

**KITTITAS VALLEY HEALTHCARE**

**RESOLUTION NO. 17-13**

A resolution adopting the budget for Kittitas County Public Hospital District No. 1, dba Kittitas Valley Healthcare, for the calendar year 2018.

WHEREAS the Board of Commissioners of Public Hospital District No. 1, Kittitas County, is responsible for adopting an appropriate operating budget for the District for the year 2018.

THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Public Hospital District No. 1, Kittitas County, to adopt the 2018 operating budget (Exhibit A).

APPROVED at a regular meeting of the Commission this 26th day of October, 2017.

\_\_\_\_\_  
Liahna Armstrong, President

\_\_\_\_\_  
Matt Altman, Vice-President

\_\_\_\_\_  
Bob Davis, Secretary

\_\_\_\_\_  
Bob Crowe, Commissioner

\_\_\_\_\_  
Erica Libenow, Commissioner

## Exhibit A

### Kittitas County Public Hospital District 1, dba Kittitas Valley Healthcare

#### 2018 Projected Operating Budget

Net Operating Revenues	\$ 76,000,000.00
Operating Expenses	<u>74,500,000.00</u>
Net from Operations	\$ 1,500,000.00
Non-Operating	
Levy-Regular	8,435.00
Levy- Debt Service	1,426,137.50
Other Non-Operating	<u>267,000.00</u>
Net Non-Operating	\$ 1,701,572.50
Net Gain/Loss	\$ 3,201,572.50

Note- 2008 UTGO Principal and Interest payments funded from Debt Service Levy.

Remaining Net Gain used to fund capital improvements and operating cash flow.



Ordinance / Resolution No. 17-14
RCW 84.55.120

WHEREAS, the Board of Commissioners of Kittitas County Public Hospital District No. 1 has met and considered its budget for the calendar year 2018; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 8,502.06; and,

WHEREAS, the population of this district is [X] more than or [ ] less than 10,000; and now, therefore,

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 2018 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 85.02 which is a percentage increase of 1.0% from the previous year.

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 26 day of October, 2017.

Three sets of horizontal lines for signatures.

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**

**October 26, 2017**  
**Supplemental Agenda**

**5:00 p.m.: BUDGET HEARING: 2018 Budget**

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

- a. Review of 2018 Budget
  - b. Approval of Resolution No. 17-13: Adoption of 2018 Budget \*\* (1-2)
  - c. Approval of Resolution No. 17-14: Authorization of 2018 Regular Property Tax Levy \*\* (3)
  - d. Adjourn Budget Hearing**
- 

**1. Call Regular Meeting to Order**

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

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

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

- a. Minutes of Board Meetings: September 28, 2017; Oct. 17, 2017 (6-10)
- b. Approval of Checks (11)
- c. Report: **Foundation Report added** (12)
- d. Minutes: Finance Committee (13)
- e. Minutes: Quality Council (14-15)

**4. Public Comment and Announcements – 5:30 p.m.**

**5. Presentations:** Mandee Olsen, Director of Quality Improvement: Patient Satisfaction Health Streams

**6. Reports and Dashboards**

- a. Quality – Mandee Olsen (16-18)
- b. Chief Executive Officer – Julie Petersen: **CEO Report added** (19-20)
- c. Medical Staff
  - i. Chief of Staff, Timothy O'Brien MD
    - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment \*\* (21)
  - ii. Chief Medical Officer, Don Solberg MD (22)
- d. Finance – Chief Financial Officer - Libby Allgood
  - i. Operations Report (23)
  - ii. Finance Committee Report – Commissioner Liahna Armstrong
    - 1. Resolution No. 17-16: Surplus Property \*\* (24-25)
- e. Operations (26-27)



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

**7. Education and Board Reports**

- a. Report on Attendance at WSHA Annual Meeting, Seattle, Oct. 12-13

**8. Old Business**

**9. New Business**

- a. Resolution No. 17-15: Amendment to Employee Pension Plan \*\* (28)
- b. Evaluation of New Board Agenda Format
- c. Board Self-Evaluation Process (29-50)
- d. Board Retreat

**10. Articles and Communication: Additional Articles (51-59)**

**11. Executive Session**

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

**12. Adjournment**

**Future Meetings**

- November 30, 2017, Regular Meeting
- January 4, 2018, Special Meeting

**Future Agenda Items**

- Musculoskeletal Update



**KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1**  
**BOARD OF COMMISSIONERS' REGULAR MEETING**  
**KVH Conference Room A & B**  
**September 28, 2017**

