

SUPPLEMENTAL

BOARD OF COMMISSIONERS' REGULAR MEETING

October 27, 2016 – 5:00 p.m.

KVH Conference Rooms A/B

AGENDA

1. **Call Regular Meeting to Order**
2. ****Approval of Agenda:** (1-2)
 - (Items to be pulled from the Consent Agenda)
3. ****Consent Agenda:**
 - a. Minutes of Board Meetings: September 22, 2016; October 24, 2016 (3-7)
 - b. Approval of Checks (8)
 - c. Report: Foundation (9)
 - d. Minutes: Finance Committee (10)
4. **Quality:**
 - a. Rhonda Holden, Chief Nursing Officer, Dr. Don Solberg, Chief Medical Officer, Mande Olsen, Director of Quality Assurance:
 - Mande Olsen: Patient Story
 - QI Council Committee (11)
 - QI Council Dashboard (12)
5. **Public Comment/Announcements (5:15 p.m.)**
6. **Emerging Healthcare Topic:** Carol Moser, Accountable Communities of Health (13)
7. **Chief Executive Officer's Report:**
 - a. Julie Petersen, CEO Report (14)
 - Foundation Message Survey Results (15-20)
 - HR Dashboard (21-22)
8. **Chief of Staff Report:**
 - a. Dr. Timothy O'Brien, Chief of Staff
 - ****Medical Staff Exec. Committee Report** (23)
9. **Financials:**
 - a. Libby Allgood, CFO: Treasurer's Report (24)
 - b. Finance Committee
 - ****Resolution No. 16-04: Appointment of District Auditor** (25-26)
 - ***Capital Expenditure Request** (26a)
 - Randi Christensen: Clinic Operations Report (27-28)
10. **Education:**
 - Report on Attendance at WSHA Annual Meeting, Seattle, Oct. 12-14
11. **Public Policy:**

- 12. **Old Business:**
 - a. Board Meeting Evaluation Summary (29-31)
 - b. 2017 Board Committees (32-33)

- 13. **New Business:**
 - a. December Regular Board Meeting Date
 - b. **2017 Board Calendar (34)

- 14. **Articles and Communications: Additional Articles** (35-48)

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

- 16. **Recess to Executive Session: Real Estate; Personnel**
RCW 42.30.110(b)(g)

- 17. **Convene to Open Session**

- 18. **Adjournment**

FUTURE BOARD TOPICS

Board Governance Education
CEO Selection/Search Process

Kittitas Valley Healthcare
Board of Commissioners
September 22, 2016
KVH Conference Rooms A/B

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

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

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien, Dr. Don Solberg

1. At 5:00 p.m., President Liahna Armstrong called the regular Board meeting to order. The Oath of Office was given to new Board member, Bob Crowe. President Armstrong welcomed Bob Crowe as a new member of the Board of Commissioners.

2. **Approval of Agenda:**

ACTION: On motion of Bob Crowe and second of Bob Davis, the Board members unanimously approved the agenda as revised. Items added to the agenda under New Business were hospital branding and CEO search process.

3. **Consent Agenda:**

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

4. **Quality:**

Mandee Olsen presented the Safe Catch awards to the following winners: Jeannette Simonton and Leah Heyer for the first quarter and Nazha El kabouss, Keith Graham and John Bartlett for the second quarter. Liahna Armstrong stated how impressed the Board was with the nominees and winners of the Safe Catch Awards in providing excellent quality care to patients.

Mandee Olsen reported that as of this date 200 plus employees have received the flu vaccination with only three employees declining to receive the vaccination.

The Board members reviewed the QI Council summary and dashboards.

5. **Public Comment/Announcements:**

None.

6. **Emerging Healthcare Topic:**

Amy Fuller, Kittitas County Public Health Department Assessment Coordinator, Jon Fowler, Kittitas Valley Fire and Rescue, Polly Florence, KVH Home Health and A-Team, and Lyn Fuller KVH Social Services presented an overview of the work the community paramedic program and KVH A-Team have done to serve needy patients in the county. These patients are frequent callers to KVFR and they would be better served with the assistance of local healthcare agencies rather than through the emergency calling system to KVFR. Thus, local agencies that include aging and disability, skilled nursing and assisted living, clinics, home health and mental health work together to serve these

patients. These agencies will be applying for grants to assist with the community program as well as work with CWU's paramedic program.

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

Julie Petersen reported that Hospital Districts No. 1 and 2 are working closely to ensure that all residents of the county have access to high quality primary and urgent care as well as hospital services. She reported that the 3P process for the new medical office building is being wrapped up and the architects will be working on actual drawings for plans submitted to them by the team. Julie announced that Dr. Larry Birger is planning to have KVH host Dr. Guyot who will make a presentation regarding evidence-based medicine. Dr. Birger is hoping that KVH in collaboration with CWU will become a host site for providers statewide and beyond in the future. Julie introduced the new Director of Therapy Services, Brent Proctor. She reported that she met with Dr. David Wood regarding collaboration between KVH and Dr. Wood's urgent care clinic in Ellensburg. She announced that she, Drs. Solberg, Lindsey and O'Brien will be meeting with the CEO and other administrators at Yakima Valley Memorial Hospital to discuss the patient transfer process. She reported that the first Management Plus One luncheon was a success with over 60 KVH Directors and guests attending.

Amy Diaz discussed various options for videotaping Board meetings. It was agreed that using a web cam to videotape the meetings should be tried first for several months.

Julie Petersen and the Board members agreed that governance education would be excellent future topics for Board education. Julie also stated that in October it may be possible for the Board members to meet with Congressman Reichert and Senator Maria Cantwell.

The Board members reviewed the Human Resources Dashboard. Bob Davis inquired if the length of time to hire new staff into open positions has improved. Julie Petersen and Mitch Engel responded that this process is being reviewed and has improved.

8. **Chief of Staff Report:**

This item was moved to executive session.

9. **Financials:**

Libby Allgood presented a short financial summary for the month of August noting that operations for the month resulted in an operating gain of \$124,000. Libby Allgood announced that a special meeting will be held in early November to introduce the budget and set the tax levy for resolutions to be submitted to the County Assessor regarding the 2017 tax levies and budget. The final budget will be approved at the December Board meeting.

ACTION: On motion of Bob Crowe and second of Erica Libenow, the Board unanimously approved Resolution No. 16-13 regarding surplus property.

10. **Education:**

Erica Libenow, Bob Crowe and Julie Petersen stated that they planned to attend the WSHA Annual meeting in Seattle on October 12-14.

11. **Public Policy:**

None.

12. **Old Business:**

a. **Board Meeting Evaluation Summary:**

The Board members reviewed the revised Board meeting evaluation form and agreed to use the new form.

b. **Clinic Report:**

The Board members reviewed the clinic report. Randi Christensen gave a PowerPoint presentation regarding Project Patient Access, Act 3, outlining the process to recruit providers both short-term and long-term for the clinics in order to increase patient access to the clinics. Mitch Engel was introduced as the newly hired physician liaison/recruiter to assist with this process.

c. **2016 Board Officers and Committees:**

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved the 2017 Board Officers as follows: President, Liahna Armstrong; Vice-President, Matt Altman; and Secretary, Bob Davis.

President Armstrong asked the Board members to review the Board Committee list and let her know what committees they would like to serve on for 2017. She noted, however, that she and Bob Crowe would be serving on the Finance Committee, Bob Davis would be serving on the Medical Executive Committee, and Matt Altman and Liahna Armstrong would be serving on the QI Council Committee. Erica Libenow indicated that she would like to continue serving on the KVH Foundation Board Committee.

13. **New Business:**

a. **Community Healthcare Roundtables:**

Matt Altman reviewed the community healthcare roundtable events that have been held throughout the county, both lower and upper county, as well as the master site facility presentations. Matt noted that the presentations have been held on the road at various locations as well as at KVH.

b. **Branding:**

Erica Libenow requested that hospital branding, logo, vision and mission statements and goals be reviewed in 2017.

c. **CEO Search:**

It was agreed that a search for the CEO position should be started soon. President Armstrong stated that she would be scheduling a special Board meeting to start this process.

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

The Board members reviewed the various clippings and correspondence items.

At 7:15 p.m., President Armstrong announced that there would be a 15 minutes recess followed by a 60 minute executive session regarding personnel and physician credentialing. RCW 42.30.110(g); RCW 70.44.062(1)

At 8:30 p.m., the executive session was continued for 15 minutes. At 8:43 p.m., the meeting was reconvened into open session.

ACTION: On motion of Bob Davis and second of Bob Crowe, the Board unanimously approved removing Dr. Vicki Macy from the reappointment list for approval by the Board of Commissioners.

ACTION: On motion of Bob Davis and second of Bob Crowe, the Board members unanimously approved the initial appointments for Laurel Gorham, ARNP, Nathaniel Ruiz, PA-C, Dr. Dhawal Goradia and reappointments for Robert Merkel, PA-C, Dr. Frank Smith, Kenneth Gano, CRNA, Dr. Larry Birger, Dr. Don Solberg, and Dr. Brian McElaney as recommended by the Medical Executive Committee.

ACTION: On motion of Matt Altman and second of Bob Davis, the Board members approved the provisional appointment of Dr. Vicki Macy. There was one abstention to the motion.

With no further action and business, the meeting was adjourned at 8:45 p.m.

CONCLUSIONS:

1. Motion passed to approve the Board agenda as revised.
2. Motion passed to approve the Consent Agenda.
3. Motion passed to approve Resolution No. 16-13 regarding surplus property.
4. Motion passed to approve the 2017 Board Officers as follows: President, Liahna Armstrong; Vice-President, Matt Altman; and Secretary, Bob Davis.
5. Motion passed to approve removing Dr. Vicki Macy from the reappointment list for approval by the Board of Commissioners.
6. Motion passed to approve the initial appointments for Laurel Gorham, ARNP, Nathaniel Ruiz, PA-C, Dr. Dhawal Goradia and reappointments for Robert Merkel, PA-C, Dr. Frank Smith, Kenneth Gano, CRNA, Dr. Larry Birger, Dr. Don Solberg, and Dr. Brian McElaney as recommended by the Medical Executive Committee.
7. Motion passed to approve the provisional appointment of Dr. Vicki Macy.

Respectfully submitted,

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

Kittitas Valley Healthcare
Board of Commissioners
Special Board Meeting
Conf. A/B
October 24, 2016

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

STAFF PRESENT: Amy Diaz, Franki Storlie

President Liahna Armstrong called the meeting to order at 5:30 p.m. She stated that the purpose of the meeting was to conduct an executive session regarding personnel for 90 minutes.
RCW 42.30.110(g)

At 7:00 p.m., the meeting was reconvened into open session.

With no further business and no action taken, the meeting was adjourned at 7:00 p.m.

Respectfully submitted,

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

DATE OF BOARD MEETING: October 27, 2016

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	CHECK NUMBERS	<u>224461-225558</u>	NET AMOUNT:	<u>\$3,583,588.21</u>
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PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	CHECK NUMBERS	<u>76439-76466</u>	NET AMOUNT:	<u>\$29,762.92</u>
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#2	CHECK NUMBERS	<u>76467-76500</u>	NET AMOUNT:	<u>\$36,076.55</u>
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#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$939,914.02</u>
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#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$963,280.28</u>
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#5	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$389,138.38</u>
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#6	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$392,688.75</u>
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	SUB-TOTAL:			<u>\$2,750,860.90</u>
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OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	TRANSFER FUNDS FOR INVESTMENT		NET AMOUNT:	<u>\$1,601,881.60</u>
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	SUB-TOTAL:			<u>\$1,601,881.60</u>
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TOTAL CHECKS & EFTs:				<u>\$7,936,330.71</u>
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Prepared by

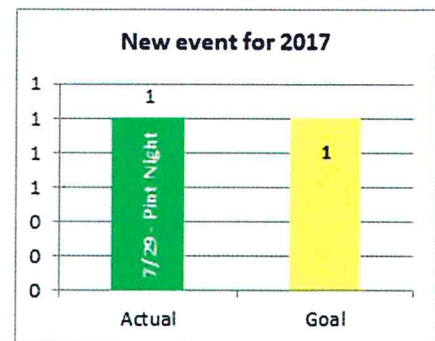
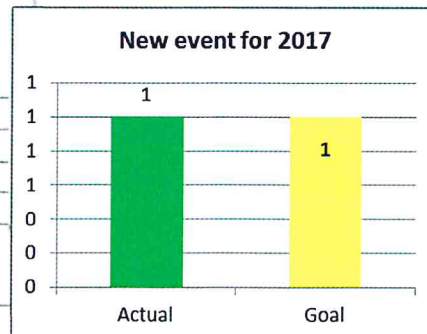
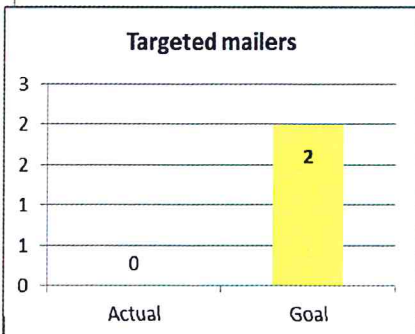
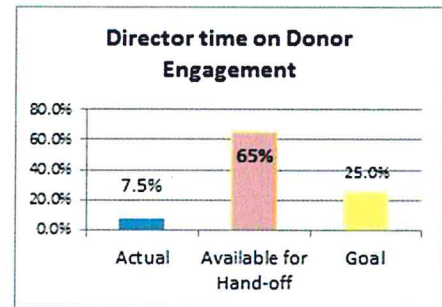
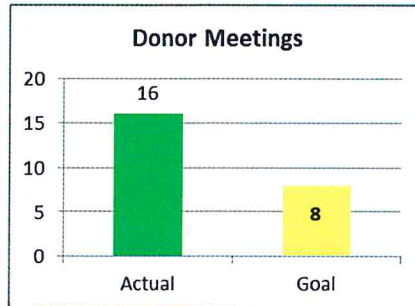
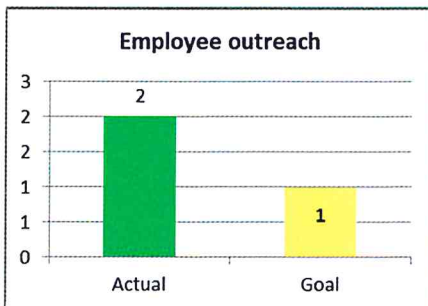
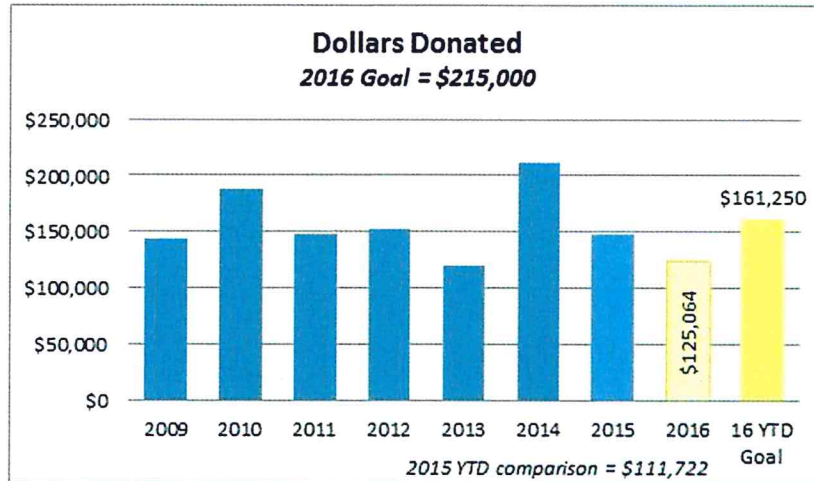


Sharoll Cummins
Staff Accountant

Board of Commissioners Report, October 27, 2016

2016 Goals/Metrics

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



Respectfully submitted,

Michele Wurl

Director, The Foundation at KVH

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
September 20, 2016

Present: Liahna Armstrong, Bob Davis, JoAnne Wise, Jerry Decker, Paul Malinski, Bob Crowe, Libby Allgood, Julie Peterson, Kelli Goodian Delys, Jason Adler

The meeting was called to order by Liahna Armstrong at 7:38 am.

