

**KITTITAS VALLEY HEALTHCARE**

**RESOLUTION NO. 19-07**

A resolution adopting the budget for Kittitas County Public Hospital District No. 1, dba Kittitas Valley Healthcare, for the calendar year 2020.

WHEREAS the Board of Commissioners of Public Hospital District No. 1, Kittitas County, is responsible for adopting an appropriate operating budget for District for the year 2020.

THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Public Hospital District No. 1, Kittitas County, to adopt the 2020 operating budget (Exhibit A).

APPROVED at a regular meeting of the Commission this 24th day of October, 2019.

\_\_\_\_\_  
Matt Altman, President

\_\_\_\_\_  
Bob Davis, Vice-President

\_\_\_\_\_  
Erica Libenow, Secretary

\_\_\_\_\_  
Roy Savoian, Commissioner

\_\_\_\_\_  
Liahna Armstrong, Commissioner

Exhibit A

Kittitas County Public Hospital District 1, dba  
Kittitas Valley Healthcare

2020 Projected Operating Budget

	<u>2020 Budget</u>
Net Operating Revenue	\$ 85,862,000
Operating Expense	<u>\$ 83,290,000</u>
Net from Operations	\$ 2,572,000
Non-Operating	
Levy-Regular	\$ 8,981
Other Non-Operating	<u>\$ 791,019</u>
Net Non-Operating	\$ 800,000
Net Gain/Loss	\$ 3,372,000

**Ordinance / Resolution No.** 19-08  
**RCW 84.55.120**

**WHEREAS**, the Board of Commissioners of Kittitas County Public has met and considered  
Hospital District No. 1  
(Governing body of the taxing district) (Name of the taxing district)  
its budget for the calendar year 2020; and,

**WHEREAS**, the districts actual levy amount from the previous year was \$ 8,981.41; and,  
(Previous year's levy amount)

**WHEREAS**, the population of this district is ☒ more than or ☐ less than 10,000; and now, therefore,  
(Check one)

**BE IT RESOLVED** by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2020 tax year.  
(Year of collection)

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 89.41  
which is a percentage increase of 1.0 % from the previous year. This increase is exclusive of  
(Percentage increase)

additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, solar, biomass, and geothermal facilities, and any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this 24 day of October, 2019.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If additional signatures are necessary, please attach additional page.**

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative Authority no later than November 30<sup>th</sup>. As required by RCW 84.52.020, that filing certifies the total amount to be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form (REV 64 0100) for this purpose. The form can be found at: <http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc>.

To ask about the availability of this publication in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711. For tax assistance, call (360) 534-1400.

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

**October 24, 2019**

**1. Call Budget Hearing to Order:**

- a. Review of 2019 Budget
  - b. Approval of Resolution No. 19-07: Adoption of 2020 Budget \*\* (1-2)
  - c. Approval of Resolution No. 19-08: Authorization of 2020 Regular  
Property Tax Levy \*\* (3)
  - d. Adjourn Budget Hearing
- 

**1. Call Regular Meeting to Order**

**2. Approval of Agenda \*\***

(Items to be pulled from the Consent Agenda) (4-5)

**3. Consent Agenda \*\***

- a. Minutes of Board Meetings: September 26 2019 (6-8)
- b. Approval of Checks (9)
- c. Report: Foundation (10-13)
- d. Minutes: Finance Committee (14-15)

**4. Presentations:**

- a. Bill Mannewitz, Rehab Visions

**5. Public Comment and Announcements**

**6. Reports and Dashboards**

- a. Quality – Mandee Olsen, Director of Quality Improvement (16-21)
- b. Chief Executive Officer – Julie Petersen (22-23)
  - i. 2019 KVH Business Plan: Year to Date (24-40)
- c. Medical Staff
  - i. Chief of Staff, Timothy O'Brien MD
    - 1. Medical Executive Committee Recommendations for  
Appointment and Re-Appointment \*\* (41)
  - ii. Chief Medical Officer, Kevin Martin MD (42-43)
- d. Finance – Chief Financial Officer - Scott Olander
  - i. Operations Report (44-53)
  - ii. Capital Expenditure Request: Sterrad Sterilization System (54)
- e. Operations (55-67)
  - i. Vicky Machorro, Chief Nursing Officer



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

- ii. Rhonda Holden, Chief Ancillary Officer
- iii. Carrie Barr, Chief of Clinic Operations
- f. Community Relations Report – Michele Wurl, Director of Communications & Marketing **(68)**

**7. Education and Board Reports**

- a. WSHA Board Advocacy

**8. Old Business**

- a. Board Self-Evaluation

**9. New Business**

- a. 2020 Board Officers \*\*
- b. Board Policies
  - i. Revisions to CEO and Board Evaluation Policies **(69-72)**
  - ii. Review of Board Policies

**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**

December 5, 2019, Special Meeting  
January 2, 2020, Special Meeting  
January 23, 2020, Regular Meeting

**Future Agenda Items**



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

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

**KVH Conference Room A & B**

**September 26, 2019**

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Vicky Machorro, Rhonda Holden, Lisa Potter, Dr. Kevin Martin, Carrie Barr, Mande Olsen, Michele Wurl, Cindy Kelly, Amy Krogstadt, Mary Nouwens, Heather Stermetz, Haley Ellis, and Jason Adler

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

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

2. **Approval of Agenda:**

**ACTION:** On motion of Erica Libenow and second of Roy Savoian, the Board members unanimously approved the agenda.

3. **Consent Agenda:**

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

4. **Presentations:**

Mande Olsen presented Safe Catch Awards for the second quarter of 2019 as follows: Clinical Award was presented to Darbi Tourtillott, Registered Nurse, CCU; Non-Clinical Award was presented to Cindy Kelly, Director of Health Information Services.

5. **Public Comment/Announcements:**

None.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mande Olsen. Olsen stated that the Patient and Family Advisory Council (PFAC) had their first meeting and they are planning to meet four times per year.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that the meeting with the 13<sup>th</sup> Legislative District went well and Representative Tom Dent will be returning in November to follow up on some issues of particular importance to him.

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

**ACTION:** On motion of Bob Davis and second of Liahna Armstrong, the Board members unanimously approved the initial appointment for Dr. George Heard Jr., Dr. Stuart O'Byrne, Anna Collins, ARNP and the reappointment for Dr. Sara Cate as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that the GCACH is supporting us both with staff and funds to help more broadly treat substance abuse disorder, which goes hand in hand with behavioral health needs.

Scott Olander reported on KVH's financial performance for August. Olander stated that we had a positive bottom line for the month and thanked everyone for keeping expenses down across the organization.

**ACTION:** On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved the capital expenditure request for the Hematology Instrument and Interface for the hospital lab and Urgent Care.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Machorro introduced the wound care team. Lisa Potter stated we are just over a year from implementation of the wound care program and it is exceeding all expectations and projections. Holden encouraged everyone to attend the Bowers Field Pre-Show BBQ on October 5. The airport is critical when we need a fixed wing due to weather.

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

**7. Education and Board Reports:**

President Altman stated that he, Liahna Armstrong, and Julie Petersen will be attending the Annual WHSA meeting in October. President Altman reported that he has been nominated for a position on the American Hospital Association (AHA) Governance Committee. Nominations will be taken up by the AHA Board at their fall meeting.

**8. Old Business:**

Julie Petersen went over the background of the Benefits Advisory Committee (BAC) and the need for the oversight to be within KVH.

**ACTION:** On motion of Bob Davis and second of Liahna Armstrong, the Board members unanimously approved Resolution No. 19-05, authorizing Benefits Advisory Committee (BAC) oversight of retirement plans.

**ACTION:** On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved Resolution No. 19-06, authorizing individuals to act on behalf of the plan.

**9. New Business:**

President Altman went over the process used last year for the CEO evaluation. The Board agreed to follow the same process as last year.

President Altman distributed the questions used for last year's Board self-evaluation and requested that any changes or suggestions be brought to the October Board meeting.

**10. Executive Session:**

At 7:20 pm, 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 8:00 pm, the meeting was reconvened into open session and President Altman announced that an additional 35-minute executive session was needed.

**11. Adjournment:**

With no further action and business, the meeting was adjourned at 8:35 pm.

**CONCLUSIONS:**

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.
4. Motion passed authorizing the capital expenditure request for the Hematology Instrument and Interface for the hospital lab and Urgent Care.
5. Motion passed approving Resolution No. 19-05, authorizing Benefits Advisory Committee (BAC) oversight of retirement plans.
6. Motion passed approving Resolution No. 19-06, authorizing individuals to act on behalf of the plan.

Respectfully submitted,

Mandy Weed/Erica Libenow  
Executive Assistant, Board of Commissioners



**DATE OF BOARD MEETING:** October 24, 2019

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

#1	AP CHECK NUMBERS	<u>257208-257907</u>	NET AMOUNT:	<u>\$4,535,868.68</u>
	SUB-TOTAL:			<u>\$4,535,868.68</u>

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

#1	PAYROLL CHECK NUMBERS	<u>81479-81490</u>	NET AMOUNT:	<u>\$6,591.35</u>
#2	PAYROLL CHECK NUMBERS	<u>81491-81499</u>	NET AMOUNT:	<u>\$9,696.39</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,137,434.86</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,144,472.75</u>
	SUB-TOTAL:			<u>\$2,298,195.35</u>

**TOTAL CHECKS & EFTs:** \$6,834,064.03

Prepared by

  
Sharoll Cummins  
Staff Accountant



## FOUNDATION ACTIVITIES

***Tough Enough to Wear Pink***- This October we have many activities benefitting the Foundation's TETWP fund, helping raise awareness and support the fight against breast cancer in Kittitas County. Every Tuesday morning, we have been hosting a sale of our TETWP older merchandise. On **Friday, October 18<sup>th</sup>** **Gard Vintners** held the 4<sup>th</sup> annual Gard against Cancer event, donating portion of proceeds to our fund. We anticipate hearing from the Ellensburg Rodeo in October regarding total funds raised during that event and look forward to a check presentation at the end of this month.

***Annual Appeal*** – Our annual appeal to the community mailed mid-October. Though you may donate anytime, we send only one appeal a year. Your gifts are far-reaching and you help ensure quality healthcare continues to be available in our community right here, right now. We thank you and the community for supporting us.

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

***Annual Distribution*** – The Foundation Board will be discussing this year's disbursement at the November board meeting and look forward to making a contribution to KVH.

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

Respectfully submitted,  
Laura Bobovski  
Foundation Assistant

## Attachments

1. TETWP October Sale Flyer
2. Gard Against Cancer – Community Fundraiser for Foundation at KVH (TETWP Fund)
3. Gobble Wobble Poster



# Tough Enough to Wear Pink

**Up to 60% off  
on older  
merchandise!**

- Tshirts = \$6  
Or buy 2 for \$10
- Tanks = \$10
- Tumbler = \$20

While supplies last.

Cash, check  
or payroll  
deduct accepted

October  
Blowout Sale!

**THE**  
**FOUNDATION**  
**KVH**

**Every Tuesday  
8:00am - 12:00pm  
at the  
Courtesy Desk**



Gård will donate

**\$1** per glass pour

**\$2** per bottle

**\$5** per wine club sign-up

to the KVH Foundation's  
Tough Enough to Wear Pink  
Breast Cancer Fund

10.18.19

**Gård** against  
cancer

Live Music from 6 - 9 p.m. No cover charge.

Tasting room opens at 2 p.m.

311 N Pearl



Run for **yourself.**

Run for **your  
community.**



Supporting healthcare in Kittitas County.

Family-Friendly | Events for all ages

1K ■ 5K  
Kids' Dash

**Race at your own pace**  
along our unique  
river route.

Check out **[kvhealthcare.org/foundation](https://kvhealthcare.org/foundation)** for details.



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

**October 22, 2019**  
*Tuesday*

**Café Conference Room**  
**7:30 A.M.**

**AGENDA**

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: September 24, 2019**
- **September Financial Highlights**
- **Capital Expenditure Requests**
  - **Sterilization System – Sterile Processing**
- **Adjourn**

**Next Meeting Scheduled: December 3, 2019 (*Tuesday*)**

Kittitas Valley Healthcare  
Audit & Finance Committee Meeting Minutes  
September 24, 2019

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

Members Excused: Jerry Grebb, Julie Petersen

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

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

Liahna informed the committee that Deborah Bezona is relocating. A new community member will be chosen after the November election.

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

Scott Olander presented the financial overview of August. The volume for August was under budget, except for Urgent Care and Rehab visits. The year to date volume is tracking closer to the budget. The revenue amounts are in line with the volume as the revenue is under budget \$803,147 for the month. In August a 1.9% charge master increase was entered to bring the total annual charge increase to 5%, as allowed by our payer contracts. We continue to benefit from the ED facility fee charge leveling initiative. The additional revenue provided by the ED leveling is not in the budget. Deductions from revenue are under budget \$614,039 due in part to KVH recognizing \$339,867 of the 2018 Medicare Cost Report settlement. Other operating revenue includes 340b, grant, and Greater Columbia Accountable Community of Health funds. Total expenses are under budget \$166,984. This results in operating income of \$394,504 which is \$133,257 above budget. The net income for the month is \$454,457 and \$136,909 above budget. Days in Accounts Receivable is at 93. The financial statements are conservative and reflect the activity for the month. Financial details are provided in the Chief Financial Officer's Report.

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

The committee recommended the capital expenditure request for hematology equipment and the interface go to the Board of Commissioners for approval.

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





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

### **October 2019**

#### **Quality Assessment Performance Improvement (QAPI) Planning for 2020**

Per CMS requirements, KVH staff and leaders have initiated the process for annual review of services and improvement planning for 2020. September 30<sup>th</sup>, KVH leaders met to review their department's scope of services and progress towards 2019's QAPI plans. It was wonderful to hear all of the work we've achieved before the year is even over, and to learn more about all of the amazing care and services we provide to our community and each other. Throughout the month, leaders floated QAPI draft ideas with Administrators and Medical Staff leadership.

On October 7<sup>th</sup>, the leaders shared these drafts with one another. Some notable themes throughout the drafts:

- Sustained alignment and refinement to KVH mission, vision, values and strategy
- Focus on service – to our patients and internally in support of employees and other departments
- Continued attention and understanding of business needs in volumes and demand for services

On October 14<sup>th</sup>, KVH Admin team reviewed and further revised the drafted plan. Coming up October 21<sup>st</sup>, QI Council and the Board will have the opportunity to review the drafts, providing further feedback and direction to KVH leadership prior to final approval of the QAPI plan by the board at the December Board of Commissioners meeting.

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

We are in the process of scheduling our second PFAC meeting.

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

As will be mentioned in previous reports, we continue to work on Practice Transformation with the assistance of funding through the GCACH, which aligns with our ACO objectives. The GCACH has been providing clarification on goals as well as resources and education related to care management tools, team-based care, opioid use disorder, and Patient Centered Medical Home benefits. Beyond Practice Transformation, work the organization has endeavored in such as the Value Alignment Committee and the Promoting Interoperability team, help further attain the milestones of both the GCACH and the ACO. Over the past month, we have continued to receive the last payments for 2<sup>nd</sup> quarter milestones even as we submit our 3<sup>rd</sup> quarter achievements.



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

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

- Median time to ECG for patients with chest pain below benchmark of 10 minutes since January 2019.
- Dysphagia Screening for stroke patients 100% with 12 patients total for the month screened prior to anything given by mouth.
- No staff needlesticks for the third month in a row.
- No Hospital Acquired Infections for the month of August.
- Antimicrobial Stewardship: fluoroquinolone use at target for hospital since January 2019, and continually showing declining use in the clinics.
- Hospice visits near end of life remains very high for second quarter in a row.
- No patient falls with injury.
- Clinic ACO metrics all continue to trend in the right direction.

### **Summary of Improvement Opportunities**

- Median time to CT results for patient with stroke increased from the prior month. We are continuing to work on streamlining processes with the new radiology group, especially for after-hours reads.
- Of the three patients with restraints in the month of August, none met standards for documentation. Nursing directors are looking at real-time audits to help staff identify gaps in documentation more quickly.
- Pain Reassessment after Medication continues missing target. Nursing directors continue to work with staff to identify barriers to documentation.
- Improvement in Management of Oral Medication not at target. Review of records indicates that the majority of these "failures" are patients who have been referred to Home Health for other services than medication management (physical/occupational therapy, wound care). Unfortunately, per CMS, "no change" in management of oral medication is considered a "failure" of the measure. Our new Home Health/Hospice QA RN is looking into whether we can document into documentation standards to see if there is anything we could be doing differently to meet the measure and accurately reflect the care given.
- Days to Referral Completion show a bump up for August at FM-E and Ortho.