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

KVH STAFF PRESENT: Julie Petersen, Libby Allgood, Carrie Barr, Mandee Olsen, Amy Diaz, Carrie Youngblood, Rhonda Holden, Vicky Machorro

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

1. At 5:00 p.m., President Liahna Armstrong called the regular board meeting to order.
2. **Approval of Agenda:**  
**ACTION:** On motion of Bob Crowe and second of Erica Libenow, the Board members unanimously approved the agenda.
3. **Consent Agenda:**  
**ACTION:** On motion of Bob Crowe and second of Bob Davis, the Board members unanimously approved the Consent Agenda.
4. **Public Comment/Announcements:**  
President Armstrong asked that the Public Comments/Announcements be listed on future Board agendas as taking place at 5:30 p.m.
5. **Presentations:**  
Attorney Brad Berg of Foster & Pepper gave a PowerPoint presentation regarding physician contract compliance. He shared information and laws outlining the responsibilities of governing boards regarding compliance oversight responsibilities, federal fraud and abuse laws, recent court decisions involving physician compensation and reviewed requirements relating to physician contracts.
6. **Reports and Dashboards:**  
The Board members reviewed the QI dashboards and summary.  
  
The Board members reviewed the CEO report with Julie Petersen. Julie gave an update regarding the Physical Rehabilitation Department being moved to an outside firm, Rehab Visions, effective October 16. She reported that the leases with Swedish Health Services regarding the KVH Urgent Care and Swedish specialty clinic are to be signed and finalized on December 1. Carrie Youngblood reported that administration is checking into the possibility of offering employee insurance through the PEBB as has been done in the past.  
  
**ACTION:** On motion of Bob Crowe and second of Erica Libenow, the Board members unanimously approved the initial appointments for Dr. Troy Belle and Auren O'Connell, ARNP, and the

reappointments for Dr. Dhawai Goradia, Dr. Sara Cate and Laurel Gorahm, ARNP, as recommended by the medical executive committee.

The Board members and Dr. Don Solberg reviewed the Chief Medical Officer report. Dr. Solberg noted that the new KVH Workplace Health clinic has already received clients and patient referrals prior to its opening date.

Libby Allgood reported financials for August. Libby stated that Columbia Legal Services has been working with hospital staff to ensure that KVH is in compliance with the charity care and financial assistance regulations. Bob Davis reported that the Finance Committee reviewed the financials and recommended approval of the capital expenditure request and the surplus resolution.

**ACTION:** On motion of Bob Crowe and second of Bob Davis, the Board members unanimously approved the capital expenditure request for the purchase of a security camera system for hospital safety and security.

**ACTION:** On motion of Bob Crowe and second of Bob Davis, the Board members unanimously approved Resolution No. 17-11 regarding surplus property.

The Board members reviewed the operations report with Vicky Machorro adding that she and Dr. Ken Lindsey have been working diligently regarding the moving of the Cle Elum KVH Urgent Care clinic to its new location on First Street. Rhonda Holden reported that there will be an open house for KVH Foundation Board members to view the new digital mammography on October 19. Carrie Barr invited the Board members to the ribbon cutting for the KVH Workplace Health clinic scheduled for Noon at September 29.

7. **Education and Board Reports:**

Matt Altman and Bob Crowe attended a recent Covery's Risk Management seminar in Spokane and reported that the conference was worthwhile and the topics presented were regarding credentialing and privileging of healthcare providers as well as quality and risk management information. Bob Crowe, Matt Altman and Julie Petersen recently attended the Washington, D.C. Advocacy Days and reported that their meetings with elected officials and staff were well received regarding the 340B Pharmacy Program, Teaching Health Centers and non-passage of the Graham/Cassidy bill. Julie Petersen, Bob Crowe and Erica Libenow indicated that they would be attending the WSHA Annual meeting in Seattle on October 11-13.

8. **Old Business:**

a. **Wound Care Proposal Update:**

Lisa Potter gave a brief PowerPoint presentation updating the Board on the status of the proposed wound care program. She stated that she will report back to the Board on the progress regarding the possibility of starting this program in 2018.