It was announced that Bob Crowe would be taking the place of Pam Wilson on the Board of Commissioners and would be sworn in on the next board meeting, September 22nd.

The minutes and Agenda of the September 20, 2016 meeting were approved as written.

In August there were less providers out compared to July resulting in higher visits. The committee had continued open discussion on access to the clinics and the community need for availability. The committee discussed the hospital AR days being down but Clinic AR days are still high and the need to address the increasing clinic AR.

Libby discussed with the committee the steps that have been taken, and the next steps, in the EHR selection process. The vendor pool has been reduced from four to three vendors and reference check calls are currently under way. The next steps are to reduce the vender pool to two vendors and perform site visits.

August 2016 Financial Summary

Key Metrics:

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

Operating Highlights:

1. Public Hospital District 1 August operations resulted in an operating gain of \$464,898, which is \$124,329 above budget. Year to date the District has generated operating income of \$758,190 which is \$923,571 below budget and \$1,436,340 below the same period last year.
2. August produced 25 fewer admissions than budget resulting in Patient Days to be 74 days, or 23.1%, under budget. There were 34 more outpatient surgery procedures than budgeted, a 30.6% positive variance. August year to date outpatient surgery procedures exceed 2015 by 306 cases or 43.0%. Inpatient surgery procedures were below budget by 23 procedures, or 50.0%. Year to date inpatient procedures are 99, or 32.7% below last year.

3. Emergency Department visits were 74 above budget, a 6.2% positive variance. Year to date visits are 0.1% above budget and 3.2%, or 280 visits, above 2015.
4. Inpatient revenue was \$667,101, or 27.2%, under budget compared to 20.4% below budget year to date. Outpatient revenue was \$109,195, or 1.3%, over budget compared to -0.8% below budget year to date. After deductions, this resulted in total net patient service revenue of \$6,457,211, a \$260,275 positive budget variance.
5. Total operating expenses for August were over budget by \$147,431. The negative variance is due to Salaries and Wages over budget by \$421,885. The quality bonus and teamster retro-pay was paid in August totaling \$221,585. Included in August operations was a credit to benefits for a workers compensation distributions for \$192,253. Medical claims expense were high in August exceeding budget by \$109,995.
6. Clinic visits in August were 5,092 which is 851 visits below budget. Year to date the visits are 4,790 below budget and 1,264 below 2015 August year to date. Clinic operations for the month resulted in an operating loss of \$44,242, a positive budget variance of \$76,219. Year to Date clinic operating loss is \$1,683,160 compared to budget loss of \$1,622,439. The prior year loss \$1,043,453 at the same period.
7. Home Health and Hospice revenue was \$272,184 producing a \$27,615 positive budget variance. Net operations resulted in an operating loss of \$1,284, a negative budget variance of \$10,665. Home Health had 42 new episodes of care in August which is 19.2% below budget. Year to date episodes of care are 345 which is 61 episodes below budget, or 15.0%.

The meeting was adjourned at 8:20 am.

Data Summary – For use in October 2016

Summary of Areas Meeting Goal or Showing Improvement

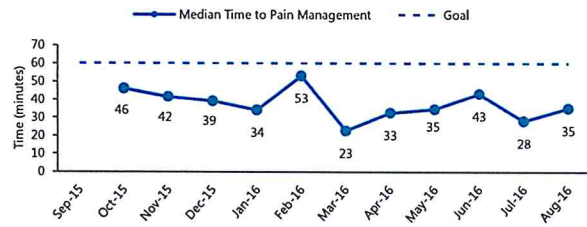
- Median time to pain management for long bone fracture at goal.
- Of four sepsis opportunities in August, one sepsis failure, the sepsis order set was not used. However, at 75% compliance, KVH is still in “Best in Class” among Press Ganey users for sepsis care in August.
- Stroke Dysphagia Screening at 100%.
- The number of elective deliveries before 39 weeks gestation continues to remain at zero.

Summary of Improvement Opportunities

- A physician champion and Quality have begun an A3 for improving management of A1c for diabetic patients.
- There was two patient falls in the month of August. In one instance, the patient was not injured. In the other fall, the patient tripped over the step of the exam table and sustained an injury.
- Readmissions increased again during the month of August. Quality has begun more in-depth reviews of readmissions and partnering with the A-Team to identify additional improvement opportunities. This measure does not exactly match the Centers for Medicare and Medicaid Services metric which measures only inpatient to inpatient readmissions at all hospitals.
- There was one medication error that required additional monitoring of the patient, but the patient was not harmed.

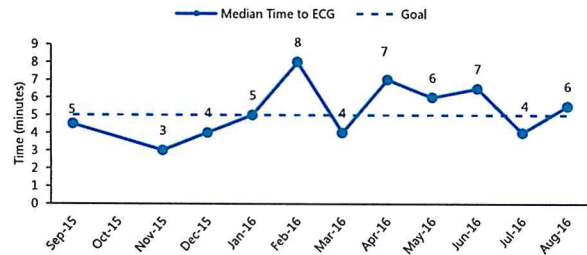
QI Council

Median Time to Pain Management (Long Bone Fracture) ↓



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

Median Time to ECG (Chest Pain) ↓



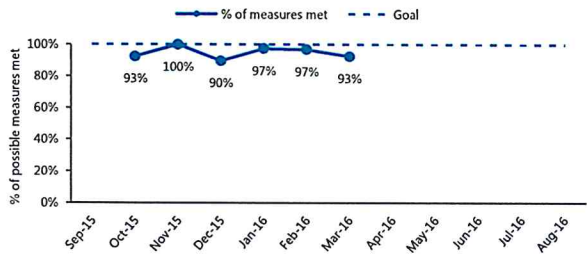
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Sepsis Bundle ↑



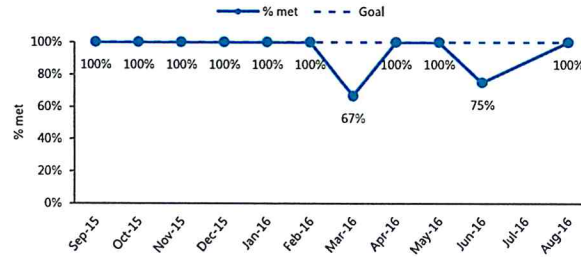
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Immunizations Bundle ↑



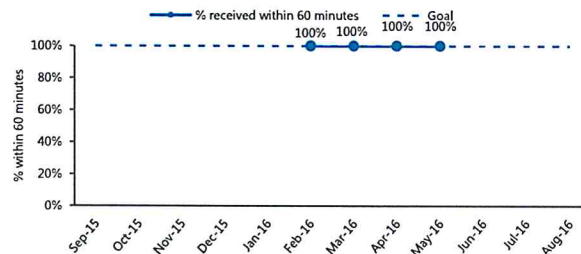
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Stroke Dysphagia Screening ↑



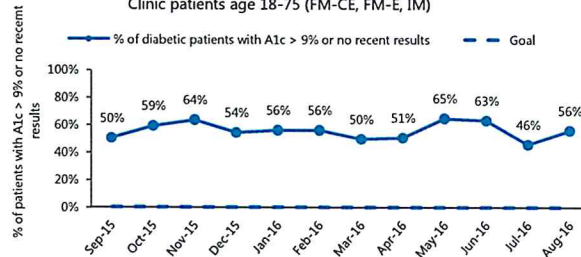
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Stroke IV Thrombolytics ↑



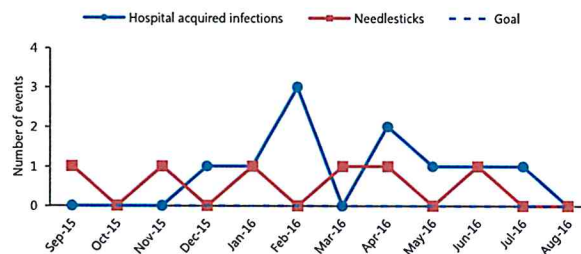
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A1c in Diabetic Patients ↓

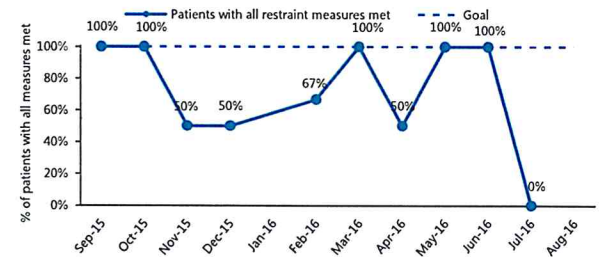


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HAIs and Needlesticks ↓

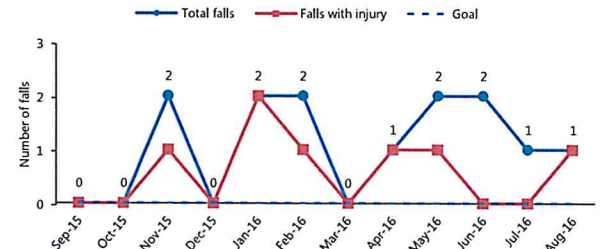


Restraints ↑

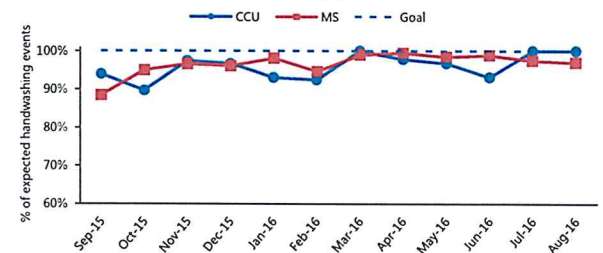


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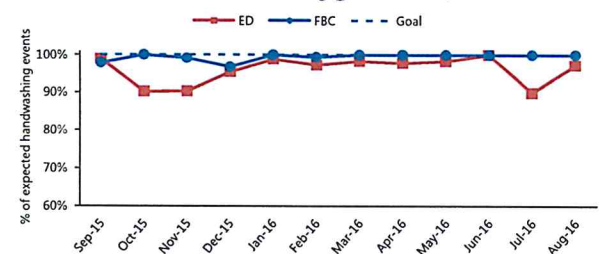
Falls ↓



Hand Hygiene ↑



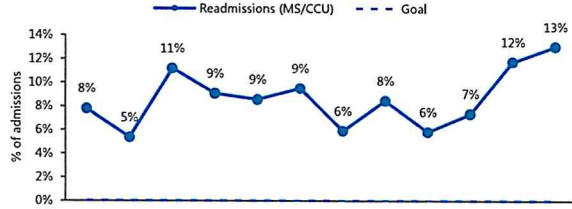
Hand Hygiene ↑



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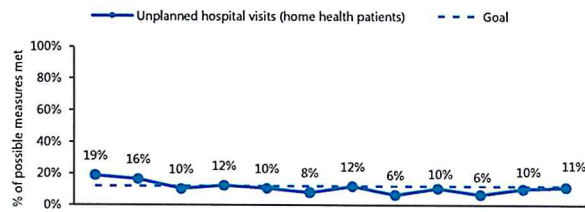
Readmissions Within 30 Days

Includes inpatients and observation patients



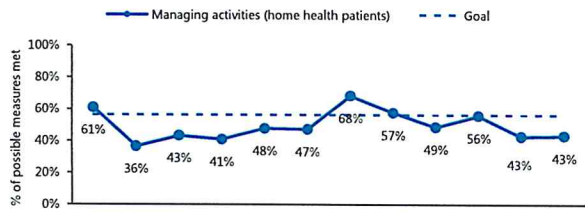
admissions 180 169 188 177 164 148 170 166 155 150 162 169

Unplanned Hospital Care Bundle



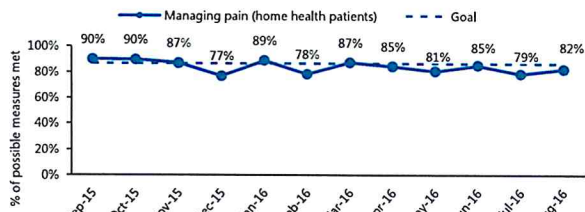
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Managing Daily Activities Bundle



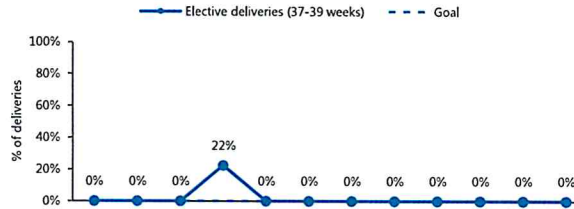
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Managing Pain and Treating Symptoms Bundle



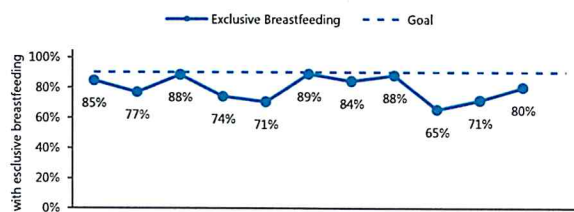
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Elective Deliveries



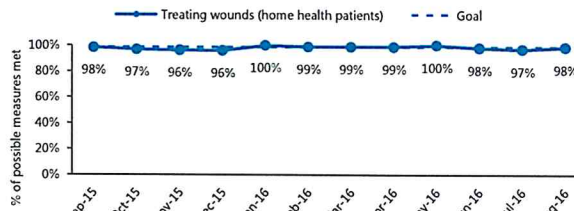
12 mo. rolling average 0.0% 0.0% 0.0% 2.7% 2.9% 2.9% 3.1% 3.3% 3.0% 3.0% 3.3% 3.7%

Exclusive Breastfeeding



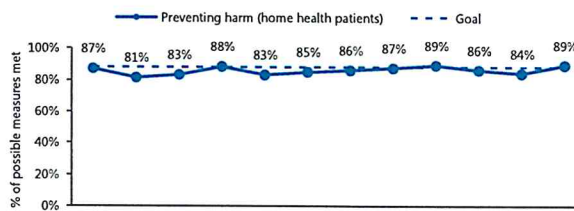
of babies 26 26 26 27 17 27 19 25 26 35 30

Treating Wounds and Preventing Pressure Bundle



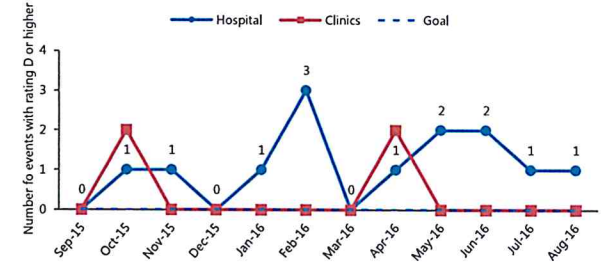
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Preventing Harm Bundle

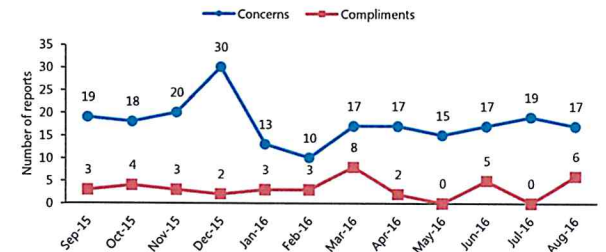


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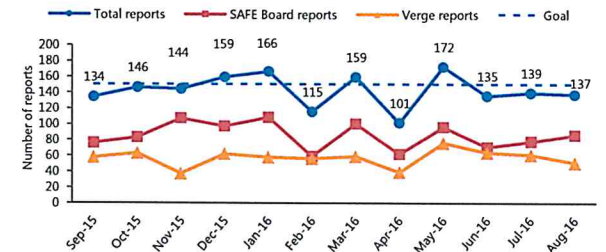
Adverse Medication Events



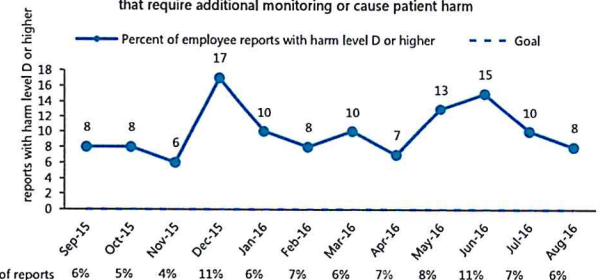
Care and Service Reports



Employee Reports



Reports of occurrences that require additional monitoring or cause patient harm



Bar

BOARD MEMBERS:

The following pages are a few select slides that Carol Moser will be discussing during her presentation at the Board meeting to introduce the goals of Healthier Washington, the geography of the Greater Columbia Accountable Communities of Health (GCACH), Washington's Medicaid Transformation Goals and the organizational structure for GCACH.



