesy | In department monthly |
| 14 | ED | PCS | Cardiac Care: Median Time to 12 lead ECG (AMI or Chest Pain) | This measure is being retired by CMS in the future, however, KVH will continue to monitor it as an essential component of our cardiac care. National Benchmark is <10 minutes, KVH benchmark <5 minutes | x | | | | x | | x | | | Cerner and/or GWTG and/or new registry | Department meeting, Stroke/Cardiac Committee |
| 15 | ED | PCS | Stroke - Head CT w/in 30 min for Pts with Ischemic and Hemorrhagic Stroke | **Rapid interpretation of the type of strokes by Head CT allows clinicians to quickly identify one component of eligibility for tPA. Achieving the head CT target increases the opportunity for timely administration of tPA, as well as appropriate disposition for the pt. **Identical to Quality/RM QAPI | | | | | x | | | | | % compliance with Head CT w/in 30 min for Ischemic or Hemorrhagic Stroke | ED Department Meeting, Stroke/Cardiac Committee, QI Council, Board |

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| 16 | ED | PCS | Stroke-Dysphagia Screening in ED | **Early detection of dysphagia is critical in stroke as it improves health outcomes. This essential step ensures early detection of dysphagia and prevents dysphagia-related morbidity. | | | | | x | | | | | % dysphagia screening completed in the ED | ED Department Meeting, Stroke/Cardiac Committee |
| 17 | ED | PCS | Trauma-Glasgow Coma Scale on admit and repeated before discharge | *The GCS score can be indicative of how critically ill a patient is. Trauma patients presenting with a GCS < 15 warrant close attention and reassessment. | | | | | x | | | | | % completed GCS documentation on admit and discharge | ED Department Meeting, Trauma Committee |
| 18 | ED | PCS | Sepsis-Time to Antibiotic | **Timing of antibiotic administration from arrival to the ED to administration in identified septic shock patients. | | | | | x | | | | | % completed within 90 minutes of arrival to ED in identified Sepsis patients | ED Department Meeting |
| 19 | ED | PCS | Admit Process: Time to Admit | **Evaluating the time from admission orders completed to the time the patient arrives on the inpatient unit (goal <45 minutes). Link to Top 100 measure. **Identical to MS/CCU QAPI | | | | | x | | x | | x | Monthly tracking of transfer times through Cerner | ED and MS/CCU department meetings, House Supervisors |
| 20 | ED | PCS | Restraint Documentation | **Review and ensure restraint documentation on all patient restraints have been used. To match compliance with KVH policy and DOH guidelines. **Identical to MS/CCU QAPI | | | | | x | | | | | Chart Reviews | QI Council, Board |
| 21 | Facilities | Admin | Natural Gas Consumption | Reducing operating costs in a sustainable fashion is important | | | | x | | | | | | 15% reduction in gas consumption | Posted in dept. and monthly reported to CEO |
| 22 | Facilities | Admin | Electrical Consumption | Reducing operating costs in a sustainable fashion is important | | | | x | | | | | | 2% reduction in electrical consumption | Posted in dept. and monthly reported to CEO |
| 23 | Facilities | Admin | Valve ID Tag System | Piping systems can be complex, various systems are constructed of the same material, are routed in the same space. Accidental pipe/valve identification carries a high risk. | | | | | x | | | | | Valve ID document done | Update to Safety Committee |

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| 24 | Facilities | Admin | Work Order Completion Monthly Deficit | Work order back log is high and benchmark data suggest we are below standards | | | | | | | x | | | Average Day Deficit | Posted in dept. and monthly reported to CEO |
| 25 | Facilities | Admin | Preventative Maintenance Monthly Work Order Completion Rate | We are well below our goal that is in line with industry standards | | | | | x | | | | | Critical PM Completion Rate | Posted in dept. and monthly reported to CEO |
| 26 | Facilities | Admin | Total Work Order Monthly Completion Count | Work order completion counts and benchmark data suggest we are below standards | | | | | | | x | | | Work Orders per FTE Engineer Greater than 1000 Annually | Posted in dept. and monthly reported to CEO |
| 27 | Facilities | Admin | Monthly Domestic Water Testing for Free Chlorine | We are not in line with ASHRE standard 188P. Our domestic system condition is not known | x | | | | x | | | | | Free Chlorine Tests Taken at Incoming City Mains | Shared at Safety Committee |
| 28 | Facilities | Admin | Annual Domestic Hot Water Tank Disinfection | Domestic hot water storage tanks kept at tap temperature range are high risk for growing legionella. Additionally immune deficient patients are susceptible to contracting Legionnaire's disease. | x | | | | x | | | | | Annual Test for Broad Spectrum Bacteria Colony Count | Shared at Safety Committee |
| 29 | Facilities | Admin | Facilities Project Management Enhancement | Our process for projecting, tracking and reporting project status is broken. System of sharing information is poor. | x | x | | | | | | | | PDSA cycle | Admin, CEO, board |
| 30 | Facilities | Admin | Engineering Work Order Response Enhancement | TMS work order system is underutilized, and our existing human and technology resources are not used to their fullest potential. | | | | x | | | x | | | TMS Reports for Work Order Output Feedback from Staff on our Response | Daily huddles |
| 31 | FBP | PCS | Blue Band Initiative | Community wide program to improve awareness, recognition and management of pre-eclampsia | | x | x | | x | | x | | x | # individuals or groups trained and partnered with | Huddles, department meeting |
| 32 | FBP | PCS | Quantitative Blood Loss Measurement | Improve the accuracy of blood loss measurement post delivery by implementing quantitative blood loss measurement for both vaginal and C-Section deliveries | | x | | | x | | x | x | | Chart audits | Huddles, department meetings for FBP and Surgical Services |

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| 33 | Finance | Finance | Payroll: additional payments | Determine if there is an excess of payroll payments going to the next check that ideally should have occurred on the current check. If there is an excessive amount, determine the root cause and a process to reduce the count. | | | | x | x | x | | x | x | Payroll count # and amounts missed from an employee's paycheck Complaints from directors and staff | |
| 34 | Finance | Finance | Accounting: Financial Statement Close Process | The current close process does not allow enough time for review and analysis. The goal is to have all routine journal entries in the system on the 5th business day, then analyze, and have solid draft financial statements to the CFO on the 8th business day. | | | | x | x | x | x | x | x | #/% routine journal entries by the 5th business day Draft financial statement to CFO by 8th business day | |
| 35 | Finance | Finance | Accounts Payable: Timeliness of Payment | We currently do not have a way of tracking late fees due to untimeliness of AP payments to vendors. The goal is to develop a way to track late fees, prioritize high risk services, and then eliminate the fees. | | | | | | | | | | # and \$ of late fees | |
| 36 | Food & Nut. | PCS | Café Gross Revenue | Gross revenue is generated from sales of Café food. Primary customers are employees and hospital visitors. Profitability assures sustainability of service. Goal is to increase gross revenue. | | | | x | x | | x | | | Volante Point of Sale system daily gross revenue | Departmental morning huddle |
| 37 | Food & Nut. | PCS | Diabetes Education Appointments | The diabetes education department provides outpatient nutrition counseling to patients referred by their medical provider. Appointments completed by outpatient dietitian have declined by approximately 30% from 2017 to 2018. Goal is for growth in 2019. | | | | x | | | | | | # of referrals generated # of appointments scheduled # of pts receiving service Time from referral to service Billed units and revenue generated Source of referral | |

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| 1 | Service | Division | Topic/Project Name | General Description/Problem Statement | Access | Partnerships | Comm. | Fin. Sustain. | Quality | Respect | Service | Transparency | Collaboration | Measure(s) | How shared? |
| 38 | Foundation | Admin | Grants | Strengthen a diversified grant program (public, private, corporate) for 1) KVH and 2) Kittitas County Health Network to support those organization's short term and long term goals | x | x | x | x | x | | x | | x | Grants Researched Grants Submitted Grants Awarded | Board Meeting |
| 39 | Foundation | Admin | Donor and Board Development | The Foundation at KVH's mission is to provide KVH with the funds to improve healthcare services for the benefit of all. We want to ensure we are investing in growth, that our fundraising practices are ethical, and we have enough community support to fund our mission. | | | x | | x | | x | | x | Total Fundraising Net Dependency Quotient Cost of Fundraising | Board Meeting |
| 40 | HIM | Finance | Days in Discharged Not Final Coded (DNFC) | Hospital accounts should be no more than 7 days in DNFC, and clinics no more than 3 days in DNFC. | | | | x | x | | x | | x | DNFC Dollars in DNFC/ADR | Reported Daily to CFO and Clinic Managers, Monthly at Compliance Committee |
| 41 | HIM | Finance | Records Requests | Requests for records should be completed within 15 days 100% of the time | x | | | | x | x | x | x | x | Release of Information Logs | Report to CFO monthly |
| 42 | HIM | Finance | Timeliness for Response to Privacy Issues | Goal is to stay within timeliness guidelines for response to privacy issues 100% of the time | | | | x | x | x | x | x | | Privacy database | Report to CFO monthly |
| 43 | Home Health | Ancillary | Improvement in Pain Interfering with Activity | Our current care point are 8.91 and we are <1% below benchmark. We believe pain management correlates strongly with patient satisfaction, also a VBP score | x | | | x | x | x | x | | x | SHP Real-time VBP Total Performance Score | HH/H IDG Weekly Meeting, QI Council |

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| 1 | | | | | | | | | | | | | | | |
| 44 | Home Health | Ancillary | Improvement in Management of Oral Medications | Our current care points are 5.19 and we are ~10% below benchmark. A VBP score. | | | | x | x | | | | | SHP Real-time VBP Total Performance Score | HH/H IDG Weekly Meeting, QI Council |
| 45 | Home Health | Ancillary | Average Length of Time from Referral to SOC for PT patients | CMS goal for SOC (start of care) is 48hrs. Meeting this goal will help us design care models to meet patient needs and be adaptive and responsive to grow market share, by increasing case mix, financial performance, and staff/provider satisfaction. | x | | | x | | | | | x | HH EMR review by business ops for length of time from referral to SOC for PT | |
| 46 | Hospice | Ancillary | Hospice Visits When Death is Imminent | KVH met the measure of at least 2 visits in the last 7 days of life from MSW, CH, LPN, or HHA 38 out of 65 times - our current rank is 8%ile. This significantly affects our agency in many ways to include financial compensation, patient satisfaction and overall quality of care. | | | | x | x | x | x | | x | SHP HQRP Analysis | HH/H IDG Weekly Meeting, QI Council |
| 47 | Hospice | Ancillary | Hospice Patient Satisfaction - Getting Help for Symptoms | Measure incorporates patient satisfaction with getting help for symptoms of pain, shortness of breath, constipation and anxiety/sadness. We are currently at 80%ile - goal to be > 80%ile | | | | x | x | | x | | | SHP Patient Satisfaction | HH/H IDG Weekly Meeting, QI Council |
| 48 | HR/Staff Development | Admin | Staff Engagement | Reduce turnover by improvement events based on evidence found in TinyPULSE | | | x | | | | | | x | Reduce Rolling 12 Turnover Percentage from 30% to 25% | Board Meeting |

