KITTITAS VALLEY HEALTHCARE

RESOLUTION NO. 18-08

A resolution adopting the budget for Kittitas County Public Hospital District No. 1, dba Kittitas Valley Healthcare, for the calendar year 2019.

WHEREAS the Board of Commissioners of Public Hospital District No. 1, Kittitas County, is responsible for adopting an appropriate operating budget for District for the year 2019.

THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Public Hospital District No. 1, Kittitas County, to adopt the 2019 operating budget (Exhibit A).

APPROVED at a regular meeting of the Commission this 25th day of October, 2018.

Matt Altman, President

Bob Davis, Vice-President

Erica Libenow, Secretary

Roy Savoian, Commissioner

Liahna Armstrong, Commissioner

Exhibit A

Kittitas County Public Hospital District 1, dba
Kittitas Valley Healthcare

2019 Projected Operating Budget

		2019 Budget
Net Operating Revenue	$	75,250,000
Operating Expense	$	74,500,000
Net from Operations	$	750,000
Non-Operating		
Levy-Regular	$	8,817
Levy - Debt Service	$	-
Other Non-Operating	$	391,183
Net Non-Operating	$	400,000
Net Gain/Loss	$	1,150,000

Department of Revenue
Washington State

Ordinance / Resolution No. 18-09

RCW 84.55.120

WHEREAS, the Board of Commissioners (Governing body of the taxing district) of Kittitas County Public Hospital District No.1 (Name of the taxing district) has met and considered its budget for the calendar year 2019; and,

WHEREAS, the districts actual levy amount from the previous year was $ 8,730.17 (Previous year's levy amount); and,

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

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2019 (Year of collection) tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be $ 87.30 which is a percentage increase of 1.0 (Percentage increase) % from the previous year. This increase is exclusive of additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, solar, biomass, and geothermal facilities, and any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this 25 day of October, 2018.

If additional signatures are necessary, please attach additional page.

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

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

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B - 5:00 p.m.

October 25, 2018

5:00 p.m: Budget Hearing: 2019 Budget

1. **Call Budget Hearing to Order:**
   a. Review of 2019 Budget
   b. Approval of Resolution No. 18-08: Adoption of 2019 Budget ** **(1-2)**
   c. Approval of Resolution No. 18-09: Authorization of 2019 Regular Property Tax Levy ** **(3)**
   d. Adjourn Budget Hearing

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1. **Call Regular Meeting to Order**

2. **Approval of Agenda ****
   (Items to be pulled from the Consent Agenda) **(4-5)**

3. **Consent Agenda ****
   a. Minutes of Board Meetings: September 27, 2018 **(6-8)**
   b. Approval of Checks **(9)**
   c. Report: Foundation **(10-18)**
   d. Minutes: Finance Committee **(19-20)**

4. **Presentations:**

5. **Public Comment and Announcements**

6. **Reports and Dashboards**
   a. Quality – Mandee Olsen, Director of Quality Improvement **(21-27)**
   b. Chief Executive Officer – Julie Petersen **(28-30)**
      i. Termination of PEBB Medical Benefits ** **(31)**
      i. 2018 KVH Business Plan: 3rd Quarter Report **(32-56)**
   c. Medical Staff
      i. Chief of Staff, Timothy O'Brien MD
         1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(57)**
      ii. Chief Medical Officer, Kevin Martin MD **(58)**
   d. Finance – Chief Financial Officer - Libby Allgood
      i. Operations Report **(59-65)**
      ii. Finance Committee Report – Commissioner Liahna Armstrong

1. Capital Expenditure Request: Sterilization Containers ** **(66)**
2. Capital Expenditure Request: Medical Arts Center – External Signage ** **(67)**

e. Operations **(68-72)**
   i. Vicky Machorro, Chief Nursing Officer
   ii. Rhonda Holden, Chief Ancillary Officer
   iii. Carrie Barr, Chief of Clinic Operations

f. Community Relations Report – Michele Wurl, Director of Communications & Marketing **(73)**

7. Education and Board Reports

8. Old Business

a. Workplace Health Review

9. New Business

10. Executive Session

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

11. Adjournment

Future Meetings

November 29, 2018, Regular Meeting
January 3, 2019, Regular Meeting

Future Agenda Items

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B
September 27, 2018

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

KVH STAFF PRESENT: Julie Petersen, Libby Allgood, Mandee Olsen, Rhonda Holden, Carrie Youngblood, Carrie Barr, Stacy Olea, Vicky Machorro, Amy Krogstadt, David Swory, Julie Hiersche, Brandee Coates, Lisa Potter, Laura Cresto, Rose Vick

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

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

2. **Approval of Agenda:**

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

3. **Consent Agenda**:

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

4. **Presentations**:

   Bill Mannewitz of Rehab Visions gave a presentation on space planning. Mannewitz discussed referral tracking, new staffing, and room for growth in Occupational Therapy Services. Mannewitz said that Cerner has made it easier to get the information they need from one source for all the KVH clinics.

   Mandee Olsen presented Safe Catch Awards for the second quarter of 2018 as follows: Clinical Award was presented to Rose Vick, Home Health Aide, Home Health & Hospice; Non-Clinical Award was presented to Laura Cresto, Patient Service Rep, KVH-Family Medicine Cle Elum.

   David Swory, Kittitas Valley Healthcare Central Services, Surgical Technician showed a video of the Central Sterile process. Swory noted the importance of timing and following each step for each process. Amy Krogstadt stated that the team is very adept on that the work they do touches the patient. She commended Swory on the team's reduction in the use of flash sterilization.

5. **Public Comment/Announcements**:

   None.

6. **Reports and Dashboards:**

   The Board members reviewed the QI dashboards and summary. Mandee Olsen noted that the Greater Columbia Accountable Community of Health (GCACH) Practice Transformation Kick-Off Celebration is happening at this time and they offer strategic planning, project direction, and technical assistance for implementing chronic disease management programs in primary, specialty, and ancillary

care settings. Olsen stated KVH will receive $440,000 to help put systems into place for a sustainable program.

The Board members reviewed the CEO report with Julie Petersen. During the week of the October Board meeting, she would like to schedule a special meeting Board meeting at the MAC with the design team, physicians, and the Board. Petersen also noted that on October 22 there will be an all-day open house at Radio Hill for KVH staff and the Board. Petersen stated that the MAC is through pre-design on the third floor and KDA has been selected to renovate the space. She requested authorization from the Board to enter into a contract.

ACTION: On motion of Roy Savoian and second of Erica Libenow, the Board members unanimously granted authority to Julie Petersen, CEO, to enter into a contract not to exceed $350,000 for architecture and engineering for the third floor of the MAC and administrative space on the first and second floors.

ACTION: On motion of Erica Libenow and second of Liahna Armstrong, the Board members unanimously granted authority to Julie Petersen, CEO, to enter into a contract not to exceed $150,000 for architecture and engineering on the first and second floors of the MAC for clinical spaces.

Chief of Staff, Dr. Timothy O'Brien presented the MEC's recommendations for reappointment to the Board.

ACTION: On motion of Bob Davis and second of Erica Libenow, the Board members unanimously approved the reappointments for Dr. Larry Birger, Dr. Frank Smith, Kenneth Gano, CRNA, Dr. Sheldon Jensen, Dr. Troy Belle, Robert Merkel, PA-C, Auren O'Connell, ARNP.

The Board members reviewed the Chief Medical Officer report.

Libby Allgood reported on financial performance for August. She stated that August deductions from revenue were above budget. They are continuing to work on billing and coding issues with Cerner, payer mix has changed, and reimbursements rates are lower. Libby Allgood stated they will discuss ways to further reduce expenses at the Department Director's meeting on Monday. A higher-level budget will be brought to the next Board meeting. Liahna Armstrong reported on the Finance Committee met, and she presented the request for the cardiac monitoring system and stated it will integrate so that all of KVH can use the same system.

ACTION: On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved the capital expenditure request for the Phillips Patient Monitoring System.

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

The Board members reviewed the Community Relations report.

7. **Education and Board Reports**:
   None

8. **Old Business:**
   None

9. **New Business:**
President Altman presented the draft CEO evaluation forms and explained the evaluation process. The Board and SLT evaluation forms were approved by consensus. Evaluations will be solicited during the next two weeks. Altman and Davis will meet with selected members of the SLT and summarize the results. The Board will have a special meeting to discuss the CEO evaluation and compensation.

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

At 8:10 p.m., the meeting was reconvened into open session.

11. **Adjournment:**
With no further action and business, the meeting was adjourned at 8:20 p.m.

CONCLUSIONS:

1. Motion passed to approve the Board agenda.

2. Motion passed to approve the Consent Agenda.

3. Motion passed granting Julie Petersen authority to enter into a contract not to exceed $350,000 for architecture and engineering for the third floor of the MAC and administrative space on the first and second floors.

4. Motion passed granting Julie Petersen authority to enter into a contract not to exceed $150,000 for architecture and engineering on the first and second floors of the MAC for clinical spaces.

5. Motion passed to approve the reappointments as recommended by the Medical Executive Committee.

6. Motion passed to approve the capital expenditure request for the purchase of Phillips Patient Monitoring System.

Respectfully submitted,

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

Kittitas Valley Healthcare
Your Home for Health

DATE OF BOARD MEETING: October 25, 2018

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	247271-248084	NET AMOUNT:	$3,600,623.93
		SUB-TOTAL:	$3,600,623.93	

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	81154-81179	NET AMOUNT:	$36,678.84
#2	PAYROLL CHECK NUMBERS	81180-81206	NET AMOUNT:	$35,803.41
#3	PAYROLL DIRECT DEPOSIT	EFT	NET AMOUNT:	$1,055,715.07
#4	PAYROLL DIRECT DEPOSIT	EFT	NET AMOUNT:	$1,127,155.65
		SUB-TOTAL:	$2,255,352.97	

TOTAL CHECKS & EFTs: $5,855,976.90

Prepared by

Sharoll Cummins
Staff Accountant

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THE FOUNDATION KVH

FOUNDATION ACTIVITIES

Tough Enough to Wear Pink- This October we have many activities benefitting the Foundation's TETWP fund, helping raise awareness and support the fight against breast cancer in Kittitas County. Every Tuesday morning, we have been hosting a sale of our TETWP older merchandise. On Friday, October 19th Gard Vintners held the 3rd Gard against Cancer event, donating portion of proceeds to our fund. Additionally, 88.1 The Burg has been promoting and raising funds throughout the month of October. Thank you to these two businesses and all community members and patrons for taking an interest in this cause for helping us raise funds. We anticipate hearing from the Ellensburg Rodeo in October regarding total funds raised during that event and look forward to a check presentation at the end of this month.

Annual Appeal – Our annual appeal to the community mailed mid-October. Though you may donate anytime, we send only one appeal a year. The *Gift of Health* catalog displays a few ways you can make your year-end donation. Your gifts are far-reaching and you help ensure quality healthcare continues to be available in our community right here, right now. We thank you and the community for supporting us.

Grants- Below is a current update on grants awarded, under review, and in progress.

Funding Source	Project	Submission Date	Notes	Award	Scoring
Proposals Awarded					
Cerner Corporation	EBM Workshop Sponsorship 2019	5/15/18	6/25/18 – Solberg Fund	$2,000	
Medicare Rural Hospital Flexibility- WADOH	QI – Mental Health Crises Education & Standard Work for ED & Clinics	Sept. 1, 2018	Awarded – Contract/Reimb.	$5.000	
Coverdell- WADOH	Stroke QI – Reduce time to CT and Increase # pts eligible for alteplase	Due August 20	Awarded- Contract/Reimb.	$9,253	
HRSA – Opioid Response Planning	KCHN Opioid Response (CHIP)	Due 7/30; $200k	September 2018	$200,000	96/100 *see attach
			Total Awarded to date	**$216,253**	
Proposals Submitted/Under Review					
-WA Physician Insurance -WSHA	KVH- EBM Workshop 2019	October 2018	Mid-Late Dec. for 2019 award		
Dept. of Commerce	KCHN- Community Behavioral Health Housing Pilot (CHIP)	10/5/18; $250k	October 2018 award		
Proposals in Progress					
RWJF – Culture of Health Prize	KCHN – general support with marketing inkind	Due Nov 1 $25K	Fall 2019 award		
Sunderland Foundation	One time capital improvement- health facilities- MAC Arts	Up to $100K, due by December	2019 award		
WA State Health Care Authority, CMS	KCHN – integrated care for kids care model (CHIP)	Up to $16M over 7 years (8 awards)	2019 award		
Proposals Not Awarded					
-Kittitas County Medical So. -WSHA	EBM 2018 Sponsorship Request	May 2018;	Followed up October for 2019		
-Legends Casino- Yakima Cares -BNSF Railway	Anesthesia Machines; 10K capital request each	3/26/18	Both grantmakers encouraged to apply 2018 – supports programs/direct impact over capital		
Kittitas County Dept. Public Works: Sales Use & Tax	HD2- Ambulance House	7/31/18; 30% of $1.3M project	Presentation 8/15 to COG Board; focus is more commercial/ economic development		45/ 100 *see attach

Respectfully submitted,
Lauren Denton
Director, Foundation

Attachments

1. TETWP October Sale Flyer
2. Gard Against Cancer – Community Fundraiser for Foundation at KVH (TETWP Fund)
3. HRSA Grant Scoring - Awarded
4. Kittitas County Grant Scoring – Not Awarded

Tough Enough to Wear Pink

Up to 60% off on older merchandise!

- Tshirts = $6
- Tanks = $8
- Or buy 2 for $10

While supplies last.

Cash, check, credit card, or payroll deduct accepted.

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

October Blowout Sale!

THE FOUNDATION KVH

10.19.18

Gård against cancer

Doors open at 2 p.m. with music from 88.1 The Burg
Live Music from 6 - 9 p.m. No cover charge.

311 N Pearl

Health Resources and Services Administration
HRSA-18-116

FORHP: Rural Communities Opioid Response Program - Planning
Objective Review Committee Final Summary Statement

Score: 96

Application Number: 158286
Application Name: Kittitas County Public Hospital District No. 1
State: WA City: Ellensburg

Criterion 1: NEED

Strength:

The applicant organization clearly provides demographics of the target population(s) of the rural service area as outlined in Table 2.

The application provides a very well stated needs assessment and provided information concerning the focus areas of prevention, treatment and recovery. Additionally, the application information concerning the service area is clearly identified.

The application provides a thorough detailed picture of the target rural area and how services will be rendered.

The application provides thorough information concerning what gaps in services are and how those services will be addressed with the proposed project.

The applicant organization has network of providers ready to assist with seamless provision of services if project should be approved.

The applicant organization provides a strong set of statistics in support of its focus on Opioid Use Disorder (OUD).

Weakness:

None

Criterion 2: RESPONSE

Strength:

The application provides effective plans on engaging stakeholders and retaining commitment from stakeholders to ensure the success of the plan.

The applicant organization provides a clear description of the opioid taskforce meeting with U.S. Surgeon General Jerome Adams in Seattle June 29 to provide education on what is being done on the local level and the concerns and challenges they face including the need for waivers to prescribe buprenorphine, costs of naloxone and transportation issues.

The applicant organization provides a clear description of how the consortium will maintain commitment by developing a common agenda, shared measurement by using the Collective Impact Framework which will improve efficiency of health care delivery, thus increase access to quality health care services across the continuum of care.

The application provides a clear visual use of "cascading levels of collaboration" that include community members, partners, working Groups, and the Steering Committee to flow information.

The applicant organization's use of a systematic process (Collective Impact Framework) to address new and emerging conditions highlight the resolve of the consortium to achieve success in the project proposed.

The application provides very thorough Memorandum of Understanding (MOU) with key partners identified to provide integrated services to the community.

The application clearly describes the ability to communicate plans to participating entities, while targeting the rural service areas and public at large.

The applicant organization clearly describes the roles and responsibilities for each consortium partner in Attachment 7 and includes language that states some have agreed to provide In Kind or cash contributions.

Weakness:

None

Criterion 3: EVALUATIVE MEASURES

Strength:

The applicant organization used process and outcome measures that are complimentary to the goals and objectives of program planned.

The application provides clear and obtainable objectives, outcomes/outputs and outcome measures/process measures to ensure the success of the project proposal submitted.

The applicant organization includes a clearly documented chart with objectives, outcomes and measures to support the proposed project.