Washington State vision for creating healthier communities and a more sustainable health care system by:

Building healthier communities through a collaborative regional approach

Ensuring health care focuses on the whole person

Improving how we pay for services

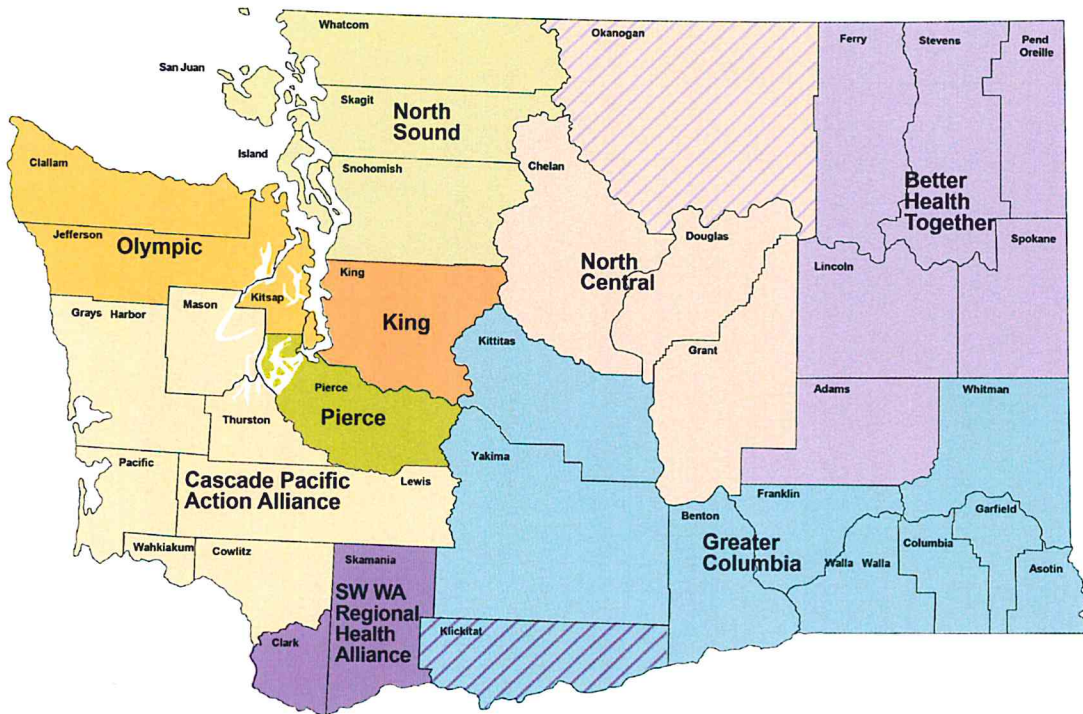
Quality \uparrow
 \$ Costs \downarrow
 = Value



ACH Regions Map



Accountable Communities of Health

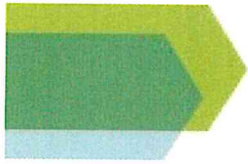


*Healthier Washington is bringing together providers, social service organizations, health plans, hospitals, county governments, tribes, and others through nine regional **Accountable Communities of Health (ACHs)**.*

ACHs will support communities in making informed decisions on health needs and priorities.

HCA 82-008 (7/15)





Washington's Medicaid Transformation Goals

Achieving the Triple Aim

- Reduce avoidable use of intensive services and settings
- Improve population health
- Accelerate the transition to value-based payment
- Ensure that Medicaid per-capita cost growth is below national trends

Better Health, Better Care, Lower Costs

Backbone Organization

BFCHA
Carol Moser
Aisling Fernandez

Eastern WA University
Dr. Patrick Jones

Board of Directors

Public Health	Hospital	FQHC	Healthcare Provider	Mental Health Provider	CBO/FBO	Social Services	Local Government
<u>Columbia County</u> Martha Lanman	<u>Yakima Memorial Hospital</u> Eddie Miles	<u>Tri-Cities Community Health</u> Martin Valadez	<u>Sunnyside Community Hospital</u> Brian Gibbons	<u>Comprehensive Mental Health</u> Ed Thornbrugh	<u>Catholic Family and Child Services</u> Darlene Darnell	<u>SE WA Aging and Long Term Care</u> Lori Brown	<u>GCBH Executive Director</u> Ken Roughton

Education	Philanthropy	Managed Care	Housing	Business	Tribes	Public Safety	Consumer	Transportation
<u>ESD 123</u> Les Stahlnecker	<u>Three Rivers Community Foundation</u> Carrie Green	<u>Coordinated Care</u> Andrea Tull	<u>Yakima Neighborhood Health</u> Rhonda Hauff	TBD	<u>Yakama Nation</u> Frank Mesplie	<u>Kittitas Fire</u> John Sinclair	<u>Northwest Justice Project</u> Jefferson Coulter	<u>People for People</u> Madelyn Carlson

CEO Report – October 2016

Medical Staff Development: I want to thank the Board for their support of Project Access. I am happy to report that the work organized by Randi Christensen and Dr. Don Solberg is making its way into operations. Randi has met with the clinics and is beginning to meet with individual providers to review the data and goals. The information has been well received and is generating exactly the kind of solution based conversations that we need.

Mitch Engel, our newly minted Provider Recruiter and Liaison, is also having some early success. He has hosted a number of candidates for open positions in everything from Family Medicine Cle Elum to orthopedics. Mitch is working closely with Dr. Don Solberg and other medical staff leaders to welcome prospective providers. I don't want to jinx Mitch but he has already extended one offer and has another pending.

Dr. Johnathan Hibbs, our Director of Hospital Medicine, is working closely with Mitch to recruit one more full time Hospitalist. Dr. Kelly Noyes will be joining the Hospital Medicine team in December and, while she will be missed at Internal Medicine, I am very pleased at the continuity this represents for our patients. It is a great advantage for our patients to have familiar faces caring for them both in the clinics and in the hospital. We are budgeting for a full complement of employed hospitalists in 2017. This will not only reduce costs but standardize care and allow our physician leaders in the clinics, the emergency department and the hospital to develop protocols that will allow us to care for more of our community.

Union Negotiations: The negotiating teams are meeting for full day sessions every Tuesday. We have spent some time coming to understand issues and interests which has been helpful and enlightening I think for everyone at the table.

Human Resources: I want to take just a moment to thank our team in Human Resources. In addition to the key role they are playing in negotiations, they are preparing for an October 31st go-live on a new Human Resource Information System, coordinating open enrollment and assisting Mitch Engel to develop provider recruitment strategies. Brandis Van Iterson recently hosted our first (in several years)

benefits fair that was exceptionally well attended by employees and vendors alike. Brandis is also bringing a new wellness program on line. We hope that KVH Fit to Care will be available in time to make us all feel guilty over the holidays. Sandra Mediema has had some great recent success in identifying candidates for hard to fill leadership positions in Laboratory, Home Health and Therapy.

Finance: The financial report for September reflects an uptick in volumes and a real commitment on the part of every employee to stretch our expense dollar. Thank You. Budget is coming together and while we have a ways to go, there is a lot of action oriented planning behind the scenes. The capital plan in particular will need some refinement. We have asked leadership, together with our medical staff, to develop a three year rolling capital plan for their departments and to prioritize their requests.

Information Systems: Jim Roberts is stepping down from his role as Director of Information Systems. I want to take this opportunity to thank Jim for his years of service and leadership. What happens automatically (or automagically as I like to say) for end users is only possible because of the tireless work of the IS team. Our impatience with the very limited IS down time that we encounter is an example of the expectations and high standards we demand of information systems. Jim has graciously agreed to stay on while we identify and on-board his replacement. Libby tells me that she has received applications from several very strong candidates.

Service: On November 11th KVH will partner with other community organizations to thank the Veterans in our community and in our own KVH family. More than 40 individuals currently serving our patients at one time served in uniform. As 11/11 approaches, we will be highlighting the service of 11 of the Veterans among us.



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KVH Messaging (Pre)

- Summary
- Design Survey
- Collect Responses
- Analyze Results

CURRENT VIEW

- + FILTER
- + COMPARE
- + SHOW

No rules applied

Rules allow you to FILTER, COMPARE and SHOW results to see trends and patterns. [Learn more](#) »

SAVED VIEWS (1)

Original View (No rules applied)

+ Save as...

EXPORTS

SHARED DATA

No shared data

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Share All

RESPONDENTS: 16 of 16

Export All Share All

- Question Summaries
- Data Trends
- Individual Responses

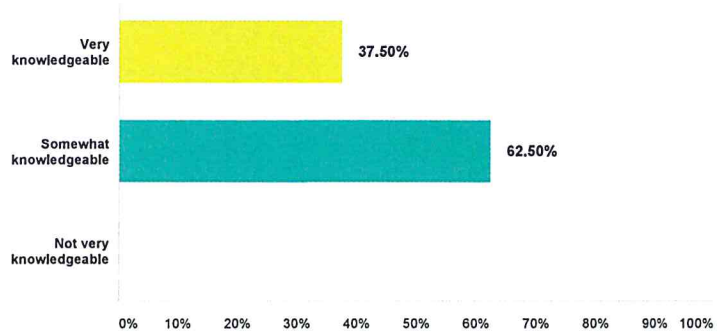
PAGE 1

Q1

Customize Export

How would you rate your knowledge of Kittitas Valley Healthcare's (KVH) services, including the critical access hospital, clinics and specialty services?

Answered: 16 Skipped: 0



Answer Choices	Responses
Very knowledgeable	37.50% 6
Somewhat knowledgeable	62.50% 10
Not very knowledgeable	0.00% 0
Total	16

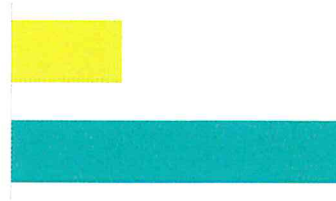
Q2

Customize Export

How comfortable do you feel speaking in public about KVH services, including the critical access hospital, specialty services and clinics?

Answered: 16 Skipped: 0





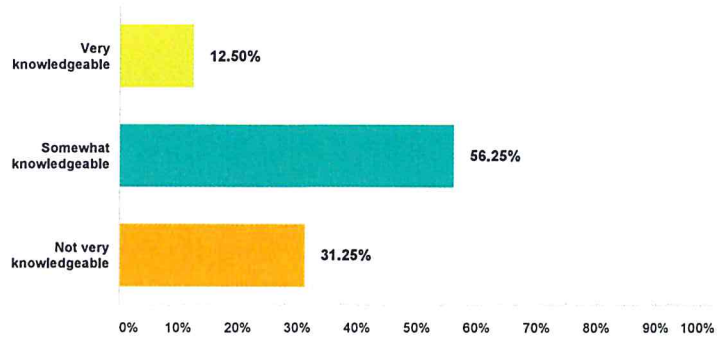
Answer Choices	Responses	
Very comfortable	18.75%	3
Somewhat comfortable	56.25%	9
Not at all comfortable	25.00%	4
Total		16

Q3

Customize Export

How would you rate your knowledge of the issues faced by KVH and their strategy to face these issues?

Answered: 16 Skipped: 0



Answer Choices	Responses	
Very knowledgeable	12.50%	2
Somewhat knowledgeable	56.25%	9
Not very knowledgeable	31.25%	5
Total		16

Q4

Customize Export

How comfortable do you feel speaking about the issues faced by KVH and their strategy to face these issues?

Answered: 16 Skipped: 0





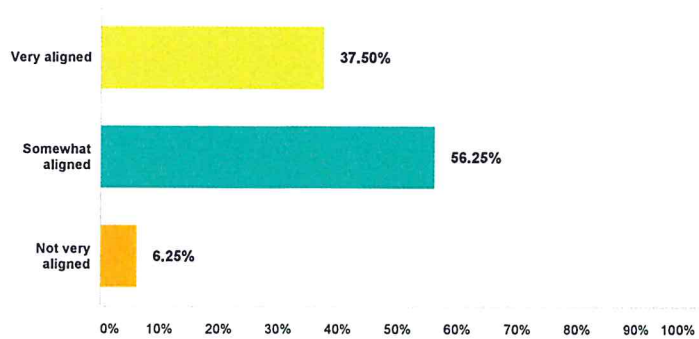
Answer Choices	Responses
Very comfortable	12.50% 2
Somewhat comfortable	31.25% 5
Not very comfortable	56.25% 9
Total	16

Q5

Customize Export

How aligned are the Foundation's goals and strategies with KVH's goals and strategies?

Answered: 16 Skipped: 0



Answer Choices	Responses
Very aligned	37.50% 6
Somewhat aligned	56.25% 9
Not very aligned	6.25% 1
Total	16

Q6

Customize Export

How would you rate your knowledge of the Foundation's history, purpose, strategy and goals?

Answered: 16 Skipped: 0





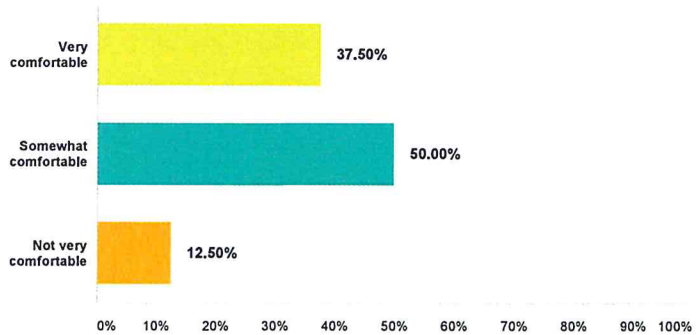
Answer Choices	Responses
Very knowledgeable	56.25% 9
Somewhat knowledgeable	43.75% 7
Not very knowledgeable	0.00% 0
Total	16

Q7

Customize Export

How comfortable do you feel speaking in public about The Foundation at KVH, including the history, purpose, strategy and goals?

Answered: 16 Skipped: 0



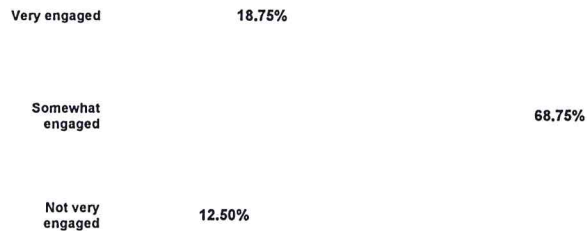
Answer Choices	Responses
Very comfortable	37.50% 6
Somewhat comfortable	50.00% 8
Not very comfortable	12.50% 2
Total	16

Q8

Customize Export

How would you rate the Foundation's overall level of donor engagement?

Answered: 16 Skipped: 0



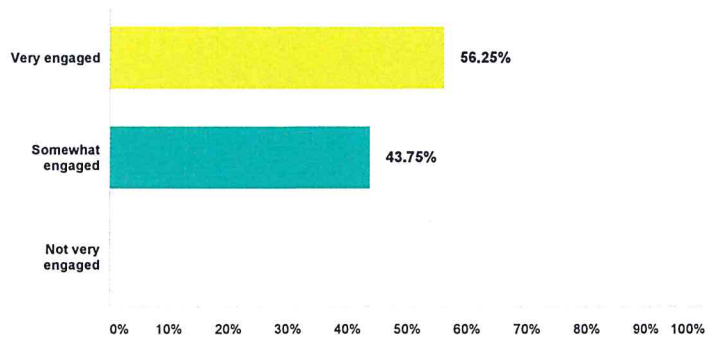
Answer Choices	Responses
Very engaged	18.75% 3
Somewhat engaged	68.75% 11
Not very engaged	12.50% 2
Total	16

Q9

Customize Export

How would you rate the Executive Director's level of donor engagement?