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| 49 | HR/Staff Development | Admin | Students Programs/Development | Invest in the wellbeing, development and training of employees by supporting opportunities/programs available to internal staff - as tied to "hard-to-fill" positions and forecasted national shortages or organizational lines of service | | x | | | | | | | | Hard-to-fill Positions List Current School Contracts Pro-Formas in Process Education Requirement Changes | Board Meeting |
| 50 | HR/Staff Development | Admin | Evaluation of Development Programs | Reducing cost of turnover by hiring from KVH supported development opportunities | | x | | | | | | | | Reduced Turnover in Hard-to-Fill Positions | Board Meeting |
| 51 | HSK | Facilities | Financial Efficiency | Looking to price compare products we use on a regular basis and try to get better products at a cheaper rate. | | | | x | | | x | | | Last years cods of goods "Table touch" feedback from patients and employees Press Ganey - Cleanliness | |
| 52 | Imaging | Ancillary | Increased Ultrasound Access | Review tech log for after hours cases and work with finance to determine revenue from case | x | | | x | | | x | | | Ultrasound tech log | Displayed in department |
| 53 | Imaging | Ancillary | MRI Access | Compare monthly financial states that are prepared by finance department to determine MRI access and revenue improvements | x | | | x | | | x | | | Monthly financials | Displayed in department |
| 54 | Imaging | Ancillary | Imaging - Pt Satisfaction | Working on the phones and availability of images to referring providers | x | | | | x | x | x | | | Press Ganey - Overall Likelihood to Recommend Pt complaints | Displayed in department |
| 55 | Infection Control | Quality | SSI Prevention - Outcomes | The surgical site infection rate has been high since 2014. many interventions have been made in the last four years, and we have seen a fall in infection with our total joint arthroplasties. However, our number of infections is still high. The goal is zero surgical site infections for a year. | | x | | x | x | | | | x | Overall surgical site infections per year CDC defined reportable surgical site infections When available, by surgery or aggregate surgical site infection rate and benchmarks | Surgery Anesthesia Committee, Infection Control Committee, QI Council, Board |

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| 56 | Infection Control | Quality | Clinic Antimicrobial Stewardship | Reduction of Quinolone Prescribing in the Clinic Setting - According to the Qualis Reports received, KVH has a higher than average prescribing of Quinolones for CMS patients. Quinolones are a broad spectrum antibiotic. The FDA has advised that they are not suitable for common conditions such as sinusitis, bronchitis and UTIs. | | x | | | x | | | | x | Quarterly report from Qualis comparing KVH to others | Antimicrobial Stewardship Committee, Infection Control Committee, Med/P&T Committee |
| 57 | IT | Admin | IT Tickets | Minimize time to close for IT related issues in order to optimize the capability for our staff to provide care for our patients | x | x | x | | | | | | | # Critical items/month Avg time to close/month by criticality #/month by criticality | Graph published in shared folder Posted in department |
| 58 | IT | Admin | IT End User Feedback | Regular rounding with departments to gather end user feedback | x | x | | | x | x | x | x | x | Checklist of departments, who rounded | Schedule each month |
| 59 | IT | Admin | IT Project Implementation Quality | Improve the quality of IT project implementation - project closure check-in/evaluation at project completion and 3 month post project closure for full life cycle projects. | | | | x | x | x | x | x | x | Project closure check-in Anonymous evaluation Average score for each project | |
| 60 | Laboratory | Ancillary | Laboratory - Pt Satisfaction | Focus on wait times, results to provider, staff listen and cleanliness | x | | | | x | x | | | | Press Ganey - Overall Likelihood to Recommend Pt complaints | Displayed in department |
| 61 | Laboratory | Ancillary | Positive Operating Margin | Monitoring impact of loss of CHCW lab volume. Comparing monthly reports, maintain a positive operating margin within the department | | | | x | | | | | | Variance reports | Displayed in department |
| 62 | Laboratory | Ancillary | Lab Proficiency Testing | Looking at failure count by event by discipline and comparing to acceptable % failure by event by discipline | | | | | x | | | | | API - proficiency testing provider reports | Displayed in department |

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| 1 | | | | | | | | | | | | | | | |
| 63 | Marketing/Comm | Admin | CHIP Community Partnership Events | KVH will be a strong partner with other organizations in the county to enhance the well-being of our community. As we move forward with our community outreach activities, we will focus on areas of need identified by community providers and the CHIP. Based on these needs we will work on deliberate collaborations with other organizations in the county to provide the necessary educational events and other activities. | | x | x | | | | x | | x | Per event: Relevancy of topics addressed Sectors of the community touched Number of people participating Number of organizations partnered with | Board Meeting |
| 64 | Marketing/Comm | Admin | Cohesive Medical Community Events | Community Relations will facilitate events that support and develop a cohesive medical community. We will execute events that foster collaboration and recognition between peers. | | x | x | x | | | | | x | # Events Per event: Variety of topics covered Satisfaction of event Number of attendees participating | |
| 65 | Materials Management | Finance | Ordering and Spend Reports | Need to develop meaningful reports from Cerner that provide value added information regarding ordering and spend. | | | | x | x | | | | | Value on Hand - Inventory Storeroom Total PO spend/month # PO processed/month # line items/month # stock items in storeroom | |
| 66 | Materials Management | Finance | On-time Delivery | Limit the number of times that the staff and house supervisor takes supplies down to departments outside of the set schedule | | | | | x | | x | | | Count/tick sheet | |
| 67 | Materials Management | Finance | Cost Reduction | Work to identify a minimum of 10 items that can be switched to a lower cost alternative. | | | | x | | | x | | x | Cerner item master | |
| 68 | MS/CCU | PCS | Pain Medication Re-Assessment | 90% Compliance on pain reassessment 30-60 minutes post pain medication administration | | | | | x | | | | | Data report | QI Council, Board |

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| 69 | MS/CCU | PCS | Admit Process: Time to Admit | **Evaluating the time from admission orders completed to the time the patient arrives on the inpatient unit (goal <45 minutes). Link to Top 100 measure. **Identical to ED QAPI | | | | | x | | x | | x | Monthly tracking of transfer times through Cerner | ED and MS/CCU department meetings, House Supervisors |
| 70 | MS/CCU | PCS | MS/CCU - Pt Satisfaction | Work to increase patient satisfaction on the patient concern of quietness at night to achieve average or above average score in Press Ganey | | | | | | x | x | | | Press Ganey - Quietness at Night | |
| 71 | MS/CCU | PCS | Restraint Documentation | **Review and ensure restraint documentation on all patient restraints have been used. To match compliance with KVH policy and DOH guidelines. **Identical to ED QAPI | | | | | x | | | | | Chart Reviews | QI Council, Board |
| 72 | MS/CCU | PCS | MS/CCU Competencies | Ensure that staff are up to date on MedSurg and CCU RN and Tech competencies. | | | | | x | | | | | Tracking tool | Monthly/annually on board in department |
| 73 | MS/CCU | PCS | Swing Bed Implementation Progress | **Measure movement towards completion/implementation of KVH accepting swing bed patients. **Link to Case Management QAPI | | | | | | | x | | | Tracking tool to measure completion of steps required | |
| 74 | Pharmacy | Ancillary | Inpatient Pharmacy - Discharge Medication Counseling | For our Med/Surg and CCU patients being discharged home, we want to strength our Transition of Care in regard to patient medication regimens. There is able evidence in the literature to support Discharge Counseling as a tool to help reduce 30-day readmissions. | | | | | x | | x | | | DC Med Counseling for inpatients and obs (excluding FBP, transfers to other hospital or SNFs) | |
| 75 | Pharmacy | Ancillary | Inpatient Pharmacy - Discharge Med Rec | To provide another 'set of eyes' on the patient's "new" medication list, with emphasis on spotting red flags such as inconsistencies with the Admit med History, therapeutic duplication, meds no longer needed or appropriate, Pharmacy will | | | | | x | | | | x | DC Med Rec for inpatients and obs | |

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| 76 | Pharmacy | Ancillary | Inpatient Pharmacy - Admit Med Rec | Pharmacy will collect medication history for patient admitted to Med/Surg and CCU units utilizing patient's pharmacy, Cerner and interviewing patient and/or care provider. Goal to have completed Med Rec ready to be reviewed by admitting provider upon pt's admission or shortly after arrived on Med/Surg or CCU unit | | | | | x | | | | x | Average time to gather information Total daily staff time on Med Rec # of Med Recs done daily Time difference from Med Rec done to admission | |
| 77 | Pharmacy | Ancillary | Retail Pharmacy - Volume | Access/capacity of outpatient retail pharmacy (including hospice fills) | | | | x | | | | | | Total Volume of Rx Filled per Month | |
| 78 | Pharmacy | Ancillary | Retail Pharmacy - Revenue | Total revenue cash (checks, credit, 340b ER, Jail Claims, Crime Victims, Hospice, L-1 Pending, Financial Assistance) | | | | x | | | | | | All revenue statistics per month | |
| 79 | Pharmacy | Ancillary | 340b Pharmacy - ER | Important program for the financial sustainability of the organization, drilling on ER | x | | | x | | x | x | | | Overall 340B revenue in ER Dollar amount for Rxs filled from the ER | |
| 80 | Quality/RM | Admin | Proactive Service Recovery | Historically staff has relied on their Director/Manager or the Quality Department to resolve patient complaints which can delay the resolution process. Research has shown that a timely resolution of complaints can reduce the incidence of formal grievance and risk of malpractice claims and lawsuits. Timely resolution through service recovery also restores trust and confidence in our ability as an organization to "get it right". | x | x | x | x | x | x | x | x | x | # Service Recovery sessions to each dept. through huddle # staff reached Patient Satisfaction scores throughout the org # service recovery to formal grievance Cost associated with processing formal grievance (time study) | Annual RM report to QI Council |

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| | Service | Division | Topic/Project Name | General Description/Problem Statement | Access | Partnerships | Comm. | Fin. Sustain. | Quality | Respect | Service | Transparency | Collaboration | Measure(s) | How shared? |
| 1 | | | | | | | | | | | | | | | |
| 81 | Quality/RM | Admin | Timely Patient Grievance Resolution | CMS regulations require timely resolution of patient grievances. KVH consistently meets the requirement to notify patients of reap and anticipated time to investigate their grievance, however, we have not met our goal to complete the grievance process for the majority of cases in less than 30 days. | x | x | x | | x | x | x | x | x | # and % Grievances Closed in < or = 30 days | Annual report to QI Council |
| 82 | Quality/RM | Admin | Sepsis Aggregate | Timely management of sepsis is critical for decreasing mortality of sepsis. KVH has at times been able to achieve 100% compliance with the CMS measure, though not consistently over the year. Goal is 100% in 2019 | | | | | x | | | | | % compliance with Sepsis | ED Department Meeting, Hospitalist Meeting, QI Council, Board |
| 83 | Quality/RM | Admin | Stroke - tPA w/in 45 min for Qualifying Pts with Ischemic Stroke | Administration of tPA for qualifying patients can be the difference between mortality and/or complete resolution of symptoms for ischemic stroke. Due to the infrequency of administration, this is a high priority focus for consistency of meeting targets for KVH patients. | | | | | x | | | | | % compliance with tPA admin w/in 45 min for Ischemic Stroke | ED Department Meeting, Stroke/Trauma Committee, QI Council, Board |
| 84 | Quality/RM | Admin | Stroke - Head CT w/in 30 min for Pts with Ischemic and Hemorrhagic Stroke | **Rapid interpretation of the type of strokes by Head CT allows clinicians to quickly identify one component of eligibility for tPA. Achieving the head CT target increases the opportunity for timely administration of tPA, as well as appropriate disposition for the pt. **Identical to ED QAPI | | | | | x | | | | | % compliance with Head CT w/in 30 min for Ischemic or Hemorrhagic Stroke | ED Department Meeting, Stroke/Trauma Committee, QI Council, Board |
| 85 | RCM | Finance | Charge Capture | Capture % lost charges and reduce by 25% | | | | x | | | | | | Audit charts twice a year for lost charges | Revenue Cycle Dashboard, feedback to providers |