The applicant organization clearly describes that the Network/Project Director will use the Sustainability Formative Self-Assessment Tool to survey Network members at baseline and at 11 months post-project start date. The Tool includes nine areas of strategy, capacity, and action that help position an organization or program for sustainability.

The applicant organization provides a clear detailed work plan with time frames and responsible parties to carry out the proposed project.

Weakness:

None

Criterion 4: IMPACT

Strength:

The work plan is clear and contained elements directly related to the activities planned.

The application provides a very thorough and complete work plan to achieve the strategies for disseminating information, engaging with target/rural populations and maintaining consortium commitment.

Weakness:

None

Criterion 5: RESOURCES/CAPABILITIES

Strength:

The application provides a clear response to the guidelines of the Notice of Funding Opportunity (NOFO) addressing the organizational structure, roles and responsibilities, as well as, other key personnel involved, and the commitment of consortium members.

The staffing plan is clearly aligned with the project planned.

The application provides a clear description of the staffing plan and that the Network/Project Director and Network/Project Coordinator will be hired within 60 days.

The application provides a clear detailed organization and list of consortium members including their roles.

Weakness:

The application does not clearly describe what the hiring process will be for hiring a full-time project director.

Criterion 6: SUPPORT REQUESTED

Strength:

The applicant organization will provide in-kind support of $61,760 and will receive $30,000 to support the salary of one of the project staff.

The budget and budget justification submitted by the applicant organization is appropriate for the project planning period.

The applicant organization provides a clear detailed budget reasonable given the scope of work.

Weakness:

None

KITTITAS COUNTY
FY 2019 SALES & USE TAX PUBLIC FACILITIES APPLICATION
Individual Committee Member Ranking

KITTITAS COUNTY HOSPITAL DISTRICT #2 - $560,850.00

	Project Rating Criteria							
	1	2	3	4	5	6	7	
	Match	Encourages Economic Dev.	Meets Economic Development Plans	Public Benefit Derived	Project Funding Support	Construction Ready	Project Jobs Created	TOTAL POINTS
Pat Cort/City of Kittitas	15	10	15	10	8	0	5	**63**
John Camarata City of Kittitas	15	10	15	15	15	20	10	**100**
Comm. Obie O'Brien Kittitas County	13	10	0	10	8	0	5	**46**
Jerry Pettit Kittitas County Auditor	0	0	0	0	0	0	0	**0**
John Glondo City of Cle Elum	15	10	0	15	0	10	5	**55**
Jay McGowan City of Cle Elum	15	10	0	15	0	10	5	**55**
Steve Sowers Town of South Cle Elum	0	0	0	0	0	0	0	**0**
Jim Devere Town of South Cle Elum	13	5	5	15	8	10	5	**61**
Brent Hals City of Roslyn	15	0	5	10	5	0	5	**40**
Mary Morgan City of Ellensburg	15	0	0	5	5	10	5	**40**
Nicole Klauss City of Ellensburg	15	0	0	5	5	10	5	**40**
Average of Total Points								45

131 55 40 100 54 70 50

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT #1
FINANCE COMMITTEE MEETING

October 23, 2018
Tuesday

Café Conference Room
7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: September 25, 2018**
- **September Financial Highlights**
- **2019 Budget**
- **Capital Expenditure Requests**
    - **Sterilization Containers**
    - **Medical Arts Center External Signage**
- **Adjourn**

Next Meeting Scheduled: November 27, 2018 (*Tuesday*)

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
September 25, 2018

Members Present: Liahna Armstrong, Roy Savoian, Deborah Bezona, Libby Allgood

Staff Present: Kelli Goodian Delys

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

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

Libby Allgood presented a financial overview of August operations. Overall volumes and revenues were below budget. Deductions from revenue and expenses were over budget. These factors combined resulted in a loss for the month of August. The details were provided in the Chief Financial Officer's Report. The committee discussed various factors contributing to the loss and the strategy to correct the course.

The committee reviewed and recommended that the Board of Commissioners' approve the capital request to replace the Phillips Patient Monitoring System. The committee suggested we review capital expenditures post implementation.

The 2019 budget schedule was presented. A high level budget will be presented to the Board of Commissioners' in October for adopting the 2019 levy.

With no further business, the meeting was adjourned at 8:50am.

KVH
Kittitas Valley Healthcare
Your Home for Health

QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

October 2018

Annual Program Review and Quality Assessment Performance Improvement (QAPI) Program Planning

KVH maintains compliance with state law, licensing requirements and CMS Conditions of Participation by annually assessing quality and planning for improvement. After thoughtful comment and reflection, KVH has taken a slightly different tactic in performing this annual process by linking it to programmatic review, and organizational strategies and values. Throughout September, senior leaders and directors met and began to look ahead to 2019. On October 3rd, each department's scope of services, current status and draft QAPI plans were reviewed by KVH leadership. A summary of these plans were submitted to QI Council on October 15th and subsequently emailed to Board members for review and comment. Throughout November, leaders will continue to refine QAPI plans based on feedback for final presentation to and approval from the board in December/January.

DOH Plan of Correction

On October 10th, KVH was notified that the DOH had accepted our Plan of Correction and attestation of correcting all deficiencies. The Deputy Fire Marshal had performed on on-site revisit on September 19th and verified the fire life safety deficiencies were corrected. Further progress reports or on-site visits will not be further required for this survey.

Quality Improvement Dashboard Data Summary – through August 2018

Summary of Areas Meeting Goal or Showing Improvement

- Documentation and ordering challenges are beginning to be overcome: sepsis bundle performance at 100% in August and median time to ECG was well below goal and benchmark.
- The dashboard only reflects data through August, but early numbers show that more than 330 employees have been vaccinated for influenza through October 4.
- No needlesticks in August.
- Improvement work around home health documentation for bed transferring has been ongoing. This may have resulted in the improvement noted in August.
- Exclusive breastfeeding rates continue to be above goal. Additional training scheduled for staff (supported by a grant from CDC) may increase rates further.

Summary of Improvement Opportunities

- One surgical site infection in a patient who had a knee arthroscopy.
- Three patient falls in August, including one fall with injury.
- Restraints bundle not met for patient with restraints in August.

KVH
Kittitas Valley Healthcare
Your Home for Health

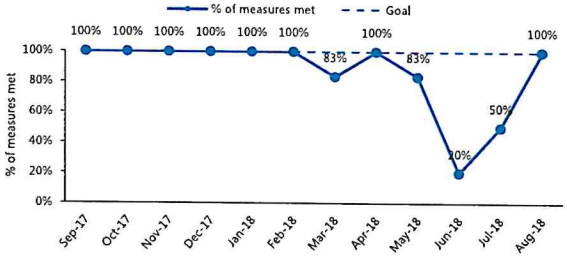
Patient Stories

"Thank you so much for your help, guidance and support in assisting [our loved one] on his final journey. This is what he wanted and with your help, we were able to make it happen. It's a wonderful service you provide."

-Family member of a patient of Hospice services

QI Council

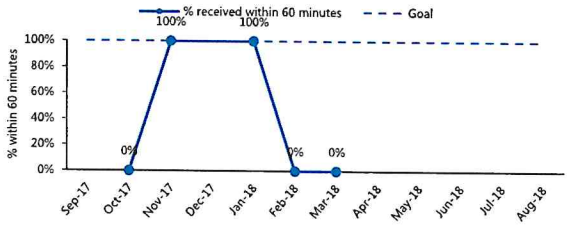
Sepsis ↑



# of pts	6	4	2	6	1	3	6	2	6	5	2	4

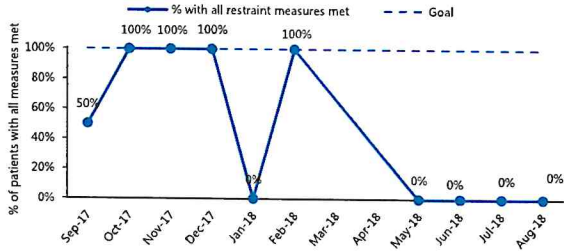
Stroke IV tPA Timing ↑

tPA initiated within 1 hour



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

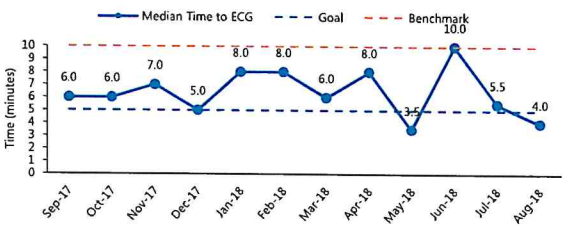
Restraints (MS/CCU) ↑



# possible	2	2	1	3	4	1	0	0	3	1

Median Time to ECG ↓

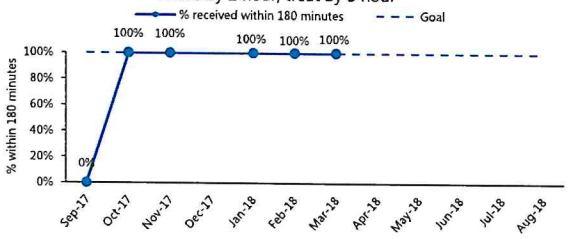
(AMI or Chest Pain)



# of pts	7	12	8	10	10	11	7	6	4	8	6	3

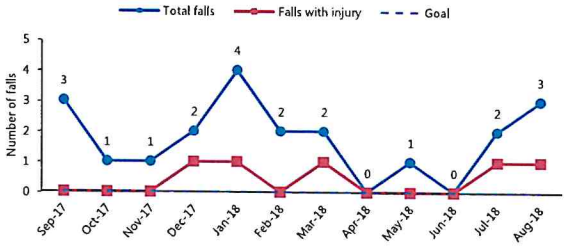
Stroke IV tPA Timing ↑

arrive by 2 hour, treat by 3 hour

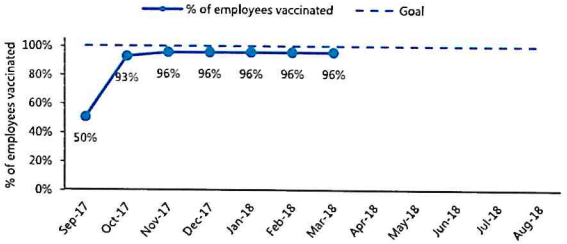


# of pts	1	1	2	0	2	1	1	0	0	0	0	0

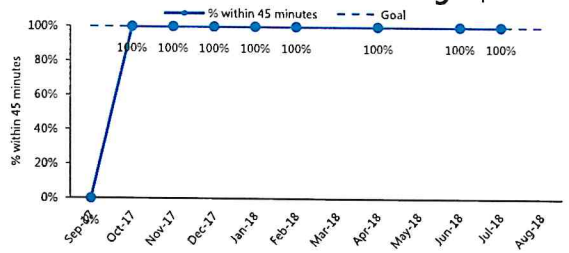
Falls ↓



Employee Flu Vaccination ↑

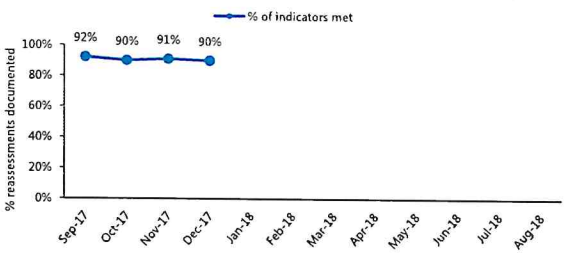


Stroke CT or MRI Timing ↑

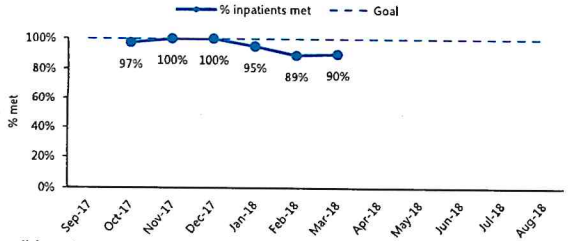


# possible	1	1	3	1	3	1	0	3	0	1	1	0

Pain Med Reassessment

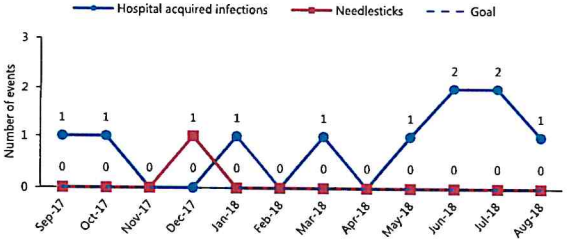


Inpatient Flu Vaccination ↑

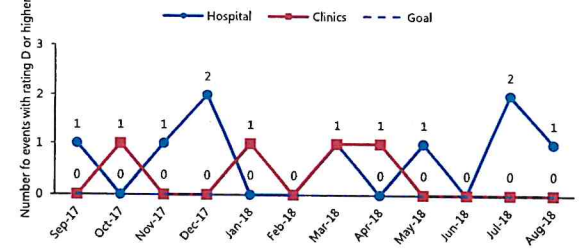


# possible	0	38	38	8	80	37	40	0	0	0	0	0

HAIs and Needlesticks ↓

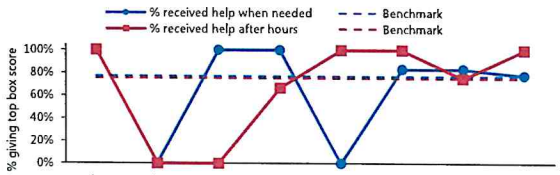


Adverse Medication Events



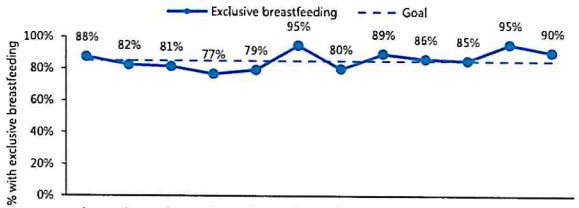
Proposed measure:
surgical site infection
taskforce measure

Patient Satisfaction: Timeliness of Help (Hospice) ↑



	4Q 2016	1Q 2017	2Q 2017	3Q 2017	4Q 2017	1Q 2018	2Q 2018	3Q 2018
# help	6	2	2	3	1	6	6	9
# after hours	4	2	1	3	1	4	4	6

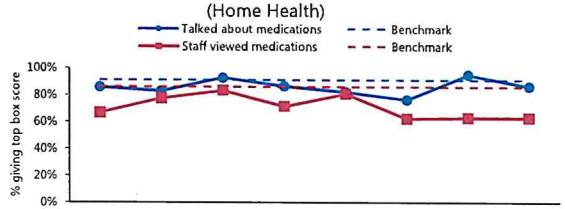
Exclusive Breastfeeding ↑



	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
# of babies	24	17	27	30	29	19	25	19	29	27	22	21

Patient Satisfaction: Medications ↑

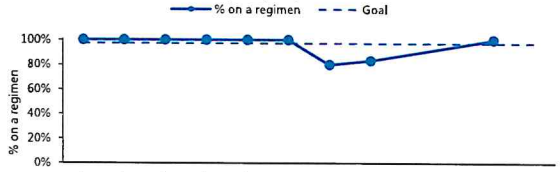
(Home Health)



	4Q 2016	1Q 2017	2Q 2017	3Q 2017	4Q 2017	1Q 2018	2Q 2018	3Q 2018
# possible talk	21	35	27	22	28	17	20	22
# possible view	21	31	24	21	26	16	19	19

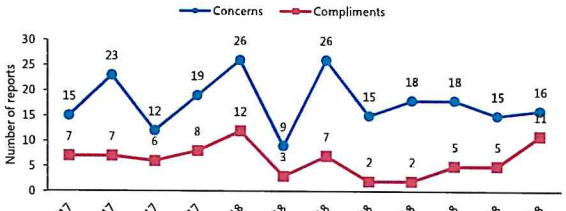
Patients on Opioids Given a Bowel Regimen ↑

(Hospice)



	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
# of patients	3	2	5	5	3	3	5	6	0	0	1	0

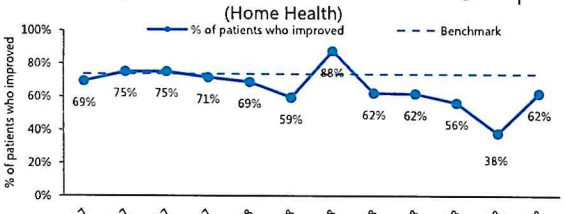
Care and Service Reports ↓



	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18

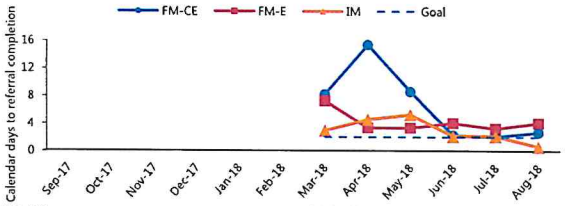
Improvement in Bed Transferring ↑

(Home Health)