Answered: 16 Skipped: 0



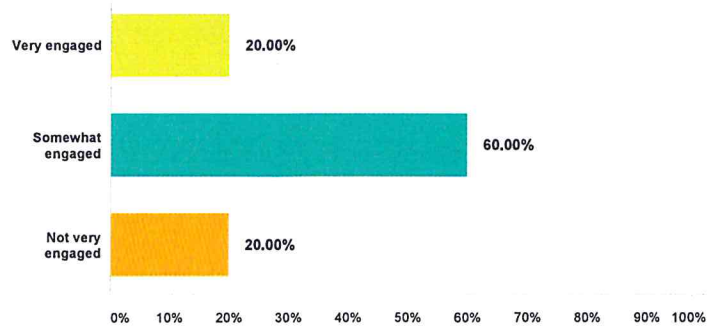
Answer Choices	Responses
Very engaged	56.25% 9
Somewhat engaged	43.75% 7
Not very engaged	0.00% 0
Total	16

Q10

Customize Export

How would you rate your personal level of donor engagement as a Foundation Director?

Answered: 15 Skipped: 1



Answer Choices	Responses	
▼ Very engaged	20.00%	3
▼ Somewhat engaged	60.00%	9
▼ Not very engaged	20.00%	3
Total		15

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

	Jan	Feb	Mar	1st Q Avg	April	May	June	2nd Q	July	Aug	Sept	3rd Q	Oct	Nov	Dec	4th Q	2016 Annual YTD	Target	2015 Annual	2014 Annual
# Employees	552	550	553	552	557	555	555	556	575	580	597	584					597	562	552	562
FTE Count	411.94	410.89	409.56	410.80	412.67	411.44	404.15	409	422.82	423.71	427.45	425					427.45	402.70	405.93	402.70
Turnover - TTL %	1.4%	1.5%	1.3%	1.39%	0.5%	1.6%	1.3%	1.14%	1.2%	0.9%	1.2%	1.08%					10.84%	<10%	18.8%	15.9%
Turnover - # EE	8	8	7	8	3	9	7	6.33	7	5	7	6					61.00	<58	105	100
Exit Interview - # EE	0	1	1	1	0	1	0	0.33	0	3	3	2					9	100% (of all voluntary terms)	19	4
Voluntary Terms - TTL # (exclude PD)	2	6	5	4	2	5	4	3.67	3	1	6	3					34	TBD	54	44
Involuntary Terms - TTL # (exclude PD)	2	0	0	1	0	0	0	0.00	2	1	1	1					6	TBD	7	14
Worker's Comp Claims - TTL #	5	1	3	3	2	5	2	3	3	1	2	2					24	<40	38	20
Time Loss Days - TTL #	0	2	0	0.67	0	2	0	0.67	0	0	1	0					5	<75	73	240
Requisitions Posted - TTL #	15	30	28	24	17	29	37	28	30	16	14	20					216	TBD	190	204
Time to Fill Requisition - TTL Days (notice to dept. start)	-	-	-	-	-	-	44	44.00	52.35	52	49.2	51					52	<20	-	-

Workforce Development

Timely evaluations ↑



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

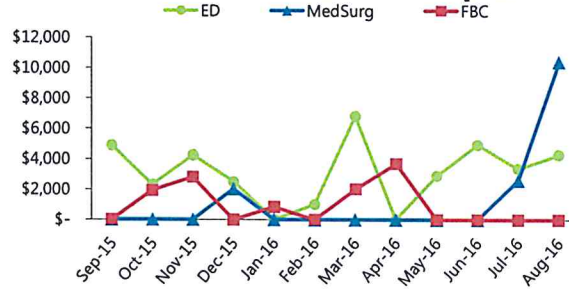
Up-to-date evaluations →



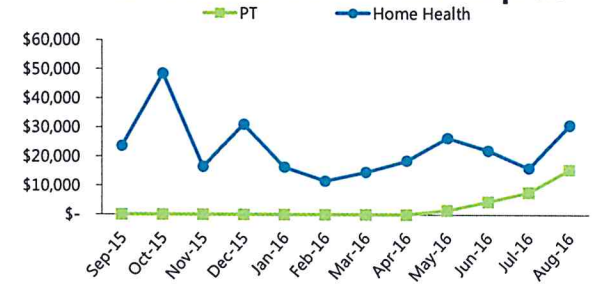
Separation rate ↓



Contractual labor - hospital ↓



Contractual labor - non-hospital ↓



Non-standard productive pay

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

These 10 departments represent 74.1% of the non-standard pay for the payroll period ending on 08/20/2016

1 EMERGENCY SERVICE	\$ 6,515.84
2 HOME HEALTH SERVICE*	\$ 5,576.46
3 SURGICAL SERVICE*	\$ 2,244.24
4 FAMILY BIRTHING CENTER	\$ 1,952.55
5 HOSPICE*	\$ 1,158.99
6 MED SURG	\$ 1,129.03
7 PATIENT FINANCIAL SERVICES	\$ 967.86
8 KVH FAMILY MEDICINE -ELLENSBUI	\$ 882.57
9 PHYSICAL THERAPY	\$ 858.56
10 FOOD AND NUTRITION SERVICE	\$ 845.44

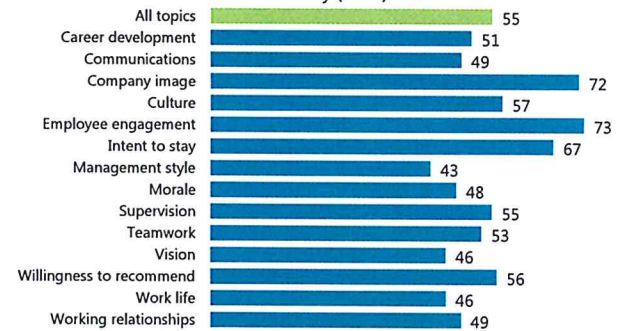
These 10 departments represent 73.9% of the non-standard pay for the last year of payroll.

1 EMERGENCY SERVICE	\$ 122,927.24
2 HOME HEALTH SERVICE*	\$ 94,713.18
3 MED SURG	\$ 83,163.08
4 FAMILY BIRTHING CENTER	\$ 67,053.60
5 ICU CCU	\$ 41,354.76
6 LABORATORY	\$ 34,646.60
7 PHARMACY	\$ 25,522.18
8 SURGICAL SERVICE*	\$ 24,024.46
9 KVH FAMILY MEDICINE -ELLENSBUI	\$ 20,772.89
10 KVH URGENT CARE CENTER - CLE E	\$ 17,738.59

*Call back pay excluded

Employee satisfaction

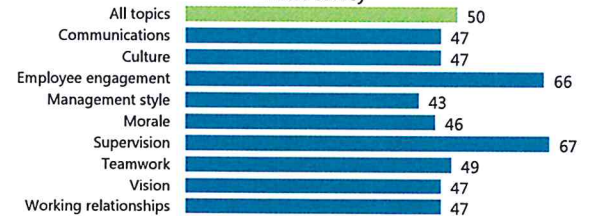
Full survey (2015)



National benchmark percentile ranking

Employee satisfaction

Pulse survey



National benchmark percentile ranking

The full survey and pulse survey percentile rankings should not be compared. Focus areas contained different questions in the full survey and the pulse survey.

Last updated 10/03/2016





**NOTIFICATION OF CREDENTIAL FILES
FOR REVIEW**

Date: October 19, 2016
TO: Board of Commissioners
FROM: Mandy Weed
Medical Staff Services

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

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APPT/REAPPT</u>
Berhan Ghermay, MD	Provisional/Associate	Initial Appointment
Christopher Hurt, MD	Provisional/Associate	Initial Appointment
Ginger Longo, MD	Provisional/Active	Initial Appointment
Steve Eckhoff, PA-C	Provisional/AHP	Initial Appointment
William Waltner, MD	Active	Additional Privilege
James Repsher, PA-C	AHP	Reappointment
Lori Drews, ARNP	AHP	Reappointment
Rhonda Ramm, ARNP	AHP	Reappointment
Wendy Brown, MD	Associate	Reappointment

September 2016 Financial Summary

Key Metrics:

1. Operating Margin: September 6.8%, YTD 2.2%
2. Days Cash on Hand: 179.4
3. AR Days (Hospital Only): 47.1

Operating Highlights:

1. Public Hospital District 1 September operations resulted in an operating gain of \$409,981, which is \$56,455 above budget. Year to date the District has generated operating income of \$1,168,171 which is \$867,116 below budget and \$1,087,580 below the same period last year.
2. September produced 30 fewer admissions than budget resulting in Patient Days of 45, or 14.5%, under budget. There were 10 more outpatient surgery procedures than budgeted. Inpatient surgery procedures were below budget by 24 procedures, or 53.3%. Year to date inpatient procedures are 111, or 32.8% below last year.
3. Emergency Department visits were 66 below budget, a 5.7% negative variance. Year to date visits are 0.5% below budget and 3.8%, or 394 visits, above 2015.
4. Due to lower than budgeted volume, inpatient revenue was \$611,922, or 25.8%, under budget compared to 20.9% below budget year to date. Outpatient revenue was \$279,050, or 3.3%, over budget due to higher than budgeted volume. After deductions, this resulted in total net patient service revenue of \$5,927,953, a \$12,720 negative budget variance.
5. Total operating expenses for September were under budget by \$61,438. Professional fees are below budget due to the transition to employing the Emergency Department doctors. Supplies were over budget in part due to timing of payments for orthopedic implants. The \$95,201 variance in employee benefits is due to medical benefits exceeding budget by \$70,889 and pension contribution over budget by \$24,191.
6. Clinic visits in September were 4,765 which is 660 visits below budget. Year to date the visits are 5,450 below budget and 1,259 below 2015 September year to date. Clinic operations for the month resulted in an operating income of \$24,805, a positive budget variance of \$179,428. In September, Internal Medicine had a better than expected accounts receivable collection percentage. Also, less than expected operating expenses for most of the clinics off-set the impacts of lower than budgeted volumes, resulting in the September positive budget variance. Year to Date clinic operating loss is \$1,658,355 compared to budget loss of \$1,777,062. The prior year loss was \$1,202,785 at the same period.
7. Home Health Services net operations resulted in an operating gain of \$28,630, a positive budget variance of \$17,711. Home Health had 34 new episodes of care in September which is 32.0% below budget. Year to date episodes of care are 379 which is 77 episodes below budget, or 16.9%.

Kittitas Valley Healthcare
Key Statistics and Indicators
September 2016

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	86	116	-25.9%	831	1,065	-22.0%	993	-16.3%	01
02 Patient Days - W/O Newborn	266	311	-14.5%	2,349	2,842	-17.3%	2,613	-10.1%	02
03 Avg Daily IP Census	8.9	10.4	-14.5%	8.6	10.4	-17.3%	9.6	-10.4%	03
04 Average Length of Stay	3.1	2.7	15.4%	2.8	2.7	5.9%	2.6	7.4%	04
05 Deliveries	30	31	-3.2%	243	286	-15.0%	282	-13.8%	05
06 Case Mix	1.00	0.98	2.0%	1.02	0.98	4.5%	0.96	6.6%	06
07 Surgery Minutes - Inpatient	2,398	4,708	-49.1%	27,530	43,000	-36.0%	34,251	-19.6%	07
08 Surgery Minutes - Outpatient	7,042	6,828	3.1%	61,858	62,361	-0.8%	52,042	18.9%	08
09 Surgery Procedures - Inpatient	21	45	-53.3%	227	407	-44.2%	338	-32.8%	09
10 Surgery Procedures - Outpatient	117	107	9.3%	1,135	982	15.6%	811	40.0%	10
11 ER Visits	1,098	1,164	-5.7%	10,576	10,632	-0.5%	10,238	3.3%	11
12 Laboratory	38,153	38,670	-1.3%	343,522	353,185	-2.7%	344,852	-0.4%	12
13 Radiology	26,966	24,985	7.9%	231,713	228,201	1.5%	227,589	1.8%	13
14 Rehab	3,174	3,391	-6.4%	28,992	30,976	-6.4%	27,453	5.6%	14
15 Outpatient Visits	6,174	6,344	-2.7%	56,575	57,944	-2.4%	57,498	-1.6%	15
16 Outpatient Percent of Total Revenue	83.1%	77.9%	6.6%	81.7%	77.9%	4.8%	79.1%	3.3%	16
17 Clinic Visits	4,765	5,425	-12.2%	44,149	49,599	-11.0%	45,408	-2.8%	17
18 Adjusted Patient Days	1,574	1,409	11.7%	12,815	12,880	-0.5%	12,477	2.7%	18
19 Equivalent Observation Days	74	79	-5.7%	624	719	-13.3%	702	-11.2%	19
20 Avg Daily Obs Census	2.5	2.6	-5.7%	2.3	2.6	-13.3%	2.6	-11.2%	20
Financial Measures									
21 Salaries as % of Net Pt Revenue	47.7%	48.7%	2.2%	51.6%	49.4%	-4.5%	49.5%	-4.2%	21
22 Salaries/Bene as % of Net Pt Revenue	59.8%	59.3%	-1.0%	63.5%	60.5%	-5.0%	60.9%	-4.3%	22
23 Revenue Deduction %	43.1%	44.7%	3.7%	44.0%	44.7%	1.7%	44.8%	1.8%	23
24 Operating Margin	6.8%	5.8%	16.1%	2.2%	3.7%	-40.6%	4.4%	-50.8%	24
Operating Measures									
25 Productive FTE's	394.5	409.8	3.7%	394.3	409.8	3.8%	387.0	-1.9%	25
26 Non-Productive FTE's	61.7	48.6	-27.1%	50.8	48.6	-4.5%	50.9	0.4%	26
27 Paid FTE's	456.3	458.4	0.5%	445.1	458.4	2.9%	437.9	-1.6%	27
28 Operating Expense per Adj Pat Day	\$ 3,587	\$ 4,050	11.4%	\$ 4,080	\$ 4,139	1.4%	\$ 3,894	-4.8%	28
29 Net Revenue per Adj Pat Day	\$ 3,847	\$ 4,300	-10.5%	\$ 4,172	\$ 4,297	-2.9%	\$ 4,075	2.4%	29
30 A/R Days-Hospital Only	47.1	50.0	5.8%	47.1	50.0	5.8%	48.5	2.9%	30
31 Days Cash on Hand	179.36	170	5.5%	179.36	170	5.5%	190.40	-5.8%	31