2019 DRAFT QAPI Plan Summaries

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|----|---------|-----------|-------------------------------------|---|--------|--------------|-------|---------------|---------|---------|---------|--------------|---------------|---|---|
| | Service | Division | Topic/Project Name | General Description/Problem Statement | Access | Partnerships | Comm. | Fin. Sustain. | Quality | Respect | Service | Transparency | Collaboration | Measure(s) | How shared? |
| 1 | | | | | | | | | | | | | | | |
| 86 | RCM | Finance | Collections: AR Days | # of days revenue in Accounts Receivable | | | | x | | | | | | Aged Trial Balance Revenue Reports | Board Meeting |
| 87 | RCM | Finance | Denial Rate | % of dollars denied on claims - reduce by 25% | | | | x | | | | | | EOBs/Cerner Reports | Revenue Cycle Dashboard, feedback to providers |
| 88 | RCM | Finance | Payment Accuracy | 3rd party payor adherence to contracted payment amounts - reduce variance by 25% | | | | x | | | | | | Claims audits twice a year on 2% of revenue | Revenue Cycle Dashboard |
| 89 | Rehab | Ancillary | Rehab - Pt Satisfaction | Promote a culture where patients come first in all we do | x | | | | | | x | | | Press Ganey - Overall Likelihood to Recommend | QI Council, Board |
| 90 | Rehab | Ancillary | Timeliness of Therapy for THA/TKA | Design care models and process to meet patient needs - goal is to have post-op THA/TKA patients seen within 48hrs of needed appointment time | x | | | x | | | | | | Staff manual pull of data | |
| 91 | Surgery | PCS | SSI Prevention - Pt Satisfaction | **Improve patient awareness of signs to look for of infection **Link to Infection Control QAPI | x | | | x | x | | | | | Press Ganey - Education Signs of Infection | Monthly to Surgical Task Force, Surgery Anesthesia, Infection Control Committee |
| 92 | Surgery | PCS | SSI Prevention - Appropriate Attire | **Education, measurement and improvement designed to help reduce surgical site infections specifically related to controlling surgical attire **Link to Infection Control QAPI | x | | | x | x | | | | x | Surgical Attire audits | Monthly to Surgical Task Force, Surgery Anesthesia, Infection Control Committee |
| 93 | Surgery | PCS | SSI Prevention - Infection Control | **Education, measurement and improvement designed to help reduce surgical site infections specifically related to cleaning and hand hygiene **Link to Infection Control QAPI | x | | | x | x | | | | x | Ecolab audits Hand hygiene audits | Monthly to Surgical Task Force, Surgery Anesthesia, Infection Control Committee |

2019 DRAFT QAPI Plan Summaries

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|----|-------------|----------|---------------------------|--|--------|--------------|-------|---------------|---------|---------|---------|--------------|---------------|---|-----------------------|
| | Service | Division | Topic/Project Name | General Description/Problem Statement | Access | Partnerships | Comm. | Fin. Sustain. | Quality | Respect | Service | Transparency | Collaboration | Measure(s) | How shared? |
| 1 | | | | | | | | | | | | | | | |
| 94 | Urgent Care | PCS | UC - Patient Satisfaction | Aligning with strategies of Access and Community Engagement we will monitor nursing courtesy and respect | x | | x | | x | x | x | | | Pres Ganey - Courtesy of Nurses | UC department meeting |
| 95 | Urgent Care | PCS | UC - Patient Satisfaction | Aligning with strategy of Community Engagement we will monitor information about caring for yourself at home | | | x | | x | x | x | | | Pres Ganey - Information you were given about caring for yourself at home | UC department meeting |

2019 QI Dashboard Measures

| |
|--|
| Adolescent Immunizations - HPV Specific (QID #038 all imms?) |
| Adverse Drug Events (ADEs) |
| Adverse/Harm Events |
| Antimicrobial Stewardship (ASP) |
| Breast Cancer Screening (PREV-5) |
| Cardiac Care (OP-1, OP-2, OP-3, OP-4, OP-5) |
| Colorectal Cancer Screening (PREV-6) |
| CT Results within 45 min for outpt Stroke (OP-23) |
| Diabetes: HbA1C Poor Control (DM-2) |
| ED care times (ED-1, ED-2, OP-18, OP-20) |
| Falls with Injury |
| Home Health Improvement in Management of Oral Medications |
| Home Health Improvement in Pain Interfering with Activity |
| Hospice Visits When Death is Imminent |
| Hospital Acquired Infections - CAUTI, CLABSI and SSIs (HAI-1, HAI-2, HAI-3, HAI-4, HAI-5, HAI-6) |
| Incidents |
| Influenza Immunization for Inpts (IMM-2) |
| Influenza Vaccination for Healthcare Personnel (OP-27, IMM-3) |
| Medication errors |
| Medication Reconciliation Post-Discharge (CARE-1) |
| Pain Reassessment after Medication |
| Patient Grievances |
| Patient Referrals (including Home Health) |
| Patient Satisfaction (all other, non-HCAHPS) |
| Patient Satisfaction (HCAHPS) |
| Pneumococcal Vaccination Status for Older Adults (PREV-8) |
| Preventive Care and Screening: BMI Screening and F/U Plan (PREV-9) |
| Preventive Care and Screening: Influenza Immunization (PREV-7) |
| Preventive Care and Screening: Screening for Clinical Depression and F/U Plan (PREV-12) |
| Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention (PREV-10) |
| Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (QID #431/NQF 2152) |
| Restraint Use and Compliance |
| Sepsis (SEP-1) |
| Stroke Care (STK-1, STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10, STK-OP-1, CSTK-01) |
| Well Child Exams (Kaiser/Humana data) |



CHIEF EXECUTIVE REPORT – Julie Petersen

December 2018

Employee Forums

I held four employee forums and had a great turn out. A lot of our time was spent updating staff on construction plans and timelines. I also heard from staff impacted by the reduction in the PTO cap. Based on their input we amended the new policy to provide more flexibility and we committed to monitoring the impact throughout 2019. I believe that moving in to 2020 we have an opportunity to allow staff to have more control over how their total compensation dollars are distributed.

Open Enrollment

The HR team has successfully prepared us to transition away from the PEBB to Premiera January 1. We will avoid the multimillion dollar PEBB hit, experience a real reduction in premiums of approximately \$400,000, expand our domestic (KVH owned) network benefits including retail pharmacy all while retaining virtually the same benefits for our employees. We had a very positive meeting with WSNA about the change and incorporated the new schedule into the proposed Teamsters contract. Dan Mollo, our Benefits and Wellness Coordinator accomplished all of this on a one page form.

Teamsters

We are anticipating, or hoping, to have a three year Teamsters contract to present to the Board for approval. We felt going into the negotiations that we had a good contract but there were some specific objectives we hoped to accomplish. We felt it was important to provide resources to recognize our long term Teamsters staff, to establish an objective market based matrix for each position and to position ourselves to manage the rapidly increasing state minimum wage. The contract to which we have tentatively agreed accomplishes those objectives.

Attachments

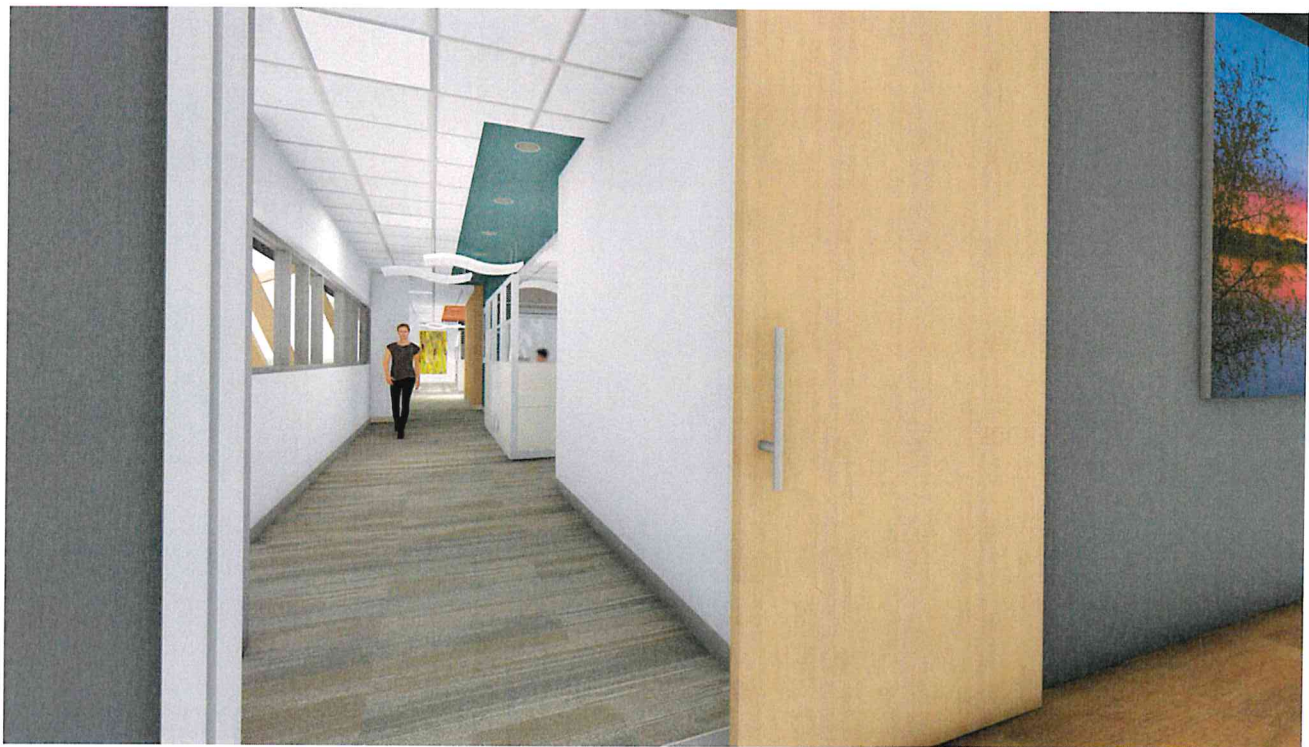
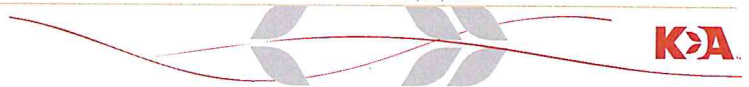
I have attached the latest interior renderings for the MAC project. Carrie Barr and Dr. Martin tell me that the ink has dried on the plans and we are ready to move forward with a clinic design.