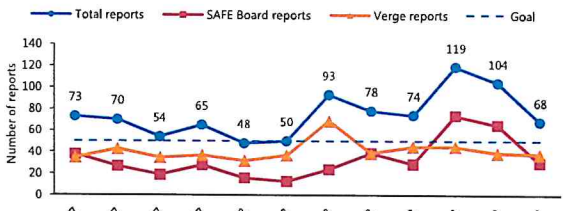
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
# possible	26	28	28	21	32	32	32	29	34	32	29	21

Days to Referral Completion ↓



# of referrals	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
FM-CE							313	277	266	288	284	302
FM-E							302	317	339	296	331	303
IM							204	202	225	230	265	209

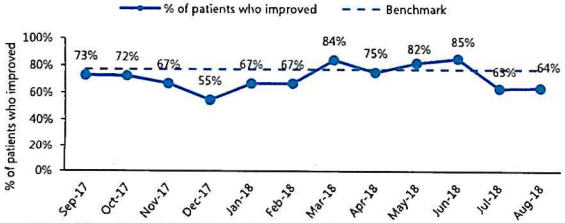
Employee Reports ↑



	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18

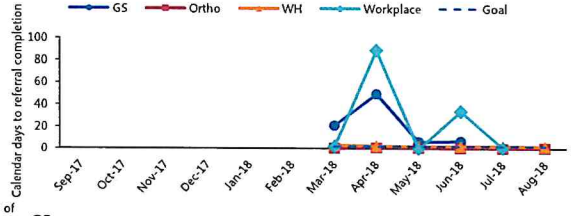
Improvement in Dyspnea with Activity ↑

(Home Health)



	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
# possible	22	18	18	11	18	24	25	20	22	20	19	11

Days to Referral Completion ↓



# of referrals	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
GS							1	3	1	2	2	0
Ortho							37	54	47	54	78	57
WH							32	34	36	34	34	42
Workplace							15	17	4	11	7	0

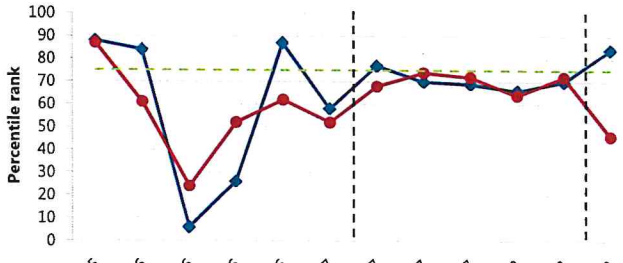
Reports of Occurrences ↓

that require additional monitoring or cause patient harm

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
	3%	11%	9%	15%	15%	4%	16%	6%	9%	0%	3%	7%

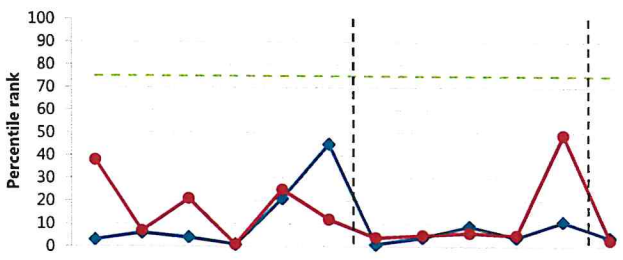
Patient Satisfaction Dashboard

Emergency Department



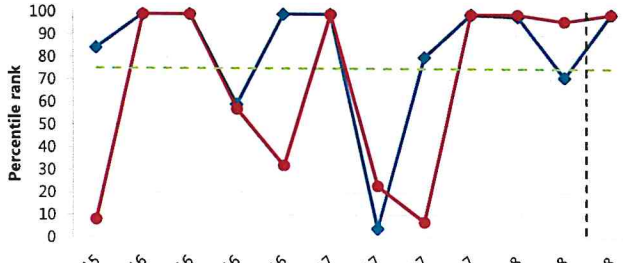
Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	0	0	18	11	0	4	0	1	2	4	1	0
Recommend	0	2	15	7	5	7	3	1	2	7	2	8
Total respondents	47	27	100	100	98	100	98	109	132	127	128	91

Laboratory



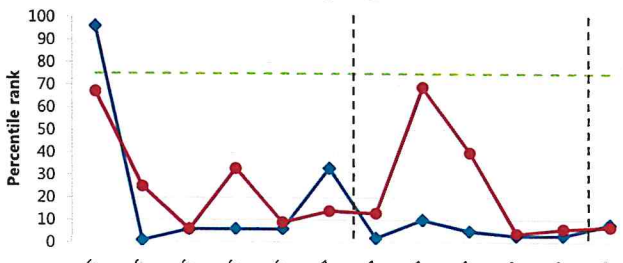
Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	6	3	9	12	5	3	24	15	12	54	43	34
Recommend	3	3	7	16	6	7	15	11	10	37	15	36
Total respondents	29	16	60	60	60	59	70	70	72	253	310	254

Family Birthing



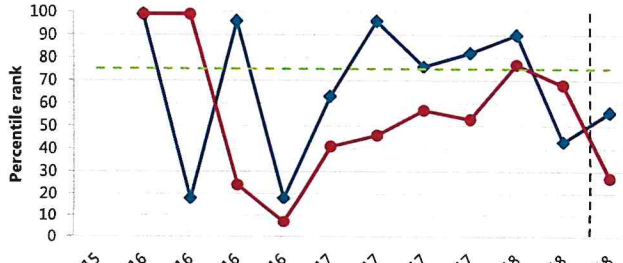
Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	0	0	0	1	0	0	3	0	0	0	1	0
Recommend	1	0	0	1	2	0	2	2	0	0	0	0
Total respondents	5	8	7	4	13	11	12	10	8	10	9	7

Imaging



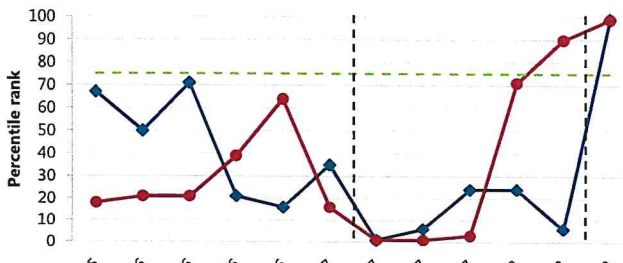
Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	0	4	8	8	8	4	28	20	27	45	37	11
Recommend	1	2	11	5	10	7	15	3	11	36	22	11
Total respondents	40	18	59	59	60	59	116	134	141	203	157	93

MedSurg/CCU



Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	###	0	1	0	2	1	0	0	0	0	2	2
Recommend	###	0	0	4	3	2	3	2	2	0	1	4
Total respondents	###	2	3	23	15	21	33	24	31	36	18	31

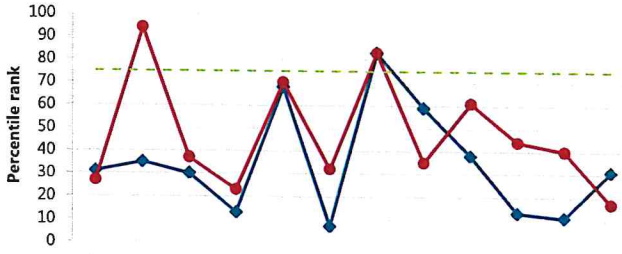
Cardiopulmonary



Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	1	1	1	2	4	2	2	2	1	1	3	0
Recommend	2	3	3	2	1	3	2	3	2	1	0	0
Total respondents	15	20	24	20	33	24	3	6	4	8	12	1

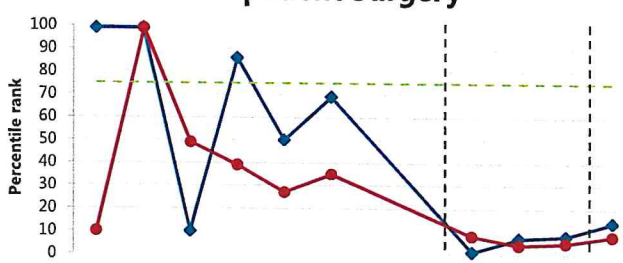
Patient Satisfaction Dashboard

Home Health



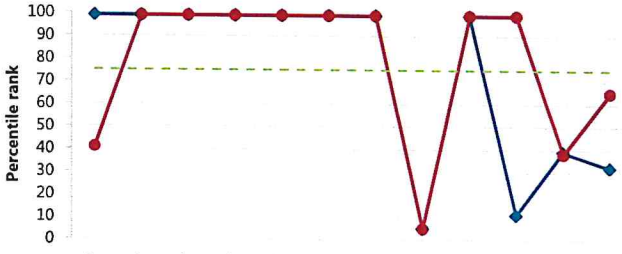
Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	3	3	4	5	1	9	0	1	2	4	5	3
Recommend	4	0	4	4	1	5	0	3	1	2	3	5
Total respondents	25	28	35	26	26	40	23	30	23	19	26	26

Outpatient Surgery



Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	0	0	5	0	2	1	###	###	12	14	11	13
Recommend	4	0	2	3	4	3	###	###	6	13	10	20
Total respondents	19	22	39	40	40	40	###	###	47	85	69	124

Hospice

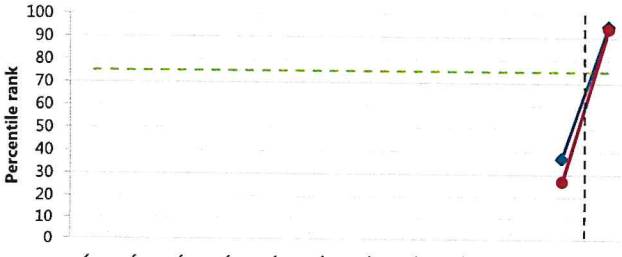


Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	0	0	0	0	0	0	0	1	0	3	2	2
Recommend	1	0	0	0	0	0	0	1	0	0	2	1
Total respondents	6	6	9	5	2	2	3	2	4	9	6	10

Outpatient Rehab

Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	###	###	###	###	###	###	###	###	###	###	2	5
Recommend	###	###	###	###	###	###	###	###	###	###	0	4
Total respondents	###	###	###	###	###	###	###	###	###	###	18	9

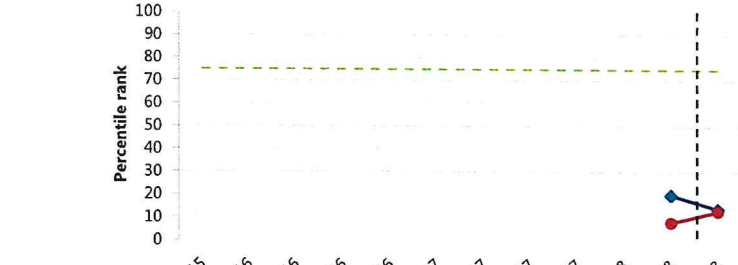
Urgent Care - Cle Elum



Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	###	###	###	###	###	###	###	###	###	###	4	0
Recommend	###	###	###	###	###	###	###	###	###	###	5	0
Total respondents	###	###	###	###	###	###	###	###	###	###	46	44

Patient Satisfaction Dashboard

Family Medicine - Cle Elum

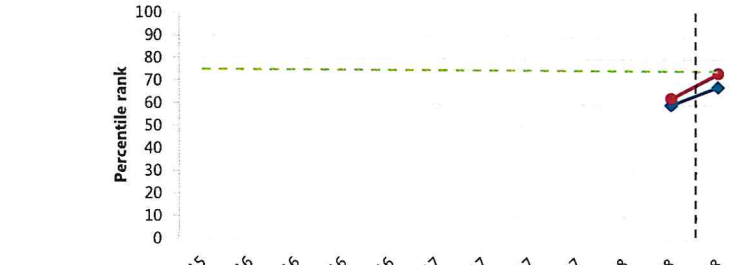


Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	###	###	###	###	###	###	###	###	###	###	29	16
Recommend	###	###	###	###	###	###	###	###	###	###	43	13
Total respondents	###	###	###	###	###	###	###	###	###	###	258	117

Family Medicine - Ellensburg

Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	###	###	###	###	###	###	###	###	###	###	28	25
Recommend	###	###	###	###	###	###	###	###	###	###	34	19
Total respondents	###	###	###	###	###	###	###	###	###	###	402	132

General Surgery

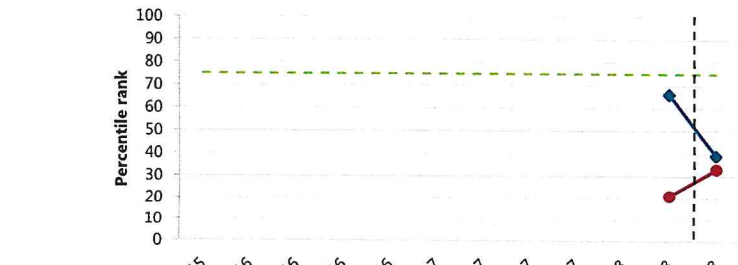


Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	###	###	###	###	###	###	###	###	###	###	1	1
Recommend	###	###	###	###	###	###	###	###	###	###	1	0
Total respondents	###	###	###	###	###	###	###	###	###	###	37	21

Internal Medicine

Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	###	###	###	###	###	###	###	###	###	###	14	32
Recommend	###	###	###	###	###	###	###	###	###	###	16	20
Total respondents	###	###	###	###	###	###	###	###	###	###	285	151

Orthopedics



Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	###	###	###	###	###	###	###	###	###	###	2	3
Recommend	###	###	###	###	###	###	###	###	###	###	10	3
Total respondents	###	###	###	###	###	###	###	###	###	###	96	49

Women's Health

Additional patients needed to reach goal:	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Overall	###	###	###	###	###	###	###	###	###	###	0	3
Recommend	###	###	###	###	###	###	###	###	###	###	1	1
Total respondents	###	###	###	###	###	###	###	###	###	###	106	30

KVH
Kittitas Valley Healthcare
Your Home for Health

CHIEF EXECUTIVE REPORT – Julie Petersen

October 2018

Medical Arts Center and Radio Hill and 309

Unless something changes, this will be my last report on Radio Hill. Everyone is moved in and the open house is scheduled for October 22nd. One last minute adjustment is being made to the hot water system before the project is closed. A final report on costs will come to the Board before year end but we anticipate being under budget.

Medical Arts Center 1: We still anticipate that the contractors will be done in the new Women's Health space by October 24th. We have been working with the City of Ellensburg to secure fiber connectivity and it appears at this time that they will not be able to meet the November 6th deadline. John Bartlett is our point person on infrastructure and is in daily contact with the City. Depending on the City's response, the actual start date for Women's Health may be moved back a week.

Speech and Occupational Therapy: In the coming week, Rhonda Holden and Randy Kaiser will be touring the Department of Health through the 309 Mountain View Building to finalize the facility adjustments that we will need to make in order to relocate speech and occupational therapy into the vacant space. We are focused on the north end of the building or the approximately 4,800 square feet that previously housed Home Health and Hospice. We anticipate that we will replace the carpet, replace some flooring with an infection control appropriate product, paint, build some interior walls for pediatric gym space, convert one restroom to a soiled utility room and add hand washing sinks. The work we have identified to date has an associated cost of not more than $160,000. The anticipated cost is less than the limit that would require a public bid so we would be able to proceed to our small works roster. Unless the Department of Health identifies substantial additional requirements, I will be asking for the Board's authority to move forward with the necessary facility improvements for a cost not to exceed $160,000.

We are currently leasing the 309 building on a term that expires in November of 2022. We are working with the landlord to revise the lease to allow KVH to recapture some of the remodel costs. We will revise the lease language so that the property taxes become the obligation of the District. The District can then apply for an exemption and we would ask for a reduction in our rent equal to the property taxes that the landlord will be saving. We are asking for a freeze on the lease rate and may negotiate an extension.