### **Patient Stories**

- *"Our hearts go out to all of the hospice and home health caregivers. You took care of [our family member's] needs and made him as comfortable as possible. The family is very grateful for your attention to [them] over many months... ..your service will not be forgotten."*

- Family of KVH Home Health and Hospice patient

- "Dear Dr. Frick, nurses, and staff who help [our family member] when she fell and fractured her neck... ..we thank you from the bottom of our hearts for your top-notch care, compassion, professionalism, and for helping facilitate her transport to Harborview. [She] is now recovering... ..here at home in Ellensburg. Again, we thank you for everything."*

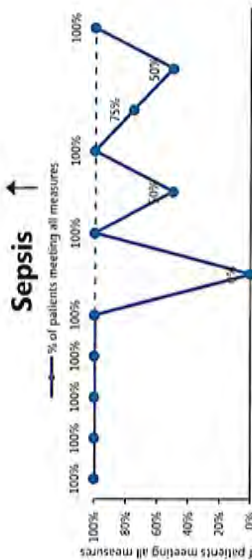
- Family of KVH Emergency Department patient to Dr. Frick, Rachel Carey RN, Hannah Hester PCT, Debbie Ezell PCT
- "I'm sending a note to thank the folks at your Emergency Department for their care and friendliness this morning. My wife and I are traveling – Mr. Rainier, etc., and then leaving on a cruise from Seattle – and a problem that my doctor at home has been following me for (some stomach pain) had increased a bit over the last couple of days of travel.....I decided I should be on the cautious side and have a quick check of things before getting on the ship tomorrow. All of the folk that I dealt with this morning were wholly pleasant, conscientious and professional. I was glad to hear that there doesn't seem to be anything urgent going on.....that sets my wife and me at ease in jumping on the ship tomorrow. Please express my appreciation to the folks in your emergency room for their fine care. Incidentally, we also enjoyed your town.....it's a very pretty place."*

- KVH Emergency Department patient
- "To The KVH Kool Staff That Kicked Booty This Weekend! I noticed blotchy streaks on my kiddo's sore throat this weekend, after a night of fever, swollen lymph nodes and pain with swallowing. Being a working mom and KVH employee, I wanted to get her taken care of before I left town for a conference the next day, use the right level of services (this was not an emergency), and have her treated by my work family who I love and trust. I called the FM-E on-call Dr. Annaliese Stone and she patiently listened to my crazy RN-mom diagnosing, called ahead to the lab, and got back to us right away with results. The Registration, Lab, and Outpatient Pharmacy staff were also patient and kind, explaining what was happening and what to expect each step of the way. I'm incredibly impressed and proud of the caring services my daughter and I received this weekend. Kudos to KVH staff for providing an effective, efficient use of resources!"*

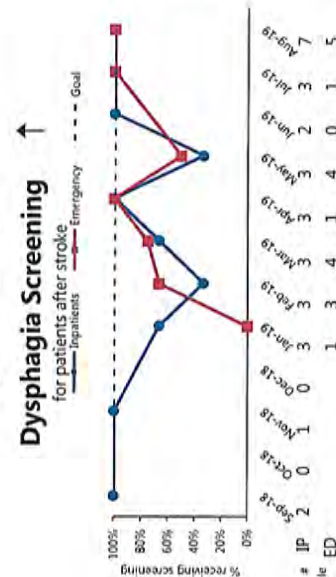
- Mother of KVH FM-E, lab, pharmacy after-hours patient

# QI Council

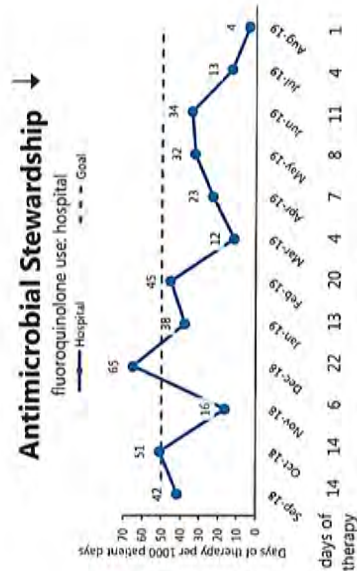
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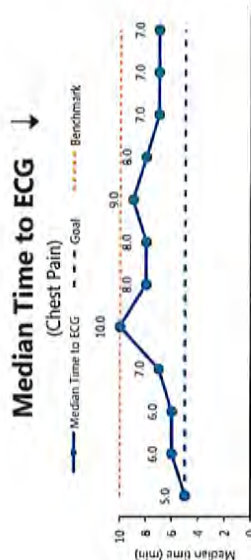
## Dysphagia Screening for patients after stroke



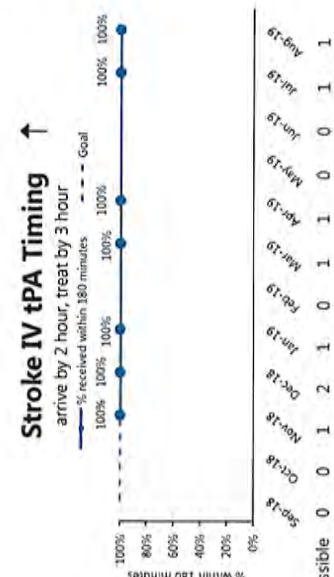
## Antimicrobial Stewardship



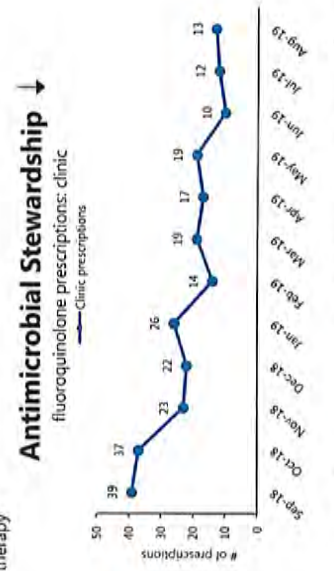
## Median Time to ECG (Chest Pain)



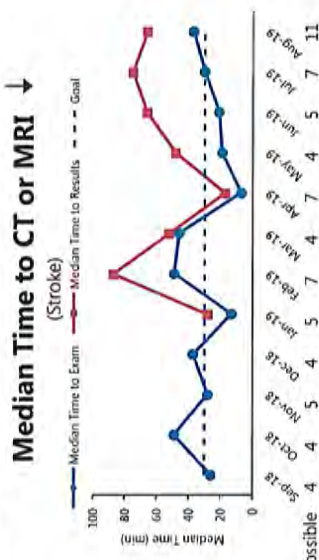
## Stroke IV tPA Timing



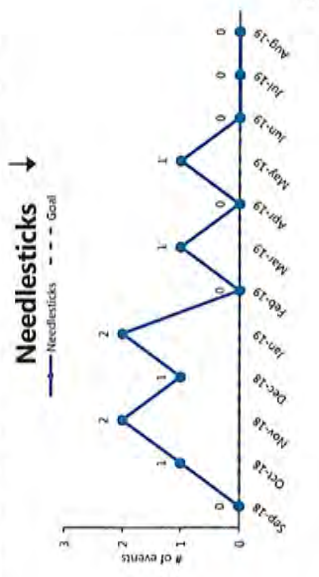
## Antimicrobial Stewardship



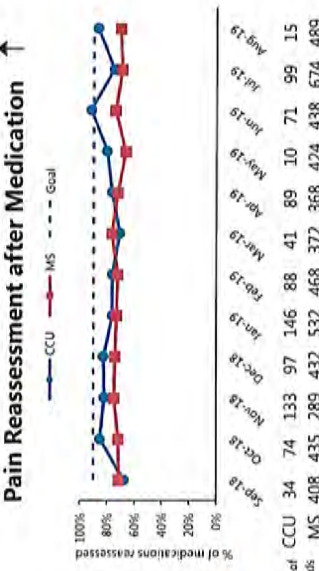
## Median Time to CT or MRI (Stroke)



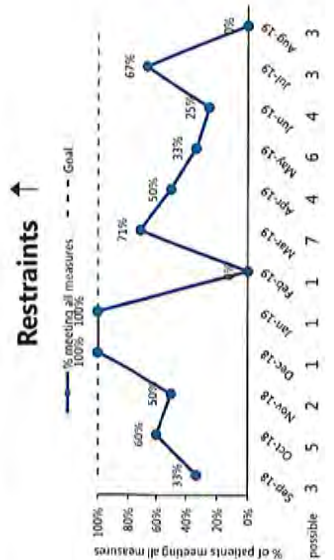
## Needlesticks



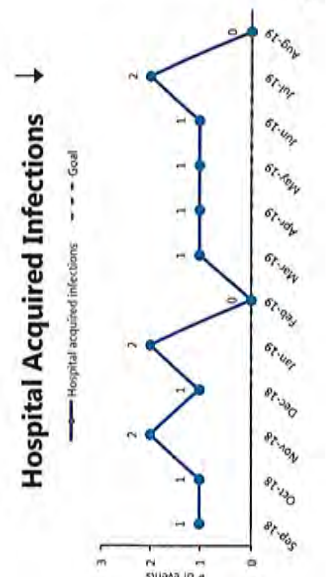
## Pain Reassessment after Medication



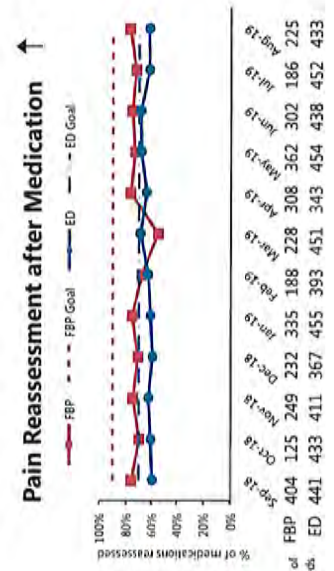
## Restraints



## Hospital Acquired Infections

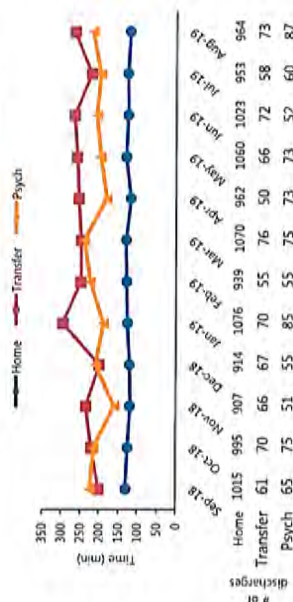


## Pain Reassessment after Medication

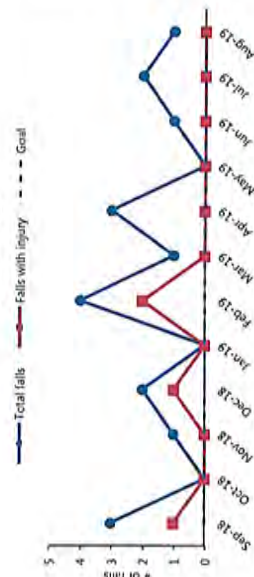




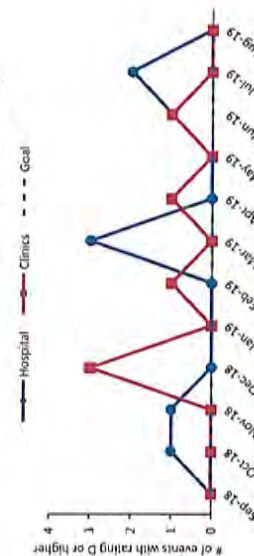
## ED Admit to Discharge Time



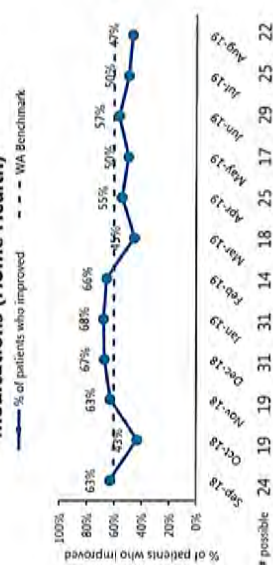
## Falls



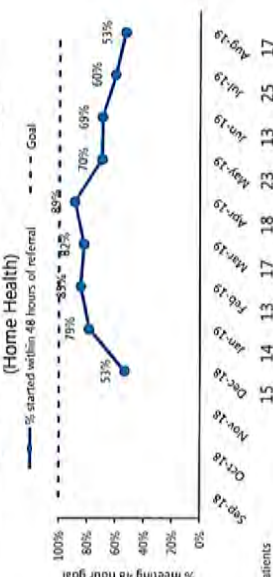
## Adverse Medication Events



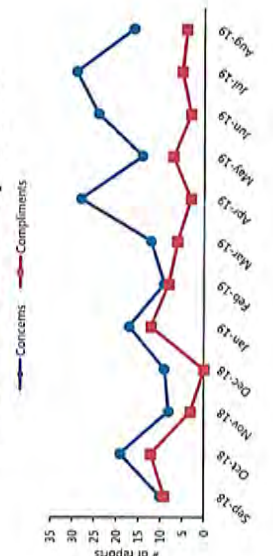
## Improvement in Management of Oral Medications (Home Health)



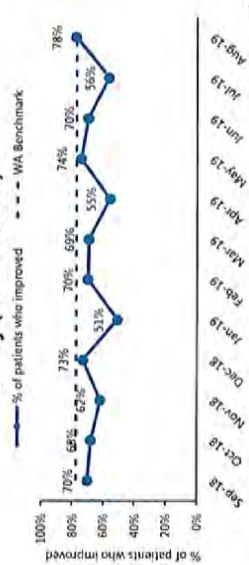
## Timely Start for Physical Therapy (Home Health)



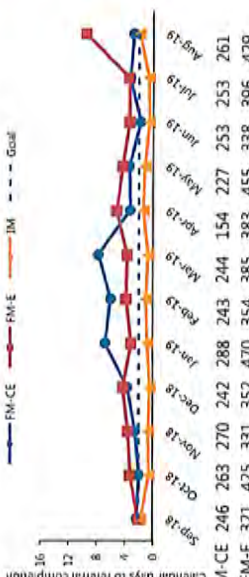
## Care and Service Reports



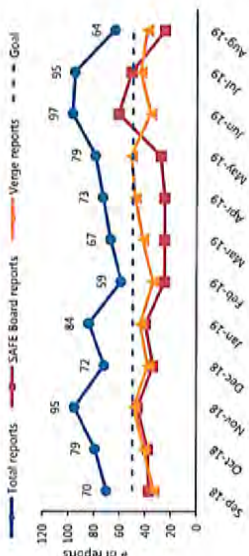
## Improvement in Pain Interfering with Activity (Home Health)



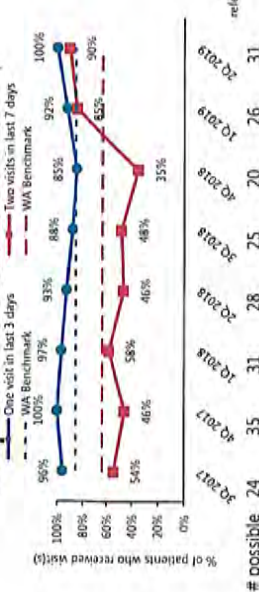
## Days to Referral Completion



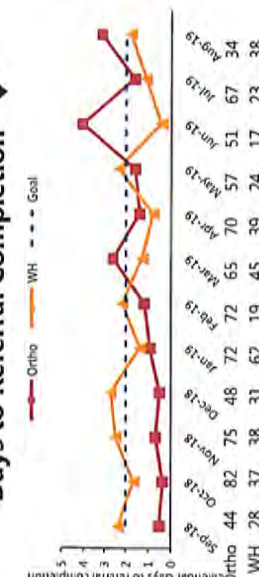
## Employee Reports



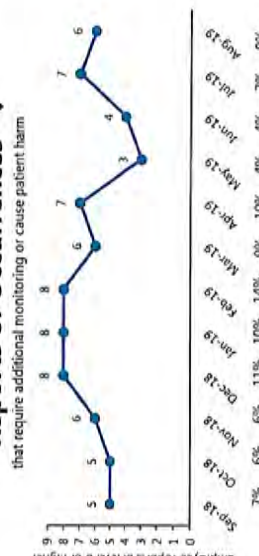
## Hospice Visits Near End of Life



## Days to Referral Completion

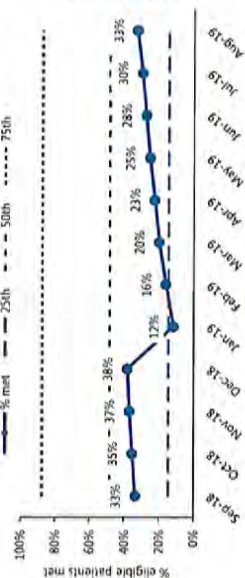


## Reports of Occurrences



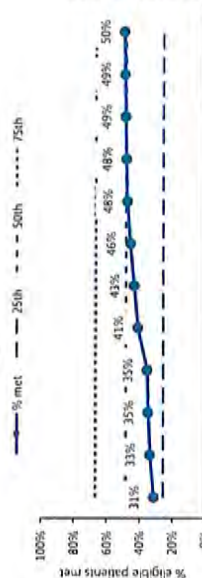
## ACO Quality Measures: Clinics

### Screening for Future Fall Risk ↑



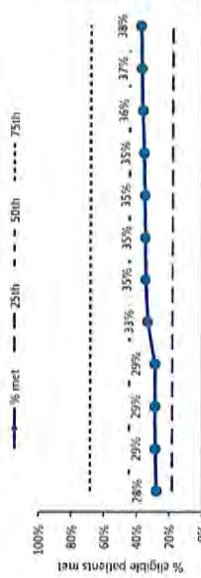
# possible 4219 4452 4650 4809 1479 2187 2805 3370 3795 4087 4378 4616

### Screening for Breast Cancer ↑



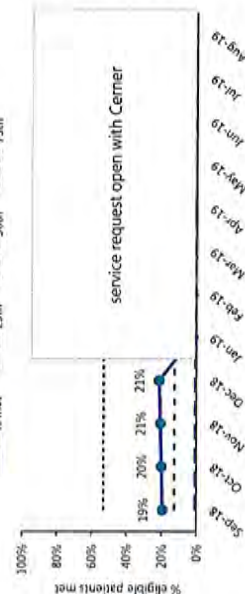
# possible 2908 3087 3270 3426 885 1370 1796 2153 2469 2669 2891 3057

### Screening for Colorectal Cancer ↑



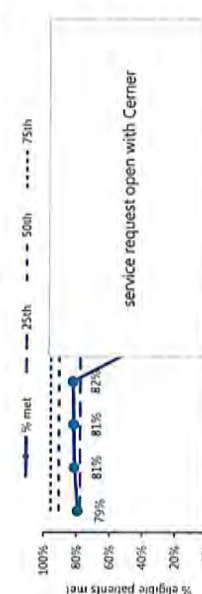
# possible 5480 5942 6259 6563 1730 2723 3569 4268 4862 5280 5705 6076

### Screening for Depression ↑



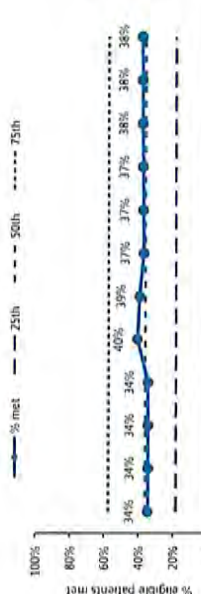
# possible 12229 12205 13905 14707 3870

### Tobacco Use Screening and Intervention ↑

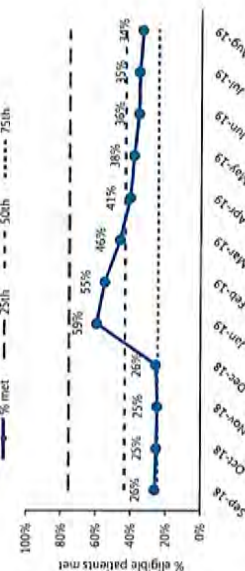


# possible 6891 7657 8307 8905 866

### Influenza Immunization ↑

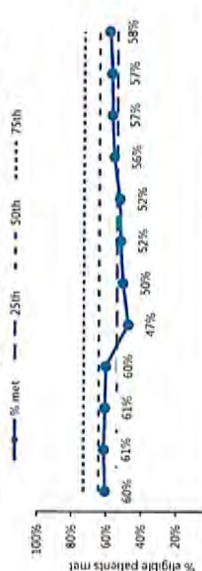


### Diabetes: Poor Control ↓



# possible 982 1046 1098 1152 358 546 721 851 934 997 1067 1129

### Controlling High Blood Pressure ↑



# possible 2969 3026 3089 3131 984 1537 2088 2518 2878 3148 3383 3484

### Medicare Wellness Visits ↑





## CHIEF EXECUTIVE REPORT – Julie Petersen

October 2019

**Medical Arts Center:** Work on the MAC is more than half complete per Ron Urlacher, Facilities Director. The total cost of change orders to date is \$28,100 which is less than 1% of the contract value. The costliest change order (\$5,651) involved the decision to paint the building's fascia and soffit to minimize the bright green roof line. In terms of schedule, the general contractor reports that they are two to three weeks behind schedule. Again, according to Ron, they did not allocate enough time for HVAC work which led to the delay. They are working hard to make up time and we anticipate that occupancy will still occur mid first quarter 2020.