24a



Kittitas Valley Healthcare
Income Statement
September 2016

	Current Month				Year-to-Date				Prior Y-T-D
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	Actual
Patient Services Revenue:									
Inpatient Revenue	1,760,706	2,372,628	(611,922)	-25.79%	17,125,080	21,670,003	(4,544,923)	-20.97%	18,921,511
Outpatient Revenue	8,657,606	8,378,556	279,050	3.33%	76,302,888	76,536,445	(233,558)	-0.31%	71,426,842
Total Patient Services Revenue	\$ 10,418,313	\$ 10,751,184	\$ (332,872)	-3.10%	\$ 93,427,967	\$ 98,206,448	\$ (4,778,481)	-4.87%	\$ 90,348,353
Deductions from Revenue:									
Contractual Adjustments	4,256,289	4,546,727	290,438	6.39%	38,555,180	41,530,111	2,974,932	7.16%	38,149,306
Provision for Bad Debts	154,369	184,426	30,057	16.30%	1,708,311	1,684,426	(23,885)	-1.42%	1,646,364
Charity and Uncompensated Care	35,963	57,377	21,414	37.32%	435,612	524,044	88,432	16.87%	454,894
Prior Yr Cost Rep Settle	-	-	-	-	-	-	-	-	-
Other Allowances	43,738	21,981	(21,757)	-98.98%	380,972	200,757	(180,215)	-89.77%	211,948
Total Deductions from Revenue	\$ 4,490,359	\$ 4,810,511	\$ 320,152	6.66%	\$ 41,080,075	\$ 43,939,339	\$ 2,859,264	6.51%	\$ 40,462,512
Net Patient Services Revenue	5,927,953	5,940,673	(12,720)	-0.21%	52,347,892	54,267,110	(1,919,218)	-3.54%	49,885,841
Other Operating Revenue	127,407	119,669	7,738	6.47%	1,112,733	1,077,024	35,709	3.32%	953,784
Total Operating Revenue	\$ 6,055,360	\$ 6,060,343	\$ (4,982)	-0.08%	\$ 53,460,625	\$ 55,344,133	\$ (1,883,508)	-3.40%	\$ 50,839,625
Operating Expenses:									
Salaries & Wages	2,825,556	2,894,605	69,049	2.39%	27,008,521	26,793,484	(215,037)	-0.80%	24,700,501
Employee Benefits	720,714	625,512	(95,201)	-15.22%	6,256,746	6,042,216	(214,530)	-3.55%	5,679,169
Professional Fees	194,267	283,877	89,610	31.57%	2,482,156	2,661,724	179,568	6.75%	2,247,935
Supplies	810,584	747,896	(62,688)	-8.38%	6,400,624	7,361,662	961,038	13.05%	6,275,405
Utilities	67,423	82,522	15,099	18.30%	605,316	686,001	80,686	11.76%	647,301
Purchased Services	500,316	518,401	18,085	3.49%	4,779,425	4,802,975	23,550	0.49%	4,417,058
Depreciation	210,788	227,284	16,496	7.26%	1,977,887	2,045,554	67,667	3.31%	1,936,150
Rent/Lease	91,425	84,557	(6,868)	-8.12%	800,435	741,666	(58,769)	-7.92%	761,380
Insurance	40,238	53,312	13,074	24.52%	419,149	490,415	71,267	14.53%	414,034
Travel & Education	22,636	44,408	21,772	49.03%	267,576	384,676	117,101	30.44%	247,004
Licenses & Taxes	83,962	83,231	(730)	-0.88%	681,606	651,885	(29,721)	-4.56%	675,723
Interest	24,204	24,214	10	0.04%	220,880	217,924	(2,956)	-1.36%	258,610
Other Direct Expenses	53,269	36,999	(16,271)	-43.98%	392,134	428,663	36,529	8.52%	323,605
Total Operating Expenses	\$ 5,645,379	\$ 5,706,817	\$ 61,438	1.08%	\$ 52,292,454	\$ 53,308,846	\$ 1,016,392	1.91%	\$ 48,583,874
Operating Income	\$ 409,981	\$ 353,526	\$ 56,455	15.97%	\$ 1,168,171	\$ 2,035,287	\$ (867,116)	-42.60%	\$ 2,255,751
Operating Margin %	6.77%	5.83%			2.19%	3.68%			4.4%
Non-Operating Revenue/Exp	148,838	130,000	18,838	14.49%	1,269,464	1,170,000	99,464	8.50%	1,218,858
Net Income	\$ 558,819	\$ 483,526	\$ 75,293	15.57%	\$ 2,437,635	\$ 3,205,287	\$ (767,652)	-23.95%	\$ 3,474,609
Unit Operating Income									
Hospital	502,007	565,942	(63,935)	-11.30%	3,977,855	4,441,422	(463,566)	-10.44%	4,283,815
Clinic Group	24,805	(154,622)	179,428	116.04%	(1,658,355)	(1,777,062)	118,707	6.68%	(1,202,785)
Home Care Grp	28,630	10,919	17,711	162.21%	(151,687)	79,850	(231,538)	-289.96%	(247,687)
Hospitalist	(151,556)	(71,803)	(79,753)	-111.07%	(1,031,958)	(699,770)	(332,188)	-47.47%	(619,142)
Urgent Care	6,096	3,090	3,005	97.25%	32,315	(9,153)	41,468	453.06%	41,550
Totals	\$ 409,981	\$ 353,526	\$ 56,455	15.97%	\$ 1,168,171	\$ 2,035,287	\$ (867,116)	-42.60%	\$ 2,255,751

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Balance Sheet
September 2016

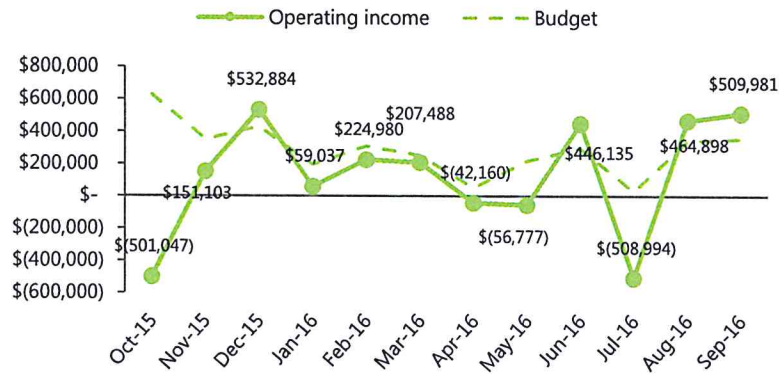
	<u>Current Month</u>	<u>Prior Year End</u>	<u>Change</u>	
Current Assets:				
1	7,398,065	7,562,435	(164,371)	1
2	8,431,079	7,079,248	1,351,831	2
3	761,617	496,462	265,155	3
4	1,075,686	910,035	165,651	4
5	667,979	579,944	88,035	5
6	<u>18,334,426</u>	<u>16,628,124</u>	<u>1,706,302</u>	6
Assets Whose Use is Limited:				
7	25,538,310	25,253,677	284,633	7
8	<u>25,538,310</u>	<u>25,253,677</u>	<u>284,633</u>	8
Property, Plant & Equipment:				
9	60,184,962	54,926,987	5,257,976	9
10	34,819,847	32,843,586	1,976,260	10
11	<u>25,365,116</u>	<u>22,083,400</u>	<u>3,281,715</u>	11
Other Assets				
12	0	0	0	12
13	<u>0</u>	<u>0</u>	<u>0</u>	13
14	<u>69,237,853</u>	<u>63,965,202</u>	<u>5,272,651</u>	14
Current Liabilities:				
15	1,783,701	1,806,265	(22,563)	15
16	690,667	(996,662)	1,687,330	16
17	1,505,378	603,984	901,394	17
18	546,455	675,991	(129,536)	18
19	1,935,065	1,713,651	221,414	19
20	1,424,558	1,424,558	0	20
21	0	0	0	21
22	<u>7,885,825</u>	<u>5,227,787</u>	<u>2,658,038</u>	22
Other Liabilities:				
23	110,831	27,708	83,123	23
24	65,247	96,782	(31,535)	24
25	125,591	201	125,389	25
26	<u>301,668</u>	<u>124,692</u>	<u>176,977</u>	26
Long-Term Debt & Capital Leases:				
27	2,260,442	2,260,442	0	27
28	3,397,887	3,397,887	0	28
29	(0)	(0)	0	29
30	(0)	(0)	0	30
31	0	0	0	31
32	<u>5,658,329</u>	<u>5,658,329</u>	<u>0</u>	32
Fund Balances:				
33	52,954,395	47,859,832	5,094,564	33
34	2,437,635	5,094,564	(2,656,928)	34
35	<u>55,392,031</u>	<u>52,954,395</u>	<u>2,437,635</u>	35
36	<u>69,237,853</u>	<u>63,965,202</u>	<u>5,272,651</u>	36

Cash Flow
Year to Date, September 2016

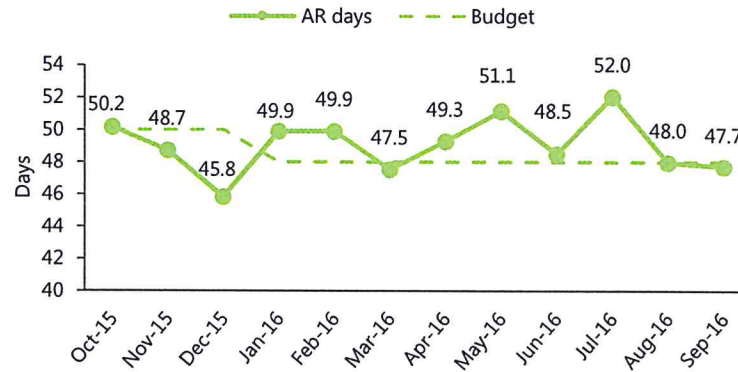
	Cash	Add	Subtract
1 Net Book Income	2,437,635	2,437,635	
<u>Add Back Non Cash Expenses</u>			
2 Depreciation	1,976,260	1,976,260	
3 Provision For Bad Debt			
4 Loss on Sale of Assets			
5 Net Cash From Operations	4,413,896		
Increase in Current Assets = ()			
6 Patient Accounts & Other Receivables	(1,351,831)		(1,351,831)
7 Other Receivables	(265,155)		(265,155)
8 Inventories	(165,651)		(165,651)
9 Prepaid Expenses & Deposits	(88,035)		(88,035)
10 Total Current Assets	(1,870,673)		
11 Investments	(284,633)	0	(284,633)
Purchase of Property, Plant & Equipment:	(5,257,976)		(5,257,976)
12 Net Property, Plant & Equipment	(5,257,976)		
13 Bond Issue Costs, Less Amortization	0		
14 Total Assets	(2,999,386)		
Decrease in Current Liabilities: = ()			
15 Accounts Payable	(22,563)		(22,563)
16 Cost Reimbursement Payable	1,687,330	1,687,330	
17 Accrued Salaries	901,394	901,394	
18 Accrued Employee Benefits	(129,536)		(129,536)
19 Accrued Vacations	221,414	221,414	
21 Current Maturities of Long-Term Debt	0		
22 Current Maturities of Capital Leases	0		
23 Total Current Liabilities	2,658,038		
Decrease in Other Liabilities: = ()			
24 Accrued Interest on 1998, 1999 UTGO Bonds	83,123	83,123	
25 2008 UTGO Refunding Bonds Premium	(31,535)		(31,535)
26 Deferred Revenue - Home Health	125,389	125,389	
27 Total Other Liabilities	176,977		
Decrease in LT Debt & Cap Leases: = ()			
28 Long-Term Debt - 2008 UTGO Bonds	0		
29 Long-Term Debt - 2009 LTGO Bonds	0		
30 Long-Term Debt - Energy Project	0		
31 Long-Term Debt - Dell	0		
32 Long-Term Debt - PACS System	0		
32 Total Long-Term Debt & Leases	0		
33 Total Liabilities	2,835,015		
34 Net Change in Cash	(164,371)	7,432,545	(7,596,916)
35 Beginning Cash On Hand	7,562,435		
36 Ending Cash On Hand	7,398,065		

Financial Stewardship

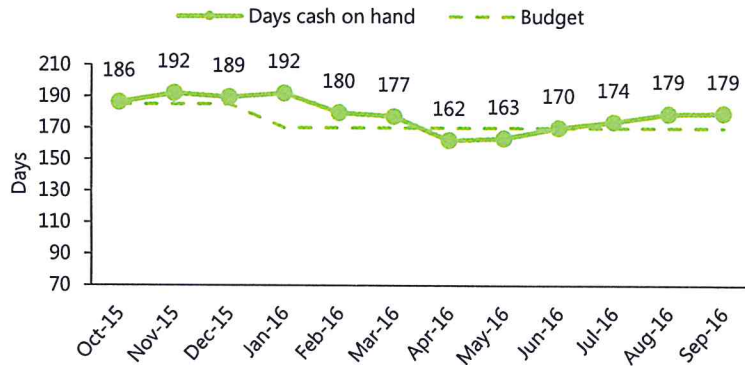
Operating income ↑



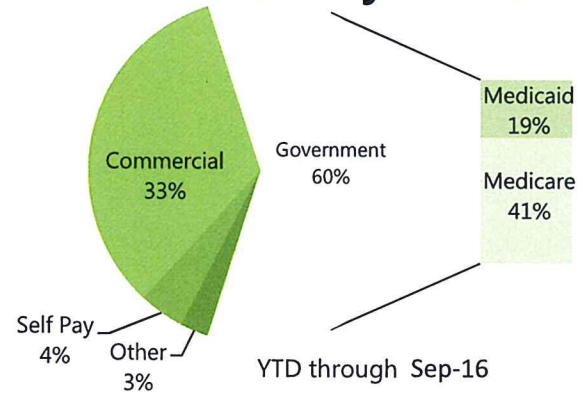
Accounts receivable days ↓



Days cash on hand ↑



2016 Payer Mix



24e

KITTITAS VALLEY HEALTHCARE

RESOLUTION NO. 16-14

Appointment of District Auditor

A RESOLUTION of the Commission of Public Hospital District No. 1, Kittitas County, Washington, removing Edward Day as auditor of the District and appointing and designating Kelli Goodian Delys as his replacement; and approving, confirming and ratifying all actions taken in furtherance of the purposes of this resolution.

WHEREAS, RCW 70.44.171 requires that funds of a public hospital district be disbursed by the treasurer of the public hospital district only on warrants issued by an auditor appointed by the public hospital district's Commission, upon orders or vouchers approved by it; and

WHEREAS, the Commission of the District wishes to appoint a new auditor; and

BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO. 1, KITTITAS COUNTY, WASHINGTON, as follows:

Section 1. Edward Day is hereby removed as the auditor of the District, effective immediately.

Section 2. Kelli Goodian Delys, who is found to be a person experienced in accounting and business practices, is hereby appointed and designated auditor of the District, effective immediately.

Section 3. The Chief Executive Officer of the District shall provide a copy of this resolution to the District's designated depository, which is currently Cashmere Valley Bank.

Section 4. All actions heretofore taken in furtherance of the purposes of this resolution are hereby approved, confirmed and ratified in all respects.

Section 5. This resolution shall be effective on the date of its adoption.

ADOPTED AND APPROVED by the Commission of Public Hospital District No. 1, Kittitas County, Washington, as a regular open public meeting thereof this 27th day of October, 2016, the following Commissioners being present and voting.

Liahna Armstrong, President and
Commissioner

Bob Davis, Secretary and
Commissioner

Matt Altman, Vice-President and
Commissioner

Erica Libenow, Commissioner

Bob Crowe, Commissioner

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Engineering

Capital Item Requested: Provide DOH Approved Site for Mobile CT

Function of Project: DOH approved site for Mobile CT and other diagnostic modalities in order to provide uninterrupted patient care using mobile imaging equipment when needed.

Reason Requested: During replacement of existing CT machine with new equipment a mobile CT unit will be temporarily required to meet patient care needs. Currently KVH does not have an approved site or infrastructure to support mobile modalities.

Budget: \$ 0

Actual Cost: \$54,800.56

Includes contingency of \$5,000.

To be funded from reserves

Submitted By: Randy Kaiser, Director Engineering

Date: 10/21/2016

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Chief of Clinic Operations Report to the Board of Commissioners
October 27, 2016

September Operations:

The clinics were below their budgeted visits for the month of September by 12% which puts us year to date 10.99% below budget.

We had 3 providers out in FM-CE, 2 in Internal Medicine, 2 providers out in Family Medicine Ellensburg, 3 out from Ortho, for a total of 10 providers out for at least a week in all clinics combined due to CME or PTO.

We had 1 out for 3 weeks due to FMLA in FM-E. We also had a full time provider on half time patient load for the month due to FMLA in IM.

This totaled 12.5 providers out of the clinics combined due to PTO/CME as well as FMLA.

We also had an RPIW where several providers attended at least 2 days. This was throughout the clinics but does not count towards the totals.

New patient appointments for September were below budget by 19%, for a total of 266 new patients for the month. Orthopedics saw the most growth with 69 new patients. General Surgery saw the least growth at 24 patients.

Average Charge per visit is \$247.74 which is above budget by \$8.63. Orthopedics has the highest visit charge average at \$599.86 and FM-CE is lowest at \$202.19.