Information Systems

On October 16th a team of information systems leaders from Virginia Mason Medical Center arrived at KVH to meet with our IT department staff, identify priorities and begin to build the relationships and processes that we will rely on during our IT leadership transition. We also had support from Cerner Community Connect as well as VM's Cerner executive for the meeting. VMMC will have an individual on site three days each week while we recruit for the vacant Chief Information Officer position.

Business Development and Specialty Services

Dr. Martin and I met with representatives from Virginia Mason Memorial, Virginia Mason Medical Center and, at a separate time, with Confluence Health. Our focus has been on developing a relationship that will provide specialty services in Ellensburg that we have identified through the medical staff development plan.

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CHIEF EXECUTIVE REPORT – Julie Petersen

October 2018

CFO Search

Carrie Youngblood is working with recruiting firms to identify candidates for an Interim CFO position. Libby, in the meantime has been successful in recruiting a Revenue Cycle leader who will start at the end of November.

Rural Hospital Committee

As a member of the WSHA's Rural Hospital Committee, I participated in a conversation with the Health Care Authority about their continued plan for a rural payment model transformation project that would include a global payment system for rural hospitals. HCA represents all of the Medicaid plans, the PEBB and TEBB beneficiaries or roughly 30% of the covered lives in Washington. Their intent is to obtain a waiver from CMMS that would allow them to roll Medicare covered lives into the new payment model as well. HCA will be advancing legislation during the 2019 session to accomplish their vision.

There is virtually no detail available at this time about how rates would be set, how lives would be attributed, what services would be covered by the global payment, what the reconciliation process would be or even how beneficiary data would be tracked. HCA has agreed that participation in the program would be voluntary but there is a healthy level of skepticism among hospitals about how long the program would remain voluntary and what payment mechanism HCA would use in the future to force hospitals into the global program.

On a number of occasions HCA refers to the hospital's "approved care transformation plan" which is a document that does not currently exist. They have not defined the purpose of this plan or who the approving body would be. Those of us familiar with the state's certificate of need process see the potential for a loss of local control over the menu of services provided to our communities. My take away is that it is critical that we attend to, not just the initial payment transformation mechanisms, but to the long term implications for rural healthcare.

HR Dashboard

	Measurement		18-Sep	18-Aug	18-Jul	18-Jun	18-May	18-Apr	18-Mar	18-Feb	18-Jan	17-Dec	17-Nov	17-Oct	17-Sep
Employee Population	*Available workforce*	*Rolling 12 Variance*													
	Full-time	15	361	350	351	345	353	351	350	347	353	350	349	322	346
	Part-time	-11	135	134	134	139	139	139	137	140	140	140	142	167	146
	Per Diem	9	97	95	92	90	91	91	92	90	85	85	87	86	88
	Total Employees	13	593	579	577	574	583	581	579	577	578	575	578	575	580
Turnover	*Quality of recruitment and retention*	*Rolling 12 Total*													
	Voluntary *(excludes pd terms, includes reduction of FTE to pd)*	115	4	17	8	16	8	8	10	10	6	8	8	9	3
	Involuntary *(excludes pd terms)*	29	2	0	1	1	0	1	1	2	2	1	1	15	2
	Overall Percentage *(excludes pd terms, includes reduction of FTE to pd)*	24.91%	1.01%	2.94%	1.56%	2.96%	1.37%	1.55%	1.90%	2.08%	1.38%	1.57%	1.56%	4.17%	0.86%
	Total All Employees Separated	157	7	17	13	16	12	8	11	12	10	11	8	24	8
General Recruitment	*Efficiency of sourcing, selecting and placing talent*	*Rolling 12 Total*													
	Open Postings	244	15	37	13	14	14	13	23	14	19	14	26	14	28
	Unique Applications Received	1956	248	224	192	133	135	137	169	80	111	78	125	133	191
	Employees Hired	186	21	16	18	7	14	11	13	14	12	10	11	21	18
	Time to Fill (Median)	-	45	44	45.5	37	44	49	44	45.5	43.5	24	25.5	24	40
	Time to Fill (Average)	43.16	47.0	45.10	46.74	48.40	48.53	51.00	41.89	49.7	34	33	34.2	33.24	48.29
Provider Recruitment	*Efficiency of sourcing, selecting and placing talent*	*Rolling 12 Total*													
	Open Postings	31	6	7	10	0	0	1	1	0	2	1	2	0	1
	Open Slots	21	6	7	0	0	0	1	1	0	2	1	2	0	1
	Unique Applications Received	70	5	5	7	1	7	0	0	2	9	4	12	9	9
	Candidates Interviewed	26	2	0	4	2	4	2	1	0	2	1	2	2	4
	Employees Hired	15	1	2	2	0	1	2	1	1	2	0	1	2	0
	Time to Fill (Average)	248	132	645	367	151	151	377	336	106	194.5	278	278	207	0
Benefits	*Financial impact of adding talent*	*Rolling 12 Total*													
	Workers Comp Claims	53	3	4	0	4	1	4	6	4	9	3	4	6	5
	Time Loss Days	428	19	13	28	59	76	34	27	4	33	31	30	34	40
	Employee Population on Medical Benefits (Average)	66.7%	65.4%	66.0%	66.7%	66.7%	66.2%	67.1%	66.0%	67.2%	67.0%	68.3%	66.3%	68.2%	66.0%
	Total cost in benefits per FTE - welfare (Average)	-	$ 875.65	$ 847.32	$ 803.07	$ 886.24	$ 876.48	$ 890.63	$ 1,044.44	$ 880.85	-	-	-	-	$ 832.77
	Total cost in benefits per FTE - total (Average)	-	$ 1,768.48	$ 1,822.56	$ 1,407.69	$ 1,856.06	$ 1,997.11	$ 1,805.07	$ 1,961.73	$ 1,877.45	-	-	-	-	$ 1,778.93
Evaluations	*Providing timely feedback to employee*	*Total Percentage*													
	Percentage of employees with completed annual evaluation	84.3%	84.3%	86.6%	89.2%	92.8%	92.8%	86.5%	87.2%	86.7%	89.9%	90.8%	90.9%	87.0%	85.3%

KITTITAS VALLEY HEALTHCARE

RESOLUTION NO. 18-10

A resolution authorizing cancellation of an employee welfare benefits with the PEBB for Kittitas County Public Hospital District No. 1, dba Kittitas Valley Healthcare.

WHEREAS, Kittitas Valley Healthcare maintains the following welfare benefits:

- Group Health Plan;
- Dental Plan;
- Cafeteria Plan;
- Health Spending Arrangement;
- Dependent Care Assistance;
- Group Term Life Insurance;
- Long-Term Disability; and
- Accidental Death and Dismemberment.

WHEREAS, Kittitas Valley Healthcare wishes to cancel all our policies with PEBB as Kittitas Valley Healthcare has found another coverage option that better suits their needs;

NOW, THEREFORE, IT IS RESOLVED, that effective midnight, December 31, 2018, Kittitas Valley Healthcare terminates their PEBB insurance coverage.

RESOLVED FURTHER, that the Officers of Kittitas Valley Healthcare, or any one of them, are authorized and directed to execute any additional documents and to take any further actions as they, or any one of them, deem necessary or appropriate to put these resolutions into effect.

IN WITNESS WHEREOF, the undersigned, being all of the members of the Board of Commissioners of Kittitas Valley Healthcare, have executed this termination effective as of January 1, 2019.

APPROVED at a regular meeting of the Commission this 25th day of October, 2018.

_____
Matt Altman, President

_____
Bob Davis, Vice-President

_____
Erica Libenow, Secretary

_____
Roy Savoian, Commissioner

_____
Liahna Armstrong, Commissioner

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2018 KVH BUSINESS PLAN

Report to the Board

3rd Quarter Report

KVH Strategic Business Plan – Access

Board Sponsor: Bob Davis

Access

Leaders: Vicky Machorro, Carrie Barr, Mitch Engel, Dr. Martin

	2018 Q1	2018 Q2	2018 Q3	2018 Q4
Strategy 1 - Recruit and retain physicians and advance practice clinicians	Rewrite/redesign CMO role Provider Comp Committee	Annual Provider Appreciation Night	General Community Surveys	Provider Mentor Program
Strategy 2 - Design care models and processes to meet patient needs		Implement patient portal Review Care Team work from Medical Office Building (MOB) - this will assist in the design of The MAC	Create Patient Centered Medical Home (PCMH Plan -collaboration with Swedish in organizing the plan for implementation) Create Behavioral Health Plan for patient access (PCMH)	MOB Work-PSR SW
Strategy 3 - Develop a clinic facilities improvement plan		Medical staff plan - reviewed with Board	309 Annex move Radio hill completion Engage Architect for clinic space planning in MAC, IM and old FME Firm up clinic space planning. Develop preliminary design documents	Women's health completion MAC building plan submitted Create bid documents and exicute Bidding process. Gain board approval
Strategy 4 - Promote a culture where patients come first in all we do	Roll out the patient satisfaction data. Educate staff on the expectations of patients. Each department to select 1 data point to improve.	Re-introduce the Code of Excellence to all departments and clinics. (1/quarter) "Treat each other as equals and as you want to be treated"	Code of Excellence #2 "Come to work with a positive attitude and a smile"	Institute a process for real-time feedback from patients (clinics or ancillary). Rate my service concept. ?

KVH Strategic Business Plan – Access

Board Sponsor: Bob Davis

Access

Leaders: Vicky Machorro, Carrie Barr, Mitch Engel, Dr. Martin

	2019 Q1	2019 Q2	2019 Q3	2019 Q4
Strategy 1 - Recruit and retain physicians and advance practice clinicians		Annual Provider Appreciation Night KVH Resource List for Providers	Medical Community Surveys	
Strategy 2 - Design care models and processes to meet patient needs	PCMH -Implement a standard triage system	MOB Work-MA SW Referral process improvement (faster & more efficient)	MOB Work -Scribe SW	PCMH - Implement chronic care mgmt for identified diagnosis
Strategy 3 - Develop a clinic facilities improvement plan	Available space in MAC building underway			
Strategy 4 - Promote a culture where patients come first in all we do	Roll out the patient satisfaction data. Educate staff on the expectations of patients. Each department to select 1 data point to improve.	Re-introduce the Code of Excellence to all departments and clinics. (1/quarter)	Begin work on how to introduce KVH resources to new residents in Kittitas County. Reach out to the Chamber, Rotary, Real estate market to target new residents.	Provide staff with a list or resources KVH offers and how to contact and point the patient to the right place (collaborate with marketing and IT)

KVH Strategic Business Plan – Access

Board Sponsor: Bob Davis

Access

Leaders: Vicky Machorro, Carrie Barr, Mitch Engel, Dr. Martin

	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Strategy 1 - Recruit and retain physicians and advance practice clinicians		Annual Provider Appreciation Night	Medical Community Surveys	
Strategy 2 - Design care models and processes to meet patient needs		Implement KVH App	PCMH - Review & determine next chronic care item	
Strategy 3 - Develop a clinic facilities improvement plan				
Strategy 4 - Promote a culture where patients come first in all we do	Roll out the patient satisfaction data. Educate staff on the expectations of patients. Each department to select 1 data point to improve.	Re-introduce the Code of Excellence to all departments and clinics. (1/quarter)	Develop new/revised hiring process and standards for specific work groups (physicians/ WSNA/Teamsters and Non contract) Collaborate with HR, PCS, clinics.	

Access Quarter 3 2018 Deliverables

Report to the Board – October 2018

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

Provider Compensation Committee – Status, Work in progress. Ongoing discussions happening about identifying consultant and facilitator, committee members, overarching goals, prioritization of these goals, scope of the committee, etc.

General Community Survey - Status, Pending. Discussed the medical staff plan at the June Board retreat. Partnerships and future specialties were also reviewed and discussed. Currently, in conversation with a number of specialty providers regarding in person/telemedicine services.

Overall recruitment - We had 4 primary care providers start this last quarter. Plus, we gained a new clinic, Ellensburg Pediatrics, and opened a Wound Care service line.

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

Implement Patient Portal – Status, Complete. Patient Portal was implemented on April 15th. Over 100 hospital patients and over 450 patients in the clinics have signed up. There are other functionalities of the patient portal that we are looking into for near future implementation.

Review Care Team work from Medical Office Building (MOB) to assist in MAC design – Status, Complete. Medical Staff plan and care team discussion for Family Medicine Ellensburg has been completed. Continual discussions happen when the attrition and addition of new providers occur.

Patient Centered Medical Home (PCMH) – Status, Work in progress. Gap analysis has been completed. It was identified that there are considerable amount of core criteria to be fulfilled in order to obtain PCMH status. We met 56% of these core indicators and 50% of the credit indicators. We must meet 100% of the core indicators and at least 25 credits across five different concept areas to achieve PCMH recognition status. It was identified, not surprisingly, that we have a gap with Behavioral Health. Discussion will continue around future plan for behavioral health access. We have engaged with our Caravan ACO partner, National Rural Accountable Care Consortium (NRACC) to begin work on a project named Transforming Clinical Practice Initiative (TCPi). With the assistance of this program and the assistance of resources and funding from Greater Columbia Accountable Community of Health (GCACH) we are confident that we will be able to get a solid implementation and action plan.

Strategy 3 – Develop a clinic facilities improvement plan.

Radio Hill Annex – Status, Work in progress. Remaining work is punch list items. Staff moved in.

309 Mountain View – Status, Design review for OT and Speech occupancy.

Mediplex (Dr. Wells space) – Status, Work in progress. Cleaned space and painted. Needs additional work to be a useable space. New lights are installed as well as hot water circulation pump. The walls have been prepped for painting but the project is on hold awaiting requested changes by prospective tenants.

Women's Health to the MAC – Status, Work in progress. Board approval. Permit process underway. Nearly complete, but still awaiting the city to get fiber in to the building. They indicated we would have it by the 1st of October but that hasn't happened. IT is working with city trying to get this done. This may impact proposed move in date.

Building plan for MAC building – Status, Work in progress. Engage architect for clinic space planning. Develop preliminary design documents. Obtain construction estimate from architect team and fee proposal. FME space has moved from predesign to schematic design which adds detail and dimensions to all rooms. The other clinic space in the building is now in predesign.

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

Roll out patient satisfaction – Status, Complete, on-going. Directors were oriented to Press Ganey, our new vender for Patient Satisfaction data. Clinical areas selected an element of the survey to work on with staff. These are reported monthly. Continue to work on the results that each department receives.

Reintroduce the Code of Excellence to all departments and clinics – Status, Work in progress. Current concept is Respect. Marketing has done a great job of demonstrating the concept through the Intranet and screen savers. Staff have sent forward suggestions of role models at KVH who exemplify the concept.

KVH Strategic Business Plan

Board Sponsor: Erica Libenow

Community Engagement

Admin Sponsors:

Carrie Youngblood, Michele Wurl

	2018 Q1	2018 Q2	2018 Q3	2018 Q4
Strategy 1 - Promote personal health and well-being in the community		CHA Assessment Presentation (June)	Report out internal community health training needs as tied to CHA/CHIP (July) Start discussions with Board on Tobacco free campus implementation - Board determines next steps Report out to HD2 on CHA/CHIP & KVH Strategy & discuss U.C. needs (Sept)	Release the 2019 community engagement health calendar as tied to CHA/CHIP
Strategy 2 - Build community trust and transparency	Report results of TinyPulse roll-out (starting 01-10-18; 1 question every other week) Retreat with HD1 and HD2 boards, along with Administration (Jan)	Patient Family Advisory Council (PFAC) workplan to the Board Clinics & PT go live with Healthstream patient satisfication survey	Report out of Tiny Pulse results; Evaluate need for NBRI (to be deployed in Q4) ~~1st Annual Board & bargaining unit mtg.~~	9 month assessment of PFAC (Dec) Healthstream report out (ties with A2 - realtime feedback from pts) Start discussions on the presentation of quality and cost data to the public
Strategy 3 - Be a strong community partner (This is our committed strategy in the WSHA #123 equity pledge)		Assessement of KVH's current presence in community A report out of current KVH student program - done in October 2018 ~~WSHA #123Equity survey completed~~ (Mar) WSHA did not deploy	Results of "Presence" assessement Identify our WSHA #123Equity goal for the Board ~~2nd WSHA #123Equity survey completed~~ (Sep) -WSHA did not deploy	~~Plan to address results of "presence" assessment~~ Present revised work plan to reflect areas in the community KVH should be partnering with and how we intend to do so. (using CHA/CHIP as a guiding force) Present assessment of possible partners for Radio Hill Annex

Red box outline indicates direction is needed from the Board

Green dashed box outline indicates we are looking at a course correction in the work.