We pay substantial dues to WSHA and AHA so thought I would provide you with their value statement.



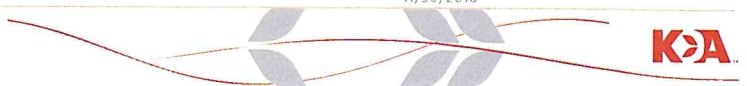
Reception
KVH - Eburg FME MAC TI

11/30/2018



Main Hallway
KVH - Eburg FME MAC TI

11/30/2018





Exam Rooms

KVH - Eburg FME MAC TI

11/30/2018



Bullpen

KVH - Eburg FME MAC TI

11/30/2018





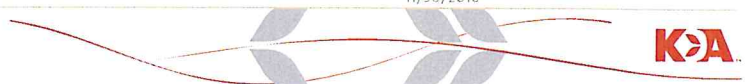
Hallway to Check-out
KVH - Eburg FME MAC TI

11/30/2018



Reception- Close Up
KVH - Eburg FME MAC TI

11/30/2018





Washington State Hospital Association

999 Third Avenue, Suite 1400

Seattle, WA 98104

Telephone (206) 216-2519

2019 WSHA Membership Dues

Kittitas Valley Healthcare

Invoice Date: 11/21/2018

Invoice: 044452

Customer ID: KITVAL

Terms: 12/21/2018

2019 WSHA Membership Dues

Amount

51,951.00

WSHA is no longer levying a special rural quality assessment

Total Amount Due:

\$

51,951.00

Last year WSHA froze membership dues at the 2017 levels. For 2019, your dues likely increased as dues are calculated based on a member's latest available operating expenses. In cases where a member's operating expenses have increased by more than 5% over this two-year period, the 2019 membership dues increase has been capped at 5%.

Thank you for your support!

Please make payment by check, wire or ACH payment. Sorry, we are unable to accept dues payment by credit card. Contact Ashley Beil at AshleyB@wssha.org (206-216-2519) with any questions.

Contributions or gifts to WSHA are not deductible as charitable contributions for federal income tax purposes. Payments may be deducted as ordinary business expenses.

November 21, 2018

Julie Petersen
Kittitas Valley Healthcare
603 South Chestnut
Ellensburg, WA 98926

Dear Julie,

An organization's mission statement is its commitment. WSHA's commitment is to advocate for members and provide value to your institutions, patients and communities. At the end of the year, we report back to you on our progress.

The last 12 months have been challenging, but despite major legislative threats, we made advances.

We secured new funding for mental health and forward-looking policy on opioids. The session began with strong headwinds on charity care, yet we made significant progress. We fended off bills with significant impact on hospitals, including nurse meal and rest breaks, partnerships and affiliations, and balance billing. However, look for these issues to return in 2019. We are deep into the work of preparing to advocate for you in the upcoming 2019 session in Olympia and support you in DC.

Our patient safety work continues to save lives and get national recognition. Two years into our current CMS contract, we've surpassed almost every goal. We have received grant extensions and are optimistic about continued CMS contracting work on behalf of your patients. We continue to expand our reach and our experts are spending more time in your hospitals, directly supporting your staff.

We continue to focus on value. The attached member value statement will give you the big-picture view of the impact of WSHA's work, but we know that taking care of the bottom line gives you the ability to take care of patients. Some specific financial benefits of your membership include:

| Revenue Source | Hospital Benefit |
|---|------------------|
| Hospital Safety Net Assessment | \$117,293 |
| Nurse Meal & Rest Breaks Cost Savings | \$376,470 |
| WSHA's measurable financial benefit to your organization | \$494,000 |

The relationship between the association and hospital executives is at the foundation of all our successes. My staff and I are so grateful for the time you have spent engaging with us. You have been the best partners in our achievements, and we look forward to another year.

Sincerely,



Cassie Sauer
President & CEO
Washington State Hospital Association

Member Value Statement

What Washington Hospitals Mean to Their Communities

Washington hospitals are the only institutions prepared to respond to anyone in need of medical care 24 hours a day, 365 days a year, caring for residents during **14.1 million** outpatient visits and **590,000** inpatient visits each year, producing nearly **\$42 billion** in economic impact.

OUR HOSPITALS CREATE

117,000

Washington jobs

OUR HOSPITALS ABSORB

\$1.2 billion

in unpaid Medicare
and Medicaid costs annually

OUR HOSPITALS PROVIDE

\$335 million

in community programs
and benefits annually

From AHA's 2018 *Hospitals are Economic Drivers in Their Communities* report reporting 2016 data.

WSHA Impact

Worked proactively with hospitals, advocacy groups and legislators to craft a reasonable change to state charity care law.



Stopped the onerous nurse staffing bill, which would have cost hospitals statewide more than \$200 million to implement.



Successfully stopped a balance billing bill that would have created significant administrative burden, cost and liability for hospitals.



In collaboration with AWPCHD, successfully opposed a bill that would have required complicated documentation and review for almost any kind of "material change" to a health care entity.



Preserved patient privacy for law enforcement body-worn camera recordings made in health care settings.



Successfully opposed a bill that would have inappropriately expanded the circumstances and classes of individuals able to sue in cases of wrongful death.



RECEIVED
DEC 04 2018



Washington State Hospital Association

999 Third Avenue, Suite 1400

Seattle, WA 98104

Telephone (206) 281-7211

Kittitas Valley Healthcare
603 South Chestnut Street
Ellensburg, WA 98926-3875

**** INVOICE ****

Invoice Date: 11/21/2018

Invoice: 044569

Customer ID: KITVAL

Terms: 12/21/2018

KVH AHA # =
0006910235

2019 AMERICAN HOSPITAL ASSOCIATION MEMBERSHIP DUES

The mission of the American Hospital Association is to advance the health of individuals and communities and to lead, represent, and serve health care provider organizations that are accountable to the community and committed to health improvement. Thank you for your continued membership.

Prepd. 100000 14010
expenses to 861000
by Jan 19 70760

[Signature]
12-4-18
2019

TOTAL AMOUNT DUE:

\$ 16,371.00



Contributions or gifts to WSHA are not deductible as charitable contributions for federal income tax purposes. Payments may be deducted as ordinary business expenses.

November 2018

Dear Colleague:

Today's health care environment is changing rapidly as hospitals and health systems continue to redefine the "H" and new entrants look for opportunities to disrupt health care delivery. Coupled with an unstable political environment, it can feel overwhelming.

At the American Hospital Association (AHA), we believe the best way to manage change is to lead it. That is why we are leading the effort on Capitol Hill and with the regulatory agencies to **modernize public policy** and **reduce the burden** on hospitals and health systems, and fighting to **ensure hospitals have the resources they need** to care for their patients and communities.

And that is why we have built an **agenda for innovation and transformation** that will involve the entire association and our membership. Many of you have expressed a desire for the AHA to provide additional assistance to help you both navigate today's challenges and seize tomorrow's opportunities. You have urged us to think boldly and provide assistance with innovation and transformation through broader field engagement. And we have listened.

At the heart of our agenda is the **new AHA Center for Health Innovation**, which harnesses the work of Health Forum, the Health Research & Educational Trust, AHA's Data Center and *The Value Initiative*. The Center aims to help you drive high-impact innovation and transformation with market intelligence, key insights, targeted education, actionable data and tools that address your unique situation as you work to advance health. Notably, it will tackle today's priority issues, including affordability and value, performance improvement, population health, new delivery models, emerging issues and building innovation capacity.

In addition, we are **expanding our advocacy agenda** to embrace new public policy ideas that better reflect the directions our members are heading and to identify and offer solutions to long-term challenges. Putting patients first will always be the cornerstone of our work with Congress and the federal regulatory agencies. Our enhanced agenda will not only seek to help level the playing field between hospitals and new entrants, but build upon and expand our efforts to:

- reduce the regulatory burden that places paperwork over patients;
- strengthen vital health programs such as Medicare and Medicaid; and
- protect access to care, particularly for our most vulnerable.

We have seen some great progress, but know we still have work to do in many areas. **A list of just some of the ways we have successfully advocated on your behalf in 2018 is available at www.aha.org/value.**

We are also taking steps to **strengthen our field engagement** with new and innovative ways to engage members in the life of the association. For example, we are further **enhancing our member communications and digital presence**.

- *AHA Today*, our flagship e-newsletter, brings you the news, insights and resources you need six days a week directly to your inbox.
- We've developed a new *Presentation Center* on our newly revamped www.AHA.org that allows you to download customizable slide presentations, talking points and background materials on some of the hottest topics in health care.
- *AHA Guide* and *AHA Hospital Statistics* have gone digital, providing access to the latest hospital and health system information from anywhere and allowing you to update your information in real time.

We also continue to evaluate and enhance our offerings to **ensure everyone feels they have a home at the AHA**.

- The Institute for Diversity in Health Management has become the *Institute for Diversity and Health Equity* in recognition of the broader demand for both increasing diversity in leadership and advancing health equity leadership. To reflect our commitment to equity and inclusion, Institute membership is now part of your AHA membership rather than a separate engagement.
- Similarly, we reconstituted our Physician Leadership Forum as the *AHA Physician Alliance*. This group aims to strengthen the voice of physician leaders in health policy and practice while helping them lead well, be well and care well.
- We continue to expand our resources for hospital and health system trustees through our new *Trustee Services* division. Our monthly, multimedia package provides resources and education designed specifically for this important audience on both governance topics and the forces driving American health care.

We've also **enhanced our data capabilities** to bring you the data and insights you need, at your fingertips.

As they say, the future is now. We are honored that you have joined us as we seek to transform and continue to improve care for generations to come. As you continue to redefine the "H," we will make sure the "A" – your association – is here to support you. If you have any questions about your dues invoice, please call (312) 422-2750 and a representative from our Field Engagement team will be happy to assist you.