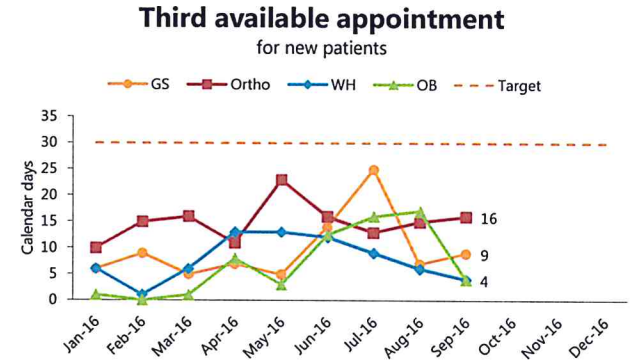
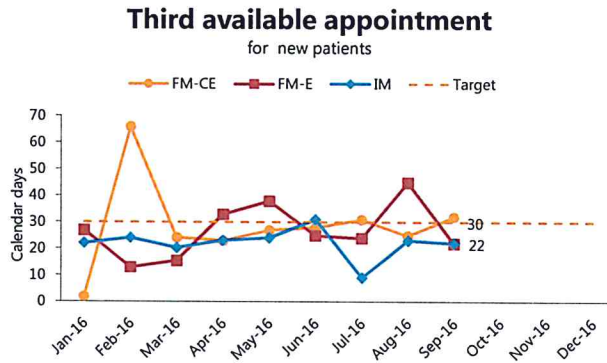
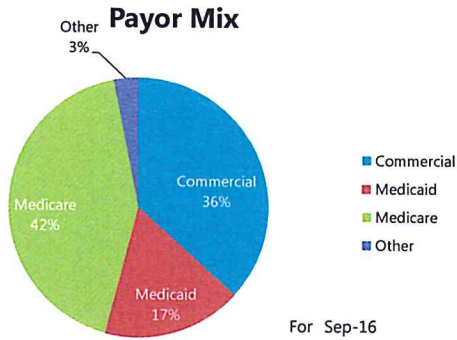
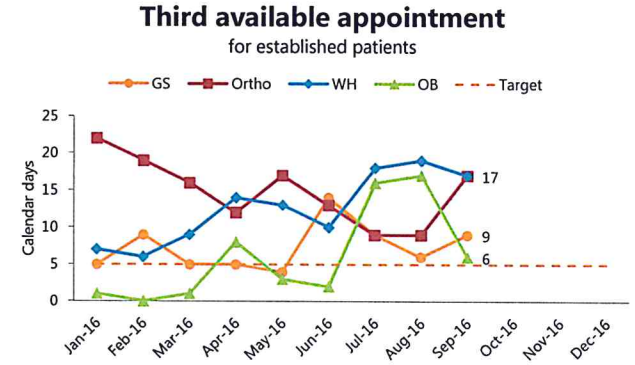
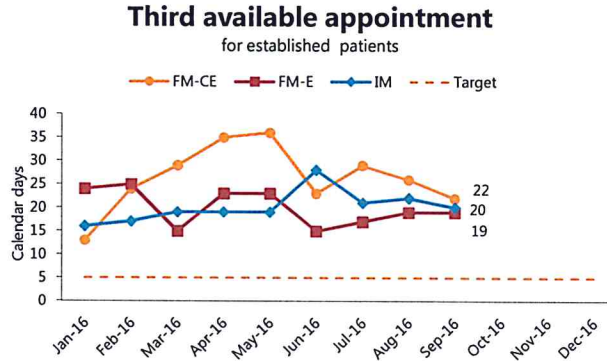
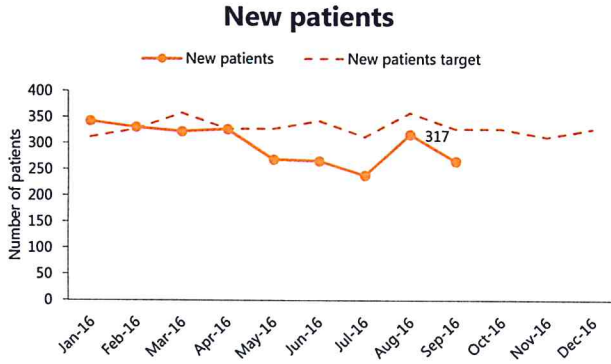
GENERAL UPDATES:

- Construction in FM-E for our integrated behavioral health move has been slightly delayed. We are hoping to be completed by December.
- I have completed all the provider clinic meetings to discuss the clinics project access data. This has stirred up some good thought processing and opened their eyes to this as a joint venture. I have started the one on one data presentations as well. These are going well.
- We have had 2 physician leadership meetings to discuss the multiple issues that plague the clinics in regards to time off and changes to provider hours.

Respectfully submitted,

Randi Christensen RN

Clinic Operations Dashboard



**Kittitas County Public Hospital District #1
Kittitas Valley Healthcare**

Board Meeting Evaluation Summary

September 22, 2016

1. Rate the overall effectiveness of the meeting.

3 Members rated as a "4"; 1 Member rated as a "5"

Comments: *I like mixing up the seating arrangement, however it still needs a little bit of tweaking so everyone can see each other.*

I liked the thorough discussion of issues and the topics presented. Some of the meeting seemed a bit rushed. For example, the A-Team presentation only had a certain amount of time allotted to it, so we couldn't ask as many questions as (perhaps) we would have liked.

I had no problems understanding what was being discussed and based on my lack of exposure to this particular process (at this time) I felt the meeting went well.

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

3 Members rated as a "5"; 1 Member rated as a "4"

Comments: *It would be nice to hear more detail on Quality. What improvements are they making? How are they addressing areas of concern?*

I thought we covered a variety of important topics with great efficiency.

Again, I had no problems understanding what was being discussed. My unfamiliarity with a few items was not due to the meeting format/materials.

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

3 Members rated as a "4"; 1 Member rated as a "5"

Comments: *I am sure there is still room for improvement.*

A little more discussion would be nice.

At this time, I believe there was a good balance between reportage and discussion.

4. Rate the new room and table layout.

1 Member rated as a "3"; 1 Member rated as a "3.5"; 1 Member rated as a "4"; 1 Member rated as a "5"

Comments: *I really like changing it up, and I think that we can find an ideal setup with some trial and error.*

The table layout is good. I suggest that we have three board members at the end, facing the screen/public, rather than only one. Perhaps we should put the three officers there.

I think the room layout has pluses and minuses. The commissioners are able to see each other (good), but the long wings make it problematic to see others on the same side when speaking and also presentations require a bit of folks moving around to get a clear view.

The guest seating is very limited and not in an ideal spot, but I do not have any suggestions, at this time, as to a better layout.

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

2 Members rated as a “4”; 2 Members rated as a “5”

Comments: *In general, yes. Sometimes things seemed a little rushed during the regular meeting when it came to asking questions. By contrast, the discussion of credentialing during the executive session seemed a little drawn out.*

Yes.

6. What topics addressed needed more coverage/discussion?

Quality (see above).

Clinic Access.

No thoughts on this at this time.

At this time any comment I made would be just conjecture and not based on empirical evidence.

7. What topics should be addressed in future?

Ways that KVH will engage more with community health and preventative medicine.

Brainstorm ideas about how to get the community to champion their own hospital.

Community Outreach; Lean; Board Development; Partnerships/Organizational Affiliations Overview

At this time any comment I made would be just conjecture and not based on empirical evidence.

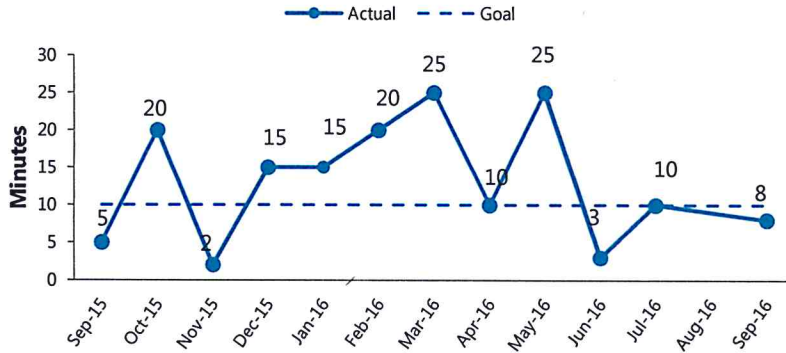
8. Other comments or suggestions?

Thanks for the new questionnaire!

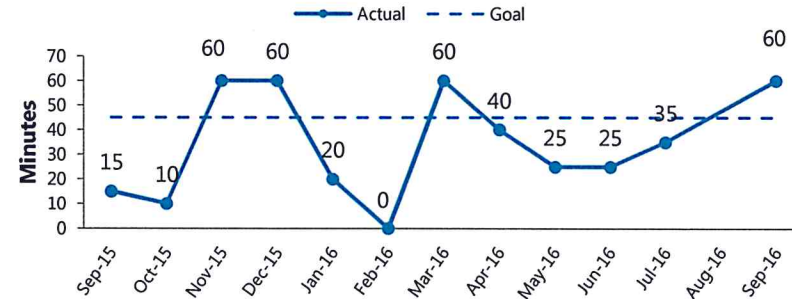
None at this time.

Board Meeting Dashboard

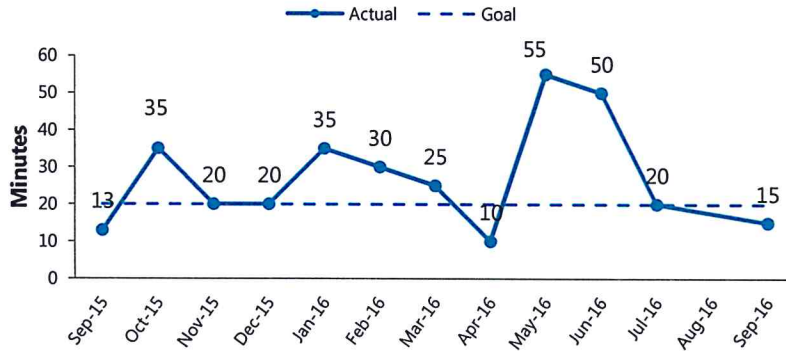
Time spent on financials



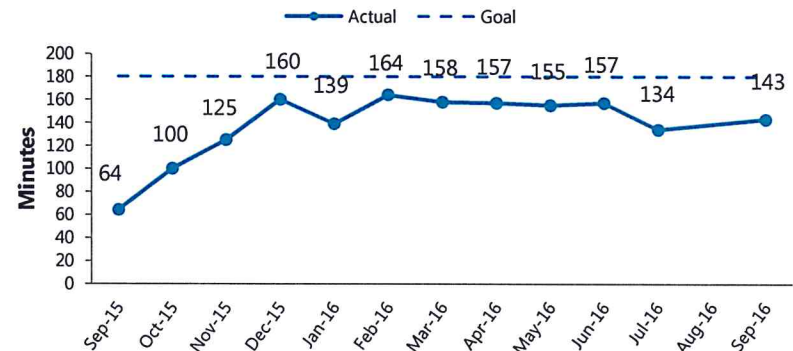
Time spent on emerging health care issues



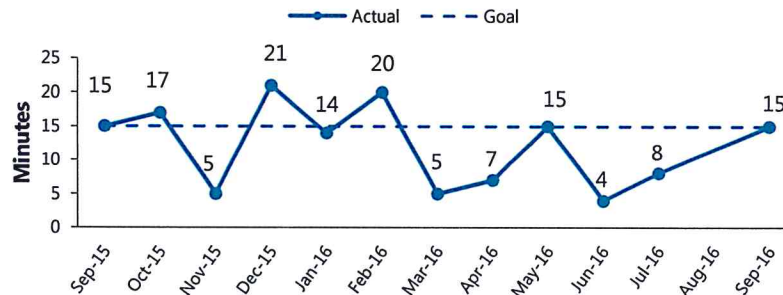
Time spent on CEO report



Total meeting time



Time spent on quality (without patient story)



**KITTITAS VALLEY HEALTHCARE
BOARD OF COMMISSIONERS
2017 COMMITTEES & MEETINGS**

Standing Board Committee	Meeting Schedule	2016 Members	2017 Members	Alternates
Quality Improvement Council	Quarterly on Thursday Afternoon	Liahna Armstrong Matt Altman	Chair: Liahna Armstrong Matt Altman	<i>Erica Libenow</i>
Finance Committee	Monthly – Tuesday preceding Board Meeting at 7:30 a.m.	Liahna Armstrong Pam Wilson	Chair: Liahna Armstrong Bob Davis	<i>Matt Altman</i>
Strategic Planning Committee	Schedule to be determined			
Joint Districts Committee: Hospital Districts #1 & #2	Schedule to be determined	Erica Libenow Bob Davis		

Special Purpose Committees and/or Responsibilities	Meeting Schedule	2016 Members	2017 Members	Alternates
Medical Executive Committee – Board of Commissioners Liaison	Monthly – 3rd Wednesday at 12:15 p.m.	Liahna Armstrong	Bob Davis	
Ad hoc Master Site and Facilities Planning Committee	Varies	Bob Davis Pam Wilson	Bob Davis	
The Foundation at KVH – Liaisons to Foundation’s Board	Bi-Monthly – 4 th Tuesday at 5:30 p.m.	Erica Libenow	Erica Libenow	<i>Matt Altman</i>

Special Purpose Committees and/or Responsibilities	Meeting Schedule	2016 Members	2017 Members	Alternates
Compliance Committee	Every other month	Pam Wilson		
Community Healthcare Roundtable	Varies	Matt Altman	Matt Altman	
Rural Advocacy Days	Usually in September	<i>Based on availability</i>	<i>Based on availability</i>	
Liaisons with Elected Officials	Varies			

KVH

2017 BOARD AND COMMITTEE MEETINGS / EDUCATION CALENDAR

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Board of Commissioners												
5:00 p.m.	26	23	30	27	25	22	27	24	28	26	16	14
			or 23									
Finance Committee												
7:30 a.m.	24	21	28	25	23	20	25	22	26	24	14	12
			or 21									
QI Council		9			11		13			12		
4:00 p.m.												
Joint Districts Committee:	TBA											
Hosp. Districts #1 & #2												
Strategic Planning	TBA											
Community Healthcare Roundtable	TBA											
Budget Study Session										x		x
MEC - 3rd Wednesday-12:30 p.m.	18	15	15	19	17	21	19	16	20	18	15	20
Foundation Bd.-5:30 p.m.	24		28		23		25		26		28	
Master Site & Facilities Planning	TBA											
Compliance Committee	TBA											
Approve Corp. Comp. Plan	x											
CEO Evaluation								x				
Board Retreat/Evaluation										x Self-Eval.		x Retreat
Educational Meetings	WRHA		AHA Annual		CEO/		WSHA Rural	Rural				WSHA Annual Mtg-Seattle
	Spokane		Mtg-Wash, D.C.		Trustee		Conf Chelan-	Advocacy				Oct. 11-13
	March 15-16		May 7-10		Summit		June 25-28	Days, Wash., D.C.				
					Seattle-May 15-16			Mid-Sept.				

October 27, 2016, Board Packet Clippings/Information

<u>Pages</u>	<u>Title</u>
36	Crowe Sworn into Office, Discussion of Paramedicine Program
37	Mitchell Engel Selected at KVH Physician Recruiter
38-41	Hospital District No. 2 Report to the Community
42-44	KVH Library Report

HOSPITAL DISTRICT NO. 1

Crowe sworn into office, discussion of paramedicine program

By JULIA MARTINEZ
staff writer

Bob Crowe was sworn into office Thursday night after being appointed to fill the vacant seat of former Hospital District No. 1 commissioner Pam Wilson on Sept. 15.

The decision to select Crowe as the appointee was unanimous. The board had identified its strengths and weaknesses and decided it would look for candidates with community connections in the area of finance, agriculture and philanthropy.



Crowe

"We believe that Bob Crowe will be an excellent complement to the existing members Board and will bring prudent judgment to his new role," said board president Liahna Armstrong. "He has experience in a number of areas, and a strong connection to KVH through his volunteer work as a member of the KVH Finance Committee over the past five years."

Twelve community members applied for the position and four were selected for interviews last Thursday during a special meeting after which Crowe was selected.

Crowe moved to Ellensburg in 1999 and has been a member of the KVH finance committee since 2011. He has more than 20 years of experience as a certified public accountant. He will serve on the board until November 2017, when he will be eligible to run for the position in a public election. The elected candidate will serve a six-year term.

COMMUNITY PARAMEDICINE

Amy Fuller, assessment coordinator for Kittitas County Public Health, led a presentation on recommendations to standardizing a community paramedicine program that could help prevent nonemergency calls.

In 2014, Kittitas Valley Fire and Rescue saw an increase in the number of calls but a decreased rate of patients transported, meaning that more people were calling in without needing to be transported to the emergency room.