KVH Strategic Business Plan

Board Sponsor: Erica Libenow

Community Engagement

Admin Sponsors:

Carrie Youngblood, Michele Wurl

	2019 Q1	2019 Q2	2019 Q3	2019 Q4
Strategy 1 - Promote personal health and well-being in the community		Implementation of Tobacco Free Campus	Start PDCA of activities (July) Refresh strategy with HD1 Board (Sept) Refresh strategy with HD2 Board (Sept)	Present refreshed calendar based on assessment (ties to A2 - Chronic Care plan) If the board decides to proceed, recommendaiton is to move implementation to Q4 2019
Strategy 2 - Build community trust and transparency	Launch of first PFAC Hospital Survey on Patient safety culture (HSOPS) report out (1yr post go live) Publication of quality and cost data to the public (9/20/18 - moved from Q2 '19)		Start PDCA of employee survey (July); Refresh strategy with Board (Sept) Annual Board & bargaining unit mtg.	PDCA of PFAC (Oct) ; Refresh w/ Board (Dec)
Strategy 3 - Be a strong community partner (This is our committed strategy in the WSHA #123 equity pledge)		Schedule of regular meetings with identified community partners	A report out of success in addressing "presence" assessment Methodology outlined for forecasting educational trends First summer internship for Kittitas County highschool student	Employee volunteer program approval from board (EVP)

Red box outline indicates direction is needed from the Board

Green dashed box outline indicates we are looking at a course correction in the work.

KVH Strategic Business Plan

Board Sponsor: Erica Libenow

Community Engagement

Admin Sponsors:

Carrie Youngblood, Michele Wurl

	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Strategy 1 - Promote personal health and well-being in the community			Start PDCA of activities (July) Refresh strategy with HD1 Board (Sept) Refresh strategy with HD2 Board (Sept)	Present refreshed calendar based on assessment (ties to A2 - Chronic Care plan)
Strategy 2 - Build community trust and transparency	Start PDCA of quality and cost data infor (Jan); Report to Board (Mar)	Update qualityand cost data info as appropriate	Start PDCA of employee survey (July); Refresh strategy with Board (Sept) Annual Board & bargaining unit mtg.	PDCA of Board and shop steward join meetings PDCA of PFAC (Oct) ; Refresh w/ Board (Dec)
Strategy 3 - Be a strong community partner **(This is our committed strategy in the WSHA #123 equity pledge)**	Roll-out of EVP program		Start PDCA of EVP (July); Refresh strategy with Board (Sept) Proactive outreach for students program Submission of WSHA#123 Equity pledge goal achievement for recognition with AHA	

Red box outline indicates direction is needed from the Board

Green dashed box outline indicates we are looking at a course correction in the work.

Community Engagement Quarter 3 2018 Deliverables

Report to the Board – October 2018

Community Engagement Report:

Strengthening community relationships by building trust and transparency and ensuring KVH is at the center of community conversations around health and wellness.

1. Promote personal health and wellbeing in the community.

In late spring 2018 the Kittitas County Community Health Improvement Plan (CHIP) was released. This plan resulted in three strategic issues to be addressed between 2018-2023.

Strategic Issue 1: How can we improve the delivery of current community resources and health care services? This issue came about from concerns about the lack of health care providers, the need for coordinated care and services and better communication among service providers, concerns about frequent users of emergency health care services, and unmet behavioral health and chronic disease management needs. The goals and strategies of this issue focus on developing a system of care coordination in our community.

Strategic Issue 2: How can we address social and upstream factors to improve health outcomes in our community? This issue arose from the recognition that poverty, unemployment, education, housing, access to child care, stress, and childhood trauma are all concerns in our community that can lead to negative health outcomes. Additionally, we need to strengthen community systems and policies to better support working families and other community members. The goals and strategies of this issue focus on increasing awareness of social factors of health and the impact of childhood trauma on health, increasing work place wellness efforts in the community, establishing partnerships and cross sector opportunities, and engaging community partners to address the lack of child care options.

Strategic Issue 3: How can we adequately sustain collaborative community health improvement efforts and increase cross sector communication? This issue focuses less on actual health issues, but rather recognizes that if we as a community are to sustain community health improvement efforts, we need to focus on sustainability and systems for increased communication. Goals and strategies for this issue are around sustainability for the Kittitas County Health Network as the lead agency for community health improvement, and increasing communication and information exchange among community partners.

Internal training needs made available or upcoming to KVH staff and community partner as tied to CHA/CHIP

- Suicide Awareness and treatment options – KVH's Auren O'Connell teamed up with Jim Pinnell, Community Education Coordinator, Comprehensive Healthcare and Andrea Baker, Therapist/Designated Crisis Responder, Comprehensive Healthcare to provide community providers, educators and the general public with tools and resources

to help identify people in crisis and help them receive the necessary support. This training took place in both Ellensburg and Cle Elum in September 2018.

- KVH received $200,000 from HRSA to support a community-wide opioid response. The purpose of the Network opioid response project is to support one-year of planning and active response to the opioid crisis by strengthening and advancing the coordination of care from prevention, treatment to recovery of opioid use disorder and substance abuse. Lead Network members of the project include Community Health of Central Washington, HopeSource, Kittitas County of Public Health, and Kittitas Valley Healthcare. As a collaborative coalition, the KCHN will be able to strategically plan to address the increasing rates of opioid use and adverse effects, including the demand for public, primary and behavioral health care services in underserved rural communities.
- Medicare Flex Grant ($5K) & ESD Collaborative grant for mental health training. In 2017, Kittitas County identified an increase in behavioral health needs (mental health and substance use) and youth mental health trends in depression, anxiety and suicidal ideation (Kittitas County Community Health Assessment, April 2018). Kittitas Valley Healthcare (KVH) as the sole hospital in the county, is experiencing this rising need in behavioral health first hand, as approximately 25% of ED transfer outs are due to a mental health crisis. The Emergency Department meets monthly with existing community healthcare and mental health providers to discuss this specific patient population, as well as debrief on cases to evaluate and learn from. KVH has identified the opportunity to improve our understanding and approach to treating patients with behavioral health needs. The proposed quality improvement project will aim at 1) Educating staff on mental health crises intervention and support for patients; 2) Create an enhanced safe environment for patients experiencing a mental health crisis or symptoms; and 3) Develop standard work around providing support and treatment to targeted patients.
- Mental Health Training – for KVH staff within areas of high need. The course contains useful general information related to patients with mental health issues, although the focus is on responding to patients who are experiencing a crisis situation and who may present in any number of clinical settings.
- De-escalation Training - for staff in high risk areas as defined by the Security and Safety Committee through the security risk assessment. This training will take place in Q1 2019.

HD2 training needs made available or upcoming to KVH staff and community partner as tied to CHA/CHIP

- Suicide Awareness and treatment options – see above
- Free Flu Clinic – In order to help improve the delivery of current community resources and health care services KVH staff are teaming up with HD2's Medic One personnel and the Kittitas County Public Health Department to provide free flu shots to the public on November 3. This event will take place from 10-2 at the KVH Urgent Care Clinic in Cle Elum.

- HIV and Hepititis Prevention - HIV and hepatitis C can be spread by sharing injection equipment. To reduce spread of these diseases, The Never Share syringe exchange is open every Thursday from 12:300p.m. to 3:00 p.m. at the United Methodist Church at the corner of 3rd and Ruby in Ellensburg, 210 S. Ruby Street and every Wednesday from 2:00 to 4:00 pm in Cle Elum, behind the Medic One Office at 505 Power Street. Individuals receive access to free and clean needles, safe disposal of dirty rigs, information on wound care and infection control and free Hep C and HIV testing and counseling.

Tobacco Free Campus

Around Washington State and the nation, hospitals and clinics are going tobacco-free. Facilities around our state including Evergreen Healthcare (8 campuses), Confluence Health (Wenatchee), Samaritan Hospital (Moses Lake), University of Washington and Virginia Mason Medical Center have all implemented tobacco-free campus. Here in Ellensburg, the city has designated all city parks to be smoke-free. Why go smoke-free? The answer is simple. To improve the health and well-being of the individuals who work and visit KVH facilities.

How do we establish a tobacco-free policy? The Joint Commission and the Henry Ford Health System developed a publication in 2011 to help hospitals develop successful strategies for effective policy development, enforcement and maintenance. Some key points include:

- Form tasks force dedicated to the planning and implementation of the policy and enforcement.
- Collaborate with other organizations and local government entities in the community. If there is a united front among local entities the attention may be much more positive.
- Define property boundaries, thinking carefully about how the policy will be enforced and what affect it will have on the surrounding areas.
- Allow for plenty of lead time, but don't phase the policy in

Costs considerations

- Smoking shack – In 2017 KVH engineering explored the costs associated with building "smoking shacks" on the main campus to prevent employees from crossing in to neighboring areas. These costs are below –

  Option #1 - $13,100 + tax

  12'x12' 3 sided enclosure

  Framed walls with painted plywood interior / exterior walls

  Metal roof with soffit material on underside

  Concrete slab on existing gravel

  Option #2 - $11,500 + tax

12'x10' 3 sided enclosure

Prefabricated tubular pipe structure with painted interior walls

Metal roof with exposed underside

Concrete slab on existing gravel

- Signage – Signage at the entrance of KVH buildings would need to be created and installed.
- Educational material for staff and employees.
- Smoking cessation products for employees

At this time we would like direction from the Board of commissioners on if we should proceed with the implementation of a Tobacco free campus.

2. Build community transparency and trust

Patient Family Advisory Council (PFAC) work plan to the board

While there are no specific deliverables in Q3, we wanted to give you an update of what has been going on over the last three months. The Steering group has met and selected some priority projects for patient family advisor (PFA) input. We have slowed down on the recruitment of additional PFAs while we consider bringing on a Patient Experience Liaison as that individual may want to create their own process. In the meantime Judy Love, our current PFA, has participated in one project and has been regularly attending QI Council. We have had an additional patient show interest in being an advisor and are working to assess readiness

TINYpulse – building transparency and trust within our community of employees

To date KVH has asked 16 questions with an average response rate of 23% compared to an overall response rate of 62% in our previous engagement tool provided by National Business Research Institute (NBRI). TINYpulse has afforded KVH the opportunity to ask questions in a way that has opened up communication between leadership and front line staff. While the average participation numbers look low, the increase in informal recognition of staff and peers (over 2,400 Cheers for Peers have been sent) as well as the opportunity for anonymous suggestions (we've received just over 100 suggestions) has driven the decision to not deploy the NBRI survey in 2018.

Presenting cost and quality data to the public-

We are happy to report that we are ahead of schedule in starting the discussions of how to make our cost and quality data more transparent to the public. CMS recently finalized a new

guidelines stating "As of January 1, 2019, hospitals must make available a list of their current standard charges via the Internet in a machine readable format at least annually." Libby Allgood is taking the lead on this project and will be working with a team to meet this requirement and make the information meaningful to the public. As a result of this CMS ruling, we have moved up the schedule for completion of this work to Q1 2019 instead of Q2.

3. Be a strong community partner.

Student Program

KVH has a long standing relationship with numerous education institutions throughout the northwest. Over many years we have had the opportunity to allow students to complete their internship, externship, shadow or residency at KVH resulting in strengthened community relationships and quality hires. KVH was able to enjoy a passive relationship with these schools and accommodate most requests that came to us – regardless of the need to recruit or hire. The healthcare industry is facing a challenge in recruitment of qualified talent in a number of areas creating an opportunity to review our previous educational relationships and determine which would keep KVH at the forefront of providing top quality healthcare to our patients.

The first step in moving our student program from a transactional into a transformational program is understanding where we are and evaluating if the relationships we current have meet our patient needs, keep us ahead of the war on talent and are leveraging the local opportunities present in Kittitas County.

Schools in Washington	77
Schools with Healthcare Programs	58
Schools with Healthcare Programs Related to KVH	56
Schools with Current Contracts with KVH	30

#123Equity update

KVH committed to the AHA #123forEquity Campaign to Eliminate Health Care Disparities – specifically to "Improve and strengthen community partnerships". WSHA created a learning collaborative which KVH is a member of, to assist hospitals in closing the gap in healthcare

inequities. By Q3 of 2020, KVH has a stretch goal of being recognized by the AHA for our work in closing the gap in healthcare disparities.

Our first step is to identify what data is paramount to the success of this pledge against what we are already collecting.

Community presence assessment

The purpose of the community engagement self-assessment tool is to gage the level of involvement and presence of KVH employees in the community. We were aiming to use this information to assist us in being strong community partners.

The two main categories assessed include Professional and Personal Experience, and Access and Influence. There were 26 respondents in the first disbursement of the assessment, which was given to department directors and several senior leaders.

Professional and Personal Experience:

- Subcategories include regulatory compliance, human resources/labor issues, general legal, organizational development and culture, knowledge of governance, non-profits and healthcare.
- Healthcare: this area received the most number of respondents (half of all respondents) considering themselves knowledgeable, competent and interested in serving the community in a voluntary capacity in this area.
- General legal: received the lowest ranking, with few respondents indicating experience or interest in this area.

Access and Influence:

- Subcategories include diversity, health and wellness, community outreach/speaking, local government, public schools K-12, university, small business, agriculture, communities of faith, community healthcare providers, service clubs, realtors, youth and young families, cattle, philanthropic organizations, arts and culture, vacation home owners, upper county, hospital district 2, KVH foundation, Police/Fire/EMS/Search and Rescue, recreation, established/long-time-in-area families, and seniors.
- Community outreach/speaking: received the most number of respondents indicating both access and influence in this sector and that would be an effective advocate for KVH.
- Health and Wellness, Community Healthcare Providers: Both areas were also ranked well, with about 25% of respondents in each category ranking these sectors as ones in which the respondent has access and influence, and would be an effective advocate for KVH.
- Vacation home owners: this sector of the community was ranked lowest by respondents in terms of access and influence.

- Realtors, Cattle, Established Families: These three sectors also received low rankings with approximately 75% of respondents indicating little access or influence in these areas.

Upon reflecting on this data and the purpose behind it, we feel we may need to revise the work plan initially proposed. Instead of looking at where our employees are in the community, we feel it may be more appropriate to determine where KVH needs to be and who we should partner with, and then reach out to employees for assistance as appropriate. This work will also tie in with the original plan to review possible partners at Radio Hill. Over the next two months the team will develop a work plan around this and present it in our Q4 update.