Equipment and furniture is on order including barrier free exam tables for each of the clinics to accommodate less mobile patients.

The canopy and vestibule work will begin shortly with demolition of the existing structure. While the main entrance is under construction, patients will be routed through a side door. The tenants in the building have been informed but we will refresh communication with them just prior to demolition.

The Healing Arts committee has selected some of the larger pieces for common areas and waiting rooms. Selection continues for specific clinic art.

**Consumer Price Index:** It has been our practice to tie cost of living adjustments for noncontract employees to the CPI. In 2018 CPI was 2.9% resulting in an annual adjustment of 3%. In 2019 CPI is 1.9% so we anticipate budgeting a general wage increase of 2%.

Just as a reminder, we periodically review our noncontract positions against the market to confirm that we are still competitive. We will also evaluate our matrix and pay ranges in light of the new \$13.50 minimum wage.

**Washington State Hospital Association Annual Meeting:** As usual WSHA did a great job of aligning a number of important committee, board and business meetings around their Annual Meeting. The WSHA Rural Committee met prior to the Annual Meeting. We had an opportunity to hear from staff on the upcoming legislative session. We also were introduced to the Health Care Authorities' (HCA) new Chief Medical Officer, Dr. Judy Zerzan. Dr. Zerzan previously worked with the HCA Director, Sue Birch during their time in Colorado.

I also attended the Association of Washington Public Hospital District Board Meeting. Public Hospital Districts are able to collectively bargain wage and hour arrangements outside of state statute. Evergreen Health in Kirkland had negotiated such a meal and rest break arrangement with their nurses. The union is now challenging the negotiated arrangement in court, by-passing arbitration, in a direct challenge to the law. AWPHD will be assessing the impact on all PHDs.

I was able to attend a presentation on the EMS system evaluation. The assessment was conducted by the American College of Surgeons and is intended to lay the ground work to refresh Washington's EMS system after more than thirty years.

**Business Plan Update:** I have been promising a business plan update for most of the year. While I think it is critical that we are accountable for work towards our strategic goals, the presentation itself felt disjointed and "tasky". I have attempted to present the work associated with each strategic objective more as a continuum. The exercise has been very helpful for me as I think about refreshing the strategic plan. The product however may or may not be helpful.

**Washington Rural Health Collaborative:** The Collaborative has hired a new Executive Director, Elya Prystowsky. You will hopefully have a chance to meet Elya in the coming months.



HR Dashboard													
Measurement	19-Sep	19-Aug	19-Jul	19-Jun	19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep
Population	Rolling 12 Variance												
Employee	Full-time	17	378	373	368	369	369	366	370	364	370	368	366
Turnover	Part-time	-3	132	131	131	129	133	133	132	133	132	135	133
	Per Diem	2	99	95	95	97	96	101	104	104	103	104	97
	Total Employees	16	609	599	594	597	595	602	606	601	606	600	593
Quality of recruitment and retention													
Rolling 12 Total													
Voluntary (excludes pd terms, includes reduction of FTE to pd)	115	10	16	10	9	13	5	6	8	6	12	7	4
Involuntary (excludes pd terms)	14	1	1	2	1	0	1	1	0	0	2	2	1
Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	21.51%	1.81%	2.84%	2.02%	1.68%	2.18%	1.01%	1.18%	1.33%	0.99%	2.31%	1.50%	1.01%
Total All Employees Separated	132	8	17	13	12	12	11	8	7	7	10	7	7
Efficiency of sourcing, selecting and placing talent													
Rolling 12 Total													
Open Postings	176	18	20	15	14	16	8	6	11	10	17	12	14
Unique Applications Received	2809	263	310	231	236	315	184	161	167	99	174	179	242
Employees Hired	167	21	21	14	10	12	3	10	3	11	7	16	18
Time to Fill (Median)	31.40	29.00	28.00	26.5	23.5	25.0	24.2	25	26.5	28.5	38.5	43.5	45
Time to Fill (Average)	31.99	29.69	28.70	27.3	23.8	21.0	22.3	23.4	30.3	31.9	41.8	43.0	47.0
Efficiency of sourcing, selecting and placing talent													
Rolling 12 Total													
Open Postings	41	5	4	3	3	2	1	1	1	3	3	5	4
Open Slots	41	5	4	3	3	2	1	1	1	3	3	5	4
Unique Applications Received	20	0	1	0	1	4	3	0	0	1	1	1	3
Candidates Interviewed	22	1	1	0	0	1	3	0	3	2	1	2	6
Employees Hired	11	0	2	1	1	1	1	0	1	0	1	2	0
Time to Fill (Average)	262	214	214	62	202	377	416	486	486	238	238	210	132
Financial Impact of adding talent													
Rolling 12 Total													
Workers Comp Claims	43	3	1	2	2	5	3	7	4	6	1	3	3
Time Loss Days	319	10	31	31	13	8	24	25	6	51	62	30	9
Employee Population on Medical Benefits (Average)	66.4%	63.8%	67.3%	68.0%	68.2%	66.8%	67.2%	65.8%	67.2%	66.3%	65.2%	66.0%	65.4%
Total cost in benefits per FTE - welfare (Average)	\$ 864.03	\$ 838.85	\$ 839.52	\$ 877.94	\$ 843.51	\$ 874.38	\$ 845.20	\$ 864.76	\$ 824.54	\$ 817.34	\$ 876.60	\$ 972.83	\$ 881.21
Total cost in benefits per FTE - total (Average)	\$ 1,830.36	\$ 1,796.72	\$ 1,824.89	\$ 1,546.29	\$ 1,805.61	\$ 1,881.98	\$ 1,868.97	\$ 1,931.69	\$ 1,902.52	\$ 1,855.42	\$ 2,061.65	\$ 1,884.46	\$ 1,768.48
Providing timely feedback to employee													
Total Percentage													
Percentage of employees with completed annual evaluation	78.1%	78.1%	79.5%	84.3%	89.0%	90.4%	88.5%	88.9%	88.5%	85.8%	87.7%	90.0%	84.3%



# **2019 KVH BUSINESS PLAN**

## **Report to the Board**

### **January - October**

## **Access Deliverables**

### **Report to the Board January - October 2019**

#### **Strategy 1 – Recruit and retain physicians and advanced practice clinicians.**

Provider Value Based Committee – Status, Work in progress. Team was meeting twice a month and has recently reduced this to once a month. There are subgroups working on tasks in between meetings. They have been reviewing Quality, Access, Financial and National Healthcare presentations.

General Community Survey - Status, Complete. Carrie Barr and Mitch Engel attended the July 27<sup>th</sup> Ellensburg Farmer's Market and July 28<sup>th</sup> Roslyn Farmer's Market to ask our community a few questions about specialties they would like to see and overall access thought or concerns. This data was previously reported out to the Board.

Medical Community Survey – Status, Complete. Provider Value Alignment Team has surveyed all providers and will conduct this survey again in 2 years.

Provider Mentor Program - Status, Work in Progress. A team has been brought together to form our KVH OB/Pediatric. This team is to review policies, protocols and case review. However, the more important purpose of this team is around collaboration. This is as close to a mentorship achieved this year. There are unorganized mentorship happening in the clinics and hospital as we have a team of providers who truly want each other to achieve and be successful.

#### **Strategy 2 – Design care models and processes to meet patient needs.**

MA Standard Work to Support PCMH – Status, Complete. Rolled out standard Medical Assistant of Rooming Criteria to all clinics. So, based on appointment type there is a list of standard tasks to be completed with the patient. This is to increase efficiency for the provider to in turn create access for the patient.

Patient Centered Medical Home (PCMH) – Status, Work in progress. This work will be ongoing for the rest of 2019. The ACO and GCACH will assist in aligning our strategic goals and metrics with the goals of PCMH. A conference call with Community Health of Central Washington was held to discuss the benefits of being an accredited PCMH facility.

Referral Process– Status, Work in progress. Contracting meeting with process improvement has been completed. Process walks to review the current state has been completed. The team continues on their improvement work.



Patient Centered Medical Home (PCMH) Implement chronic care management for identified diagnosis- Status, Complete. We worked with process improvement and clinic nurses to create a Chronic Care Management program. We are still in the preliminary rollout as we have one patient at each of the three clinics (IM, FME, FMC).

**Strategy 3 – Develop a clinic facilities improvement plan.**

MAC building- Status, The project is about two thirds of the way through construction. The KVH team meets weekly keeping an eye on all the details and working out new work flow. Focus will be shifted to campus clinic space after MAC is up and running.

**Strategy 4 – Promote a culture where patients come first in all we do.**

Reintroduce the Code of Excellence to all departments and clinics – Status, Ongoing. 3rd quarter was to "Identify yourself and wear your nametag". Marketing has done a great job of demonstrating the concept through the Intranet and screen savers by selecting staff who exhibit the behavior. A new concept is accentuated quarterly. There has been a large theme on providing customer service and thus improving the access to our patients.

Institute a process for real-time feedback from patients (clinics or ancillary). – Status, Work in Progress. KVH is utilizing Press Ganey for patient satisfaction data. This data is reported quarterly for KVH clinical areas and clinics. Imaging, lab and cardiopulmonary have implemented a real-time evaluation for their clients. This will be a manual process, however the end result should reflect a more accurate reflection of the patient's experience. The ancillary departments were able to implement the process and provide feedback from their patient surveys.

ACCESS		2018	2019	2020
Board Sponsor: Bob Davis With : Vicky Machorro, Carrie Barr, Dr. Martin, Mitch Engel		RECRUIT AND RETAIN PHYSICIANS AND ADVANCE PRACTICE CLINICIANS		
		Rewrite/Redesign CMO Role	Values Alignment Committee Provider Appreciation Evening	Move All Employed Providers to New Contracts Provider Appreciation Evening
		Provider Appreciation Evening General Community Survey Provider Mentor Program	Create Resource List from Providers	Medical Community Survey
DESIGN CARE MODELS AND PROCESSES TO MEET PATIENT NEEDS				
Implement Patient Portal	PSR Standard Work	Review Care Team Model from Master Facility Plan (2014) Create Behavioral Health Plan PCMH Implement a Standard Traige System MOB MA Standard Work MOB Scribe Standard Work Referral Process Improvement	KvH App	
Review Swing Bed Service Lines		Implement Chronic Care Management for Select DX Implement Swing Bed Program		Review and Add to Chronic Care
DEVELOP A CLINIC FACILITIES IMPROVEMENT PLAN				
Review/Update Medical Staff Development Plan Womens Health Complete 309 Annex / Therapy Relocation Medical Arts Design		Review/Update Medical Staff Development Plan		
		Medical Arts Bid Complete Radio Hill Build Out	Medical Arts Construction	Engage Architect for Campus Planning (IM, FME)
PROMOTE A CULTURE WHERE PATIENTS COME FIRST IN ALL WE DO				
Roll Out Patient Satisfaction Information	Educate Staff on Patient Satisfaction	Institute a Process of Real Time Feedback from Patients	Reintroduce Code of Excellence	Education Staff on Patient Expectations Dept Specific
		Begin Work on How Introduce KvH to New KC Residents	Provide Staff With a List of Resources KvH Offers/Contact Informamtion	Develop New/Revised Hiring Process

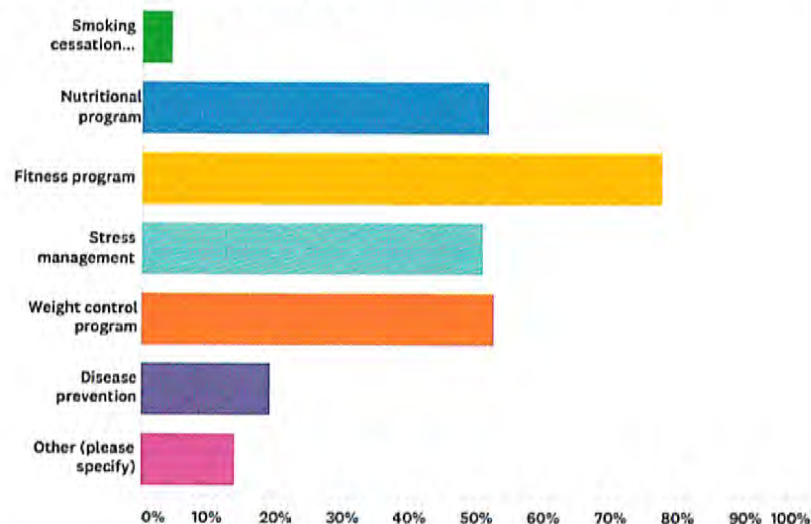
## Community Engagement Deliverables

### Report to the Board January – October 2019

#### Strategy 1 - Promote personal health and wellbeing in the community.

##### Q1 & Q2 KVH Health and Wellness survey

Deployed April 15 and closed April 26. The benefits survey included questions concerning health and wellness at KVH. When asked what type of wellness program employees would participate the responses were as follows:



ANSWER CHOICES	RESPONSES	
Smoking cessation program	4.31%	5
Nutritional program	51.72%	60
Fitness program	77.59%	90
Stress management	50.86%	59
Weight control program	52.59%	61
Disease prevention	18.97%	22
Other (please specify)	13.79%	16
Total Respondents: 116		

##### Q3 - Initiate refresh with Board

#### Strategy 2 - Build community transparency and trust.

##### Q1, Q2 & Q3 - Report of actionable suggestions from TinyPULSE

To increase staff engagement in 2019, we utilized information gathered from TinyPULSE. While we experienced engagement with aspects of this survey tool, we were not able to gather quantifiable data that has allowed us to measure an impact on engagement. We have averaged



less than 20% of overall employee population participation in the surveys however, there have been numerous “suggestions” from staff resulting in 81 suggestions converted into 7 “wins”. Three are included as examples:



Oct 04, 2019

### **2nd Floor signage**

#### **Original feedback**

Could we get some type of sign on or next to the door that leads to Fiscal Services and Community Relations? I run into visitors that are lost roughly every other day.

#### **Solution**

All signs have been redesigned to reflect recent moves.



Jun 12, 2019

### **Good quality reusable cups in the cafeteria**

#### **Original feedback**

It's great that employees get free fountain drinks in the cafeteria - make it better by providing good quality reusable cups (maybe even with stainless steel straws!) that are required to obtain those free drinks. And charge employees a nominal fee for grabbing a paper cup for their free drink so that at least the cost of the cups is covered.

#### **Solution**

Great job to Jim G. and his staff for making the cup change in the KVH Cafe to good quality, recycled and recyclable cups. Thank you!!



Jan 23, 2019

### **Phone Chargers for Patients and Family Members**

#### **Original feedback**

A few time over the last few years I have loaned my charging block to a family member waiting for a loved one who had their phone die. Most had a charging cable as often these are in their car, but didn't have the block to plug the usb based charger into. It would be awesome to either have a small charging station by the coffee in the waiting room or change out the electrical outlets in that area to include the direct usb plug in slot in addition to the plugs. I know from my own experience of a family members surgery even if you go in fully charged if the surgery is lengthy and you are using your phone to distract yourself it can run out of charge.

#### **Solution**

Great use of the TINYpulse suggestion tool. We heard from a front-line employee that this was a concern we weren't even aware of. Marketing purchased little chargers that can be given to patients and their family members.

### Q1 - DNV feasibility vs. Joint Commission – certification of specialty programs

In the first quarter of 2019, the Administrative Team reviewed the costs and requirements of DNV and TJC Accreditation. Over the next two quarters staff have participated in both conference calls and DNV conferences to become more familiar with the requirements and benefits of DNV accreditation for the hospital. Through our research we learned that DNV does not accredit laboratories. For that reason, we decided to pursue accreditation of the lab utilizing The Joint Commissions.

### Q1 - Report out on price transparency data-

In compliance with the CMS ruling, KVH posted its charge master on our website on December 28, 2018. The information in this report will be reviewed and updated on the website as necessary at least annually. In late July 2019, CMS proposed new rules that would take effect on January 1, 2020. Comments on this proposed ruling were due to CMS the end of September and we are watching closely for the final ruling.