Yours in advancing health in America,



Nancy Howell Agee
2018 Chair, AHA Board of Trustees



Richard J. Pollack
President and CEO

| | | HR Dashboard | | | | | | | | | | | | | |
|----------------------|---|---------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|-----------|--------|--------|-------|
| Measurement | | 18-Nov | 18-Oct | 18-Sep | 18-Aug | 18-Jul | 18-Jun | 18-May | 18-Apr | 18-Mar | 18-Feb | 18-Jan | 17-Dec | 17-Nov | |
| Employee Population | Available workforce | Rolling 12 Variance | | | | | | | | | | | | | |
| | Full-time | 17 | 366 | 365 | 361 | 350 | 351 | 345 | 353 | 351 | 350 | 347 | 353 | 350 | 349 |
| | Part-time | -12 | 130 | 133 | 135 | 134 | 134 | 139 | 139 | 139 | 137 | 140 | 140 | 140 | 142 |
| | Per Diem | 17 | 104 | 100 | 97 | 95 | 92 | 90 | 91 | 91 | 92 | 90 | 85 | 85 | 87 |
| | Total Employees | 22 | 600 | 598 | 593 | 579 | 577 | 574 | 583 | 581 | 579 | 577 | 578 | 575 | 578 |
| Turnover | Quality of recruitment and retention | Rolling 12 Total | | | | | | | | | | | | | |
| | Voluntary (excludes pd terms, includes reduction of FTE to pd) | 119 | 7 | 9 | 4 | 17 | 8 | 16 | 8 | 8 | 10 | 10 | 6 | 8 | 8 |
| | Involuntary (excludes pd terms) | 15 | 2 | 1 | 2 | 0 | 1 | 1 | 0 | 1 | 1 | 2 | 2 | 1 | 1 |
| | Overall Percentage (excludes pd terms, includes reduction of FTE to pd) | 23.05% | 1.50% | 1.67% | 1.01% | 2.94% | 1.56% | 2.96% | 1.37% | 1.55% | 1.90% | 2.08% | 1.38% | 1.57% | 1.56% |
| | Total All Employees Separated | 145 | 7 | 13 | 7 | 17 | 13 | 16 | 12 | 8 | 11 | 12 | 10 | 11 | 8 |
| General Recruitment | Efficiency of sourcing, selecting and placing talent | Rolling 12 Total | | | | | | | | | | | | | |
| | Open Postings | 228 | 12 | 14 | 15 | 37 | 13 | 14 | 14 | 13 | 23 | 14 | 19 | 14 | 26 |
| | Unique Applications Received | 2053 | 179 | 242 | 248 | 224 | 192 | 133 | 135 | 137 | 169 | 80 | 111 | 78 | 125 |
| | Employees Hired | 181 | 16 | 18 | 21 | 16 | 18 | 7 | 14 | 11 | 13 | 14 | 12 | 10 | 11 |
| | Time to Fill (Average) | 43.71 | 43.00 | 45.65 | 47.0 | 45.10 | 46.74 | 48.40 | 48.53 | 51.00 | 41.89 | 49.7 | 34 | 33 | 34.2 |
| Provider Recruitment | Efficiency of sourcing, selecting and placing talent | Rolling 12 Total | | | | | | | | | | | | | |
| | Open Postings | 39 | 5 | 4 | 6 | 7 | 10 | 0 | 0 | 1 | 1 | 0 | 2 | 1 | 2 |
| | Open Slots | 29 | 5 | 4 | 6 | 7 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 1 | 2 |
| | Unique Applications Received | 56 | 1 | 3 | 5 | 5 | 7 | 1 | 7 | 0 | 0 | 2 | 9 | 4 | 12 |
| | Candidates Interviewed | 28 | 2 | 6 | 2 | 0 | 4 | 2 | 4 | 2 | 1 | 0 | 2 | 1 | 2 |
| Benefits | Financial impact of adding talent | Rolling 12 Total | | | | | | | | | | | | | |
| | Workers Comp Claims | 48 | 3 | 3 | 3 | 4 | 0 | 4 | 1 | 4 | 6 | 4 | 9 | 3 | 4 |
| | Time Loss Days | 393 | 30 | 9 | 19 | 13 | 28 | 59 | 76 | 34 | 27 | 4 | 33 | 31 | 30 |
| | Employee Population on Medical Benefits (Average) | 66.5% | 66.0% | 65.7% | 65.4% | 66.0% | 66.7% | 66.7% | 66.2% | 67.1% | 66.0% | 67.2% | 67.0% | 68.3% | 66.3% |
| | Total cost in benefits per FTE - welfare (Average) | - | \$ 972.83 | \$ 881.21 | \$ 875.65 | \$ 847.32 | \$ 803.07 | \$ 886.24 | \$ 876.48 | \$ 890.63 | \$ 1,044.44 | \$ 880.85 | - | - | - |
| Evaluations | Providing timely feedback to employee | Total Percentage | | | | | | | | | | | | | |
| | Percentage of employees with completed annual evaluation | 90.0% | 90.0% | 83.1% | 84.3% | 86.6% | 89.2% | 92.8% | 92.8% | 86.5% | 87.2% | 86.7% | 89.9% | 90.8% | 90.9% |

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date December 13, 2018

TO: Board of Commissioners
 Mandy Weed

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. Please stop by Mandy's office prior to the next Board meeting if you wish to review these credentials files.

| <u>PRACTITIONER</u> | <u>STATUS</u> | <u>APT/REAPT</u> | <u>SITE</u> |
|----------------------|------------------------|---------------------|---------------------|
| Vanessa Wright, MD | Provisional/Ambulatory | Initial Appointment | KVH-FME |
| Thomas Ellingson, MD | Provisional/Active | Initial Appointment | KVH Hospitalist |
| Courtney Carter, MD | Provisional/Associate | Initial Appointment | Direct Radiology |
| Kent Hall, MD | Provisional/Associate | Initial Appointment | Direct Radiology |
| Anjali Roy, MD | Provisional/Associate | Initial Appointment | Direct Radiology |
| Teppe Popovich, MD | Provisional/Associate | Initial Appointment | Direct Radiology |
| Robert Ortiz, MD | Associate | Reappointment | Yakima Heart Center |
| David Krueger, MD | Associate | Reappointment | Yakima Heart Center |
| Thomas Mirich, MD | Active | Reappointment | KVH Orthopedics |
| Richard Vaughan, MD | Ambulatory | Reappointment | Family Health Care |
| Byron L. Haney, MD | Provisional/Active | Reappointment | Family Health Care |

December 2018

Medical Staff Services:

- Mitch Engel continues to work on recruiting OB/GYN, general surgery, internal medicine, and family medicine providers per our staff development plan. We interviewed 2 providers. One, an internist, has accepted an offer to work at KVK Internal Medicine and an offer was made to an OB/GYN and we expect to hear from her mid-January. Family Medicine – Ellensburg welcomed Anna Parr, PA-C, and William Phillips, PA-C, in late November.
- Lisa Potter is working on a number of fronts. These include:
 - **Pulmonary Rehab Program**
 - We have a good idea of the basic program requirements now, as well as potential staffing models and equipment needs. Reimbursement for this service will likely be primarily cost based, and we are in process of capturing as much of the expense as possible to provide an estimate on reimbursement when putting together the financial analysis.
 - **Tele-Psychiatry**
 - We had a phone meeting with our RHC consultant and she is doing further research into the reimbursement options for this service line. We are most interested in determining whether these visits can be billed as RHC encounters, which will inform our direction moving forward.
 - **Palliative Care Program**
 - Efforts are in the beginning phase of this project, with the focus on understanding who the patients are, the referral criteria/regulatory requirements and the financial model.
 - **Swing Bed Unit**
 - As part of the fact finding stage a site visit to Odessa Memorial is planned in January. Odessa operates a robust swing bed program (estimate 90% swing bed, 10% acute). More details to come after the site visit takes place.
 - **Wound Care**
 - Focus is being given to capturing new patient referrals. For the first time since going live, the program has capacity to take on new patients. Marketing efforts are being made to tie in wound care with diabetes awareness month (Michele Wurl is leading that), and Lisa is making additional arrangements for Mary Nouwens to gain face time with our providers through presence at a full staff meeting and clinic huddles.
- Kyle West is currently working on 11 initial appointments, 2 students, and 15 reappointments.

CMO activities:

- **Community & Regional Partnerships**
 - Greater Columbia Accountable Community of Health: I continue as facilitator of the Transition Care Project (Project 2C). I also participated in the Healthcare Provider Sector meeting on 12/13 and the Leadership meeting on 12/20.
 - Our team met with GCACH practice transformation coaches 11/26. GCACH is now offering up to \$220,000 to support this for each of 3 sites at KVH, helping to integrate care in the hospital and both of our family medicine practices. More information on GCACH and PCMH may be found at <https://gcach.org/news/Featured-News/Patient-Centered-Medical-Home-PCMH-Model>

CHIEF MEDICAL OFFICER – Kevin Martin, MD

December 2018

- I attended a meeting of the Washington Rural Health Collaborative Physicians' Leadership by phone on 12/17. Of particular note were further discussions about how rural health providers around the state can partner around staffing, education, and specialty services. WRHC is ready to pilot rural access to several specialty services by virtual visits, and we are watching this opportunity.
- Work continues in preparation for the Evidence-Based Medicine workshop March 29 & 30. The WRHC Physician Leadership meeting will be held that Friday evening in Ellensburg and hosted by KVH.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer

November Operating Results

- Average daily IP census of 10 patients was above budget by 2.5 patients. The average daily census for observation patients was 2.1 patients compared to a budget of 2.9. Overall, the average census was 12.1 patients compared to budget of 10.4 patients.
- Overall gross revenue of \$12,785,261, exceeded budget by \$1,159,329 or 10%. Year to date revenue exceeds budget by \$1,667,763 and is 7.7% above last year.
- There were 5 more deliveries than budgeted in November. Inpatient surgical volume was strong in November with inpatient cases exceeding budget by 4 surgeries.
- Deductions from Revenue exceeded budget by \$967,429 or 18.7% for the month. On a year to date basis Deductions from Revenue exceed budget by \$3,631,116 or 6.4%. Deductions from Revenue year to date through November are 46.8% of gross revenue.
- Overall operating expenses exceeded budget by \$228,370 in November but are below budget by \$217,793 year to date. Paid FTEs were 1.1% under budget and under budget by 1.7% year to date. Temporary labor expense exceeded budget in Family Birthing Place, Surgical Services, Physical Therapy, Ultrasound, Home Health, and Revenue Cycle. Benefits are above budget due to medical benefit expense. Purchased service expense exceeded budget in Imaging, Pharmacy, Revenue Cycle, and Community Relations.
- November operations resulted in an operating gain of \$232,600 compared to the budget of \$177,842. Year to date the operating gain is \$117,524 compared to the budget of \$849,054. The year to date operating margin is 0.16% compared to a year to date budget of 1.18 %.
- Days in Accounts Receivable was 105 days at the end of November, a reduction of 7 days from October.
- Days Cash on Hand was 142 at end of November, an increase of 3.1 days from October.

OneSource – Cash Recovery Plan

- Daily cash collections in November are significantly higher than previous months. The average daily cash collections for OneSource exceeded \$300,000. Our Discharged Not Final Billed numbers are reduced from the prior month but we continue to identify and implement best practices in both coding and billing.

Financial Sustainability

- We are reviewing and finalizing the 2019 budget for presentation to the Board for approval at the regular January meeting.