KVH Strategic Business Plan

Board Sponsor: Matt Altman

Partnerships and Collaborations

Admin Sponsors:

Rhonda Holden, Mandee Olsen

	2018 Q1	2018 Q2	2018 Q3	2018 Q4
Strategy 1 - Support and develop a cohesive medical community	Create medical staff leadership succession plans; ~~review at Board Retreat in March 3, 2018~~ Annual provider recognition banquet March 28, 2018 *Link to A1*	Review medical staff plan at Board Retreat in Chelan ~~Hold annual Evidence-based medicine conference education~~	Report to Board participation in M&M	Medical staff leadership report out learnings from national conference CMO report to Board on relationship with KCMS
Strategy 2 - Invest in the well-being, development, and training of KVH employees	*Activities in progress:* *-MA program* *-$20K in nursing education funds*		Report to Board on evaluation of hard-to-fill positions Report to Board Tiny Pulse staff development question results	Report to Board on identified specialty training needs to support ongoing and new services Celebrate MA program Attend employee holiday celebrations
Strategy 3 - Seek collaborative relationships to expand/improve service offerings and keep care local	Report to Board on NW PT venture Feb & Mar 2018 Report to Board on CWU Collaborations March 2018 Report to Board on Rehab Visions	Identify services to be contracted by referral and/or to be provided by KVH Obtain Board approval on Medical Staff recommended services and partnerships; including partnerships in MAC		Report to Board highest priory services for go/no-go decision proforma (high level) Report to Board on HD2 initiatives (NW & CE PT, Swedish)
Strategy 4 - Enhance relationships with strategic partners (HD2 and Foundation)	~~Board Retreat with HD1 and HD2 Commissioner(s) March 3, 2018~~ (HD 2 did not attend due to change in topics)	Support Foundation by attending Gala, April 28, 2018 HD #1 and HD#2 Commissioners meet in ~~Apr 2018~~ (met in Chelan) Continue HDI/HD2 liason program meetings Foundation retreat w/ CEO and board member	Board considers appointing a Foundation Board member on a KVH Board-approved committee Report to Board on activities to increase staff awareness of Foundation	Annual refresh of strategic goals of HD1, HD2 and Foundation Social event with HD1/HD2/Foundation Boards

	2019 Q1	2019 Q2	2019 Q3	2019 Q4
Strategy 1 - Support and develop a cohesive medical community	Refresh Medical Staff Leadership Plan Annual provider recognition banquet *Link to A1*	Hold annual Evidence-based medicine conference education	Med Staff Society	

KVH Strategic Business Plan

Board Sponsor: Matt Altman

Partnerships and Collaborations

Admin Sponsors:

Rhonda Holden, Mandee Olsen

Strategy 2 - Invest in the well-being, development, and training of KVH employees	Deploy strategies for hard to fill positions				Annual graduation recognition	Report to Board evaluation of "grow your own" development programs		Attend employee recognition banquet!
Strategy 3 - Seek collaborative relationships to expand/improve service offerings and keep care local			Obtain Board approval from board for service implementation: -construction cost -facility -plan review		Review services and partnerships in MAC (VMM, ONW, other) and report to Board	Report to Board on HD2 initiatives (NW & CE PT, Swedish)	Go-Live with identified services	Report to Board on Medical Staff priority review/evaluation of services (every 6 months)
Strategy 4 - Enhance relationships with strategic partners (HD2 and Foundation)			Support Foundation by attending Gala				Annual refresh of strategic goals of HD1, HD2 and Foundation	Recruit 2-3 providers to serve on Foundation Board
	2020 Q1		**2020 Q2**		**2020 Q3**		**2020 Q4**	
Strategy 1 - Support and develop a cohesive medical community	Refresh Medical Staff Leadership Plan	Annual provider recognition banquet *Link to A1*		Hold annual Evidence-based medicine conference education				
Strategy 2 - Invest in the well-being, development, and training of KVH employees					Annual graduation recognition	Report to Board evaluation of "grow your own" development programs		Attend employee recognition banquet!
Strategy 3 - Seek collaborative relationships to expand/improve			Report to Board on evaluation of	Report to Board on Medical Staff priority review/evaluation of	Review services and partnerships in MAC (VMM	Report to Board on HD2 initiatives (NW		Report to Board on Medical Staff priority review/evaluation of

Partnerships and Collaborations

expand/improve service offerings and keep care local		new services and processes	services (every 6 months)	MAC (VMM, ONW, other) and report to Board	& CE PT, Swedish)	services (every 6 months)
Strategy 4 - Enhance relationships with strategic partners (HD2 and Foundation)		Support Foundation by attending Gala				Annual refresh of strategic goals of HD1, HD2 and Foundation

Partnerships& Collaboration Quarter 3 2018 Deliverables

Report to the Board – October 2018

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

  Linda Navarre has been working closely with the CHCW Residency Program to find the best date and time for the M&M Conferences to promote participation by the providers. To date in 2018 we have hosted 5 conferences with 104 attendees, including 28 participants from non-KVH partners (First Steps, EMS, WIC, CPS, Pediatricians, OB/Gyn, KC Sheriffs Dept, Orthopedist). Actions taken to improve attendance have been to explore a name change, try different times of day, and give more information in advance on the conference topic.

  Work is underway for the 2019 Annual Evidence Based Medicine Conference with a date set for March 29-30, 2019. Keynote speakers are Dr. Gordon Guyatt and Dr. K. Prasad.

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

  The Administrative Team has completed the revision of the New Employee Orientation Program so that it more accurately reflects the culture of KVH and focuses staff on our mission, vision, values and strategic priorities. In addition, Human Resources has revised the New Employee Clinical Orientation and the onboarding process. It used to take 28 days from the time an employee gave notice until the position was filled. This has been reduced to 11 days on average.

  Carrie Youngblood and the Human Resources team have worked to identify the top Hard to Fill Positions at KVH and compared this to National Shortage Data. The attached spreadsheet shows the average days a position is posted at KVH before being filled, the top 10 most in demand nursing skills and PT skills. HR is in the midst of improvement planning to lay out how to best develop our employees and resource these difficult to fill positions. While we have few formal training programs, such as the MA Apprenticeship, cross training, staff development and promotion from within abounds at KVH. Next quarter we will bring forward data on cross training and promotions from within. To date, none of the Tiny Pulse poll questions have related to staff development.

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

  Julie has been working to determine which partners should remain in the Medical Arts Building. It is likely that podiatry and neuro-specialty services will be offered to move from the MAC and into the space on the KVH campus formerly occupied by Dr. Wells.

This will give us an area to put a lab draw station or an "empty chair" for other office space, should the need arise.

As we plan to move OT/ST to the 309 Annex, discussions are underway with Hospice Friends to lease the property on 2nd street which will be vacated by OT/ST.

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

Swedish has identified that their first specialty clinic offering with be with Dr. Garr, a spine specialist with ProAlliance Surgery. The clinic is anticipated to begin offering appointments in early November. This clinic is located in the space formerly occupied by KVH Urgent Care.

Foundation Executive Director Lauren Denton is teaching a portion of new employee orientation to acquaint new staff with the role of the Foundation and ways they can give. Photos of the Foundation members are on the wall next to the gift shop so that all employees will develop a recognition of who the Foundation members are and the contributions they provide to KVH.

Foundation Board Member Jim Daly participated in interviews for the CFO position and was in a video played at the Rodeo to support "Tough Enough to Wear Pink".

Flu shots were given to the Foundation Board Members by KVH staff prior to their last meeting.

Several members of the KVH Hospital District #1 Board and Foundation Board will be attending Paint Ellensburg.

Foundation Board member Jerry Grebbs has been appointed to the KVH Finance Committee.

KVH Strategic Business Plan

Board Sponsor: Liahna Armstrong/Roy Savoian

Financial Sustainability

Admin Sponsors:

Libby Allgood

		2018 Q1			2018 Q2			2018 Q3			2018 Q4	
Strategy 1- Maintain positive operating margin and strong cash reserves to maintain access to capital								Develop Indicators/Metrics reflecting true mix of revenue generating activities & financial position			Develop a long range Financial plan reflecting Providers, Capital & Facilitites, Strategic Inititatives	
										Project to Benchmark Charges, Expenses and Productivity 2019 Budget		
Strategy 2 - Be adaptive and responsive in order to grow our market share					Develop Evaluation Tool for new services or changes to existing services				Review Evaluation Tool and Implementation Plan with Board			
							9 month review WorkPlace Health				Identify Grant & Other Funding Sources for programs & major infrastructure	

Financial Sustainability Quarter 3 2018 Deliverables

Report to the Board – October 2018

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

Develop Indicators/Metrics – New metrics to reflect true mix of revenue generating activities and overall financial position will be developed/identified in 4th Quarter 2018. A new Revenue Cycle Dashboard will be implemented early 2019 including metrics to measure timeliness of coding and billing, denial rates and claim payment accuracy.

Benchmarking Project – Reviewed and selected benchmarking product. Will begin loading data in early November with goal to have results by year end/early 2019. This product will help us identify opportunities for operational cost improvements.

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

Evaluation Process for new services or changes to existing service - Process map showing steps to be followed when evaluating new services or changes to existing services is attached. The Financial Sustainability Team is finalizing standard implementation plan to be used as a guide for program implementation.

Service Line Review Process – Process map showing steps to be followed to evaluate new service line is attached. This process was followed to review the Workplace Health program. The review will be presented at the October Board meeting.

New Service Line Analysis

Opportunity arises - CEO, CMO, CFO, CAO, CCO

Initial consideration of opportunity by Business Development Core Team: -CEO, CMO, CFO

Opportunity presented to Business Development for further analysis

Business Development

Collect, research and analyze information and data, including potential owner and human resource input

Opportunity summarized in pro forma:
- Current state
- Market demand
- Expense and risk assessment
-EHR system requirements
-Potential funding sources (alert grant writer)

Business Development Core Team

-Review summary of opportunity and pro forma
-Identify alternatives, including partnerships

Authorization to proceed

Prioritization and timeline

Determine next action:
-Request for formal motion from board vs. informational presentation

Finance Committee

Opportunity presented to committee

Committee provides feedback to business development

Board of Commissioners

Opportunity presented to Board

If required, authorization to proceed is obtained/denied

Service Line Review

1. Standard: 9 month review is scheduled for quarter following first 9 months of "go live"

2. Ad hoc service line reviews may be requested by a senior leader

Business Development

Meet with Review Team to review pro forma and determine key elements for comparative analysis, including:
-Business model and staffing
-Start up costs
-Capital expenditures
-Revenue and expense
-Other considerations

Analysis outline and timeline for presentation are determined

Business Development

Following planned outline, collect comparative data on service line

Share/present comparative analysis to Review Team

Incorporate Review Team feedback into analysis

Discuss board presentation format and expectations

Finance Committee

Service line review presented

Committee provides feedback

Board of Commissioners

Service line review presented

If applicable, next action(s) are determined

Core Team: CEO, CFO, BD, Sr. FA
Review Team: CFO, BD, Sr. FA
BD: Business Development
Sr. FA: Senior Financial Analyst

Kittitas Valley Healthcare
Your Home for Health

NOTIFICATION OF CREDENTIALS FILES FOR REVIEW

Date October 8, 2018

TO: Board of Commissioners

FROM: Susan Grove
Medical Staff Services

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

PRACTITIONER	STATUS	APPT/REAPPT	SPECIALTY
Jeffrey Grossman, MD	Provisional/Associate	Initial Appointment	Direct Radiology
Anna Parr, PA-C	Provisional/AHP	Initial Appointment	KVH FME
William Phillips, PA-C	Provisional/AHP	Initial Appointment	KVH FME
Joanna Carlson, MD	Associate	Reappointment	Direct Radiology
Laurel Gorham, ARNP	AHP	Reappointment	Pediatrics
James Repsher, PA-C	AHP	Reappointment	Orthopedics
Patrick Erley, PA-C	AHP	Reappointment	Emergency Medicine
Brett White, PA-C	AHP	Reappointment	KVH FME
Rhonda Ramm, ARNP	AHP	Reappointment	Emergency Medicine

KVH
Kittitas Valley Healthcare
Our Home for Health

CHIEF MEDICAL OFFICER – Kevin Martin, MD

October 2018

Medical Staff Services:

- Mitch Engel continues to work on recruiting OB/GYN, general surgery, internal medicine, and family medicine providers per our staff development plan. Mitch Engel set up two interviews in September, one provider started, and Ellensburg Pediatrics joined KVH.
- Lisa Potter is working on a number of fronts. These include:
  - Working with the County and CHCW residents to explore the possibility of offering healthcare services to inmates. Workflow details are being vetted to determine whether this is a viable partnership.
  - Working with two tele-psych vendors to gather information on the service and determining if future partnerships with either vendor, in combination with other community organizations, are viable.
  - Submitted an inquiry to DaVita Kidney Center to determine how we can best serve outpatients in need of dialysis.
  - Completed Workplace Health 10 month review.
  - In data collection phase for two additional potential service lines, pulmonary rehab and swing bed unit
- Susan Grove is currently working on 10 new appointments, 10 reappointments, and 1 student.

CMO activities:

- **Medical Staff:**
  - As above.
- **Community & Regional Partnerships**
  - Greater Columbia Accountable Community of Health: I continue as facilitator of the Transition Care Project (Project 2C). In September, it was announced that Kittitas County would be getting $49,000 for work on social determinants of health. Last week, that increased to $100,000. Additionally, GCACH will be providing staff and expertise to facilitate our moves towards a Patient-Centered Medical Home (PCMH) model of care.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer

KVH
Kittitas Valley Healthcare
Your Home for Health

CHIEF FINANCIAL OFFICER REPORT- Libby Allgood, CFO

September Operating Results

- Average daily IP census of 7.5 patients was at budget. The average daily census for observation patients was 3.7 patients compared to a budget of 2.9 resulting in overall average census of 11.2 patients compared to budget of 10.4 patients.

- Strong volumes resulted in overall gross revenue of $12,115,769, which exceeded budget by $704,532 or 5.8%. Year to date revenue essentially meets budget and is 5.7% above last year.

- We had 41 deliveries which exceeded budget by 13, or 46.6%. In addition, inpatient surgery cases exceeded budget by 10 cases or 43.5%.

- Deductions from Revenue exceeded budget by $421,427 or 8.3% for the month. On a year to date basis Deductions from Revenue exceed budget by $2,134,560 or 4.6%.

- We have been working to reduce expenses and most categories are below budget in September. Paid FTEs were 0.4% over budget and under budget by 1.7% year to date. Temporary labor expense exceeded budget in ICU/CCU, Med/Surg, Family Birthing Place, Surgical Services, Ultrasound, and Emergency Services. Supply expense variance is primarily due Surgical Services and Pharmacy. Purchased service expense exceeded budget in Revenue Cycle, Information Systems, Rehab Services, and Health Information Management. On a year to date basis operating expenses are below budget by $581,983, or 1%. Year to date operating expenses are 10.6% above 2017.

- September operations resulted in an operating gain of $296,631, a positive variance of $271,915. Year to date the operating loss is $463,890 which is a negative variance of $720,371. The operating margin is (0.81) % year to date compared to a year to date budget of 0.44 %.

- Days in Accounts Receivable was 99 days at the end of September, up 14 days from August.

- Days Cash on Hand was 144.8 at end of September, a reduction of 13.1 days from August.

OneSource – Cash Recovery Plan

- Daily cash collections in September lagged behind previous months reflecting the delay in coding. We have engaged external resources to assist coding with the expectation of improvement in the next month.

Financial Sustainability

- We have selected iVantage as our vender for a benchmarking product. The timeline to begin implementing the system is planned for November.

Kittitas Valley Healthcare

Key Statistics and Indicators

September 2018

		Current Month			Year to Date			Prior YTD		
	Activity Measures	**Actual**	**Budget**	**Var. %**	**Actual**	**Budget**	**Var. %**	**Actual**	**Var. %**	
01	Admissions	96	78	23.1%	714	713	0.1%	664	7.5%	01
02	Patient Days - W/O Newborn	226	225	0.3%	1,992	2,020	-1.4%	1,834	8.6%	02
03	Avg Daily IP Census	7.5	7.5	0.3%	7.3	7.4	-1.4%	6.7	8.6%	03
04	Average Length of Stay	2.4	2.9	-18.5%	2.8	2.8	-1.5%	2.8	1.0%	04
05	Deliveries	41	28	46.4%	249	248	0.4%	247	0.8%	05
06	Case Mix Inpatient	1.14	1.00	14.4%	1.13	1.00	13.0%	1.07	5.6%	06
07	Surgery Minutes - Inpatient	3,861	2,701	42.9%	26,648	25,050	6.4%	25,891	2.9%	07
08	Surgery Minutes - Outpatient	6,216	7,001	-11.2%	59,682	64,926	-8.1%	59,647	0.1%	08
09	Surgery Procedures - Inpatient	33	23	43.5%	205	216	-5.1%	219	-6.4%	09
10	Surgery Procedures - Outpatient	98	119	-17.6%	904	1,103	-18.0%	1,021	-11.5%	10
11	ER Visits	1,058	1,079	-1.9%	10,320	9,725	6.1%	9,804	5.3%	11
12	Laboratory	16,783	15,451	8.6%	156,761	139,267	12.6%	142,272	10.2%	12
13	Radiology Exams	2,283	2,762	-17.3%	22,019	25,748	-14.5%	25,426	-13.4%	13
14	Rehab Visit	1,113	1,215	-8.4%	9,553	11,263	-15.2%	10,119	-5.6%	14
15	Outpatient Visits	NA	NA	NA	NA	NA	NA	NA	NA	15
16	Outpatient Percent of Total Revenue	83.2%	84.3%	-1.3%	84.8%	84.2%	0.7%	84.4%	0.4%	16
17	Clinic Visits	4,674	4,759	-1.8%	42,722	42,107	1.5%	37,601	13.6%	17
18	Adjusted Patient Days	1,341	1,429	-6.1%	13,085	12,770	2.5%	11,768	11.2%	18
19	Equivalent Observation Days	111	87	27.2%	859	787	9.1%	724	18.7%	19
20	Avg Daily Obs Census	3.7	2.9	27.2%	3.1	2.9	9.1%	2.7	18.7%	20
	Financial Measures									
21	Salaries as % of Operating Revenue	47.8%	51.8%	7.7%	52.3%	51.5%	-1.5%	53.2%	1.7%	21
22	Total Labor as % of Operating Revenue	58.6%	63.4%	7.7%	64.3%	63.7%	-0.9%	65.4%	1.7%	22
23	Revenue Deduction %	45.6%	44.7%	-2.0%	46.7%	44.6%	-4.6%	46.2%	-1.1%	23
24	Operating Margin	4.3%	0.4%	1019.0%	-0.8%	0.4%	-285.0%	2.8%	-128.8%	24
	Operating Measures									
25	Productive FTE's	420.9	422.7	0.4%	414.0	422.0	1.9%	406.2	-1.9%	25
26	Non-Productive FTE's	56.4	52.8	-6.9%	52.6	52.8	0.5%	51.5	-2.1%	26
27	Paid FTE's	477.4	475.6	-0.4%	466.6	474.8	1.7%	457.7	-1.9%	27
28	Operating Expense per Adj Pat Day	$ 4,927	$ 4,488	-9.8%	$ 4,413	$ 4,567	3.4%	$ 4,437	0.5%	28
29	Operating Revenue per Adj Pat Day	$ 5,148	$ 4,506	14.3%	$ 4,378	$ 4,588	-4.6%	$ 4,566	-4.1%	29
30	A/R Days-Hospital Only	99.0	50.0	-98.0%	99.0	50.0	-98.0%	50.5	-96.0%	30
31	Days Cash on Hand	144.8	175.0	-17.2%	144.8	175.0	-17.2%	229.6	-36.9%	31