### Q2 - Healthstream/Press Ganey report out-

As of July 2018, KVH transitioned to Press Ganey for the majority of patient satisfaction surveys (hospital, ancillary outpatient services, emergency department, clinics, rehab services), due to Healthstream being bought out by Press Ganey. Since that time, we have worked to provide education to leaders, create a dashboard for board oversight, and each clinical area selected QAPI measures related to their patient satisfaction surveys. Additionally we set out to validate the different data elements for provider attribution and to maintain appropriate sample sizes. Adjustments made throughout the year included:

- Discontinuing Press Ganey for ancillary outpatient services (lab, imaging, and cardiopulmonary). We were unable to get sufficient number of responses for each of the areas, and the majority of the comments were related to clinic services, limiting the usefulness of these surveys.
- We transitioned cost of outpatient ancillary surveys to providing a rehab specific survey, and adding mailed surveys in addition to the electronic email or text surveys.

### Q3 – Patient and Family Advisory Council (PFAC) Update-

Since 2018, KVH has had one Patient Family Advisor who sits on QI Council as well as participating in advising groups on specific improvement work or assessments of services. The goal was to have the stand-alone PFAC initiated by fall 2019. At the March KVH Board of Commissioners (BOC) meeting, the BOC formally approved formation of PFAC to meet no less than 4 times a year with at least 6 Patient and Family Advisors. The BOC designated one Board Member as officially representing the patient and family perspective in board discussion and

decisions and to report to the board the activities of the PFAC, as well as naming the Chief of Clinic Operations and the Director of Quality as Responsible for Patient and Family Engagement. In Quarter 2 2019, KVH further chartered the expectations of the PFAC, adding the CEO and the Director of Diagnostic Services as KVH members. BOC nominated patients to be Patient and Family Advisors, and we reached out to those nominees. To date we have six confirmed members who have completed the process of onboarding to KVH as volunteers. We conducted our first PFAC meeting September 23rd!

#### Q3 - Survey on Patient Safety Culture 1 year report-

In 3<sup>rd</sup> quarter 2019, we have been making preparations to administer the Survey of Patient Safety Culture, commonly referred to as SOPS surveys, before the end of the year. These standardized surveys developed by the Agency for Healthcare Research and Quality, ask providers and staff about the extent to which the organizational culture supports patient safety. At the same time as this survey allows us to assess and improve upon our patient safety culture, it also engages staff in raising awareness and engaging them in KVH and patient safety culture. Other organizations have cited SOPS administration of having an unintended benefit in strengthening a team perspective among staff. We will use the results of this survey in identifying improvement opportunities in areas such as teamwork, communication, error reporting and response, and staffing/management concerns for the coming year.

### **Strategy 3 - Be a strong community partner.**

#### Q1 - Community partnerships and KVH wellness relationships

KVH was able to put together an 18 member team for the 2019 Run for the Brave, held on October 6<sup>th</sup>, which raised \$500 for the event. Proceeds for this event were split between the families of Deputy Ryan Thompson and Officer Benito Chavez, as well as the Kittitas County Veterans Coalition.

KVH in collaboration with the KVH Foundation, is also hosting the Gobble Wobble 5K family fun run on November 16<sup>th</sup>. This will be the first such event organized by the hospital, and proceeds from the event will go towards programs that promote, encourage, and assist the advancement of health and wellness in the community.

#### Q1 - Report out of community partnerships and opportunities for KVH in professional relationships

In efforts to support the greater healthcare needs of the community, address gaps or inefficiencies in services provided and to keep care local whenever possible, KVH continues to actively seek out collaborative partnerships. Current partnerships include the following:

1. Podiatry: In collaboration with Cascade Foot & Ankle, we are expanding podiatry services in our community to upper Kittitas County.



2. Specialty Services (Other): We are actively exploring partnership opportunities to bring specialty services to Kittitas County, including cardiology, ENT, Urology, Rheumatology, GI and Neurology.
3. CWU: We are expanding our support of the CWU athletic program, offering increased access to orthopedic services and exploring ways to provide access to primary care services for the athletes. We have expressed our willingness to support the broader medical needs of the student population as opportunities arise.
4. KCHN (Kittitas County Health Network): KVH remains well represented in the Network, with involvement in the following areas:
  - Board of Directors
  - Leadership Council
  - Evaluation Committee
  - ACEs and Resilience Task Force
  - Behavioral Health Task Force: We are working closely with other community agencies on grant opportunities and other funding sources to expand behavioral health services in Kittitas County.
  - A Team
  - Opioid Response Workgroup

#### Q1 - Report out of KVH/Ellensburg High School – student learning opportunities

The week of July 15, KVH hosted 10 EHS students that were immersed in the inaugural “Experience Healthcare” program. This was facilitated by Karen Schock and it included 20 departments, clinics and their staff who shared with the students their daily work and personal stories about their education and the path they took to get to their career. Students also participated in hands on learning such as Safe Patient Handling, Stop the Bleed and Hands-only CPR and witnessed a full scale Emergency Department trauma drill. On the final afternoon representatives from local colleges spoke about the educational pathways needed to prepare them for a career in healthcare as well as scholarship opportunities. The students turned in an essay about their next steps to pursue their chosen healthcare profession.

KVH will be reaching out to the other Kittitas County High Schools to invite interested juniors to the program in 2020.

#### Q1 - Community Benefit Report

The community benefit report was mailed to all residents in Hospital District 1 in late summer, 2019. This report highlighted the 14 new providers brought in to KVH over the last 18 months. We also highlighted staff achievements, partnerships, collaborations and the financial stability of the district. We will be evaluating the value of this report in 2020 and adjusting as necessary.

COMMUNITY ENGAGEMENT		2018	2019	2020
Board Sponsor: Erica Libenow With: Carrie Youngblood, Michele Wuri				
<b>PROMOTE PERSONAL HEALTH AND WELL BEING IN THE COMMUNITY</b> CAH Assessment Presentation (June) Reports Out Internal Community Health Training Needs (CHNA/CHIP) July Discuss Transition to Tobacco Free Campus			KVH Health & Wellness Survey Refresh Strategy with HD#1 Refresh Strategy with HD#2 Release 2020 CHNA/CHIP Calendar Release 2019 CHNA/CHIP Calendar Report to HD#2 (CHNA/CHIP) Sept	Refresh Strategy with HD#1 Refresh Strategy with HD#2 Release 2021 CHNA/CHIP Calendar
<b>BUILD COMMUNITY TRUST AND TRANSPARENCY</b> Report Results of TinyPulse Roll Out HD #1/HD#2 Retreat w/ Administration PFAC Workplan to Board Clinics and PT Live with Healthstreams		Report Results of TinyPulse Roll Out Start PDCA on Employee Survey Launch PFAC / PDCA on PFAC Start discussion re cost and quality with the public Publish Cost / Quality Data Research Accreditation Options Hospital Survey on Culture of Safety	Qtrly Report of Actionable TinyPulse Input PDCA PFAC Review Cost and Quality Data for Website	
<b>BE A STRONG COMMUNITY PARTNER</b> Assess KVH Current Presence in the Community Create Presence Workplan (use CHNA/CHIP) Identify Partners Report KVH Current Student Program WSHA 123 for Equity		Report Out Presence Assessment Report Out Success at Addressing Presence Report Out on Partnerships and Wellness Opportunities Report Out on Partnerships and Professional Opportunities Report out on EHS Relationship and Student Opportunities Methodology Outlines for Forecasting Education Trends First Summer Internship for EHS Students Board Approves Employee Volunteer Program Pro Active Outreach for Students Groups Roll Out EVP Present Assessment of Possible Radio Hill Partners		

## **Partnerships & Collaboration Deliverables**

### **Report to the Board January – October 2019**

#### **Strategy 1-Support & develop a cohesive medical community**

The provider appreciation dinner was well attended at Lombard Hall on the CWU campus on March 27. March 29<sup>th</sup> and 30<sup>th</sup> KVH again hosted the Evidence Based Medicine Conference. 29 participated in this event. WSHA's Everyday Extraordinary Award was presented to KVH for our Rural Grand Rounds Program on June 25<sup>th</sup>.

#### **Strategy 2-Invest in the wellbeing, development and training of KVH employees**

During quarter 1, we assessed our most difficult to fill positions based on national data of time to fill, KVH data of time to fill as well as partnering with hiring managers to identify and prioritize business needs against recruitment efforts. This resulted in the identification of Clinic Medical Assistants (MA-C), Surgical Technicians, Respiratory Therapists and Certified Coders as our hardest to fill positions.

Clinic Medical Assistant (MA-C) – this position continues to be a difficult to fill however, we have reported out to the Board numerous times on the overall success of our internal MA Apprenticeship program. Our third MA apprentice graduated from the program on May 30 and will be working with Dr. Feng and Dr. Oldenkamp.

Surgical Technician – this position has been open and posted since June of 2018 and has resulted in limited qualified candidates despite an aggressive advertising and recruitment campaign. While this position did not qualify as a national difficult to fill role, it has traditionally been difficult at KVH – thus the long time to fill. We reviewed the current requirements against what is required by the DOH and other potential schools to determine if there was a gap in what KVH required vs what was standard. We determined there was flexibility in the hiring practice that would allow for us to create an in-house program, a partnership with a potential school. We look forward to continuing to work with the department leader and all available resources to successfully reduce this long time to fill.

Respiratory Therapist – This is a nationally difficult to fill position and our experience at KVH mirrors national trends, with multiple positions posted in November 2018 remaining unfilled until June 2019. . This position is critical to the overall experience for patients, providers and staff as respiratory therapists provide expertise in airway management and cardiac diagnostics. We explored partnerships with schools to provide clinical rotations, but were not successful due to our size and limited number of students to place for clinical rotation. By expanding our advertising to the Tri-Cities area, we were able to fill all open positions and are now fully staffed 24/7.

Certified Coders - This group has not been identified as a national shortage position but they are instrumental in processing timely and accurate claims. This has become even more



paramount with the conversion to Cerner as there was an increased backlog of coding to be managed. There is a shortage in relief staffing for this department and a lean market to recruit from. We were able to secure grant funding for an internal training program for KVH staff and have selected our first staff member to begin training in quarter 3

### **Strategy 3-Seek collaborative relationships to expand/improve service offerings and keep care local**

Remodeling of the 309 Annex to house Occupational and Speech Therapy was completed in March. The new location has allowed for expansion of services and hopefully will allow us to see a return of the pediatric market to Ellensburg. The new location features a pediatric climbing wall, a sensory room and a mock-up of an apartment to allow patients to regain skills associated with activities of daily living. In second quarter we hosted an Open House for the community, KVH staff and providers.

In second quarter we completed the remodel of Suite C in the Mediplex to bring podiatry to the KVH campus, freeing up their former office space in the MAC to be remodeled for a Rapid Access Clinic and a laboratory draw station.

On April 22 we transitioned to Medical Diagnostic Imaging Group (MDIG) to provide radiologists at KVH on site Monday-Friday from 8AM-5PM and teleradiology services after hours, weekends and holidays. Providers have indicated that they enjoy having the radiologist on site for immediate consults and we are seeing more procedures performed in the department.

Weekly meetings are occurring at the Medical Arts Center to review the construction project timeline and details. Having a rapid access clinic in the MAC will improve same day appointment availability for our community.

In October, we started working with KDA Architects to redesign the physical therapy space at Family Medicine Cle Elum. This project will require approval of Hospital District 1 and Hospital District 2 Board of Commissioners.

### **Strategy 4- Enhance relationships with strategic partners (HD#2 and Foundation)**

At the December 2018 Board Meeting Hospital District 1 Board of Commissioners approved our 2019 and 2020 Business Plan Updates.

Hospital District 2 is continuing to work on their strategic plan, focusing on their Master Site Plan and priority project of building a new ambulance garage. They have also committed to subsidize losses in the Urgent Care, are supporting a dental van in the community and allowing the Health Department to park the mobile van on their property. On April 11, several KVH leaders attended a luncheon on the Global to Local Program sponsored by the Kittitas County Health Network. The Global to Local Program focuses on identifying and overcoming barriers to

basic health and economic resources. The Global to Local program has been quite successful in the Seattle area to improve access to preventative care and chronic disease management.

During the Annual Foundation Retreat in January the Foundation Board devised a plan for presentations on topics relevant to KVH, with a goal of understanding the strategic priorities and initiatives of KVH Board of Commissioners. Stacey Botten, FBP Director, presented in March on the fund a need for birthing beds and also the Blue Band Initiative.

The Solberg Leadership Development Grant, a grant from Cerner and a grant from WA physicians supported the Evidence Based Medicine Conference held in March.

With the appointment of Dr. Don Solberg to the Foundation Board, we have met our target of having a physician presence on the Foundation Board. The Foundation has funded 3 clinic leaders to attend WSHA's Lead Academy, and are providing lunch and CME for the Rural Grand Rounds for 2019. The Foundation is also supporting the new "Hello Fish" program by providing fresh fruits and vegetables utilized to teach nutrition classes at the Fish Food Bank, led by KVH Dieticians.

The April Foundation Gala was well attended by representatives from Hospital District 1, Hospital District 2 and Foundation Board Members. This year's Magical Evening raised \$43,745 of the needed \$70,745 to purchase three new birthing beds.

A Winter Gathering is planned for December 17<sup>th</sup> with Hospital District 1, Hospital District 2, KVH Foundation Board and KVH Leadership.

PARTNERSHIPS & COLLABORATIONS		2018	2019	2020
Board Sponsor: Matt Altman With: Rhonda Holden, Mandee Olsen		SUPPORT AND DEVELOP A COHESIVE MEDICAL COMMUNITY		
Create Medical Staff Leadership Succession Plan Annual Provider Recognition Annual Evidence Based Medicine Program Review Medical Staff Development Plan Report to Board Participation in Rural Grand Rounds Medical Staff Leadership Report Out Learnings from National Conference MO Report of to the Board on Relationship with KCH		Annual Provider Recognition Annual Evidence Based Medicine Program Review Medical Staff Development Plan Sponsor KCMS Meeting	Annual Provider Recognition Annual Evidence Based Medicine Program Review Medical Staff Development Plan	Annual Provider Recognition Annual Evidence Based Medicine Program Review Medical Staff Development Plan
INVEST IN THE WELL BEING DEVELOPMENT AND TRAINING OF KVH STAFF				
MA Program Budget \$20,000 for Excess Nursing Education Report to the Board Hard to Fill Positions Report out Tiny Pulse Results		Celebrate MA Program Add New MA Like Programs Budget \$20,000 for Excess Nursing Education Create Strategies for Hard to Fill Positions Attend Employee Holiday Celebrations	Report on MA Program Budget \$20,000 for Excess Nursing Education Deploy Strategies for Hard to Fill Positions Attend Employee Holiday Celebrations Review Services and Partnerships at MAC	Celebrate MA Program Attend Employee Holiday Celebrations
SEEK COLLABORATIVE RELATIONSHIPS TO EXPAND/IMPROVE SERVICE OFFERINGS TO KEEP CARE LOCAL				
Report to the Board NW PT Report to the Board on CWU Collaborations Report to the Board on Rehab Visions Identify Services to be Contracted by referral and/or provided by KVH Report to the Board on ongoing per service specific Report to the Board on current partnerships and new services		Annual New Service Line Evaluations Derm, Wound Care, WH Move Annual Report on Partnerships and New Services	Annual New Service Line Evaluations Derm, Wound Care, WH Move, MDIG Annual Report on Partnerships and New Services	Annual New Service Line Evaluations Derm, Wound Care, WH Move, MDIG Annual Report on Partnerships and New Services
ENHANCE RELATIONSHIPS WITH STRATEGIC PARTNERS (HD#2 AND FOUNDATION)				
HD #1 & HD #2 Meet in Chelan Attend Foundation Gala CEO & Board Member Participates in Foundation Board Retreat Report to the Board on Activities to Increase Foundation Awareness		HD #1 & HD #2 Meet in Chelan Attend Foundation Gala Establish and Maintain HD #1 & HD #2 Liaison Program and Meetings CEO & Board Member Participates in Foundation Board Retreat Refresh Joint Strategic Goals Joint Board's Social	HD #1 & HD #2 Meet in Chelan Attend Foundation Gala CEO & Board Member Participates in Foundation Board Retreat	HD #1 & HD #2 Meet in Chelan Attend Foundation Gala CEO & Board Member Participates in Foundation Board Retreat Refresh Joint Strategic Goals Joint Board's Social



## **Financial Sustainability Deliverables**

### **Report to the Board January - October 2019**

#### **Strategy 1 – Maintain positive operating margin and strong cash reserves to maintain access to capital.**

Develop Indicators/Metrics – Status, completed. Proposed new metric report reflecting overall financial position and focusing on key metrics that drive revenue included in this month's financial reporting. A new Revenue Cycle Dashboard "KVH Daily Pulse" was implemented early 2019 that monitors census, patient status, admissions, ER & clinic visits, surgeries, daily hospital and clinic revenue, payer mix, coding, billing, and collections.

Benchmarking Project – Status, Benchmarking is on hold. Expenses are being monitored via departmental reporting and management expense monitoring. Financial Sustainability has shifted focus to Revenue optimization.

Develop Long Range Financial Plan – Status, in progress. Completed baseline with completion of 2019 budget. As part of 2020 budgeting process we will provide a financial projections for 2021 and 2022. Q 2019 4<sup>th</sup> quarter.

#### *Proposed new tactics:*

Revenue Optimization – Status, in progress. Revenue cycle team is focusing on accurate billing, payment compliance with negotiated contracts, denial monitoring and management, realigning services into RHC setting and improving reimbursement by renegotiating payer contracts.

Other Revenue Sources – Status, in progress. Hospital team will look for opportunities to increase 340B revenue, grant funding and other funding opportunities.

*Alternative Payment Models – Actively participate in the development of alternative payment models. Ongoing.*

*Align Proposals with Long Range Financial Plan – Review and prioritize proposed programs to align with overall strategy and long range financial plan. Ongoing*

#### **Strategy 2 – Be adaptive and responsive in order to grow our market share.**

Evaluation Process for new services or changes to existing service – Status, complete. Standard implementation plan to be used as a guide for program implementation is complete.

Service Line Review Process – Status, ongoing. Process for reviewing service lines was used to review Workplace Health, Wound Care, Pediatrics and other services.