Kittitas Valley Healthcare
Key Statistics and Indicators
November 2018

| Activity Measures | | Current Month | | | Year to Date | | | Prior YTD | |
|---------------------------|---------------------------------------|---------------|----------|---------|--------------|----------|---------|-----------|---------|
| | | Actual | Budget | Var. % | Actual | Budget | Var. % | Actual | Var. % |
| 01 | Admissions | 80 | 79 | 1.3% | 868 | 873 | -0.6% | 812 | 6.9% |
| 02 | Patient Days - W/O Newborn | 301 | 225 | 34.0% | 2,489 | 2,476 | 0.5% | 2,264 | 9.9% |
| 03 | Avg Daily IP Census | 10.0 | 7.5 | 34.0% | 7.5 | 7.4 | 0.5% | 6.8 | 9.9% |
| 04 | Average Length of Stay | 3.8 | 2.8 | 32.3% | 2.9 | 2.8 | 1.1% | 2.8 | 2.8% |
| 05 | Deliveries | 33 | 28 | 17.9% | 302 | 305 | -1.0% | 292 | 3.4% |
| 06 | Case Mix Inpatient | 1.31 | 1.00 | 31.4% | 1.16 | 1.00 | 15.5% | 1.07 | 8.0% |
| 07 | Surgery Minutes - Inpatient | 4,278 | 2,758 | 55.1% | 34,372 | 30,744 | 11.8% | 30,767 | 11.7% |
| 08 | Surgery Minutes - Outpatient | 6,564 | 7,149 | -8.2% | 74,146 | 79,686 | -7.0% | 72,773 | 1.9% |
| 09 | Surgery Procedures - Inpatient | 28 | 24 | 16.7% | 256 | 265 | -3.4% | 265 | -3.4% |
| 10 | Surgery Procedures - Outpatient | 98 | 121 | -19.0% | 1,106 | 1,353 | -18.3% | 1,236 | -10.5% |
| 11 | ER Visits | 1,162 | 1,084 | 7.2% | 12,552 | 11,922 | 5.3% | 12,071 | 4.0% |
| 12 | Laboratory | 16,166 | 15,513 | 4.2% | 190,455 | 170,717 | 11.6% | 174,999 | 8.8% |
| 13 | Radiology Exams | 2,415 | 2,825 | -14.5% | 27,159 | 31,595 | -14.0% | 31,116 | -12.7% |
| 14 | Rehab Visit | 3,036 | 1,241 | 144.6% | 14,090 | 13,824 | 1.9% | 12,467 | 13.0% |
| 15 | Outpatient Visits | NA | NA | NA | NA | NA | NA | NA | NA |
| 16 | Outpatient Percent of Total Revenue | 81.2% | 84.4% | -3.7% | 84.6% | 84.2% | 0.4% | 84.6% | 0.0% |
| 17 | Clinic Visits | 5,142 | 5,035 | 2.1% | 53,272 | 52,876 | 0.7% | 46,692 | 14.1% |
| 18 | Adjusted Patient Days | 1,607 | 1,440 | 11.6% | 16,110 | 15,711 | 2.5% | 14,674 | 9.8% |
| 19 | Equivalent Observation Days | 62 | 88 | -29.0% | 1,001 | 965 | 3.8% | 858 | 16.7% |
| 20 | Avg Daily Obs Census | 2.1 | 2.9 | -29.0% | 3.0 | 2.9 | 3.8% | 2.6 | 16.7% |
| Financial Measures | | | | | | | | | |
| 21 | Salaries as % of Operating Revenue | 48.9% | 50.9% | 4.0% | 51.5% | 51.2% | -0.5% | 53.0% | 2.9% |
| 22 | Total Labor as % of Operating Revenue | 60.8% | 62.4% | 2.7% | 63.4% | 63.3% | -0.2% | 65.3% | 2.9% |
| 23 | Revenue Deduction % | 47.9% | 44.4% | -8.0% | 46.8% | 44.5% | -5.0% | 46.2% | -1.2% |
| 24 | Operating Margin | 3.4% | 2.7% | 25.4% | 0.2% | 1.2% | -86.0% | 2.4% | -93.3% |
| Operating Measures | | | | | | | | | |
| 25 | Productive FTE's | 410.7 | 426.2 | 3.6% | 415.4 | 423.5 | 1.9% | 406.2 | -2.2% |
| 26 | Non-Productive FTE's | 63.1 | 52.8 | -19.5% | 52.9 | 52.8 | -0.1% | 51.5 | -2.7% |
| 27 | Paid FTE's | 473.9 | 479.1 | 1.1% | 468.3 | 476.3 | 1.7% | 457.7 | -2.3% |
| 28 | Operating Expense per Adj Pat Day | \$ 4,136 | \$ 4,457 | 7.2% | \$ 4,416 | \$ 4,542 | 2.8% | \$ 4,370 | -1.1% |
| 29 | Operating Revenue per Adj Pat Day | \$ 4,281 | \$ 4,580 | -6.5% | \$ 4,423 | \$ 4,596 | -3.8% | \$ 4,479 | -1.2% |
| 30 | A/R Days-Hospital Only | 105.0 | 50.0 | -110.0% | 105.0 | 50.0 | -110.0% | 48.1 | -118.3% |
| 31 | Days Cash on Hand | 142.0 | 175.0 | -18.9% | 142.0 | 175.0 | -18.9% | 235.7 | -39.8% |

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 | 2,397,771 | 1,816,410 | 581,360 | 19,954,163 | 20,093,775 | (139,612) | 18,504,078 |
| OUTPATIENT REVENUE | 8,451,831 | 8,205,311 | 246,520 | 93,085,152 | 90,495,927 | 2,589,225 | 86,763,516 |
| CLINIC REVENUE | 1,935,659 | 1,604,210 | 331,449 | 16,126,332 | 16,908,182 | (781,850) | 14,668,383 |
| REVENUE | 12,785,261 | 11,625,932 | 1,159,329 | 129,165,647 | 127,497,884 | 1,667,763 | 119,935,977 |
| CONTRACTUALS | 5,646,560 | 4,821,808 | 824,752 | 55,972,884 | 53,028,517 | 2,944,367 | 51,828,597 |
| PROVISION FOR BAD DEBTS | 284,654 | 209,331 | 75,323 | 2,842,091 | 2,309,441 | 532,650 | 2,160,412 |
| FINANCIAL ASSISTANCE | 66,008 | 73,266 | (7,258) | 931,016 | 808,304 | 122,712 | 761,685 |
| OTHER DEDUCTIONS | 133,225 | 58,613 | 74,612 | 678,031 | 646,643 | 31,388 | 707,782 |
| DEDUCTIONS FROM REVENUE | 6,130,446 | 5,163,017 | 967,429 | 60,424,021 | 56,792,905 | 3,631,116 | 55,458,477 |
| NET PATIENT SERVICE REVENUE | 6,654,814 | 6,462,915 | 191,899 | 68,741,626 | 70,704,979 | (1,963,353) | 64,477,500 |
| OTHER OPERATING REVENUE | 224,435 | 133,206 | 91,228 | 2,517,233 | 1,503,202 | 1,014,031 | 1,252,216 |
| TOTAL OPERATING REVENUE | 6,879,249 | 6,596,121 | 283,127 | 71,258,858 | 72,208,181 | (949,323) | 65,729,716 |
| SALARIES | 3,363,948 | 3,360,617 | 3,331 | 36,705,023 | 37,004,728 | (299,705) | 34,867,239 |
| TEMPORARY LABOR | 84,863 | 13,470 | 71,393 | 515,359 | 186,086 | 329,273 | 385,524 |
| BENEFITS | 816,539 | 758,459 | 58,081 | 8,451,036 | 8,677,345 | (226,309) | 8,049,524 |
| PROFESSIONAL FEES | 29,638 | 61,538 | (31,901) | 565,612 | 892,792 | (327,181) | 698,159 |
| SUPPLIES | 802,030 | 790,107 | 11,923 | 8,304,121 | 8,787,878 | (483,756) | 8,003,217 |
| UTILITIES | 69,293 | 79,083 | (9,790) | 856,957 | 937,535 | (80,578) | 792,269 |
| PURCHASED SERVICES | 725,040 | 693,760 | 31,280 | 9,116,259 | 7,623,010 | 1,493,249 | 5,135,180 |
| DEPRECIATION | 437,969 | 258,529 | 179,441 | 2,777,043 | 2,871,187 | (94,144) | 2,561,041 |
| RENTS AND LEASES | 108,014 | 151,574 | (43,560) | 1,254,431 | 1,532,311 | (277,881) | 1,256,469 |
| INSURANCE | 37,132 | 47,438 | (10,305) | 420,743 | 521,812 | (101,069) | 446,744 |
| LICENSES & TAXES | 39,542 | 78,484 | (38,942) | 686,563 | 865,234 | (178,670) | 785,635 |
| INTEREST | 63,639 | 50,468 | 13,171 | 648,907 | 555,152 | 93,755 | 343,896 |
| TRAVEL & EDUCATION | 31,568 | 33,754 | (2,186) | 311,885 | 427,650 | (115,765) | 352,384 |
| OTHER DIRECT | 37,434 | 40,998 | (3,564) | 527,395 | 476,407 | 50,988 | 445,570 |
| EXPENSES | 6,646,649 | 6,418,279 | 228,370 | 71,141,334 | 71,359,127 | (217,793) | 64,122,850 |
| OPERATING INCOME (LOSS) | 232,600 | 177,842 | 54,757 | 117,524 | 849,054 | (731,530) | 1,606,866 |
| OPERATING MARGIN | 3.38% | 2.70% | 19.34% | 0.16% | 1.18% | 77.06% | 2.44% |
| NON-OPERATING REV/EXP | 176,186 | 142,350 | 33,836 | 1,798,529 | 1,850,540 | (52,010) | 1,415,692 |
| NET INCOME (LOSS) | 408,786 | 320,192 | 88,593 | 1,916,053 | 2,699,593 | (783,540) | 3,022,558 |
| UNIT OPERATING INCOME | | | | | | | |
| HOSPITAL | 115,073 | 326,970 | (211,897) | 2,062,867 | 2,980,069 | (917,202) | 4,018,119 |
| URGENT CARE | 10,858 | 6,249 | 4,609 | (158,163) | 49,820 | (207,983) | 128,802 |
| CLINICS | 124,878 | (215,914) | 340,793 | (2,197,084) | (2,834,979) | 637,896 | (3,084,624) |
| HOME CARE COMBINED | (18,209) | 60,538 | (78,747) | 409,903 | 654,144 | (244,241) | 544,569 |
| OPERATING INCOME | 232,600 | 177,842 | 54,757 | 117,524 | 849,054 | (731,530) | 1,606,866 |