Kittitas Valley Healthcare
Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	2,038,299	1,796,685	241,614	15,767,089	16,383,770	(616,681)	15,272,225
OUTPATIENT REVENUE	8,337,702	8,097,255	240,447	75,522,094	73,714,594	1,807,500	70,930,094
CLINIC REVENUE	1,739,768	1,517,297	222,471	12,270,377	13,477,299	(1,206,922)	11,790,313
REVENUE	**12,115,769**	**11,411,237**	**704,532**	**103,559,560**	**103,575,662**	**(16,102)**	**97,992,632**
CONTRACTUALS	5,039,839	4,768,319	271,520	44,813,911	43,155,784	1,658,127	42,267,518
PROVISION FOR BAD DEBTS	346,225	206,550	139,675	2,196,652	1,881,291	315,361	1,862,745
FINANCIAL ASSISTANCE	88,786	72,292	16,494	813,182	658,452	154,730	604,916
OTHER DEDUCTIONS	51,571	57,834	(6,263)	533,103	526,761	6,341	536,054
DEDUCTIONS FROM REVENUE	**5,526,421**	**5,104,995**	**421,427**	**48,356,848**	**46,222,288**	**2,134,560**	**45,271,233**
NET PATIENT SERVICE REVENUE	6,589,348	6,306,242	283,106	55,202,712	57,353,374	(2,150,662)	52,721,399
OTHER OPERATING REVENUE	316,106	132,631	183,475	2,078,819	1,230,511	848,308	1,004,512
TOTAL OPERATING REVENUE	**6,905,454**	**6,438,873**	**466,581**	**57,281,531**	**58,583,885**	**(1,302,354)**	**53,725,910**
SALARIES	3,301,158	3,335,201	(34,043)	29,931,807	30,171,519	(239,711)	28,572,669
TEMPORARY LABOR	78,360	13,470	64,890	347,471	158,747	188,724	295,151
BENEFITS	742,057	748,487	(6,430)	6,882,331	7,148,429	(266,098)	6,564,718
PROFESSIONAL FEES	35,345	68,205	(32,860)	493,310	769,081	(275,771)	602,990
SUPPLIES	874,260	800,304	73,956	6,645,231	7,158,181	(512,949)	6,565,898
UTILITIES	78,103	92,858	(14,755)	702,471	783,547	(81,076)	658,317
PURCHASED SERVICES	894,368	703,901	190,468	7,411,553	6,222,526	1,189,027	3,995,738
DEPRECIATION	235,382	258,529	(23,147)	2,103,000	2,354,129	(251,129)	2,106,446
RENTS AND LEASES	117,407	136,574	(19,167)	1,049,856	1,229,164	(179,308)	1,003,399
INSURANCE	37,643	47,438	(9,795)	345,856	426,937	(81,082)	365,424
LICENSES & TAXES	97,218	78,097	19,121	601,710	704,395	(102,685)	637,709
INTEREST	63,067	50,468	12,599	519,914	454,215	65,699	232,846
TRAVEL & EDUCATION	13,246	35,946	(22,701)	244,548	355,718	(111,171)	260,134
OTHER DIRECT	41,209	44,679	(3,470)	466,362	390,815	75,547	353,795
EXPENSES	**6,608,823**	**6,414,157**	**194,666**	**57,745,421**	**58,327,404**	**(581,983)**	**52,215,234**
OPERATING INCOME (LOSS)	**296,631**	**24,716**	**271,915**	**(463,890)**	**256,481**	**(720,371)**	**1,510,676**
OPERATING MARGIN	4.30%	0.38%	58.28%	-0.81%	0.44%	55.31%	2.81%
NON-OPERATING REV/EXP	134,856	142,027	(7,171)	1,472,992	1,566,184	(93,192)	1,324,296
NET INCOME (LOSS)	431,487	166,744	264,743	1,009,102	1,822,665	(813,563)	2,834,972
UNIT OPERATING INCOME							
HOSPITAL	141,719	211,014	(69,296)	1,725,565	2,197,212	(471,647)	3,584,102
URGENT CARE	111,494	5,472	106,022	(108,675)	37,555	(146,230)	118,262
CLINICS	(21,727)	(252,356)	230,629	(2,536,683)	(2,510,454)	(26,229)	(2,623,360)
HOME CARE COMBINED	65,145	60,585	4,559	455,903	532,168	(76,265)	431,672
OPERATING INCOME	**296,631**	**24,716**	**271,915**	**(463,890)**	**256,481**	**(720,371)**	**1,510,676**

09/30/2018

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	4,597,521	2,807,871	1,789,651
ACCOUNTS RECEIVABLE	37,257,930	17,233,881	20,024,049
ALLOWANCE FOR CONTRACTUAL	(18,777,068)	(8,991,453)	(9,785,615)
THIRD PARTY RECEIVABLE	300	1,301,364	(1,301,064)
OTHER RECEIVABLES	900,107	515,263	384,844
INVENTORY	1,362,085	1,424,982	(62,898)
PREPAIDS	712,668	795,740	(83,072)
INVESTMENT FOR DEBT SVC	1,973,544	419,923	1,553,621
CURRENT ASSETS	**28,027,088**	**15,507,571**	**12,519,517**
INVESTMENTS	22,949,164	29,985,653	(7,036,489)
PLANT PROPERTY AND EQUIPMENT	77,480,146	74,186,394	3,293,752
ACCUMULATED DEPRECIATION	39,452,819	37,256,104	2,196,715
NET PROPERTY, PLANT, & EQUIP	**38,027,327**	**36,930,290**	**1,097,037**
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	**38,027,327**	**36,930,290**	**1,097,037**
ASSETS	**89,003,579**	**82,423,513**	**6,580,066**
ACCOUNTS PAYABLE	1,385,508	1,644,923	(259,415)
ACCRUED PAYROLL	246,045	1,058,758	(812,713)
ACCRUED BENEFITS	571,735	1,192,503	(620,768)
ACCRUED VACATION PAYABLE	2,069,788	1,864,043	205,744
THIRD PARTY PAYABLES	2,251,012	1,590,200	660,812
CURRENT PORTION OF LONG TERM DEBT	2,418,101	2,208,666	209,435
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	**8,942,189**	**9,559,093**	**(616,904)**
ACCRUED INTEREST	195,861	178,079	17,782
BOND PREMIUM 2008 REFUND	3,345	18,397	(15,052)
DEFERRED TAX COLLECTIONS	358,378	0	358,378
DEFERRED REVENUE HOME HEALTH	97,591	120,268	(22,676)
DEFERRED LIABILITIES	**655,176**	**316,744**	**338,432**
LTD - 2008 UTGO BONDS	1,355,000	1,355,000	0
LTD - 2009 LTGO BONDS	0	2,754,616	(2,754,616)
LTD - 2017 REVENUE BONDS	13,399,698	13,500,000	(100,302)
LTD - 2018 REVENUE BOND	6,000,000	0	6,000,000
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,913,789	0	2,913,789
CURRENT PORTION OF LONG TERM DEBT CONT	(2,418,101)	(2,208,666)	(209,435)
LONG TERM DEBT	**21,250,386**	**15,400,950**	**5,849,436**
NONCURRENT LIABILITIES	**21,905,562**	**15,717,694**	**6,187,868**
FUND BALANCE	57,146,727	57,146,727	0
NET REVENUE OVER EXPENSES	1,009,102	(0)	1,009,102
FUND BALANCE	**58,155,829**	**57,146,727**	**1,009,102**
TOTAL LIABILITIES & FUND BALANCE	**89,003,579**	**82,423,513**	**6,580,066**

09/30/2018

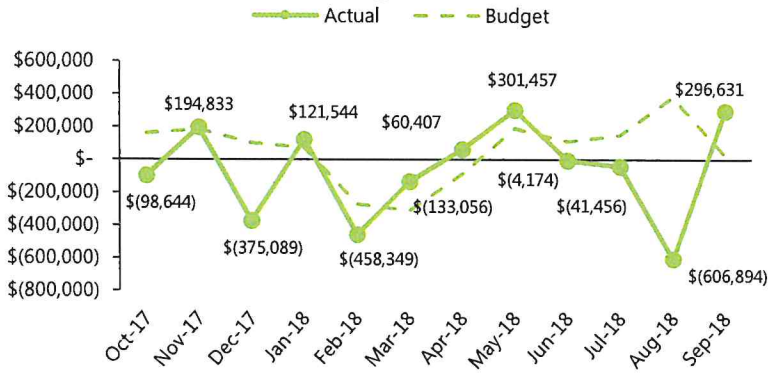
Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

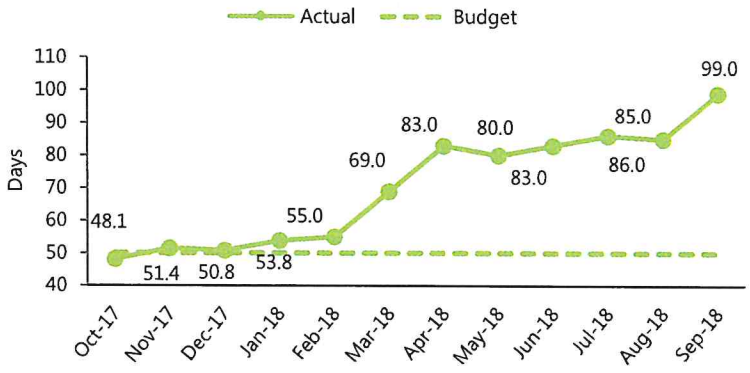
	CASH
NET BOOK INCOME	1,009,102
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	2,196,715
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	3,205,817
CHANGE IN CURRENT ASSETS ($)	
PATIENT ACCOUNTS	(10,238,435)
OTHER RECEIVABLES	916,220
INVENTORIES	62,898
PREPAID EXPENSES & DEPOSITS	83,072
INVESTMENT FOR DEBT SVC	(1,553,621)
TOTAL CURRENT ASSETS	**(10,729,866)**
INVESTMENTS	7,036,489
PROPERTY, PLANT, & EQUIP.	(3,293,752)
OTHER ASSETS	0
TOTAL ASSETS	**(3,781,313)**
CHANGE IN CURRENT LIABILITIES ($)	
ACCOUNTS PAYABLE	(259,415)
ACCRUED SALARIES	(812,713)
ACCRUED EMPLOYEE BENEFITS	(620,768)
ACCRUED VACATIONS	205,744
COST REIMBURSEMENT PAYABLE	660,812
CURRENT MATURITIES OF LONG-TERM DEBT	209,435
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	**(616,904)**
CHANGE IN OTHER LIABILITIES ($)	
ACCRUED INTEREST ON 1998, 1999 UTGO	17,782
2008 UTGO REFUNDING BOND PREMIUM	(15,052)
DEFERRED TAX COLLECTIONS	358,378
DEFERRED REVENUE - HOME HEALTH	(22,676)
TOTAL OTHER LIABILITIES	**338,432**
CHANGE IN LT DEBT & CAPITAL LEASES ($)	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	(2,754,616)
LTD - 2017 REVENUE BONDS	(100,302)
LTD - 2018 REVENUE BOND	6,000,000
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,913,789
TOTAL LONG-TERM DEBT & LEASES	**6,058,871**
TOTAL LIABILITIES	**5,780,399**
NET CHANGE IN CASH	1,999,086
BEGINNING CASH ON HAND	2,807,871
ENDING CASH ON HAND	4,806,956

Financial Sustainability

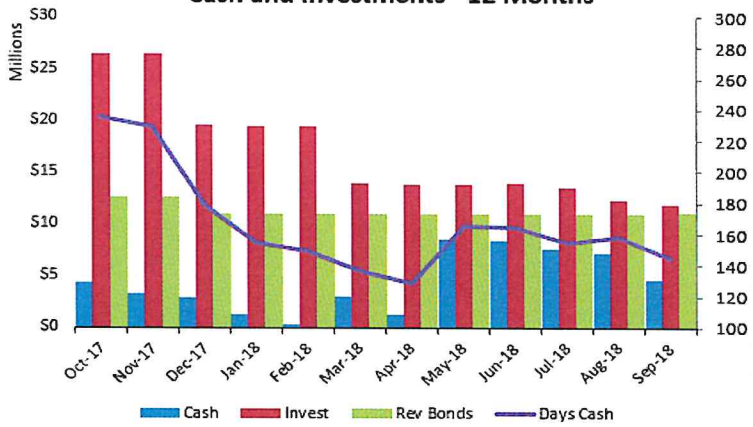
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2016	CY 2017	YTD 2018
Medicare	40.68%	40.47%	41.69%
Medicaid	18.82%	18.90%	18.39%
Commercial	33.58%	33.14%	32.34%
Self Pay	4.10%	4.31%	3.50%
Other	2.82%	3.18%	4.07%

KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative

Requesting Department: Central Processing

Capital Item Requested: Sterilization Containers

Function of Project: Rigid sterilization containers used to process and safely house instrumentation for operating room procedures.

Reason Requested: Current containers are at the end of their useful life. Gaskets are beginning to fail, and filters required to maintain a sterile environment are not staying in place. Metal is showing signs of wear and buildup from processing in the autoclaves.

Budget: $29,830.00 **Actual Cost:** $30,304.00

Submitted By: Amy Krogstadt, Director – Surgical Services **Date: 10/25/18**

KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative

Requesting Department: Community Relations

Capital Item Requested: Medical Arts Center - External Signage

Function of Project: Wayfinding and building branding for new location.

Reason Requested: Signage has been designed to identify the newly purchased and soon to be occupied Medical Arts Center.

A double faced monument sign will replace the existing, multi-panel sign in the parking lot ($15K).

Channel lettering will be put on the south and east walls for people to identify the building while driving ($17K).

A directional sign will be placed at the eastern entrance to the parking lot ($1,400).

Permitting costs are included however electrical will need to be brought to the locations.

Budget: $0.00 **Actual Cost:** $44,873.00

Submitted By: Michele Wurl, Director – Community Relations **Date: 10/25/18**

KVH
Kittitas Valley Healthcare
Your Home for Health

OPERATIONS REPORT
October 2018

PATIENT CARE OPERATIONS

- **Food and Nutrition Services:**
    - We are in process of recreating all standard work for each food service position in the department. The staff is completely engaged in the process. We are on our third major revision of the standard work. The implementation date is Monday, November 11.
    - We have recreated the staffing matrix for the department. With the current matrix, shift times will vary from 6 to 12 hours. This requires some staff to work six or more days in a row and not have two consecutive days off to achieve their FTE. The new matrix will have 8 hour shifts across the board with exception to weekends where the lead cook will have a 12 hour shift. Staff will consistently have two or more days off in a row.
    - The new staffing matrix will allow the Café to be open an additional 30 minutes in the evening on weekdays.
    - Café. Several new menu items have been introduced to the 8-week menu cycle. The ability to expand food choice will be greatly improved with the new staffing matrix due to having an afternoon prep cook.
- **Diabetes Education:**

  Referrals to the outpatient dietitian have dropped by approximately 30 percent compared to this time last year. We are investigating reasons for the decline. We have developed an action plan addressing the decline to include provider outreach; include new sources of referrals from urgent care, emergency department, and workplace health; increasing marketing via print materials and internet. We are also working to schedule outpatient dietitian appointments differently. We hope to have patients scheduled with the dietitian prior to leaving their medical provider appointment. The current system is inefficient as many steps are necessary and lag time occurs in scheduling creating lost appointments. We will also investigate having the outpatient dietitian be located in a medical clinic during certain days.