# FINANCIAL SUSTAINABILITY

Board Sponsor: Liahna Armstrong  
Roy Savolian

With: Scott Olander, Lisa Potter, Jason Adler, Mitchell Rhodes

2018

2019

2020

## MAINTAIN POSITIVE OPERATING MARGIN AND STRONG CASH RESERVES TO MAINTAIN ACCESS TO CAPITAL

Develop Metrics for Revenue and Financial Position  
Benchmark Charges, Expenses, Productivity

Develop & Maintain Long Range Financial Plan

Review Current Programs  
Build Budget Based on Review of Current Programs

Publish Revenue Cycle Dashboard  
Actively Participate in New Payment Models

## BE ADAPTIVE AND RESPONSIVE IN ORDER TO GROW MARKET SHARE

Develop Evaluation Tool for New Services  
9 Month Review of Workplace Health  
Identify Grant & Other Funding Opportunities

Review Tool with the BOC  
9 Month Review of New Program  
Identify Grant & Other Funding Opportunities  
9 Month Review of Wound Care

9 Month Review of New Program



NOTIFICATION OF CREDENTIALS FILES  
FOR REVIEW

Date           October 10, 2019

TO:            Board of Commissioners  
                Kevin Martin, MD

FROM:         Kyle West  
                Medical Staff Services

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

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
James Denisar-Green, MD	Provisional Active	Apt	CHCW-E
Pavani Adapa, MD	Provisional Associate	Apt	MDIG
Joseph Field, DO	Provisional Associate	Apt	MDIG Onsite Locums
Tim O'Brien, MD	Active	ReApt	KVH General Surgery
David Jackson, MD	Ambulatory	ReApt	KVH-IM
Anna Parr, PA-C	Allied Health Professional	ReApt	KVH-FME
William Phillips, PA-C	Allied Health Professional	ReApt	KVH-FME

## CHIEF MEDICAL OFFICER – Kevin Martin, MD

October 2019

### Medical Staff Services:

- Mitch Engel reports that no providers started in September. We interviewed one physician – a General Surgeon who has accepted our offer and will start July 2020.
- Lisa Potter is, as always, working on a number of primary and ongoing. These include:
  - **Primary Projects:**
    - **Pediatrics**
      - One year service line review will be presented at October board meeting.
    - **MAT (Medication Assisted Treatment) Program**
      - We are exploring how a program like this might work in Kittitas County, how it might help meet the growing need for addiction medicine services, and what the delivery model might look like within our clinic system.
    - **Central Washington University**
      - In process of creating an internal structure for providing primary healthcare to CWU athletes, including clinic access, phone consultations and triage.
      - Actively exploring ways in which we can support SMACC (Student Medical & Counseling Clinic) services. Currently we are assisting in medical director recruitment efforts.
    - **Orthopedics**
      - Continued analysis of provider scheduling models to reflect clinic access, surgical days and call coverage.
    - **Palliative Care**
      - Working towards outlining an operations model and corresponding reimbursement analysis for consideration.
    - **Home Health and Hospice Outreach**
      - Developing a plan to further our outreach for home health and hospice services, develop stronger referral partners and deliver education to community and neighboring community partners.
  - **Ongoing Projects:**
    - Foundation Funding Proposals
    - Specialty Services Access
    - Pulmonary Rehab Program/Cardiopulmonary Rehab Option
    - Pulmonary Procedures and Sleep Medicine
    - Home Health and Hospice Outreach
- Kyle West reports that we have 3 initial appointments in October and 4 reappointments.
  - There are 3 medical/PA students are rotating at KVH. 1 PA student is with Rob Merkel, another with Brett White, and a 3<sup>rd</sup> year TRUST (University of Washington School of Medicine Targeted Rural Underserved Track) student at Family Medicine - Ellensburg. 3 of the CWFMR Ellensburg residents are completing a rotation during the month of October including 2 ED rotations (one ends on 10/11 and the next starts on 10/14) and 1 Geriatric rotation.
- **CMO activities:**
  - **Community & Regional Partnerships**
    - Greater Columbia Accountable Community of Health: I continue as facilitator of the Transition Care Project (Project 2C). We are receiving payments from GCACH to support our transformation work in our family medicine clinics and inpatient services. On October 17 I attended the GCACH Leadership Council Meeting in Kennewick.
    - KVH continues to be a key partner in the Kittitas County Health Network. I continue as Board Chair and Julie Petersen is currently serving as treasurer.
    - I continue to participate in volunteer training activities for Hospice Friends, most recently in a general volunteer training October 17.
  - I was invited to address a group of Ellensburg High School parents for a Concussion Discussion on September 25 at Morgan Middle School. It was a small but very engaged group. This is the second time I have addressed this topic for families of athletes and the third year that we have had some outreach around concussion awareness in the community.

- The Values Alignment Committee continues to have very interesting, sometimes challenging meetings every other week. We are nearing the point of draft contract language.
- We continue work on a third Evidence-Based Medicine workshop next spring.

Respectfully submitted,  
Kevin Martin, MD  
Chief Medical Officer





## CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

### September Operating Results

- Patient volume in many of KVH's service lines exceeded budget in September. Admissions, patient days, births, inpatient surgeries, GI procedures, ER visits, Urgent Care visits, and rehab visits all had positive volume variances. YTD actual to budget variances show that the hospital is tracking very close to the expected budget. Revenue from the ER facility fee charge leveling initiative has provided additional unbudgeted revenue of approximately \$530k YTD.
- Gross revenue of \$12,795,006 exceeded budget by \$362,777 and aligns with statistics. Inpatient revenue had a positive variance of \$297,453; outpatient revenue had a positive variance of \$128,360 and clinic revenue was just slightly below budget.
- Deductions from revenue exceeded budget by \$189,946 for the month. This tracked with the positive revenue variance. Within deductions, please note that reserves for bad debt write-offs exceeded budget by \$188,223. In the coming months, the reserves for bad debt write-offs will likely increase as KVH begins to work down the Cerner accounts receivable. In August Medicare notified KVH of an estimated underpayment of \$704,000 for patients served from January through August 14, 2019. KVH elected to not recognize this amount as income at that time. In early October, KVH sent data to our auditors DZA to help calculate interim 2019 cost report settlement amount. Once we have the interim 2019 cost report settlement amount we will make a decision about recognizing the estimated underpayment.
- Other operating revenue for September exceeded budget by \$35,830 due to the receipt of a Group Purchasing Organization (GPO) rebate of \$25,400. The balance of the positive variance was due to additional 340b revenue.
- Overall operating expenses were below budget by \$2,637 in September. KVH was below budget, or very close to budget, in most of the expense categories. The only significant negative variance in professional fees was an accrual for a locum provider and additional MDIG expenses. For the most part, all other monthly and YTD expenses are tracking close to budget and when they are not, the variances are explainable.
- September operations resulted in an operating gain of \$339,749 compared to budgeted operating gain of \$128,451. YTD KVH operating income exceeds budget by \$206,546.
- Non-operating revenue/expense exceeded budget by \$29,236 due to recognition of payments in lieu of tax receipts.

- Due to strong September Revenue Days in Accounts Receivable increased 1 day from 93 to 94 days. Gross Accounts Receivable increased by \$1,095,938 from \$39,482,661 in August to \$40,578,599 in September. \$881,665 of this increase is in the unbilled and 0 to 30 days aging bucket. Business Services had two individuals resign in July, one of the individuals was the primary Medicaid biller. The Medicaid biller position was filled on 9/23 and the charge review position was filled on 10/14. A new payer denial management position was authorized and this individual starts work on 10/22. In addition, to further assist in reducing the A/R backlog, Revenue Cycle has contracted with HRG to bring in experienced billers. One HRG staff member started on 9/16 and two additional will start on 11/01. Business Service staff have been putting in extra hours so as to not fall further behind in billing. As mentioned previously, there is a significant back log of accounts that have now been through the four statement billing cycle and will start to be referred to collection agencies for follow-up. With vacant positions filled and assistance from HRG we should start to see the AR trend downward.
- Days Cash on Hand increased 4.3 days to 145.3 days in September from 141 in August. Total cash receipts in September were \$8,948,810, a record month for 2019. Overall, days cash on hand has been stable. As we start to spend funds on the Medical Arts Clinic project the days cash on hand will decline.
- With the cost report settlement, average daily cash collections (all cash) in September increased to \$447,441 per working day from \$321,098 in August. The hospital has averaged \$344,671 in collections per working day for the first 9 months of the year. If the cost report settlement were excluded from the calculation, average daily cash per working day in September was \$332,747, an improvement over August.

# Kittitas Valley Healthcare

## Financial and Operating Indicators

September 2019 - Key Statistics and Indicators

L	Measure	2019 YTD	2019 Budget	2019 Annualize	2018	2017	2016
1	Total Charges	112,246,159	151,556,153	149,661,545	140,104,003	130,611,388	124,153,636
2	Net Revenue	61,412,064	82,594,255	81,882,752	78,753,810	71,490,964	71,506,819
3	Operating Income	1,471,120	2,013,073	1,961,493	474,120	885,655	(5,893)
4	Operating Margin %	2.4%	2.4%	2.4%	0.6%	1.2%	0.0%
5	Cash	30,426,906	31,428,600	30,426,906	27,408,625	33,213,447	29,859,717
6	Days Cash on Hand	145.3	150.0	145.3	133.5	178.7	156.0
7							
8	Surgeries	955	1,478	1,273	1,461	1,396	1,510
9	Gastrointestinal Procedures	1,066	1,250	1,421	1,250	1,383	1,396
10	Emergency Visits	10,358	13,760	13,811	13,930	13,162	13,789
11	% ED visits To Bed	9.7%	n/a	9.7%	n/a	n/a	n/a
12	Diagnostic Imaging	22,603	31,664	30,137	29,474	33,836	33,471
13	Laboratory	156,088	218,157	208,117	207,040	190,587	181,082
14	Clinic Visits	53,207	75,644	70,943	58,500	50,917	48,525
15	IP & Obs Days (no swing)	2,888	3,801	3,851	3,829	3,440	3,937
16	Deliveries	237	332	316	332	322	312
17	Admits	706	952	941	944	899	1,043
18							
19	FTEs	474.5	485.4	474.5	469.4	457.6	449.1
20	AR Days	94.0	60.0	94.0	92.0	50.8	47.5



# Kittitas Valley Healthcare

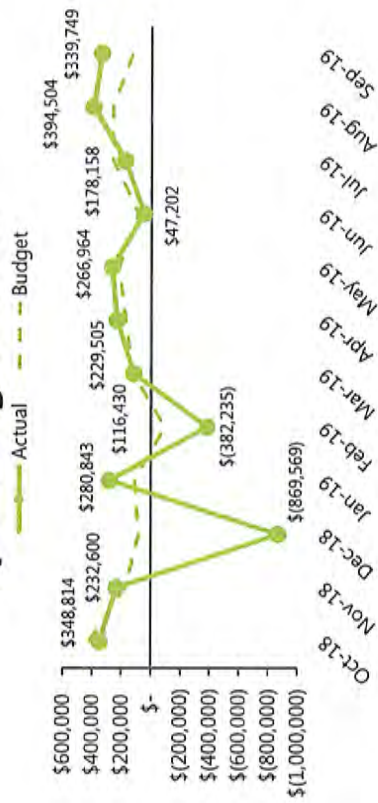
## September 2019 - Key Statistics and Indicators

Activity Measures	Current Month			Year to Date			Prior YTD	
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01 Admissions w/Swingbed	86	80	7.2%	706	719	-1.8%	754	-6.4% 01
02 Patient Days - W/O Newborn	220	218	0.6%	1,984	1,987	-0.2%	2,101	-5.6% 02
03 Patient Days - Swingbed	-	28	-100.0%	31	98	-68.7%	NA	NA 03
04 Avg Daily IP Census w/Swingbed	7.3	8.2	-10.8%	7.4	7.6	-3.4%	7.7	-4.1% 04
05 Average Length of Stay	2.6	2.7	-6.1%	2.8	2.8	1.7%	2.8	0.8% 05
06 Average Length of Stay w/Swingbed	2.6	3.1	-16.8%	2.9	2.9	-1.6%	2.8	2.4% 06
07 Deliveries	32	27	17.3%	237	248	-4.6%	259	-8.5% 07
08 Case Mix Inpatient	1.00	1.00	0.2%	1.13	1.00	13.0%	1.13	0.0% 08
09 Surgery Minutes - Inpatient	3,265	2,920	11.8%	27,254	26,575	2.6%	28,209	-3.4% 09
10 Surgery Minutes - Outpatient	6,792	6,540	3.8%	51,798	59,518	-13.0%	63,047	-17.8% 10
11 Surgery Procedures - Inpatient	28	22	24.6%	209	204	2.2%	206	1.5% 11
12 Surgery Procedures - Outpatient	87	99	-12.2%	746	902	-17.3%	902	-17.3% 12
11 Gastrointestinal Procedures	113	98	15.3%	1,066	986	8.1%	942	13.2% 11
12 ER Visits	1,154	1,131	2.0%	10,358	10,292	0.6%	10,555	-1.9% 12
13 Urgent Care Cle Elum Visits	398	351	13.4%	3,811	3,192	19.4%	3,304	15.3% 13
14 Laboratory	16,996	17,931	-5.2%	156,088	163,170	-4.3%	169,526	-7.9% 14
15 Radiology Exams	2,462	2,603	-5.4%	22,603	23,683	-4.6%	23,388	-3.4% 15
16 Rehab Visit	1,430	1,370	4.4%	13,979	12,469	12.1%	10,551	32.5% 16
17 Outpatient Percent of Total Revenue	84.2%	86.1%	-2.2%	85.2%	86.1%	-1.1%	84.8%	0.5% 17
18 Clinic Visits	5,870	6,172	-4.9%	53,207	55,965	-4.9%	42,053	26.5% 18
19 Adjusted Patient Days	1,388	1,570	-11.6%	13,392	14,293	-6.3%	13,797	-2.9% 19
20 Equivalent Observation Days	90	94	-3.9%	905	856	5.6%	921	-1.7% 20
21 Avg Daily Obs Census	3.0	3.1	-3.9%	3.3	3.1	5.6%	3.4	-1.7% 21
22 Home Care Visits	554	714	-22.4%	5,106	6,497	-21.4%	6,708	-23.9% 22
23 Hospice Days	858	900	-4.7%	7,470	8,191.5	-8.8%	9,467	-21.1% 23
<b>Financial Measures</b>								
24 Salaries as % of Operating Revenue	49.1%	50.6%	3.0%	50.1%	50.6%	0.9%	52.3%	4.0% 24
25 Total Labor as % of Operating Revenue	60.4%	62.1%	2.8%	61.9%	62.2%	0.5%	64.3%	3.8% 25
26 Revenue Deduction %	47.6%	47.4%	-0.3%	47.9%	47.4%	-1.0%	46.7%	-2.5% 26
27 Operating Margin	4.9%	1.9%	156.6%	2.4%	2.1%	16.7%	-0.8%	-395.8% 27
<b>Operating Measures</b>								
28 Productive FTE's	416.2	432.9	3.9%	415.8	432.9	4.0%	417.0	0.3% 28
29 Non-Productive FTE's	62.0	52.5	-18.2%	58.7	52.5	-11.9%	52.4	-12.0% 29
27 Paid FTE's	478.3	485.4	1.5%	474.5	485.4	2.2%	469.4	-1.1% 27
28 Operating Expense per Adj Pat Day	\$ 4,779	\$ 4,225	-13.1%	\$ 4,476	\$ 4,221	-6.0%	\$ 4,185	-6.9% 28
29 Operating Revenue per Adj Pat Day	\$ 5,024	\$ 4,307	16.6%	\$ 4,586	\$ 4,310	6.4%	\$ 4,152	10.5% 29
30 A/R Days	94.0	60.0	-56.7%	94.0	60.0	-56.7%	99.0	5.1% 30
31 Days Cash on Hand	145.3	175.0	-16.9%	145.3	175.0	-16.9%	144.8	0.4% 31

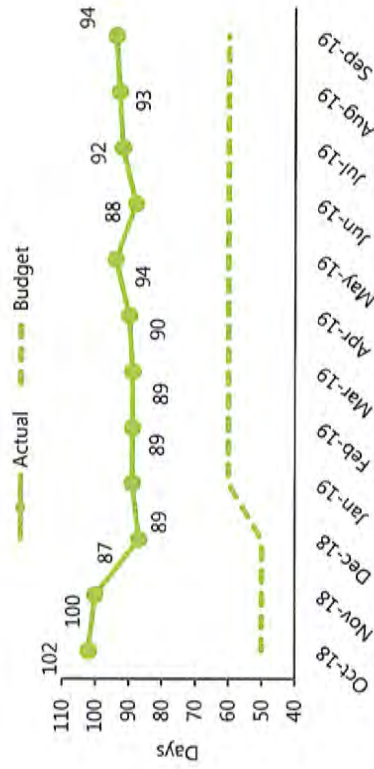
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# Financial Sustainability

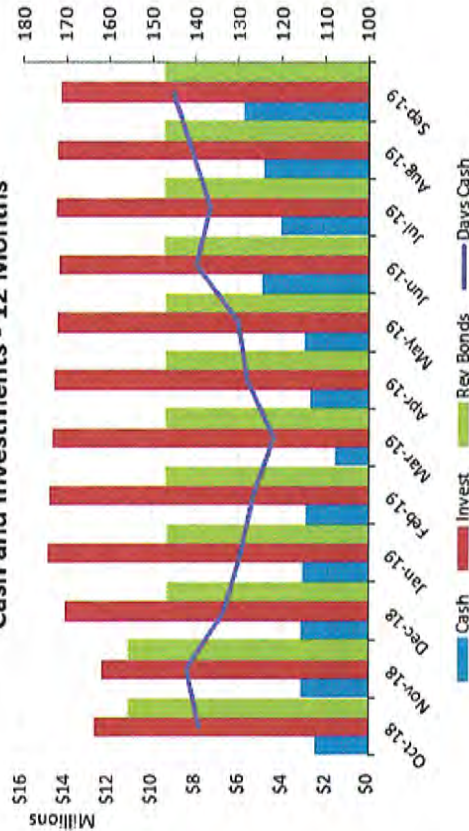
## Operating Income



## Accounts Receivable Days



## Cash and Investments - 12 Months



## Payer Mix

	CY 2017	CY 2018	YTD 2019
Medicare	40.47%	41.85%	42.60%
Medicaid	18.90%	18.45%	18.55%
Commercial	33.14%	32.03%	32.52%
Self Pay	4.31%	3.52%	2.04%
Other	3.18%	4.15%	4.30%