Capt. Jon Fowler, who's trained in community paramedicine, decided to conduct home visits with frequent callers to see what the underlying issues were with each patient.

More CROWE | A5

Crowe/From A1

Fowler helped patients mitigate safety hazards around the home in places like bathrooms, provided new walkers and wheelchairs, connected patients with healthcare providers and helped some get off the street and into appropriate housing.

"His work prevented a lot of emergency care costs, we're talking six figures," Fuller said.

The program's biggest issue is that it is not developed enough to determine who needs the highest priority care or how many people need it. Fuller said implementing a formal intake system which would identify patients, coordinate care across multiple agencies and providers and standardize documentation, could lead to more efficiency and overall cost savings for many local institutions.

Fowler gave an example of a patient who had called in 33 times in 2014, and after conducting home visits brought down calls to only 21 in 2015. This year the patient has only called in nine times.

Currently the program has worked with 16 people and is serving eight. Fowler

is the only one visiting patients.

The A-Team, which includes the community paramedicine program, KVH, Prestige Care, Hearlstone Cottage, Meadows Place, KVH Hospice, Aging and Longterm Care of Southeast Washington, Community Health of Central Washington and KVFR came together after the closure of Royal Vista Nursing and Rehab in February 2015. The goal was to have people stay independent at home for as long as possible and reduce unnecessary independence on KVFR and KVH.

"We're running out of services for things that aren't true emergencies," Fowler said. "If we can enter in before the emergency, we can reduce a lot (of calls)."

The A-Team is looking for grants that would provide funding toward implementing a streamlined program. Fowler said in a perfect world there'd be two to three people doing the job he's doing now. The community paramedicine program operates out of KVFR, but other institutions in the region have also operated similar programs out of local hospitals.

Interim CEO for KVH, Julie Petersen, said there was a lot of opportunity in the program.

Board member Matthew Altman said the cost savings of implementing a program are across many institutions. Armstrong agreed and said the board would do anything it could to facilitate a successful program.

"I am blown away by the quality and the compassion and the vision of your work," she said.

OTHER MEETING HIGHLIGHTS INCLUDE:

Video update: The board will continue working toward recording meetings and making them available online for the community. In February the board voted to install \$22,000 non-refundable equipment to record its meetings. The equipment proved to be more complex than anticipated as only two segments of the same meeting were ever recorded successfully. Currently there is nobody at KVH who can operate the advanced recording equipment.

Amy Diaz said she met with Jon Ward, owner of Clearwater Studios who contracts with the city of Ellensburg to operate Ellensburg Community Television, who said the best solution would be to move meetings to Ellensburg's City Hall. The Ellensburg City Council and the Ellensburg School District regularly meet in

the chambers where meetings are live streamed via the ECTV channel.

Armstrong said an advantage to staying at KVH was that everyone involved in discussions about the hospital is accessible. The board decided to test out a cheaper webcam at an upcoming meeting and list the camera equipment as surplus.

Flu shots administered to employees: Employees have started receiving flu shots. Within the last two days at least 120 employees have been immunized out of the 600 employees at KVH. Three have declined so far, Mande Olsen said.

"This is really to protect our patients and our staff," she said. "We have had a little pushback on that already." Those who do not receive a flu shot are asked to wear a mask during flu season starting Nov. 1, not just when there's a flu outbreak.

CEO search: Liahna Armstrong plans to call a special meeting within the next 30 days to discuss a process for selecting a new CEO. The meeting will allow board members to discuss the type of search, the process of identifying the needs of KVH and ways of seeking community input.

"We are doing a search," she said. "But we hope to have it resolved really quickly."

Mitchell Engel selected as KVH physician recruiter

Mitchell Engel has been selected to serve as a physician recruiter and liaison for Kittitas Valley Healthcare. He was previously the clinic manager for KVH Family Medicine.

The move is part of KVH Project Access, a project that analyzes the current number of patient visits per physician and what the optimal visit count would be for each clinic. The project is a collaboration between interim CEO Julie Petersen and Chief of Clinic Operations Randi Christensen.

At a Thursday night board meeting of Hospital District No. 1 commissioners, Engel said that he had been talking to a lot of physicians in the past week. Petersen said there has been a lot of interest in practicing in a rural area.

KVH is looking to add four family medicine physicians, a general surgeon and a geriatric nurse among other positions.

Report to the Community

Second Ambulance Expands to 24-Hour Coverage

Beginning in April 2016, Upper Kittitas County Medic One added a second full-time ambulance for overnight service. Previously, there were two ambulances available during the 12-hour daytime shift and one ambulance overnight.

"Having two ambulances available at all times means that we'll be able to respond to medical emergencies more quickly," said Geoff Scherer, operations manager for Upper Kittitas County Medic One. "If the first overnight ambulance is out on a call, we'll be able to rely on our second local ambulance to respond instead of rerouting an aid car from Ellensburg."



Having two ambulances available at all times means Upper Kittitas County Medic One will be able to respond to medical emergencies more quickly.

Another benefit to a second overnight ambulance is the ability to separate the stations. With one ambulance stationed in Cle Elum and a second ambulance stationed near Golf Course Road, Kittcom can dispatch whichever is closer to the caller.

In the near future, Upper Kittitas County Medic One plans to station the Cle Elum ambulance at the Cle Elum Fire Department during daytime hours. It will remain at Station 99 near KVH Family Medicine - Cle Elum and KVH Urgent Care - Cle Elum during the overnight hours. This will allow increased collaboration between ambulance and fire staff. Fire staff who are also emergency medical technicians (EMTs) will gain valuable experience in how medic units are run.

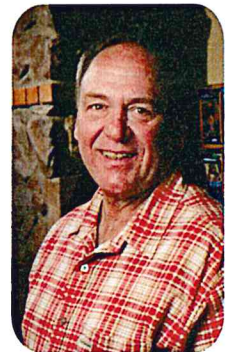
Upper Kittitas County Medic One staffs each ambulance with a paramedic and an EMT.

Letter from the Board President

Since our last update, voters in Kittitas County Public Hospital District No. 2 approved a permanent property tax levy for emergency medical services (EMS). The vote did not increase the rate of the levy from prior years.

The EMS levy supports the operation of Upper Kittitas County Medic One ambulance services, including staff, the ambulances, supplies, and facilities in upper Kittitas County. User fees pay for less than half of the cost to operate the ambulance service. The rest is covered by the EMS levy.

With this vote, residents have shown their support for the Upper Kittitas County Medic One ambulance service. We appreciate your continued support and consider it an honor to serve this community.



Floyd Rogalski
38

2015 Quick Facts

Ambulance

The hospital district provides advanced life support ambulance service through Upper Kittitas County Medic One.

 **695** calls for help

460 patients  transported

busiest days are **Saturdays** 

Urgent Care

The hospital district provides a limited amount of financial support for KVH Urgent Care - Cle Elum. This service is operated by Kittitas Valley Healthcare.

1,408 visits 

Top **5** reasons for visits

sore throat • cough
earache • laceration
urinary tract infection

busiest days are **Sundays** 

New 24-Hour Service

Kittitas County Public Hospital District No. 2 has partnered with Kittitas Valley Healthcare to offer a new virtual care service to residents of the district. **KVH Virtual Care** is available 24 hours a day, seven days a week.

What is virtual care?

You can receive healthcare for commonly treated conditions using your computer, mobile device, or telephone. Using a phone or video chat, a board-certified provider will assess, diagnose, and treat conditions – even prescribing medication when appropriate.

Virtual care is available 24 hours a day, seven days a week from wherever you are.

What conditions can be treated?

Many conditions can be treated using virtual care. Some of the most common conditions that we treat are: cold or flu symptoms, sore throat, pink eye, cold sores, rashes, headache, and urinary tract infections.



How much does KVH Virtual Care cost?

KVH Virtual Care costs \$40 per visit. If the provider quickly determines that your condition can't be treated virtually, you won't be charged.

Insurance is not accepted for virtual care. Individuals covered by government sponsored insurance other than Medicare, such as Medicaid and Tricare, are not yet eligible for virtual care in Washington State.

Can I use virtual care instead of going to my clinic?

Yes and no. You can use virtual care to take care of symptoms that you have today. This can save you a trip to the clinic. However, virtual care is not intended to replace your relationship with your primary care provider and should not be used to manage chronic illnesses.

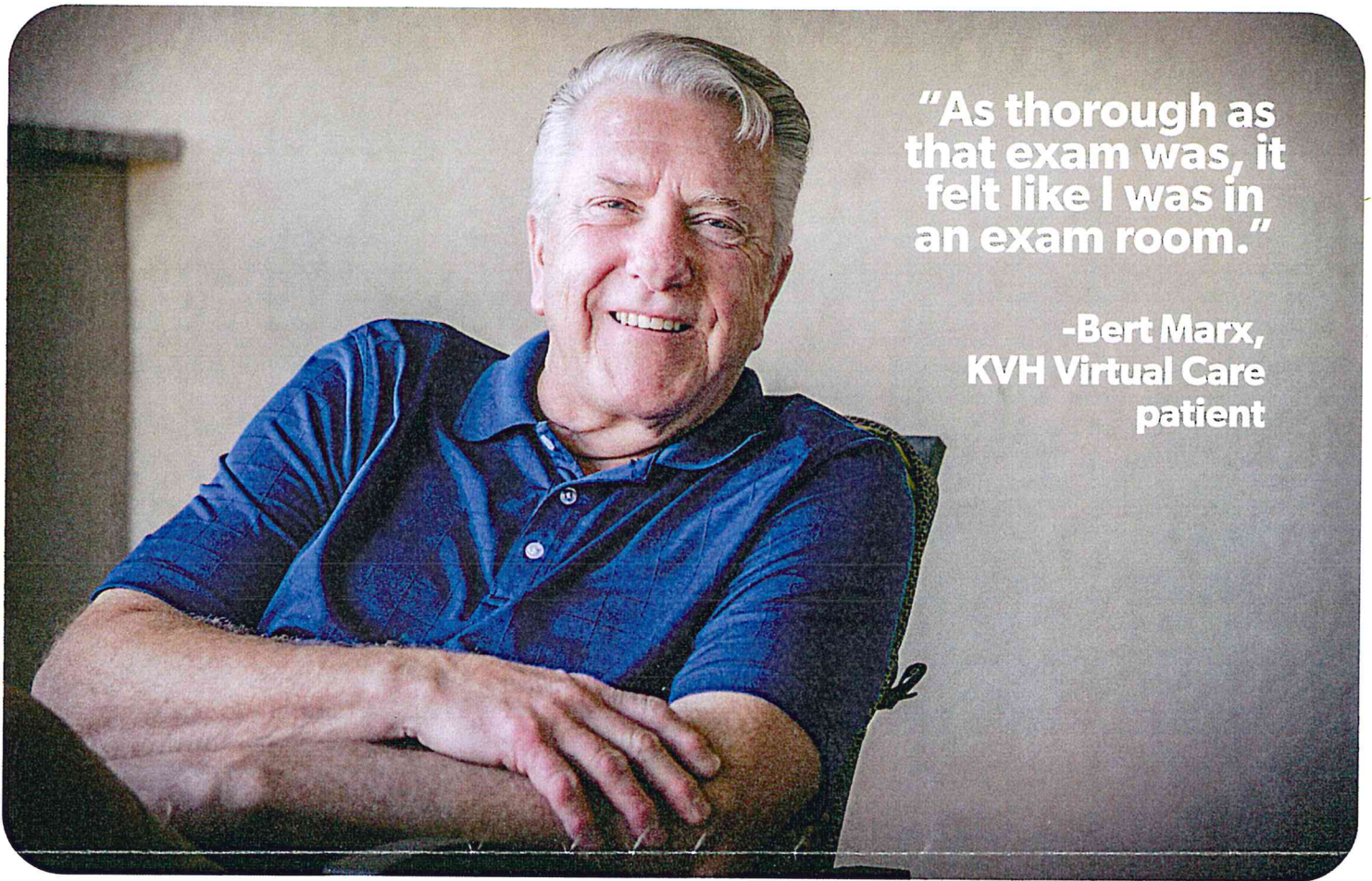
Think of KVH Virtual Care as another option for a condition that needs same-day treatment.

How do I access KVH Virtual Care?

You can access care in any of these three ways:

1. Connect online at www.kvhealthcare.org using your computer or mobile device
2. Download the **KVHVirtualCare app** for Apple or Android devices
3. Call us toll-free at **(855) 962-1KVH**

Virtual Care was Virtually Painless



"As thorough as that exam was, it felt like I was in an exam room."

**-Bert Marx,
KVH Virtual Care
patient**

Bert Marx of Ellensburg is a poker buff who plays regularly with friends. Is he good? He laughs out loud and flashes a grin. "No," he says. "That's why they keep asking me back. Sometimes when I can't make it I feel like I should just run by and leave my money."

Tall and genial, the 68-year-old Marx has an easy-going demeanor, and a deep appreciation for the good things in life, especially family and friends. And though Marx may love poker, he doesn't gamble on his healthcare. He wants thorough, competent, efficient treatment. If it comes served up with a dose of personal warmth, so much the better.

He got all of that when he turned to KVH Virtual Care, an online service of Kittitas Valley Healthcare that enables patients with minor illnesses to obtain treatment from the comfort of their own homes.

The service is available 24 hours a day, seven days a week and is staffed by Washington State healthcare providers who are board-certified in family medicine.

Flash back to a weekend in June when Marx found himself battling symptoms of a cold. "It started showing up on Friday," he said. "By Saturday my throat was hurting and I had a little cough." By late Saturday afternoon his right eye was "matted" closed and his temperature had climbed to 102.

Marx called his daughter, Carrie Barr, an employee at KVH who dropped by and told him she thought he might have pinkeye, a contagious eye condition, and needed to see a doctor.

But Marx is no fan of emergency room visits for minor complaints. They can involve long waits while doctors attend to patients with more serious issues and they tie up resources, he says.

Barr suggested KVH Virtual Care and called the number on the KVH website. "It was about a 20 minute wait for the doctor to call back," Marx says. "At the same time, it wasn't bad. I was sitting in my easy chair."

Using FaceTime, an app that makes video exams possible over computers, cell phones and other devices, the doctor guided Marx through a self-exam, diagnosed pinkeye and a cold, prescribed medication for his eyes and sent the prescription to a local pharmacy.

Marx says the virtual visit took "no more than 15 minutes," cost him \$40 and made him a fan. "It was fabulous," he says. "I love that doctor. I should send him a 'thank you' note, he was that good. He was just so personable and knew exactly what he was doing. As thorough as that exam was, it felt like I was in an exam room. But it was nice to be sitting in my own home."

Congratulations
to the **KVH Urgent Care - Cle Elum** winners
of the DAISY Award for extraordinary nursing

The first Kittitas County team DAISY Award for providing extraordinary nursing care was presented to three staff members of KVH Urgent Care - Cle Elum earlier this year.

The three-person team was nominated by Dede Utley, director of emergency services at KVH Hospital.