- **Surgical Services:**
    - Wound Care continues to see new patients, graduate patients and care for current patients averaging around 4-6 per day (four hour clinic). They continue to learn and strive to keep improving their efficiency.

- Pre-Op services has partnered with the Ortho Clinic to streamline the patient experience for total joint replacement. The goal is a seamless experience between departments
- The Surgery crew is expecting to do their 2nd total shoulder replacement with Dr. Cheung in early November. So we offer total hip, total knee and total shoulder replacement in our facility.

- **Emergency Department/Urgent Care:**
  - Thursday, Oct. 11th, KVH and our ED helped sponsor Stroke Education Day with Virginia Mason. Two four-hour sessions were conducted for clinical staff that included physician and nursing speakers from their Stroke Team. This education is mandatory for staff and helps us fulfill our requirements for being a level II certified stroke center with the Department of Health.
  - KVH will be hosting an Advanced SANE training on Oct. 19th. Nurses from Harborview will be providing the one-day course.
  - ED Best Practice committee is finalizing department specific competencies and will be holding the first ED competency fair at the end of the month.
  - ED Staff continue to work on emergency preparedness and our role in assisting EMS during an MCI. In addition, we are reviewing downtime procedures for the ED in preparation for the planned Cerner downtime the night of Nov. 3rd.
  - Urgent Care, along with Kittitas County Public Health and HD#2 will hold a flu clinic on Nov. 3rd from 10am-2pm.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services-**
  In light of losing the CHCW laboratory volume, we've decided to close the FME lab and move that staff member into the main hospital laboratory. This will allow us to eliminate a 0.8 FTE by attrition. We will still utilize the equipment at FME as a back-up for the hospital but will not staff it for phlebotomy or routine testing. Should patients at FME be unable to travel to the hospital, we will send a phlebotomist to the clinic to obtain the sample. With Dr. Herman moving to the Women's Health center, we anticipate the volume of specimens will be dramatically reduced.
- **Cardiopulmonary-**
  We are in the process of transitioning the respiratory therapy staff to 24/7 coverage. This will provide excellent support to the ED, Hospitalists, FBP and MS/CCU and we plan to locate the RT staff on the units. We have also identified ways to grow our volumes after the void left by Dr. Waltner. We anticipate that the clinics will begin referring more

patients to our home sleep study program and will continue to refer those patients needing a full evaluation to Dr. Suny, a community partner.

- **Home Health & Hospice-**
  The move of HHH to Radio Hill was completed September 24. Kathy Murray has assumed duties as clinical manager for HHH. Hospice Friends has trained 9 new volunteers to serve our patients.
- **Pharmacy-**
  We have submitted an immunization collaborative drug therapy agreement to the DOH, which will allow us to do outreach flu clinics.
- **340 B Program-**
  Downtown Pharmacy has sold to Safeway, which is a contracted pharmacy in our 340B program. We anticipate many folks to transfer their prescriptions to our retail pharmacy or to Safeway and look forward to these prescriptions being a part of the 340 B program. Nasser and I met with the owner of Cle Elum Pharmacy and anticipate seeing revenue from that 340 B partnership in April of 2019.
- **Rehab Services-**
  - We are doing a walkthrough of the 309 Annex with the DOH and the architects on October 24. We are bringing forward a project cost for Board approval soon.
  - Marcus Jaffe, Director of Rehab has been meeting with the Ortho Clinic Manager and Home Health and Hospice to streamline post-op PT referrals and ensure timely access to outpatient therapy or home health physical therapy.
  - After one year of service, Physical Therapy -Cle Elum is a full practice with a waiting list. We are actively managing the schedule and calling in patients to be seen if there are any cancellations.
- **Hospital District 2**
  - We are partnering with the Public Health Department and Hospital District 2 to offer a flu clinic in the urgent care on November 3. The PHD will be providing free flu vaccine for us to immunize walk in clients.
  - Hospital District 2 continues with its Master Site Plan with the first project of building an ambulance garage. Commissioners and staff will be touring ambulance garages in the Tri-Cities areas to familiarize themselves with current design options.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Code Blue Drills:** April Grant has been working with all clinics in conducting mock Code Blue Drills. She observes how the front desk, nursing and providers respond. A debrief of the scenario is then conducted to identify improvement prior to an actual code.
- **Improvement work:**
  We have had two larger projects happening over the last couple of months.

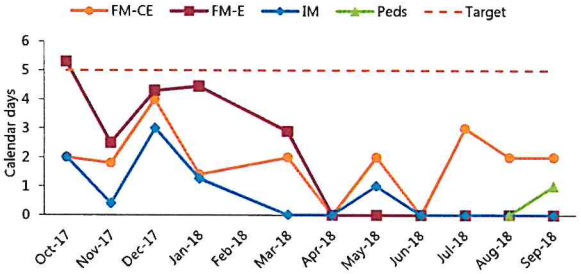
- *Advance Beneficiary Notice (ABN)* – This improvement work has been focused on ensuring patient education on services that may not be covered by Medicare. After discussion and decision making between patient and provider, if it is determined that treatment is medically necessary, but may not be covered by Medicare, ABN's are signed. This would be signed prior to treatment and the provider would add documentation to support that standard of care. We are finalizing some scripting, standard work and a reference tool. Dr. Wise at Family Medicine Cle Elum has been our physician champion on this project.
- *Total Joint Process*: This improvement work has been focused on creating a streamlined process for our patients in the coordinated care between the clinic, hospital and ancillary services. Many upstream processes can be initiated at the time of scheduling surgery rather than waiting. We are identifying these items, finalizing standard work and additional tools for our patients. Dr. Bos has been our physician champion on this project.

- **Ellensburg School District Grant**: In May, I reported that I had been attending weekly planning meetings with April Grant with other community members to assist Ellensburg School District in applying for a grant. This is a three year grant focused on Mental Health Awareness. The offering to the community (KVH staff included) would be two no-cost training on evidence based programs. This three-year grant of $375,000 has awarded to EHS. A great collaborative effort.
- **Healthelife:** We have an app! The Healthelife app is for the KVH patient portal. It has the same features as the website and you can even connect to KVH Facebook when using this app. After a recent appointment, I was able to log in (using touch ID), view my summary documents, labs, message my care team and request an appointment.

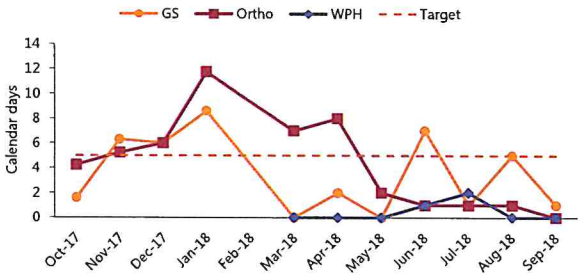
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

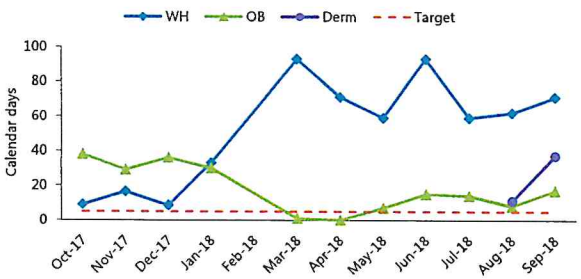
Third available appointment
for established patients



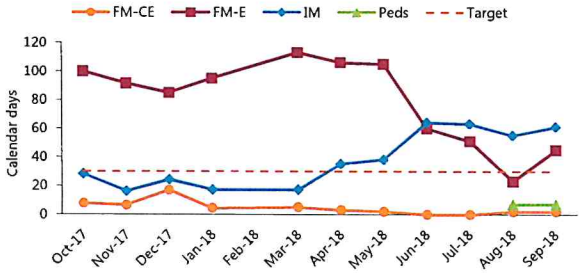
Third available appointment
for established patients



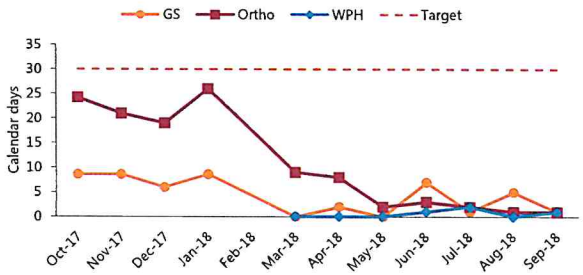
Third available appointment
for established patients



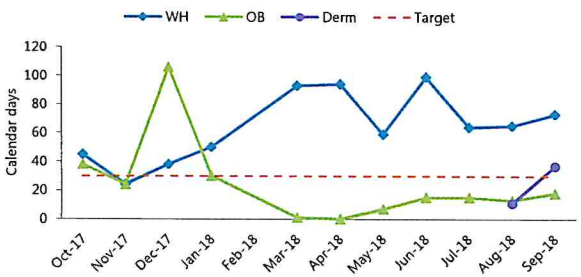
Third available appointment
for new patients



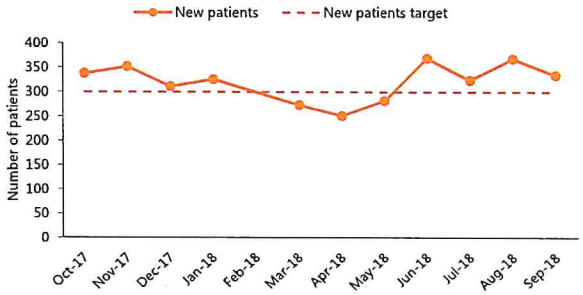
Third available appointment
for new patients



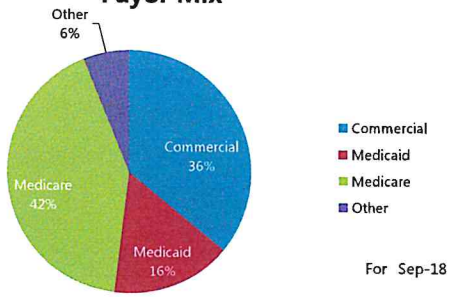
Third available appointment
for new patients



New patients



Payor Mix



KVH
Kittitas Valley Healthcare
Your Home for Health

COMMUNITY RELATIONS – Michele Wurl

September 28 – October 25, 2018

External Outreach activities:

- Medic One ride-along (9/27)
- CWU Home football opener game sponsor (9/29)
- Radio Hill Annex community Open House (10/22)

Internal Outreach activities:

- Radio Hill Open House (10/22)
- MAC Special Board meeting/Open House (10/22)

Collaborations & Partnerships:

- Manastash Metric
- Run for the Brave
- Open Door Health Clinic annual auction
- Gard Against Cancer fundraiser for The Foundation's TETWP fund (10/19)
- KVH Swim Safety program with the City of Ellensburg. See information on page 5 of the Ellensburg Park and Recreation Sept-Dec 2018 booklet. *(https://ci.ellensburg.wa.us/DocumentCenter/View/2381/EPR-Quarterly-Program-Guide?bidId=#page=11)*

Stories/Letters to the Editor:

- Wendy Hinckle – Digital mammography & breast cancer – released 10/2
- MA Apprenticeship Program – released 10/15

Other:

- KVH Strategic core value posters are going up at Radio Hill.
- KVH Strategic plan and core value flags are hung in the front lobby
- A plan for exterior signage at the MAC and main KVH campus are coming before the Board at the October meeting
- Radio Hill signage has been completed

On the horizon:

- Fall newsletter
- Wilderness First Aid – 10/30 in Cle Elum
- Ellensburg & Cle Elum Trick or Treating events – 10/31
- Free flu shots in Upper County at KVH Urgent Care – in partnership with KC Public Health – 11/3
- KVH Women's Health move – 11/6
- Benefits fairs for Kittitas County, CWU and Suncadia
- Health meal preparation and dinner – 11/14

Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2018

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Regular Meeting	25 5pm	22 5pm	29 5pm	26 5pm	24 5pm	28 5pm	26 5pm	23 5pm	27 5pm	25 5pm	29 5pm	**1/3/19** 5pm
Standing Items	Swearing in of New Board Conflict of Interest	Update Board Ed/Dev Plan	Compliance Plan and Policies Orientation of New Board Members	Annual CEO Evaluation	Acceptance of Financial Audit	Annual update of Strategic Plan		Approve Budget Assumptions (Operating & Capital) Board meet with Teamsters and WSNA Officers	Board Self-Evaluation Approve Annual Strategic Plan Update	Plan Board Retreat	Approve 2019 Operating and Capital Budgets Approve 2019 Board Committees & 2019 Board Calendar	Update 2018 Operating Budget Election of 2019 Officers
Presentation Subject to Change	Emerging Topic	Provider Credentialing	Bawa Health Initiative	WRHC Initiatives	Financial Audit & Cost Report DZA	Kittitas County Health Department	Elmview Presentation	Lactation Specialist Presentation	KVH Central Sterile Presentation	Policy Update Strategic Business Plan Update	Patient Satisfaction Health Streams Federal Reform WSHA	Emerging Topic
EDUCATION AND CONFERENCES		2nd-4th AHA Health Forum Rural Conference Phoenix, AZ	26th-28th WRHA Conf. Spokane	26th-28th IHI Annual Summit San Diego CA	5th – 9th AHA Annual Meeting WA DC CEO/Trustee Summit Seattle-TBD	23rd – 27th WSHA Rural Conference Chelan	AHA Rural Hospital Forum Wash., D.C. TBD	5th-7th Gov. Institute Governance Support Forum San Francisco CA	24th – 27th WSHA Rural Advocacy Days WA DC	11th – 12th WSHA Annual Meeting Seattle		
		6th – 9th NRHA Rural Health Policy Institute Washington DC							7th – 10th Gov. Institute Leadership Conference CO Springs 26th – 28th NRHA CAH Conf. Kansas City, MO			

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Events			Commun. Round-table 3/28/18: Provider Dinner	Tastes to Treasure Dinner 28th Foundation Gala	Hospital Week & Meal Service CWU Athletic Hall of Fame Boots & Bling	Community Round-table	Upper County Roundtable	22nd-KVH BBQ Kids Grow Farmers' Market	Community Roundtable TETWP Rodeo Event		11th Veterans' Day Lunch	Holiday Week Meal Service
Board Finance	23 7:30am	20 7:30am	27 7:30am	24 7:30am	22 7:30am	26 7:30am	24 7:30am	21 7:30am	25 7:30am	23 7:30am	27 7:30am	18 7:30am
MEC	17 12:30P	21 12:30P	21 12:30P	18 12:30P	16 12:30P	13 5:30P	11 5:15P	8 5:30P	12 5:15P	10 5:15P	14 5:15P	12 5:15P
QI Council		12th 3:30 p.m.		16th 3:30 p.m.		18th 3:30 p.m.		20th 3:30 p.m.		15th 3:00 p.m.		17th 3:00 p.m.
Foundation Board	23rd 5:30P		27th 5:30P		22nd 5:30P		24th 5:30P		25th 5:30P		27th 5:30P	
Compliance	11 10am	8 10am	8 10am	12 10am	10 10am	14 10am	12 10am	9 10am	13 10am	11 10am	8 10 am	13 10am
Strategic Planning	TBD											
Joint Districts						June Mtg will be scheduled					TBD	
Master Facilities	TBD											
HD #2	15 6:30pm	19 6:30 pm	19 6:30pm	16 6:30pm	21 6:30pm	18 6:30pm	16 6:30pm	20 6:30pm	17 6:30pm	15 6:30pm	19 6:30pm	17 6:30pm

Emerging Topics:

Compliance & Regulatory Environment
Insurance and Reimbursement
Enterprise Risk
Healthcare Transformation (e.g. population health, IT)
Quality and Safety
Workforce
Board Effectiveness
Community Engagement
Philanthropy (in concert w/KVH Foundation)
Market Developments
Privacy/Security
Consumerism
Medical Staff Relations