# Kittitas Valley Healthcare

## Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	2,025,758	1,728,305	297,453	16,624,972	15,727,575	897,397	15,767,089
OUTPATIENT REVENUE	8,991,234	8,862,874	128,360	79,813,486	80,652,149	(838,663)	75,522,094
CLINIC REVENUE	1,778,015	1,841,050	(63,036)	15,807,701	16,768,015	(960,314)	12,270,377
<b>REVENUE</b>	<b>12,795,006</b>	<b>12,432,229</b>	<b>362,777</b>	<b>112,246,159</b>	<b>113,147,739</b>	<b>(901,580)</b>	<b>103,559,560</b>
CONTRACTUALS	5,435,239	5,503,199	(67,960)	50,379,114	50,019,715	359,399	44,813,911
PROVISION FOR BAD DEBTS	437,379	249,157	188,223	2,347,240	2,266,482	80,758	2,196,652
FINANCIAL ASSISTANCE	85,904	89,129	(23,225)	369,372	811,072	(441,700)	813,182
OTHER DEDUCTIONS	148,835	55,927	92,908	628,619	534,124	94,494	533,103
<b>DEDUCTIONS FROM REVENUE</b>	<b>6,087,357</b>	<b>5,897,411</b>	<b>189,946</b>	<b>53,724,345</b>	<b>53,631,393</b>	<b>92,952</b>	<b>48,356,848</b>
NET PATIENT SERVICE REVENUE	6,707,650	6,534,818	172,832	58,521,814	59,516,346	(994,532)	55,202,712
OTHER OPERATING REVENUE	264,249	228,420	35,830	2,890,250	2,078,619	811,631	2,078,819
<b>TOTAL OPERATING REVENUE</b>	<b>6,971,899</b>	<b>6,763,238</b>	<b>208,661</b>	<b>61,412,064</b>	<b>61,594,965</b>	<b>(182,901)</b>	<b>57,281,531</b>
SALARIES	3,425,583	3,425,389	193	30,797,182	31,171,040	(373,858)	29,931,807
TEMPORARY LABOR	16,250	7,871	8,379	269,253	90,899	178,354	347,471
BENEFITS	783,842	775,427	8,415	7,187,716	7,119,505	68,211	6,882,331
PROFESSIONAL FEES	162,289	53,739	108,550	713,608	489,059	224,549	493,310
SUPPLIES	701,083	760,835	(59,752)	6,400,627	6,920,274	(519,647)	6,645,231
UTILITIES	72,728	75,463	(2,735)	715,300	707,265	8,035	702,471
PURCHASED SERVICES	823,419	825,189	(1,770)	7,722,066	7,426,701	295,365	7,402,217
DEPRECIATION	291,694	342,061	(50,367)	2,789,746	3,078,551	(288,805)	2,103,000
RENTS AND LEASES	113,995	127,932	(13,936)	1,097,212	1,151,385	(54,172)	1,059,192
INSURANCE	40,784	39,575	1,209	414,512	356,175	58,337	345,856
LICENSES & TAXES	69,812	67,783	2,028	628,696	610,050	18,646	601,710
INTEREST	57,160	56,913	247	514,398	512,220	2,178	519,914
TRAVEL & EDUCATION	20,272	35,422	(15,150)	255,487	321,474	(65,987)	244,548
OTHER DIRECT	53,239	41,187	12,052	435,139	375,793	59,346	466,362
<b>EXPENSES</b>	<b>6,632,150</b>	<b>6,634,787</b>	<b>(2,637)</b>	<b>59,940,944</b>	<b>60,330,392</b>	<b>(389,448)</b>	<b>57,745,421</b>
<b>OPERATING INCOME (LOSS)</b>	<b>339,749</b>	<b>128,451</b>	<b>211,298</b>	<b>1,471,120</b>	<b>1,264,573</b>	<b>206,546</b>	<b>(463,890)</b>
OPERATING MARGIN	4.87%	1.90%	101.26%	2.40%	2.05%	-112.93%	-0.81%
NON-OPERATING REV/EXP	81,210	51,974	29,236	650,199	480,749	169,450	1,472,992
<b>NET INCOME (LOSS)</b>	<b>420,959</b>	<b>180,425</b>	<b>240,534</b>	<b>2,121,318</b>	<b>1,745,322</b>	<b>375,996</b>	<b>1,009,102</b>
<b>UNIT OPERATING INCOME</b>							
HOSPITAL	410,442	284,263	126,179	2,683,198	2,651,387	31,811	1,725,565
URGENT CARE	32,746	(5,739)	38,485	(270,325)	(54,851)	(215,475)	(108,675)
CLINICS	(140,062)	(198,088)	58,026	(1,271,170)	(1,763,145)	491,975	(2,536,683)
HOME CARE COMBINED	36,623	48,015	(11,392)	329,510	431,182	(101,672)	455,903
<b>OPERATING INCOME</b>	<b>339,749</b>	<b>128,451</b>	<b>211,298</b>	<b>1,471,213</b>	<b>1,264,573</b>	<b>206,640</b>	<b>(463,890)</b>



09/30/2019

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	5,761,131	3,268,227	2,492,904
ACCOUNTS RECEIVABLE	40,578,599	36,648,852	3,929,747
ALLOWANCE FOR CONTRACTUAL	(22,185,282)	(18,507,689)	(3,677,593)
THIRD PARTY RECEIVABLE	300	1,889,004	(1,888,704)
OTHER RECEIVABLES	444,938	788,227	(343,289)
INVENTORY	1,610,163	1,526,115	84,048
PREPAIDS	734,323	591,940	142,382
INVESTMENT FOR DEBT SVC	960,376	945,710	14,666
<b>CURRENT ASSETS</b>	<b>27,904,547</b>	<b>27,150,386</b>	<b>754,162</b>
INVESTMENTS	23,705,399	23,320,485	384,914
PLANT PROPERTY AND EQUIPMENT	79,335,545	79,180,803	154,742
ACCUMULATED DEPRECIATION	41,604,667	40,721,063	883,603
<b>NET PROPERTY, PLANT, &amp; EQUIP</b>	<b>37,730,878</b>	<b>38,459,739</b>	<b>(728,861)</b>
OTHER ASSETS	(0)	(0)	0
<b>NONCURRENT ASSETS</b>	<b>37,730,878</b>	<b>38,459,739</b>	<b>(728,861)</b>
<b>ASSETS</b>	<b>89,340,824</b>	<b>88,930,610</b>	<b>410,214</b>
ACCOUNTS PAYABLE	909,008	2,234,706	(1,325,698)
ACCRUED PAYROLL	354,105	1,046,722	(692,617)
ACCRUED BENEFITS	679,090	209,608	469,482
ACCRUED VACATION PAYABLE	1,592,898	1,678,465	(85,567)
THIRD PARTY PAYABLES	2,391,300	1,708,504	682,796
CURRENT PORTION OF LONG TERM DEBT	997,343	1,587,202	(589,859)
OTHER CURRENT LIABILITIES	0	0	0
<b>CURRENT LIABILITIES</b>	<b>6,923,744</b>	<b>8,465,208</b>	<b>(1,541,464)</b>
ACCRUED INTEREST	179,096	322,579	(143,482)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	2,245	0	2,245
DEFERRED REVENUE HOME HEALTH	87,801	116,204	(28,403)
<b>DEFERRED LIABILITIES</b>	<b>269,143</b>	<b>438,783</b>	<b>(169,640)</b>
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,989,839	13,399,698	(409,859)
LTD - 2018 REVENUE BOND	5,820,000	6,000,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,540,849	2,540,849	0
CURRENT PORTION OF LONG TERM DEBT CONTF	(997,343)	(1,587,202)	589,859
<b>LONG TERM DEBT</b>	<b>20,353,345</b>	<b>20,353,345</b>	<b>0</b>
<b>NONCURRENT LIABILITIES</b>	<b>20,622,488</b>	<b>20,792,128</b>	<b>(169,640)</b>
FUND BALANCE	59,673,274	59,673,274	0
NET REVENUE OVER EXPENSES	2,121,318	0	2,121,318
<b>FUND BALANCE</b>	<b>61,794,593</b>	<b>59,673,274</b>	<b>2,121,318</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>89,340,824</b>	<b>88,930,610</b>	<b>410,214</b>

# Kittitas Valley Healthcare

## Balance Sheet and Cash Flow

### Statement of Cash Flow

	CASH
NET BOOK INCOME	2,121,318
<b>ADD BACK NON-CASH EXPENSE</b>	
DEPRECIATION	883,603
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	3,004,922
<b>CHANGE IN CURRENT ASSETS ( \$ )</b>	
PATIENT ACCOUNTS	(252,154)
OTHER RECEIVABLES	2,231,992
INVENTORIES	(84,048)
PREPAID EXPENSES & DEPOSITS	(142,382)
INVESTMENT FOR DEBT SVC	(14,666)
<b>TOTAL CURRENT ASSETS</b>	<b>1,738,742</b>
INVESTMENTS	(384,914)
PROPERTY, PLANT, & EQUIP.	(154,742)
OTHER ASSETS	0
<b>TOTAL ASSETS</b>	<b>4,204,008</b>
<b>CHANGE IN CURRENT LIABILITIES ( \$ )</b>	
ACCOUNTS PAYABLE	(1,325,698)
ACCRUED SALARIES	(692,617)
ACCRUED EMPLOYEE BENEFITS	469,482
ACCRUED VACATIONS	(85,567)
COST REIMBURSEMENT PAYABLE	682,796
CURRENT MATURITIES OF LONG-TERM DEBT	(589,859)
CURRENT MATURITIES OF CAPITAL LEASES	0
<b>TOTAL CURRENT LIABILITIES</b>	<b>(1,541,464)</b>
<b>CHANGE IN OTHER LIABILITIES ( \$ )</b>	
ACCRUED INTEREST ON 1998, 1999 UTGO	(143,482)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	2,245
DEFERRED REVENUE - HOME HEALTH	(28,403)
<b>TOTAL OTHER LIABILITIES</b>	<b>(169,640)</b>
<b>CHANGE IN LT DEBT &amp; CAPITAL LEASES ( \$ )</b>	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(409,859)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	589,859
<b>TOTAL LONG-TERM DEBT &amp; LEASES</b>	<b>0</b>
<b>TOTAL LIABILITIES</b>	<b>(1,711,104)</b>
NET CHANGE IN CASH	2,492,904
BEGINNING CASH ON HAND	3,268,227
ENDING CASH ON HAND	5,761,131

## GRANTS – Mitchell Rhodes

### October 2019

#### Awarded

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

#### Waiting Determination

- Pride Foundation Community Grant (KVH Foundation) - \$15,000 – Provider education on LGBTQ health concerns
  - Expected determination November 2019
- Bureau of Justice Assistance Grant (KCHN) - \$750,000 over 2 years – Opioid Implementation Grant Supplement
  - Expected Determination October/November
- Puget Sound Energy Safety Grant – up to \$40,000 – Purchase emergency communication systems for KVH
  - Expected Determination December 2019
- UW/Premera Rural Mental Health Integration - \$245,000 per clinic – Due September 29 - Training and ongoing support to integrate mental health initiatives into Family Medicine Cle Elum
  - KVH FMCE has moved onto the second round of this funding opportunity and will have a site visit from UW AIMs center and Premera in the next month
  - Expected Determination December 2019

#### Works in Progress

- Coverys Foundation Grant (KVH) – \$49,000 – Rolling – Develop and Implement both Clinical and Non-Clinical Drill Program
- HRSA Rural Health Network Development Program (KCHN) - \$300,000 – Improve sustainability of the Health Network
- Premera Behavioral Health - \$100,000 – Rolling - Grant to remodel 2 Emergency and 2 ICU rooms to be safe rooms for behavioral holds, and training for staff



- Molina Community Grants (KCHN) – Up to \$100,000 – October 18 – Grant will hire staff to coordinate and increase the capabilities of care coordination platform and the A-Team

#### Not Awarded

- Kittitas County Law and Justice Grant - \$5,263 – Community education program/implementation of the Stop the Bleed program
- AmerisourceBergen Community Grant (KCHN) - \$127,395 – Opioid Assistance Grant
- Foundation for Opioid Response Efforts (FORE) Access to Treatment Grant (KCHN) – \$300,000/year over 2 years – Increase sustainability of the Network, Expand Health Commons, Increase workforce surrounding Substance Use Disorder
- RWJF Cross Sector Innovation Initiative (KCHN) - \$150,000 – Complete a needs assessment of childcare in the community and create a strategic plan.

#### Current Awarded Grants

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

#### Recently Completed

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

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

## KITTITAS VALLEY HEALTHCARE Capital Expenditure Board Narrative

**Requesting Department:** Sterile Processing

**Capital Item Requested:** Sterrad Sterilization System

**Function of Project:** Low temperature sterilization for specialized instrumentation that cannot survive high temperature steam sterilization.

**Reason Requested:** Only low temperature sterilizer available at KVH to process heat sensitive surgical instrumentation and equipment such as intubation blades, Arthroscopic and Laparoscopic camera's, light cords and scopes.

Replaces the need for Ethylene Oxide (ETO) sterilization which is a caustic gas and has an extended contact and aeration time (12 hour aeration cycle). Staff requires annual self- contained breathing apparatus, or S.C.B.A. training, and facility would require and EPA approved ventilation system to vent the gases outside the facility.

STERRAD utilizes 59% hydrogen peroxide which is a strong oxidizing agent that breaks down into oxygen and water leaving no harmful residues, has a 28 minute cycle start to finish, and has no special staff training or other facility based requirements.

The STERRAD NX system was built with an expected longevity, or useful life, of 7 years (or) 9,100 cycles.

One year cycle count average between February 2018 and March 2019 was 1,800.

Current machine is 12 years old. It was purchased in July of 2007.

Machine has surpassed its stated useful life expectancy by 5 years and the cycle count has turn over at least one time during this period and is currently 15,000 cycles over based on the extended age of the machine.

**Budget:** \$63,845

**Actual Cost:** \$62,986

**Submitted By:** Amy Krogstadt, Director – Surgical Services

**Date:** 10/24/19

## **PATIENT CARE OPERATIONS**

### **Diabetes & Nutrition Education:**

- Developing two new group programs for 2020: Diabetes 101 Survival, and Diabetes Support Group
- Provider referral project – QAPI - Goal is to improve the percentage of patients scheduled who received a referral for education. Activity has included the clinic PSR scheduling the appointment while the patient is currently in clinic with their provider at the time of the referral. Initial January baseline of 59.6%
  - June: 34 new referrals, 28 scheduled = 82%
  - July: 29 new referrals, 26 scheduled = 90%
  - August: 29 new referrals, 25 scheduled = 86%
  - September: 27 new referrals, 20 schedules = 74% (Of the 7 non-scheduled referrals, 2 from CHCW, 2 from Family Medicine, and 3 from KVH Peds, all of whom have not been involved with the project).
- Collaborating with the FISH Food Bank to soon begin the Hello FISH project once again.

### **Food Service:**

- Medical Art Center – Micro-Market for the employee lounge. Have acquired a quotes from three local vendors to place a micro market in the MAC that will include fresh foods (wraps, sandwiches, salads) along with shelf stable items and beverages.
- Food Services of America – FSA has been bought by US Foods. KVH deliveries are now sourced from the FSA Spokane warehouse versus the Kent warehouse. Many of the products KVH normally uses are not currently available from the Spokane warehouse. Large effort has been made and continues to be made with reestablishing the KVH order guide.

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

- The Emergency Department and Urgent Care are losing a couple of our Patient Care Technicians. This position sees turn-over as it is a stepping-stone in career/school paths. We will be working with HR to recruit for these positions.
- Education! Staff from the ED and UC attended educational conferences last month:
  - UW Harborview's EMS and Trauma Conference
  - Emergency Nurses Association National Conference
  - 3-day SANE Training



Each of the conferences provided education on hot topics: Trauma, Forensics nursing including identification of a victim of human trafficking, and self-care of ourselves.

The Emergency Department's Best Practice Committee is working on providing another round of competencies to ED staff this fall.

KVH will be participating with the South Central EMS and Trauma Region CQI Coverdell Stroke Grant aimed at "Improving Stroke Patient Arrival to EDs via EMS." We will assist with public awareness activities to increase early 911 calls for suspected stroke.

Urgent Care staff are working with Cle Elum Family Medicine Clinic, Kittitas County Public Health and Hospital District #2 on helping to provide a drive through flu vaccine clinic on October 26<sup>th</sup> from 1000-1300. This will be the first (hopefully, annual) free flu clinic for Upper County residents.

*Thank you, Vicky Machorro, Chief Nursing Officer*

## **ANCILLARY SERVICES OPERATIONS**

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

- Michelle Sexton joined us on October 7 as Business Office Manager. We are utilizing funds from the Foundation Hospice account to send her to the National Association of Home Care and Hospice Conference October 13-15 in Seattle. In addition we are planning intensive training with our software vendor NetSmart in early November to bring her up to speed quickly in this new role.

### **Hospice Friends:**

- The Fly In BBQ was held on Saturday October 5 at Bowers Field. Representative Tom Dent, Kittitas County Commissioner Cory Wright, representatives from CWU, Air Lift Northwest, Julie Petersen, John Sinclair and Nancy Lilliquist spoke on the importance of Bowers Field to our Community.

### **Rehab Services:**

- Bill Mannowitz from Rehab Visions will be giving a presentation tonight, reviewing the growth in our therapy services since entering into a contract with KVH. We have trained an Occupational Therapy Assistant in completing Ergonomic Assessments for KVH staff and for the community. The Commissioners are welcome to Gemba in Rehab on October 21 and October 30 from 8-8:30 am.

- As discussed in prior meetings, Cle Elum PT is at capacity and has outgrown their allocated space at FMC. I will be working with KDA and clinic leadership to develop a plan for expansion within FMC. Once we have a design and cost estimate, I will bring this forward to the Board for approval.