11/30/2018

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

| | YEAR TO DATE | PRIOR YEAR END | CHANGE |
|---|-------------------|-------------------|-------------------|
| CASH AND CASH EQUIVALENTS | 3,084,019 | 2,807,871 | 276,148 |
| ACCOUNTS RECEIVABLE | 41,019,228 | 17,233,881 | 23,785,347 |
| ALLOWANCE FOR CONTRACTUAL | (20,779,498) | (8,991,453) | (11,788,044) |
| THIRD PARTY RECEIVABLE | 300 | 1,301,364 | (1,301,064) |
| OTHER RECEIVABLES | 433,291 | 515,263 | (81,972) |
| INVENTORY | 1,414,801 | 1,424,982 | (10,181) |
| PREPAIDS | 491,864 | 795,740 | (303,876) |
| INVESTMENT FOR DEBT SVC | 2,594,493 | 419,923 | 2,174,570 |
| CURRENT ASSETS | 28,258,499 | 15,507,571 | 12,750,928 |
| INVESTMENTS | 23,377,001 | 29,985,653 | (6,608,652) |
| PLANT PROPERTY AND EQUIPMENT | 78,403,238 | 74,186,394 | 4,216,844 |
| ACCUMULATED DEPRECIATION | 40,162,527 | 37,256,104 | 2,906,423 |
| NET PROPERTY, PLANT, & EQUIP | 38,240,711 | 36,930,290 | 1,310,421 |
| OTHER ASSETS | (0) | (0) | 0 |
| NONCURRENT ASSETS | 38,240,711 | 36,930,290 | 1,310,421 |
| ASSETS | 89,876,210 | 82,423,513 | 7,452,697 |
| ACCOUNTS PAYABLE | 1,265,579 | 1,644,923 | (379,343) |
| ACCRUED PAYROLL | 700,708 | 1,058,758 | (358,050) |
| ACCRUED BENEFITS | 588,540 | 1,192,503 | (603,963) |
| ACCRUED VACATION PAYABLE | 2,158,174 | 1,864,043 | 294,130 |
| THIRD PARTY PAYABLES | 1,890,835 | 1,590,200 | 300,635 |
| CURRENT PORTION OF LONG TERM DEBT | 2,418,101 | 2,208,666 | 209,435 |
| OTHER CURRENT LIABILITIES | 0 | 0 | 0 |
| CURRENT LIABILITIES | 9,021,937 | 9,559,093 | (537,156) |
| ACCRUED INTEREST | 328,199 | 178,079 | 150,120 |
| BOND PREMIUM 2008 REFUND | 0 | 18,397 | (18,397) |
| DEFERRED TAX COLLECTIONS | 119,459 | 0 | 119,459 |
| DEFERRED REVENUE HOME HEALTH | 93,449 | 120,268 | (26,819) |
| DEFERRED LIABILITIES | 541,108 | 316,744 | 224,364 |
| LTD - 2008 UTGO BONDS | 1,355,000 | 1,355,000 | 0 |
| LTD - 2009 LTGO BONDS | 0 | 2,754,616 | (2,754,616) |
| LTD - 2017 REVENUE BONDS | 13,399,698 | 13,500,000 | (100,302) |
| LTD - 2018 REVENUE BOND | 6,000,000 | 0 | 6,000,000 |
| LTD - 2018 LTGO & REVENUE REFUND BONDS | 2,913,789 | 0 | 2,913,789 |
| CURRENT PORTION OF LONG TERM DEBT CONTI | (2,418,101) | (2,208,666) | (209,435) |
| LONG TERM DEBT | 21,250,386 | 15,400,950 | 5,849,436 |
| NONCURRENT LIABILITIES | 21,791,494 | 15,717,694 | 6,073,800 |
| FUND BALANCE | 57,146,727 | 57,146,727 | 0 |
| NET REVENUE OVER EXPENSES | 1,916,053 | 0 | 1,916,053 |
| FUND BALANCE | 59,062,780 | 57,146,727 | 1,916,053 |
| TOTAL LIABILITIES & FUND BALANCE | 89,876,210 | 82,423,513 | 7,452,697 |

Kittitas Valley Healthcare

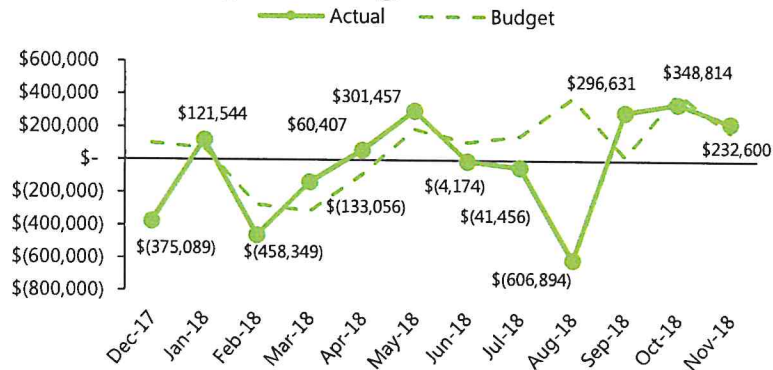
Balance Sheet and Cash Flow

Statement of Cash Flow

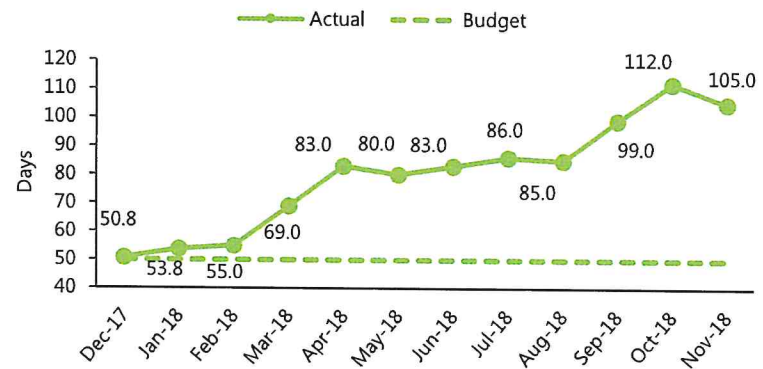
| | |
|--|---------------------|
| | CASH |
| NET BOOK INCOME | 1,916,053 |
| ADD BACK NON-CASH EXPENSE | |
| DEPRECIATION | 2,906,423 |
| PROVISION FOR BAD DEBTS | |
| LOSS ON SALE OF ASSETS | |
| NET CASH FROM OPERATIONS | 4,822,476 |
| CHANGE IN CURRENT ASSETS (\$) | |
| PATIENT ACCOUNTS | (11,997,303) |
| OTHER RECEIVABLES | 1,383,036 |
| INVENTORIES | 10,181 |
| PREPAID EXPENSES & DEPOSITS | 303,876 |
| INVESTMENT FOR DEBT SVC | (2,174,570) |
| TOTAL CURRENT ASSETS | (12,474,780) |
| INVESTMENTS | 6,608,652 |
| PROPERTY, PLANT, & EQUIP. | (4,216,844) |
| OTHER ASSETS | 0 |
| TOTAL ASSETS | (5,260,496) |
| CHANGE IN CURRENT LIABILITIES (\$) | |
| ACCOUNTS PAYABLE | (379,343) |
| ACCRUED SALARIES | (358,050) |
| ACCRUED EMPLOYEE BENEFITS | (603,963) |
| ACCRUED VACATIONS | 294,130 |
| COST REIMBURSEMENT PAYABLE | 300,635 |
| CURRENT MATURITIES OF LONG-TERM DEBT | 209,435 |
| CURRENT MATURITIES OF CAPITAL LEASES | 0 |
| TOTAL CURRENT LIABILITIES | (537,156) |
| CHANGE IN OTHER LIABILITIES (\$) | |
| ACCRUED INTEREST ON 1998, 1999 UTGO | 150,120 |
| 2008 UTGO REFUNDING BOND PREMIUM | (18,397) |
| DEFERRED TAX COLLECTIONS | 119,459 |
| DEFERRED REVENUE - HOME HEALTH | (26,819) |
| TOTAL OTHER LIABILITIES | 224,364 |
| CHANGE IN LT DEBT & CAPITAL LEASES (\$) | |
| LTD - 2008 UTGO BONDS | 0 |
| LTD - 2009 LTGO BONDS | (2,754,616) |
| LTD - 2017 REVENUE BONDS | (100,302) |
| LTD - 2018 REVENUE BOND | 6,000,000 |
| LTD - 2018 LTGO & REVENUE REFUND BONDS | 2,913,789 |
| CURRENT PORTION OF LONG TERM DEBT | (209,435) |
| TOTAL LONG-TERM DEBT & LEASES | 5,849,436 |
| TOTAL LIABILITIES | 5,536,644 |
| NET CHANGE IN CASH | 276,148 |
| BEGINNING CASH ON HAND | 2,807,871 |
| ENDING CASH ON HAND | 3,084,019 |

Financial Sustainability

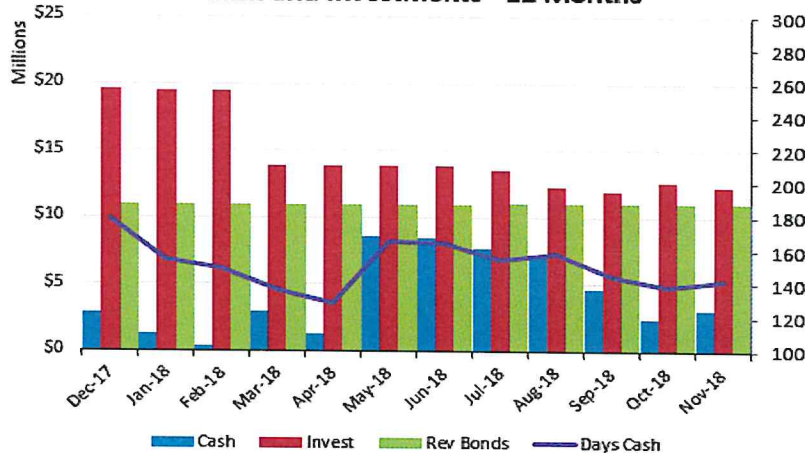
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

| | CY 2016 | CY 2017 | YTD 2018 |
|------------|---------|---------|----------|
| Medicare | 40.68% | 40.47% | 41.95% |
| Medicaid | 18.82% | 18.90% | 18.43% |
| Commercial | 33.58% | 33.14% | 31.87% |
| Self Pay | 4.10% | 4.31% | 3.51% |
| Other | 2.82% | 3.18% | 4.24% |



OPERATIONS REPORT

December 2018

PATIENT CARE OPERATIONS

- **Food and Nutrition Services:**

The new staffing matrix and job duties have been in place for about a month and the staff seems to be adjusting to the changes. The new schedule makes for additional days off and better work-life balance. The department has been really busy with additional catering and events planned due to the holidays. A big "Thank you" to the staff.

- **Phillips Monitoring Project:**

We have begun the initial planning for the upgrade of the Phillips Monitoring System. We will be meeting as a team weekly to make sure that all impacted will be prepared. We will need to train approximately 100 staff members on the new system when it is complete.

- **Swing Bed Program:**

On January 4, Jeff Holdeman, Vicky Machorro, Scott Olander and Becky Littke, will be taking a trip to Odessa to tour and see the "Swing Bed" program at the hospital there. They have a successful program and we hope to gain some insights and information regarding the implementation and stability of the program.

- **The Safe-Staffing Committee:**

Consists of WSNA nurses from each department and the department Directors, has been meeting monthly to complete the staffing plans for each departments. The plans are now complete and have been submitted to the Washington State Department of Health, which is a new requirement. Each staffing plan must be evaluated at least twice annually.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Home Health & Hospice:**

We are preparing to switch to utilizing the KVH Retail Pharmacy to fill our Hospice prescriptions. This will be a cost saving measure for Hospice and also improve customer service by filling locally instead of mail order. We go live with the KVH pharmacy on January 19.

- **340 B Program:**

We have signed a contract with Express Scripts/Accredo to be contract pharmacies for mail order and specialty prescriptions. These are the pharmacies utilized by our new

insurance carrier to fill mail order or specialty medications and will enable us to capture 340B revenue from employee prescriptions filled at these pharmacies.

- **Rehab Services:**

The DOH requirements for the remodel of the 309 Annex have put the project costs over the amount previously approved by the Board. We will be discussing this in more detail at the Board meeting and requesting additional funds for the project.

- **Hospital District 2:**

HD2 has toured several ambulance garages and fire stations as they proceed with their master site plan, with the first project being an ambulance garage.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Washington Student Achievement Council:**

I completed all applications for site approval in November for Washington Student Achievement Council. This is a two prong loan repayment program that approves State and Federal loan repayment. This program offers loan repayment for MD/DO's, NP/PA's, CNM's, RN's and LPN's. I found out in December the following clinics are approved: Family Medicine Cle Elum, Family Medicine Ellensburg, Internal Medicine, Pediatrics and Women's Health. This is exciting news for our employees with these credentials that are still working on school loans.