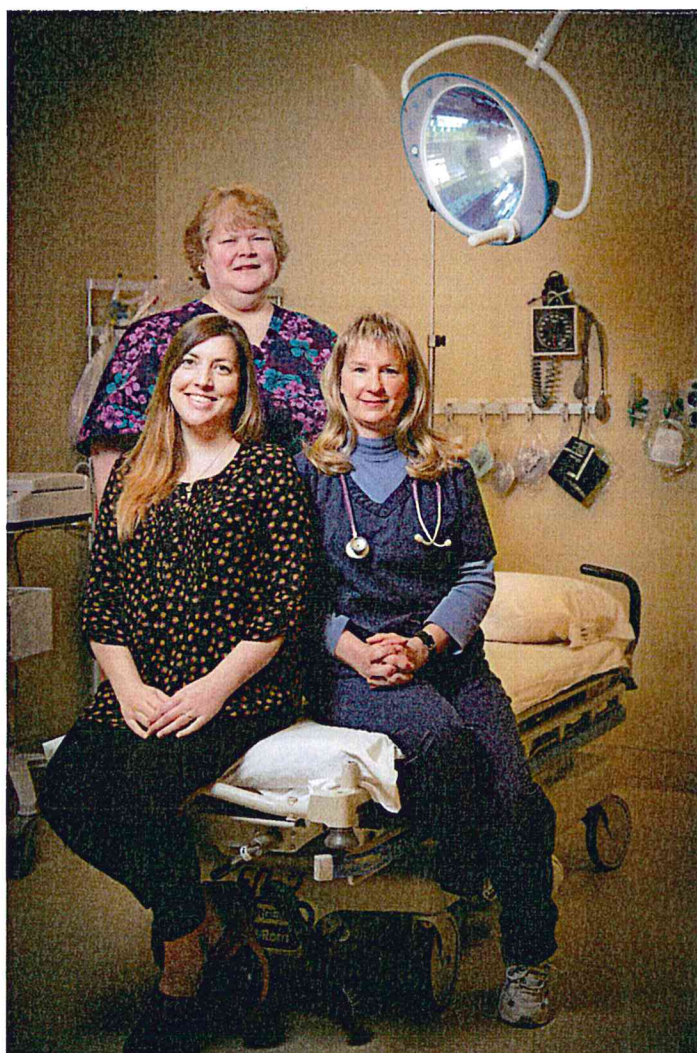
Jennifer Simons, Rachel Coleman-Thompson, and Lori Smith treated a patient with a life threatening condition in January 2016. In addition to quick and thorough medical care, the staff gave emotional support to the patient and his wife.

About the DAISY Award

The DAISY Award is a collaboration of the DAISY Foundation and the American Organization of Nurse Executives, and was established in 1999 by the family of J. Patrick Barnes following his death due to complications of an auto-immune disease. DAISY is an acronym for Diseases Attacking the Immune System, though nurses caring for any patient are eligible.

If you would like to submit a nomination for extraordinary nursing care that you or a family member have received, visit www.kvhealthcare.org/nominate-a-nurse.

Jennifer Simons (seated left)
Rachel Coleman-Thompson (seated right)
Lori Smith (standing)



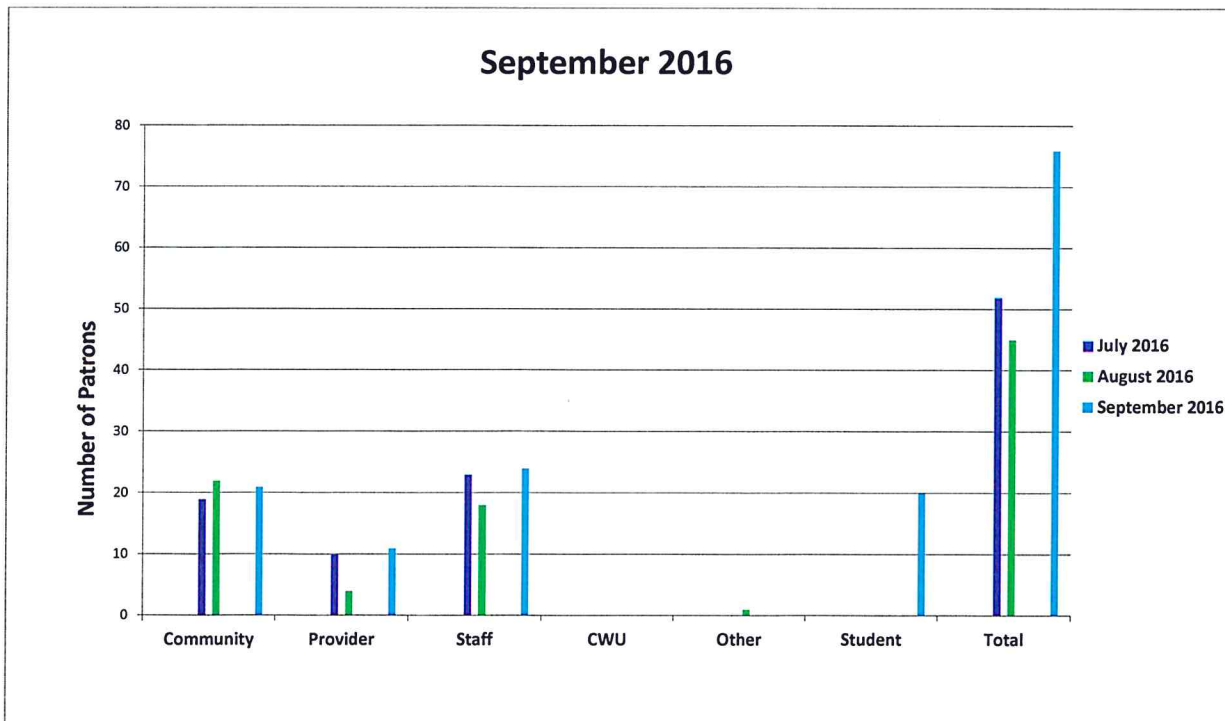
Kittitas Valley Healthcare
Community Health Library
Monthly Patron Statistics

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

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

	July			August			September		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community	34	19		32	22		32	21	
Provider	24	10		22	4		12	11	
Staff	19	23		25	18		19	24	
CWU	2	0		0	0		1	0	
Other	0	0		0	1		0	0	
Student	0	0		0	0		0	20	
Total	79	52	0	79	45	0	64	76	0

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



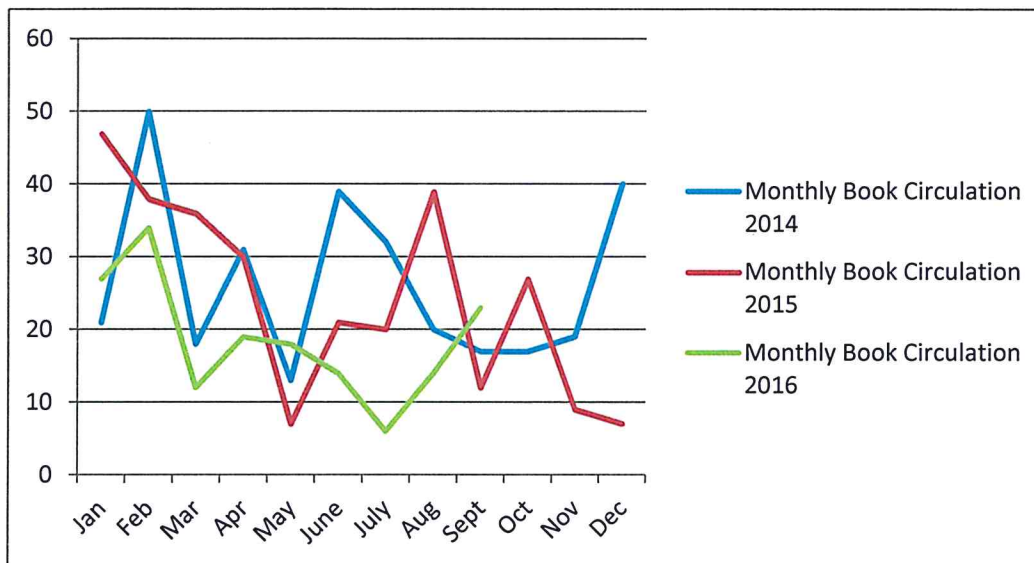
Community Health Library Databases - Number of Searches

Database Name	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL	
UpToDate	2015	1063	1165	1407	1112	1154	1742	1288	1655	1814	1654	1772	17851	
	2016	1451	1810	1706	1202	1523	1751	1880	2051	1436			14810	
ClinicalKey	2015	156	110	163	217	263	99	186	68	79	207	140	132	1820
	2016	442	167	174	108	157	105	36	93	n/a				1282
ClinicalKey for Nurses	2015											48	85	133
	2016	255	61	69	34	46	69	14	22	n/a				570
EBSCO Consumer Health Complete	2015	18	73	31	38	2	16	27	13	8	3	3	8	240
	2016	1	3	33	4	4	5	2	11	0				63
ProQuest	2015	14	54	0	0	2	17	12	2	2	2	3	0	105
	2016	13	7	0	4	0	8	0	14	n/a				46
Patron Services														
Articles & Newsletters Sent to Patrons & Providers	2015	8	36	10	28	4	15	6	2	64	48	71	43	287
	2016	42	117	50	52	41	16	32	34	30				414
Books Checked Out	2015	47	38	36	30	7	21	20	39	12	27	9	7	293
	2016	27	34	12	19	18	14	6	14	23				167
Inter-library Loan	2015								2			1		3
	2016	3	5	1	0	2	0	24	2	8				45
New England Journal of Medicine Online	2016	0	31	29	54	19	25	42	17	24				241

n/a = not available at the time this report was generated

Monthly Book Circulation

	2014	2015	2016					
Jan	21	47	27					
Feb	50	38	34					
Mar	18	36	12					
Apr	31	30	19					
May	13	7	18					
June	39	21	14					
July	32	20	6					
Aug	20	39	14					
Sept	17	12	23					
Oct	17	27						
Nov	19	9						
Dec	40	7						
YTD Total	317	293						



Women's health forum discusses mammograms

By **JULIA MARTINEZ**
staff writer

More than 20 women gathered at Hal Holmes on Tuesday night to discuss women's health issues with a panel of local health care providers.

The event, hosted by Kittitas Valley Healthcare, encouraged attendees to fill out notecards with questions. While the focus was mainly on breast cancer because of breast cancer awareness month, women also asked about menopause, hysterectomies, birth control and ovarian cancer.

The question of how

often someone should get a mammogram came up, and providers said that was something that would be best answered by a doctor familiar with the patient's history. The Foundation at KVH has been fundraising for a digital mammography machine that will be installed in Ellensburg sometime in the next year.

"It's the difference between a film camera and a digital camera," Dr. John Sand said.

Laura Bissonette, 52, was in the crowd on Tuesday and said she was interested in what the providers had to share. She works as a coder for KVH, so she understood

the terminology they were using.

Bissonette, who moved to Ellensburg recently, drives to Yakima for mammograms because her previous exams were performed with a digital machine.

"They wanted to have the same type of film to compare to, so that's why I go to Yakima to have my digital exams," she said, adding that she's excited for a new machine so she doesn't have to make the trip.

SELF-EXAMS

Providers mentioned that recent research discouraged women from performing

self-exams on their breasts on a monthly basis.

"The current thinking is that women should be breast aware but they shouldn't check their own breasts, it makes absolutely no sense," Sand said.

Tina Fought, a certified midwife and the latest addition to KVH Women's Health, said that thinking a consensus would be reached with many voices regarding women's health is "erroneous thinking." It's a moving target, she said, and what people are told can change from one year to the next.

Teresa Beckett, also with KVH Women's Health, said that she would rather have a

patient come in and have a worry be nothing than have it be something later down the road.

"I'm going to err on the side of caution," she said, also adding that women should "get to know their normal lumps and bumps."

Providers also mentioned that the recommendation for when to start receiving mammograms, and how frequently, is a discussion that should be had with a woman's provider. A quick Google search will bring up several different answers to that question, they said, so a one-on-one conversation is vital to a good recommendation.

Tough Enough to Wear Pink raises \$9,000



Ellensburg Rodeo President Jeff Faltus presents a \$6,500 check to KVH Imaging personnel and TETWP committee members. Back row pictured from left to right: Bob Crowe, Karen Schock, Michele Wurl, Rose Valencia, Donna Walker, Erin Marshall, Connie Dunnington and Jeff Faltus. Front row left to right: Kimberly Williams and Penny Hein.

The Foundation at Kittitas Valley Healthcare and the Ellensburg Rodeo Association celebrated another successful Tough Enough to Wear Pink campaign in 2016. Money was raised through selling pink merchandise and accepting general donations on the Sunday of Ellensburg Rodeo, according to a news release.

In addition to the funds raised at the rodeo, TETWP volunteers generated over \$2,600 through merchandise sales at Kittitas Valley Healthcare and Ellensburg's Puget Sound Energy donated the proceeds from their rodeo parade donut give-a-way. In total, over \$9,000 was raised to help prevent and fight breast cancer in Kittitas County.

The Foundation at KVH uses the TETWP funds to provide free mammography screenings at Kittitas Valley Healthcare for women in need and to support breast cancer education materials in our community. This year, the TETWP committee also agreed to use some of the funds to help bring digital mammography to KVH in 2017.

"Early detection is key in the fight against breast cancer" stated Michele Wurl, Foundation Director in a news release. "Digital mammography is an important tool in this detection and we appreciate the support of the TETWP committee, the Ellensburg Rodeo, PSE and the community as a whole in helping us make this service available in our community."

Tough Enough to Wear Pink is a national campaign sponsored by Wrangler. The Foundation at KVH and the Ellensburg Rodeo Association partner each year to raise funds to support breast cancer awareness and prevention services in Kittitas County.

For more information on The Foundation at KVH TETWP Fund contact the Foundation Office at 509-933-8669.

On the air: Local doctor connects with community via radio and internet

By JULIA MARTINEZ staff writer



"Hello Ellensburg," Dr. John Merrill-Steskal chimes over the speakers at the Ellensburg Community Radio studio in downtown Ellensburg. At noon on the first Friday of every month, Merrill-Steskal is joined by a guest on his live radio show where they discuss an emerging health care topic.

The latest episode on Dr. John's Radio Show was about rattlesnake bites, and he's covered everything from the Zika virus, marijuana and hospice care since the show began last spring.

Merrill-Steskal has been a part of the community since 1994, spending 22 years as a family physician at Kittitas Valley Healthcare.

"What I love about being a family physician is taking care of people over their lifespan and taking care of multiple members of families," he said.

His work, he says, is more rewarding when he takes into account the bigger-picture perspective of caring for families in the community.

"So far I'm happy with how things are going," he said. "I never envisioned myself as a radio talk show host."

Journaling a recovery

When Merrill-Steskal was diagnosed with cancer six years ago, he kept his community of friends and family updated through a site called CaringBridge. The website offered a place for patients to keep a journal during their medical recoveries.

"You make yourself a little vulnerable," he said.

At first, Merrill-Steskal's entries were short and to the point, offering only facts pertaining to his chemotherapy treatments. Posts gradually became longer as the months went by. No longer were they only a paragraph; posts were hundreds of words long, featuring intimate thoughts on what the latest MRIs would show and anxieties about the future. Every post ended with graciousness toward those who took time to read updates, and filled with many comments of friends and family about his progress.

Daily Record, page A1, 10/25/16

The frequent journal entries opened a creative door in Merrill-Steskal's brain. The vulnerability of his posts gave him the courage to write more, and direct those posts to the public.

"It sort of re-awakened a real enjoyment in creative writing in myself," he said. "It became more than just information sharing, it became more along the lines of thoughtful essays where I tried to express some of the feelings or experiences I was going through."

The courage to share

In March, he launched a blog called Triple Espresso MD. Blogs are usually posted once a month or more often depending on what comes to his mind. Sometimes, he said, they just spring from his fingers.

The posts are aimed at providing general health information to the public. His latest post talks about flu vaccines, a topic that is particularly relevant for Merrill-Steskal. He was recently accepted to a one-year vaccine science fellowship with the American Academy of Family Physicians. He had applied twice before and had been denied. Only two people out of the nation are chosen to pair up with a mentor to learn about vaccine science and policies.

The third time proved to be the charm for Merrill-Steskal, who said the blog posts helped him feel more comfortable with taking risks in his professional life. Those risks have paid off. Two of his blog posts regarding vaccines have been featured on a popular blog called KevinMD, where over 2,000 medical professionals contribute their work.

Radio show

For now, a monthly hour-long radio show and a couple of blog posts a month are enough to keep him busy. Preparing for a radio show is like a small research project. Merrill-Steskal said he has fun interacting with his guests, and he learns a lot along the way.

"There's something about doing it live in the studio that makes it so much more fun," he said. "I feel like my professional life is so much more full and rich and exciting, and it's only deepened my enthusiasm for the medical field."

Some of his guests are physicians at KVH, others are professors from Central Washington University. There have also been medical students featured on the show. Currently, the show is recorded live but the studio is not set up to take calls. He encourages listeners to email him with questions at eburgradiodoc@gmail.com.

Listen to Dr. John's Radio Show: <https://soundcloud.com/eburgradiodoc/sets/dr-johns-radio-show>. The link also has all the previously recorded episodes.

Read Dr. John's blog: <https://espresso3md.wordpress.com/>