#### **Diagnostic Services:**

- I was notified by MDIG on October 15 that their partners voted to merge with Radiology Partners group. Radiology Partners is the largest radiology group in the United States, employing over 1400 radiologists in 1000 location in 21 states. I will provide an updated with more details at the Board meeting. Commissioners Savoian and Altman participated in a Gemba in the lab on October 15. Lab will be hosting another Gemba session on October 28 from 5-6 pm. The Joint Commission will be here October 29-31 for our lab accreditation survey. They will survey the hospital lab, clinic labs and home health.

#### **Hospital District 2:**

- District 2 is continuing with the design work on Medic One Station 99.

#### **EMS and Trauma Assessment:**

- The DOH has been conducting Public Forums to obtain stakeholder input on the results of the American College of Surgeons assessment of Washington States EMS and Trauma Services, which was conducted this past April. As a steering committee member of the EMS-Trauma Program, I have had the pleasure of assisting with facilitating the Public Forums in Snohomish and Yakima. The final forum will be held November 19, 9:00am - 12:00pm in Spokane. If enough interest is shown, they will host another event in Wenatchee. The Public Forums are soliciting input on 4 main topics:
  - Access - Location/number of Level 1 and Level 2 trauma centers, roles and responsibilities of Level 1 trauma services, EMS resources and locations, system leadership, min/max methodology and planning, policy and procedures.
  - Resources - Funding, capacity, statewide standardization of approaches, reducing duplication of resources to achieve efficiencies.
  - Outcomes - Utilizing data, timeliness of service, quality improvement and data collection.
  - Safety - Emergency preparedness and response, workforce shortages, alternative transport types and destinations, system leadership, regional issues.

Secretary of Health John Weisman anticipates creating an action plan by July 2020 and requesting additional funding during the 2021 legislative session. There are 4 flyers in your packet that provide more detail on the discussion topics.

*Thank you, Rhonda Holden, Chief Ancillary Officer*

## **CLINIC OPERATIONS**

### **New Clinic Manager:**

- We have officially hired and welcomed (as of October 10<sup>th</sup>) Angela Bennett as the new Clinic Manager for Family Medicine Ellensburg. She comes to us with previous medical/clinic experience and we look forward to having her as part of the leadership team.

### **Behavior Health Improvement Work:**

- Auren O'Connell, Behavioral Health NP at Family Medicine Cle Elum and Stephanie Walker, Clinic Manager have been working with Process Improvement to align with the University of Washington AIMS model. This model is a collaborative approach for behavioral health patients.

### **Patient Portal Optimization Team:**

- We have a team of people working on reviewing the current functionality of our patient portal and how to make it better for our patients. We are looking at functionalities such as direct appointment making.

### **Central Washington University:**

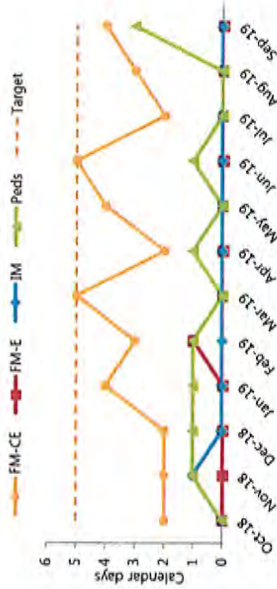
- Dr. Martin, Lisa and I met with a team of athletic directors at CWU. They are looking for support in primary care services for their athletes. We are bringing a team together to discuss possibilities.

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

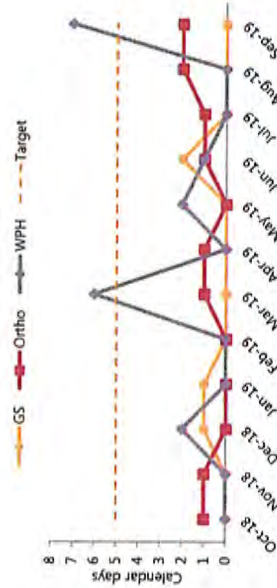


# Clinic Operations Dashboard

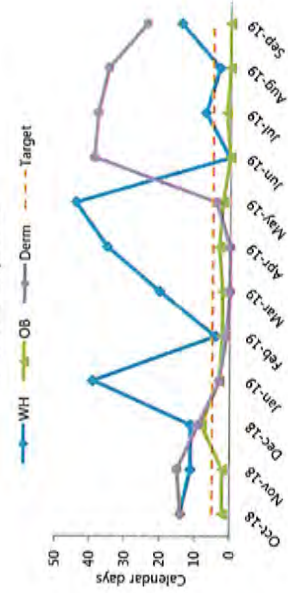
Third available appointment for established patients



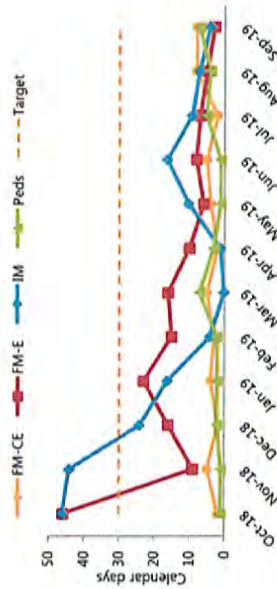
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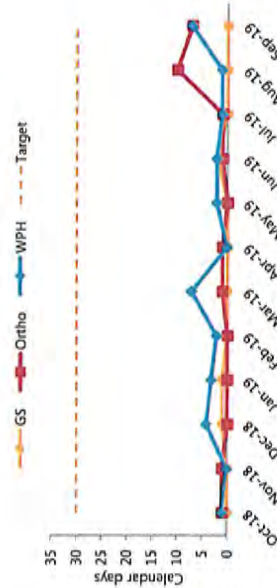
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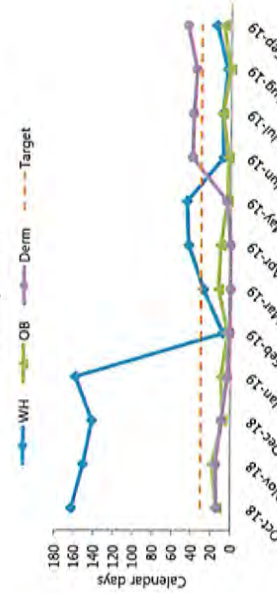
Third available appointment for new patients



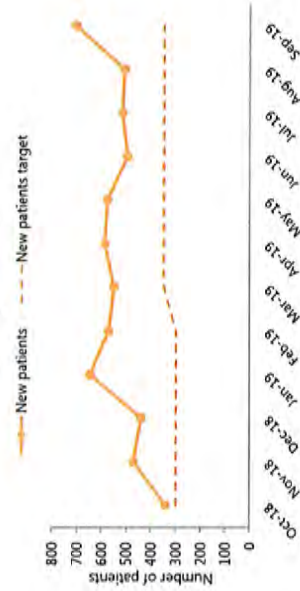
Third available appointment for new patients



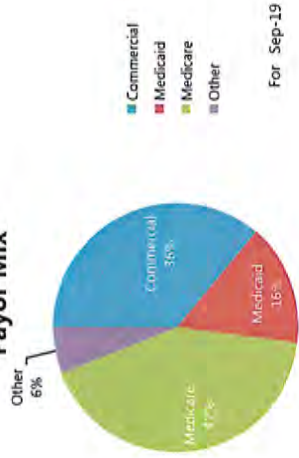
Third available appointment for new patients



New patients



Payor Mix







## DISCUSSION TOPIC Access to Emergency Medical Services

**From the report:** The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Access to Emergency Medical Services (EMS) and Trauma Care. The Department of Health seeks your input into understanding some common themes among these recommendations. In this breakout session we will explore Trauma Designation, Minimum and Maximum (Min/Max) methodologies, Trauma System Plan, System Integration, Emergency Medical Services, and Definitive Care Facilities.

### Summary of recommendations related to this breakout session

- Establish a clear and transparent process for calculation of minimum/maximum numbers for trauma centers in each region, based on a uniform statewide approach with potential for regional adjustment.
- Re-evaluate the purpose and function of the Level I trauma center role and adjust requirements as necessary.
- Ensure EMS assets are strategically placed and sufficient in number to meet the needs of the state's population, including air and critical care ground transport.

### Outline of Group Discussion on Access to EMS

#### Themes from the ACS Report

- Roles and responsibilities of Level 1 trauma services
- Locations of Level I and II trauma services
- EMS resources and locations
- EMS and Trauma Services Min/Max methodology
- System Leadership
- Planning, Policy, and Procedures

#### Questions for Breakout Groups

- What concepts should be considered when developing methodologies for calculating the min/max number of designated trauma hospitals and their locations? Should Level II trauma centers be designated at the state level? How about EMS services?
- What process and data should be used to make min/max determinations?
- Beyond clinical expertise, what should the role, function, and purpose of a Level I trauma service be?



## Background Information

The Washington State Department of Health has authority to designate trauma services. The department establishes minimum standards, designates hospitals to provide trauma care, and provides clinical consultation to trauma services and providers. There are a total of 82 acute services and 10 rehabilitation designated trauma services in the state. There are five levels of designation for acute care, three levels for pediatric care, and three levels for trauma rehabilitation services. Tertiary (definitive care) trauma services (Levels I-II) are located in more urban areas with Levels III-V located in more rural areas.

Currently each EMS and Trauma Care Region establishes their own min/max number of trauma services for Levels II–V. The department establishes the min/max number for Level I services for acute, pediatric, and rehabilitation noting they are considered statewide resources.

In the last decade, several states have seen the uncontrolled proliferation of trauma services that has resulted in less than desirable outcomes. A notable example is in Florida where, in a short period of time, numerous new trauma services were opened with limited analysis of the impact on the existing mature trauma system. The Florida example has

led to published research which highlights the negative impact of newly designated trauma services on an existing system and the dangers of new services in close proximity to existing services which results in the redistribution of patient volume. Further research has demonstrated that higher patient volumes lead to improved outcomes for emergency general surgery and trauma surgery patients. Several research studies have correlated higher volumes of trauma patients with improved quality of life and decreased mortality.

The risk of injury death increases with rurality. Access to initial and tertiary lifesaving care after injury is often delayed in rural areas. The ACS assessment noted several areas in the state which may be at risk due to the limited number of trauma services and the lack of tertiary care within the region.

To ensure we have the very best trauma system, a thorough assessment and determination of the locations and level of designations is necessary. Establishing a clear and transparent process for the calculation of min/max number for trauma services in each region, based on a uniform statewide approach with potential for regional adjustment is needed.

### Washington State Trauma & Rehab Services







## DISCUSSION TOPIC Resource Investments

**From the report:** The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Resource Investments into our system. Department of Health needs your input into understanding some common themes in the recommendations. In this breakout session we will explore opportunities for investing our resources, what strategies might help our state better achieve that balance of capacity and system efficiency, and recommendations around centralization or standardization.

### Summary of recommendations related to this breakout session

- Increase funding to better support services assuming greater responsibility and risk within the system
- Increase resources for system capacity/redundancy that will improve patient safety and increase resiliency
- Increase resources for injury prevention activities and increase strategic partner engagement at both the state and regional level
- Increase resources for EMS and trauma system performance improvement to support state and regional Performance Improvement activities.
- Support for state resources to sustain the cardiac and stroke systems for the long term
- Increase resources to support medical oversight at both the state and county level
- Communicate the value of the time critical services to policy makers and the general public

### Outline of Group Discussion on Resource Investments

#### Themes from the ACS Report

- Funding
- Capacity
- Statewide standardization of approaches
- De-duplication of resources and achieve efficiencies

#### Questions for Breakout Groups

- Considering the components of our system (injury prevention, prehospital, hospital, rehabilitation, and system evaluation) what recommendations do you have to re-direct resources?
- Which activities do we need to direct more resources toward for our system to improve patient safety and outcomes?
- What products, processes, or activities should be standardized to gain system efficiencies?



## Background Information

The components of the Emergency Care System are based on a model of the continuum of care which includes injury prevention, prehospital, hospital, rehabilitation, and system evaluation. Together, the components within the system provide a holistic approach to caring for time sensitive emergencies.

Funding for the Emergency Care System (EMS, trauma, cardiac and stroke) comes from four sources:

- General Fund State (GF-S)
- Dedicated state funds (trauma fund)
- Federal (Medicaid) matching funds
- Federal grants (CDC, HRSA)

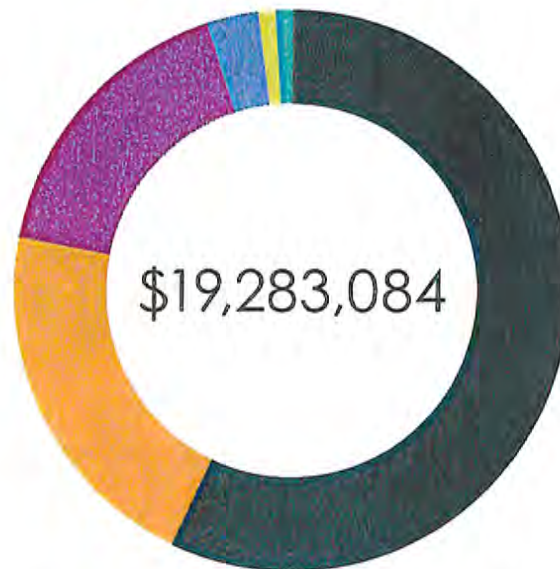
General fund state (GF-S) funding is appropriated by the legislature. GF-S is the primary revenue source for development, operations and management of the state EMS and trauma program.







Dedicated funds consist of revenue from two fees: a \$6.50 administrative fee on the purchase or lease of new or used vehicles; and a \$5 surcharge on moving violations. These are deposited into state trust account for the trauma system. Funds from this account are disbursed as pass through (grants) to system providers and used to supplement trauma care to severely injured Medicaid patients. The supplemental payments are matched by federal Medicaid funds as part of our state plan with CMS.

Federal grants from CDC and HRSA fund our Coverdell Stroke, Emergency Medical Services for Children and Emergency Cardiac and Stroke programs. Financial oversight for these federal grants is provided by Department of Health with input from respective stakeholder advisory committees.

Some additional smaller sources of funding are used for particular elements of the system, e.g. fees are collected from hospitals to offset part of the cost of trauma designation, some EMS agencies are supported by local levies, etc.

**Trauma Care Fund Disbursements per Year  
(Total Computable)**



	Hospital Supplemental Medicaid	\$ 11,000,000	57%
	Physician Supplemental Medicaid	\$ 4,000,000	21%
	Hospital Grants	\$ 3,356,255	17%
	EMS Grants	\$ 559,438	3%
	MPD Grants	\$ 198,900	1%
	Rehabilitation Grants	\$ 168,492	1%





## DISCUSSION TOPIC Improving Patient Outcomes

**From the report:** The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Improving Patient Outcomes. Department of Health needs your input on some common themes in the recommendations. In this breakout session we will explore: Indicators as a tool for System Assessment, System-wide Evaluation, Quality Improvement, Quality Assurance, Trauma Management Information Systems /Trauma Registry, System Coordination, and Patient Flow.

### Summary of recommendations related to this breakout session

- Develop trauma system indicators with benchmarks that are tied to strategic plan goals.
- Provide stronger state-level support for regional operations, especially in the areas of data analysis, capacity assessment, and quality assurance .
- Develop a master plan for system performance improvement at the state and regional levels to implement and complete data-driven performance improvement initiatives.
- Ensure that trauma registry data are systematically used for trauma system development, evaluation, and performance improvement.

### Outline of Group Discussion on Improving Patient Outcomes

#### Themes from the ACS Report

- Data Reports
- Timeliness of service (including transport)
- Data informed decision making
- Quality improvement

#### Questions for Breakout Groups

- What information do you need from the DOH and the EMSTC Steering Committee to inform decisions for regional planning?
- What Quality Improvement (QI) initiatives do you recommend we focus on?
- What recommendations do you have for system quality improvement processes at the statewide, regional, and local level?
- What kind of information about the EMS & trauma system would be helpful in an annual report or master plan for system performance improvement?



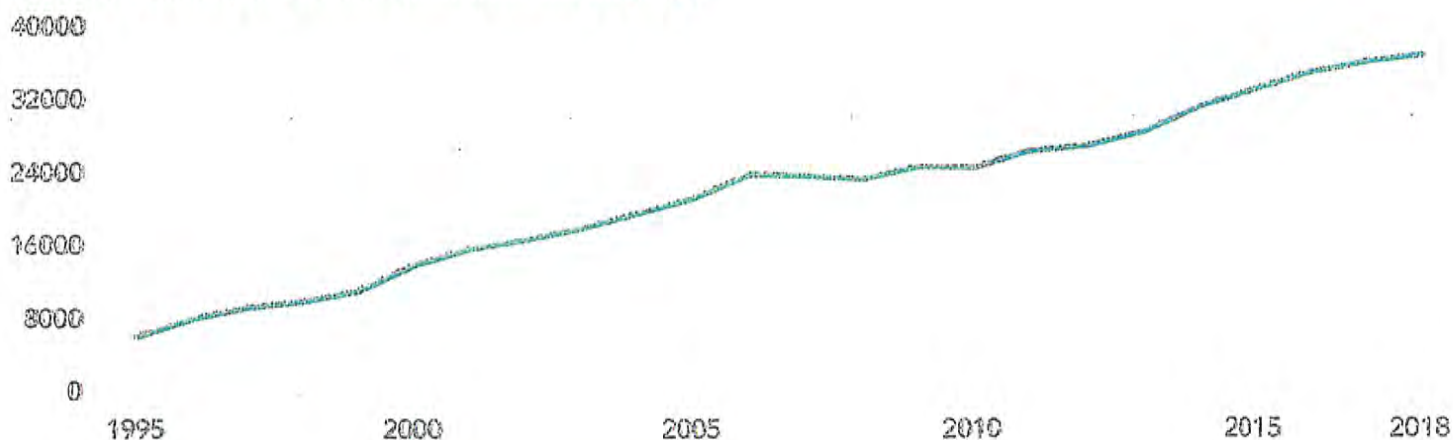
## Background Information

Components of the EMS and Trauma System  
(Continuum of Care): Injury Prevention, Prehospital,  
Hospital, Rehabilitation, and System Evaluation

The trauma system provides evaluations of clinical care, system performance and patient outcomes at the local, regional and statewide level. In addition, data and technical support to the EMS and Trauma Care Councils are provided for planning and needs assessments. The trauma registry is the primary data source used in system evaluation. In the system evaluation process, indicators are standardized measures that evaluate clinical processes.