- **MAC (Medical Arts Center):**

The FME is doing great work with their design. We should be freezing the plans any day so that we can begin the next phase. There has been a mock up exam room set up for them to review and provide feedback on. Pediatrics are also starting the design phase and have already had some great conversation about space.

- **MA Apprentice Graduation:**

We celebrated our first apprentice graduation on December 11th. Dr. Merrill-Steskal kicked off the celebration with some kind words about our graduates, Alisha Liedtke and Miranda Flores. Matt Altman represented the Board by speaking to the dedication to the program as well as our patients. Stories were shared which evoked laughter and tears. A proud moment for these students and a proud moment for KVH.

- **ESD Hope training:**

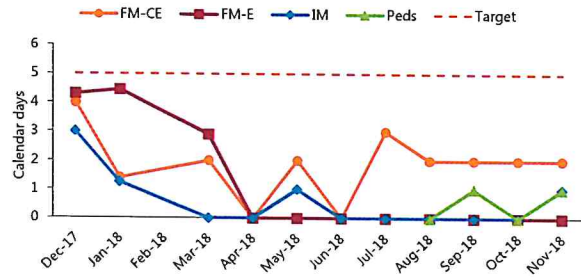
April Grant continues to work with Ellensburg School District on the MHAT (Mental Health Advisory Team) in conjunction with the grant they received. The first roll out of training will happen in January. The school will train one student from each grade in

middle school and high school as well as the school counselors on suicide awareness/prevention. This training will be to create what they will call the Hope Squad.

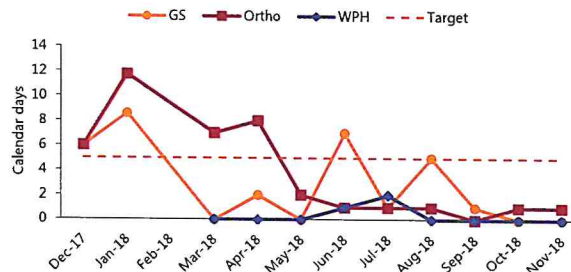
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

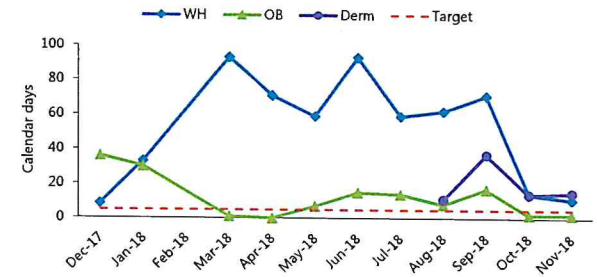
Third available appointment
for established patients



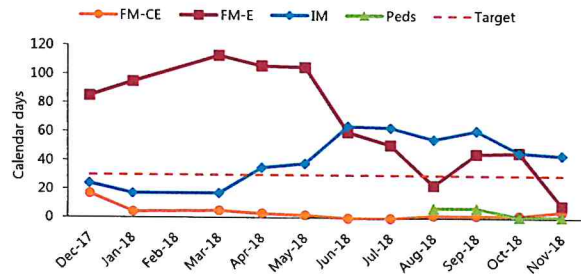
Third available appointment
for established patients



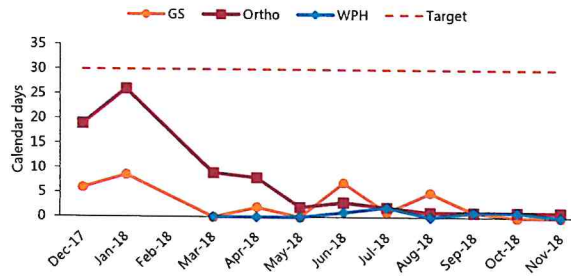
Third available appointment
for established patients



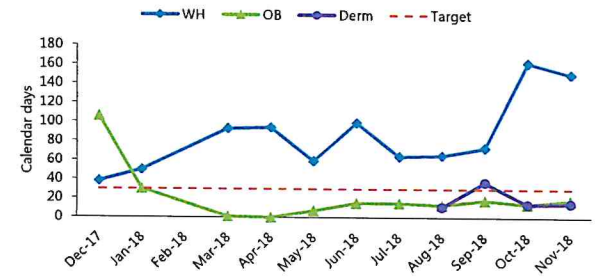
Third available appointment
for new patients



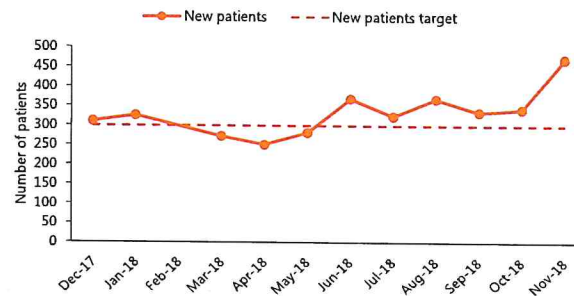
Third available appointment
for new patients



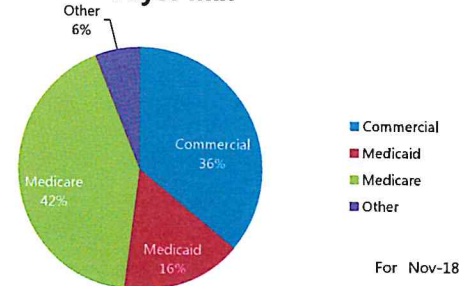
Third available appointment
for new patients



New patients



Payor Mix



COMMUNITY RELATIONS – Michele Wurl

December 1 – December 31, 2018

Happy New Year!!!

External Outreach activities:

- CASA Dinner (12/6)
- Central WA Dance Ensemble's Nutcracker
- Sent holiday greeting cards to community partners
- Ellensburg Downtown Association's Girls Night out (12/6)

Internal Outreach activities:

- Employee forums in Ellensburg (12/5 and Cle Elum 12/6)
- Foundation/Administration/Board of Commissioners Social (12/6)
- Holiday week activities for employees thanks to the Recognition team (12/10-12/14)
- 12 days of giving to employees thanks to the Recognition team
- 'Late Night pajama party' at the gift shop with D&M remaining open late (12/14)

Collaborations & Partnerships:

- CASA
- Central Washington Dance Ensemble
- Bares & Broncs
- Hospice Friends – Memorial in honor of Dr. William Waltner
- KVH Swim Safety program with the City of Ellensburg. See information on page 5 of the Ellensburg Park and Recreation Sept-Dec 2018 booklet. (<https://ci.ellensburg.wa.us/DocumentCenter/View/2381/EPR-Quarterly-Program-Guide?bidId=#page=11>)

Stories/Letters to the Editor:

- Liahna Armstrong patient story (ER and Orthopedics) – released December 10
- Jessica Lopez patient story (24x7 Pharmacy) – released 12/20

Other:

- KVH Strategic plan/core value graphics round 1 posted in the hospital
- KVH Strategic plan information and updates are now available on the front page of the KVH intranet for all employees to see
- Radio spots regarding open access at our family medicine clinics
- There has been a lot of activity on social media this month regarding skin care in the winter (Dermatology), fun holiday activities at KVH, winter safety and patient stories.

On the horizon:

- KVH newsletter
- Press releases introducing Vanessa Wright & Guardian of Excellence award
- Round 2 of KVH Strategic Plan/core value graphics in the hospital
- Hello FISH (partnership with FISH food bank)
- KVH sponsorship of CWU Men's basketball game – January 26
- KVH sponsorship of CWU Women's basketball game – February 21
- 3rd Annual Provider Appreciation Dinner – March 27
- 2nd Evidence Based Medicine Workshop – March 28-30

Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2019

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|--------------------------------|------------------------|---|------------------------------|---|-----------------------------------|--|---|--|-----------------------|---|---|---|
| Regular Meeting | 24 5pm | 28 5pm | 28 5pm | 25 5pm | 23 5pm | 27 5pm | 25 5pm | 22 5pm | 26 5pm | 24 5pm | 12/5 5pm | 1/2 5pm |
| Standing Items | Strategic Plan Refresh | Update Board Ed/Dev Plan | Compliance Plan and Policies | | Acceptance of Financial Audit | | | Approve Budget Assumptions (Operating & Capital) | Board Self-Evaluation | Plan Board Retreat Budget Hearing Annual CEO Evaluation | Approve 2020 Operating and Capital Budgets Approve 2020 Board Committees & 2020 Board Calendar | Update 2019 Operating Budget Election of 2020 Officers 2020 QAPI Approval |
| Presentation Subject to Change | Business Plan Update | Workplace Violence | | Business Plan Update Access Strategy Update | Financial Audit & Cost Report DZA | | Business Plan Update | | | Rural Advocacy & Federal Policy Update Business Plan Update | | |
| EDUCATION AND CONFERENCES | | AHA Rural Health Care Leadership Conference Phoenix, AZ 2/3-2/6 | | IHI Annual Summit San Francisco CA 4/11-4/13 AHA Annual Meeting WA DC 4/7-4/10 | | WSHA Rural Conference Chelan 6/23-6/26 | AHA Leadership Summit San Diego, CA 7/25-7/27 | | | WSHA Annual Meeting Renton 10/9-10/10 | | |
| | | | Board Retreat with Finance | | | Board Retreat | | | | | | |

| | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|-------------------------------|--------------|--------------|---|-------------------------------|---|----------------------------------|--------------|-----------------------|-----------------------------|--------------|----------------|--------------|
| Events | | | Provider Appreciation Dinner 3/27 EBM Workshop 3/29-3/30 | Foundation Gala 4/27/19 | Hospital Week & Meal Service 5/12-5/18 | | | KVH Rodeo BBQ 8/21 | TETWP Rodeo Event 9/1 | | | |
| Board Finance | 22 7:30am | 26 7:30am | 26 7:30am | 23 7:30am | 21 7:30am | 25 7:30am | 23 7:30am | 20 7:30am | 24 7:30am | 22 7:30am | 12/3 7:30am | 31 7:30am |
| MEC | 9 5:15pm | 13 5:15pm | 13 5:15pm | 10 5:15pm | 8 5:15pm | 12 5:15pm | 10 5:15pm | 14 5:15pm | 11 5:15pm | 9 5:15pm | 13 5:15pm | 11 5:15pm |
| QI Council | | 18 3:00pm | | 15 3:00pm | | 17 3:00pm | | 19 3:00pm | | 21 3:00pm | | 16 3:00pm |
| Foundation Board | 29 5:30pm | | 26 5:30pm | | 28 5:30pm | | 30 5:30pm | | 24 5:30pm | | 26 5:30pm | |
| Compliance | 10 10am | 14 10am | 14 10am | 11 10am | 9 10am | 13 10am | 11 10am | 8 10am | 12 10am | 10 10am | 14 10am | 12 10am |
| Strategic Planning | TBD | | | | | | | | | | | |
| Joint Districts | | | | | | June Mtg will be scheduled | | | | | | |
| HD #2 | 21 6:30pm | 18 6:30pm | 18 6:30pm | 15 6:30pm | 20 6:30pm | 17 6:30pm | 15 6:30pm | 19 6:30pm | 16 6:30pm | 21 6:30pm | 18 6:30pm | 16 6:30pm |

Emerging Topics:

WRHC Initiatives
Kittitas County Health Department
WRHA
ACO
WSHA/AWPHD