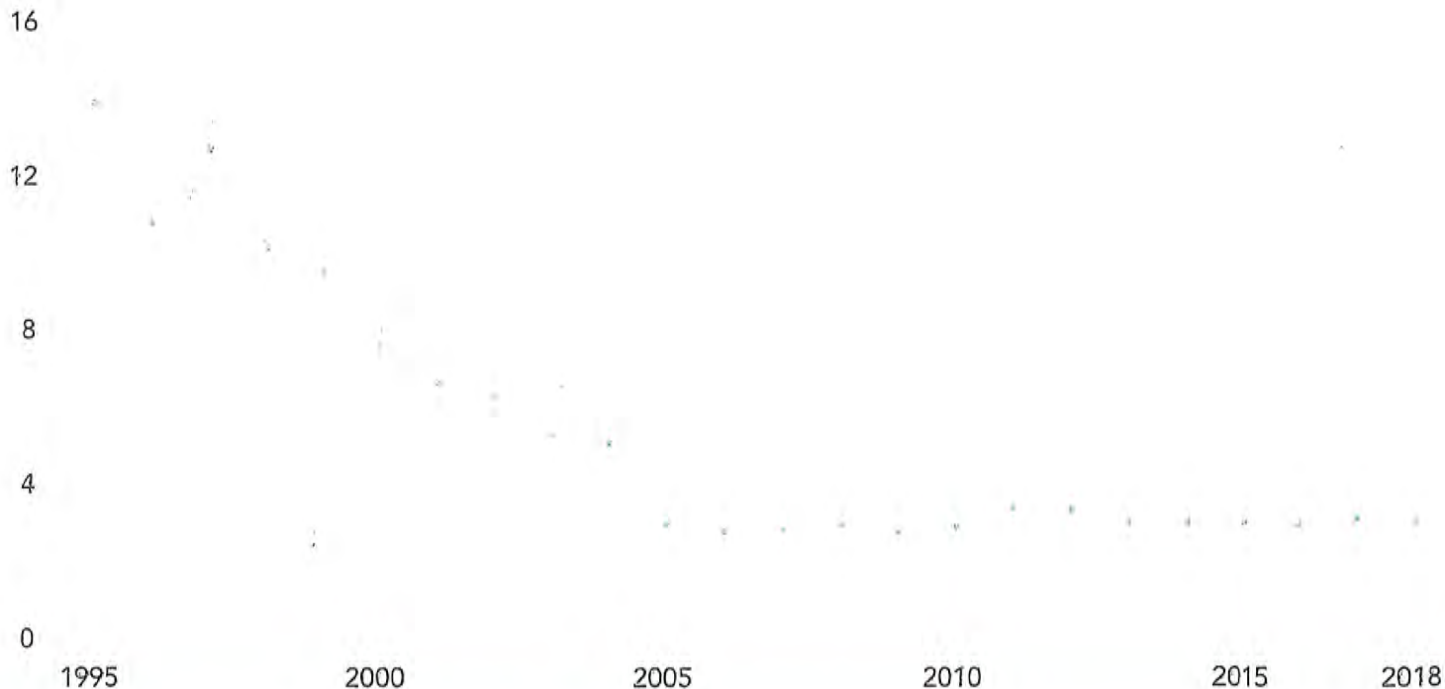


### Patient Volume in Washington Trauma Registry



### In-Hospital Mortality in Washington Trauma Registry

Age, Sex, and Injury Severity Adjusted Mortality Rates per 100 Patients and 95% Confidence Intervals







## DISCUSSION TOPIC Community and Patient Safety

**From the report:** The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Community and Patient Safety. The Department of Health needs your input into understanding some common themes in the recommendations. In this breakout session, we will discuss: the EMS and Trauma System Leadership, Coalition Building and Community Support, Disaster Preparedness, System Coordination, and Patient Flow.

### Summary of recommendations related to this breakout session

- Realign the composition of the eight EMS and Trauma Regional Councils with that of the State EMS and Trauma Care Steering Committee to ensure adequate representation of all stakeholders in regional systems planning and oversight.
- Provide stronger state-level support for regional operations, especially in the areas of data analysis, capacity assessment, and quality assurance.
- Develop a regional contingency plan and system redundancy plan in the event Level I and II centers become incapacitated.
- Place EMS assets strategically and sufficient in numbers to meet the needs of the state's population.
- Consider re-balancing the representation on the Steering Committee to appropriately reflect the constituency of trauma system stakeholders.

### Outline of Group Discussion on Community and Patient Safety

#### Themes from the ACS Report

- Emergency preparedness and response
- Workforce shortages
- Alternative transport types and destinations
- System Leadership and Planning
- Regional Issues

#### Questions for Breakout Groups

- What recommendations do you have to improve system coordination and patient flow under normal and disaster conditions?
- What are the causes and solutions of limited system resources including bed capacity?
- What criteria should be considered by the eight EMS & Trauma Care Regions to improve analysis of gaps and determination of EMS and Trauma resources?



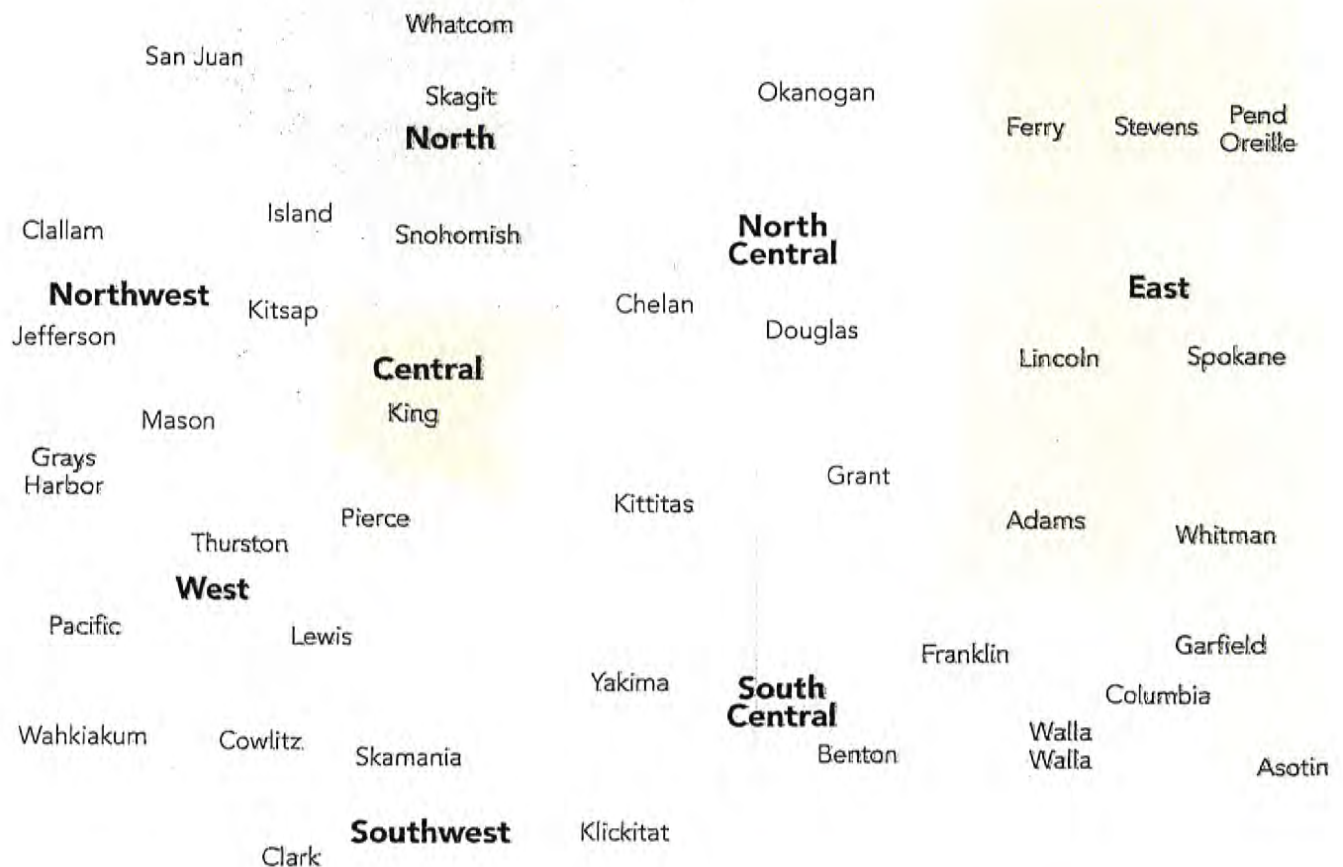
## Background Information

The state EMS & Trauma Care System includes eight EMS and trauma system regions which are made up of local and regional councils. This component of the trauma system represents local interests, and establishes the development of the trauma system as a grass roots effort. The regions are charged with assessing, analyzing, identifying, and recommending resource needs within their set boundary. The regions are supported by grants from the department and are charged with developing the regional plan, regional patient care procedures and prevention, and public education programs to address regional injury problems.

In the past, Washington State has suffered from many man-made and natural disasters which have resulted in mass causality situations and patient surge conditions. Hospital bed capacity has been an issue in the State over the last few years. This was especially notable during the 2017 flu epidemic where many urban hospitals were challenged with the inability to surge bed capacity which resulted in unconventional solutions. Limited bed capacity in times of surge can impact caring for time sensitive emergency conditions. Time sensitive emergencies include emergent conditions supported by the cardiac, stroke, and trauma programs.



### Washington State EMS Regions





## COMMUNITY RELATIONS – Michele Wurl

September 27 – October 24, 2019

### Marketing Plan Focus:

- Guided Patient Services (August-October)

### External Outreach activities:

- Ellensburg Farmer's Market (10/5)
- Thorp Career Day (10/7)
- Cle Elum Community BBQ with FM-CE (10/8)
- Back on Track Running Event with KVH Physical Therapy (10/10)
- Women's Health Panel in Cle Elum (10/15)
- Women's Health Panel in Ellensburg (10/22)
- Easton School District Wellness Fair (10/24)

### Internal Outreach activities:

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

### Collaborations & Partnerships:

- Level 1 Swim safety classes through the City of Ellensburg
- CWU Football game sponsor (9/28)
- Dr. Sand's retirement celebration (10/4)
- Community Connect Day – partnering with The KVH Foundation informing the public of free mammograms (10/23)
- Upper County drive thru flu clinic – partnering with HD2 – October 26

### Stories/Letters to the Editor:

- KVH blog – Collaborative Care model by Auren O'Connell
- Patient Story – David Martin (Flu Shot)

### Other:

- We have been assisting various departments in the areas below:
  - ✓ MAC Call for artists
  - ✓ New website roll out
  - ✓ Foundation's 5K

### On the horizon:

- Upper County drive thru flu clinic hosted by HD1 and HD2 – October 26 from 10-1
- Meditation & Mindfulness with Anita Schiltz – October 30
- Michele will be on vacation November 16 – December 3



## Annual Performance Review Chief Executive Officer

**Board of Commissioners**  
Kittitas County Public Hospital District No. 1

Type: **Policy**  
Status: **Official**  
Last Reviewed:

Page 1 of 2

### Policy

It is the policy of the Board of Commissioners, Kittitas County Public Hospital District No. 1, dba Kittitas Valley Healthcare, to conduct an annual performance review of the Chief Executive Officer (CEO).

This review shall be conducted by the Board in Executive Session ~~within 60 days of the CEO's anniversary employment date.~~

### Procedure

The Board shall determine annually the performance review criteria and process of the CEO's evaluation.

Effective Date:	2/28/1991	Dept: of Record:	Board of Commissioners		
		Policy Owner:	Franki StorlieMandy Weed, Board President		
Print Date:		Revision By:		Revision Date:	
		Reviewed By:	Franki StorlieMandy Weed, Board President, CEO	Review Date:	8/25/2014; 9/03/15; 1/7/16; 5/22/17 10/24/19
		Committee Review:		Date Approved:	
		Committee Review:		Date Approved:	

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## Annual Review, Board of Commissioners

**Board of Commissioners**  
Kittitas County Public Hospital District No. 1

Page 1 of 2

### Policy:

It is the policy of the Board of Commissioners of Kittitas County Public Hospital District #1 to conduct an annual self-evaluation.

### Procedure:

~~By September 30 of each year, the~~ The Board will complete a self-evaluation by considering at a minimum the following areas of responsibility:

1. Quality improvement, safety, and customer service initiatives
2. Fiscal oversight
3. Working relationship with chief executive officer
4. Community and legislative advocacy
5. Strategic planning oversight
6. Issue analysis and decision-making
7. Participation in board functions; including board and committee attendance, continuing education, and hospital advocacy

The KVH Mission Statement, Board of Commissioners Policies, and expectations outlined in relevant RCWs will be used as tools in assisting with the self-evaluation.

Effective Date:	6/04/2008	Dept: of Record:	Board of Commissioners		
		Policy Owner:	<a href="#">Franki Storlie</a> <a href="#">Mandy Weed, Board President</a>		
Print Date:		Revision By:		Revision Date:	
		Reviewed By:	<a href="#">Franki Storlie,</a> <a href="#">Mandy Weed,</a> Board, <a href="#">President</a> CEO	Review Date:	8/25/2014; 9/1/15; 1/6/16; 5/22/17 <a href="#">10/24/19</a>
		Committee Review:		Date Approved:	
		Committee Review:		Date Approved:	

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# 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	24 3:35pm Chelan, WA	25 5pm	22 5pm	26 5pm	24 5pm	12/5 5pm Special Meeting	1/2 5pm Special Meeting
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  Election of 2020 Officers	Approve 2020 Operating and Capital Budgets Approve 2020 Board Committees & 2020 Board Calendar	Update 2019 Operating Budget 2020 QAPI Approval
Presentation Subject to Change	Business Plan Update	Workplace Violence		FISH Food Bank	*Financial Audit & Cost Report DZA *Sepsis *Total Joint Improvement Work		Business Plan Update  Community Benefits & Relations	Patient Satisfaction		*Rural Advocacy & Federal Policy Update *Business Plan Update *Rehab Visions		
EDUCATION, CONFERENCES & SPECIAL MEETINGS		AHA Rural Health Care Leadership Conference Phoenix, AZ 2/3-2/6  NRHA Rural Health Policy Institute Washington, D.C 2/5-2/7		IHI Annual Summit San Francisco CA 4/11-4/13 AHA Annual Meeting WA DC 4/7-4/10 CEO/Trustee Summit Seattle, WA 4/29 or 4/30	NRHA Annual Rural Health Conference Atlanta, GA 5/7-5/10	WSHA Rural Conference Chelan 6/23-6/26	AHA Leadership Summit San Diego, CA 7/25-7/27	Gov. Institute Governance Support Forum WA DC 8/4-8/6	NRHA CAH Conference Kansas City, MO 9/18-9/20 Gov. Institute Leadership Conference Colorado Springs, CO 8-11 9/23-9/25 Rural Advocacy Days, WA DC 10/27-10/29	WSHA Annual Meeting Renton 10/9-10/10  Gov. Institute Leadership Conference WA DC 10/27-10/29		









# Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2020

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Regular Meeting	23 5pm	27 5pm	26 5pm	23 5pm	28 5pm	25 5pm	23 5pm	27 5pm	24 5pm	22 5pm	12/3 5pm Special meeting	TBD 5pm Special Meeting
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 Election of 2021 Officers Approve 2021 Board Committees & 2021 Board Calendar	Approve 2021 Operating and Capital Budgets	Update 2020 Operating Budget 2021 QAPI Approval
Presentation Subject to Change												
EDUCATION, CONFERENCES & SPECIAL MEETINGS		AHA Rural Health Care Leadership Conference Phoenix, AZ 2/2-2/5  NRHA Rural Health Policy Institute Washington, D.C 2/11-2/13		IHI Annual Summit San Diego CA 4/26-4/28  AHA Annual Meeting WA DC 4/19-4/22	NRHA Annual Rural Health Conference San Diego, CA 5/18-5/22		AHA Leadership Summit San Diego, CA 7/19-7/21					



Events	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
		KVH host Chamber Business After Hours 2/20	3 <sup>rd</sup> Annual EBM Workshop 3/13-3/14	Provider Appreciation Dinner 4/1	CWU Hall of Fame Banquet 5/2  Foundation Gala 5/16							
Board Finance	21 7:30am	25 7:30am	24 7:30am	21 7:30am	26 3:00pm	23 7:30am	21 7:30am	25 7:30am	22 7:30am	20 7:30am		
MEC	8 5:15pm	12 5:15pm	11 5:15pm	8 5:15pm	13 5:15pm	10 5:15pm	8 5:15pm	12 5:15pm	9 5:15pm	14 5:15pm	11 5:15pm	9 5:15pm
QI Council		10 3:00pm		20 3:00pm		15 3:00pm		17 3:00pm		19 3:00pm		21 3:00pm
Foundation Board	28 5:30pm		24 5:30pm		26 5:30pm		28 5:30pm		22 5:30pm		17 5:30pm	
Compliance	9 3:30pm	13 3:30pm	12 3:30pm	9 3:30pm	14 3:30pm	11 3:30pm	9 3:30pm	13 3:30pm	10 3:30pm	8 3:30pm	12 3:30pm	10 3:30pm
Strategic Planning												
Joint Districts												
HD #2												
Emerging Topics:	20 6:30pm	17 6:30pm	16 6:30pm	20 6:30pm	18 6:30pm	15 6:30pm	20 6:30pm	17 6:30pm	21 6:30pm	19 6:30pm	16 6:30pm	21 6:30pm

Emerging Topics:

WRHC Initiatives  
Kittitas County Health Department  
WRHA  
ACO  
WSHA/AWPHD