9. **New Business:**

a. **Board Self-Evaluation Process:**

Pres. Armstrong requested that this item be placed on the agenda for the October Board meeting.

b. Resolution No. 17-12: Requesting Review by the Healthcare Authority to Participate in Washington State Insurance Plans:

**ACTION:** On motion of Erica Libenow and second of Bob Crowe, the Board members unanimously approved Resolution No. 71-12 approving the review by the Healthcare Authority for KVH to participate in Washington State Insurance Plans.

c. Approval of Appointment of KVH Foundation Board Members:

**ACTION:** On motion of Erica Libenow and second of Bob Crowe, the Board members unanimously approved the KVH Foundation Board members as presented. See Exhibit A.

**10. Articles and Communication:**

The Board members reviewed the various clippings and correspondence items. At 7:55 p.m., President Armstrong announced that there would be a 10 minute recess followed by a 60 minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g) At 9:05 p.m., President Armstrong extended the executive session for an additional 15 minutes. At 9:20 p.m., the meeting was reconvened into open session. With no further action and business, the meeting was adjourned at 9:21 p.m.

**CONCLUSIONS:**

1. Motion passed to approve the Board agenda.
2. Motion passed to approve the Consent Agenda.
3. Motion passed to approve the initial appointments and reappointments as listed above as recommended by the Medical Executive Committee.
4. Motion passed to approve the capital expenditure request for the purchase of a security camera system for hospital safety and security.
5. Motion passed to approve Resolution No. 17-11 regarding surplus property.
6. Motion passed to approve Resolution No. 71-12 approving the review by the Healthcare Authority for KVH to participate in Washington State Insurance Plans.
7. Motion passed to approve the KVH Foundation Board members as presented. See Exhibit A.

Respectfully submitted,

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



# EXHIBIT A

## The Foundation at KVH

### Connie Anderson, Director

*Term Expiration* 9/27/2020

702 N. Montgomery Avenue  
Cle Elum, WA 98922

Email: connieand123@gmail.com

Wk:

Hm: (509) 674-5657

Cell:

---

### Livier Baldovinos, Director

*Term Expiration* 6/27/2020

31 Trail View Lane  
Ellensburg, WA 989266544

Email: ljbaldoanos@fairpoint.net

Wk:

Hm:

Cell:

---

### Bill Boyum, Director

*Term Expiration* 9/27/2020

113 Lookout Mountain Drive  
Ellensburg, WA 98926

Email: boyum@fairpoint.net

Wk:

Hm: (509) 925-4611

Cell:

---

### Brian Cullinane, Director

*Term Expiration* 1/27/2021

1124 E. Hobart Avenue  
Ellensburg, WA 98926

Email: briancullinane@ceteraadvisc.com

Wk: (509) 925-4794

Hm:

Cell: (509) 859-2995

---

### Jim Daly, Director

*Term Expiration* 12/31/2020

251 Riverbottom Road  
Ellensburg, WA 98926

Email: dalyjim@hotmail.com

Wk: (509) 925-2171

Hm: (509) 925-2931

Cell:

---

### Andre Dickerson, Director

*Term Expiration* 2/23/2019

400 E. University Way, SURC 263  
Ellensburg, WA 98926

Email: Andre.Dickerson@cwu.edu

Wk: (509) 963-1437

Hm:

Cell: (509) 680-1079

---

### Connie Dunnington, Director

*Term Expiration* 12/31/2018

5900 Weaver Road  
Ellensburg, WA 98926

Email: connied@fairpoint.net

Wk:

Hm: (509) 925-6264

Cell: (509) 856-7624

---

### Jerry Grebb, Treasurer

*Term Expiration* 12/31/2018

209 E. 5th Avenue, PO Box 460  
Ellensburg, WA 98926

Email: jerry@girw.com

Wk: (509) 925-9876

Hm: (509) 925-4638

Cell:

---

### Susan Harrel, VP

*Term Expiration* 3/27/2020

2581 Hunter Road  
Ellensburg, WA 98926

Email: skharrel@elltel.net

Wk: (509) 925-6916

Hm: (509) 964-2501

Cell: (509) 929-1223

---

### Kathryn Houck, President

*Term Expiration* 4/30/2019

219 N. Pacific Street  
Ellensburg, WA 98926

Email: khouck@kvhealthcare.org

Wk: (509) 933-4591

Hm:

Cell: (509) 899-0832

---

### Paul Jewell, Director

*Term Expiration* 12/31/2020

300 S. Lookout Mountain Dr.  
Ellensburg, WA 98926

Email: paul.jewell@co.kittitas.wa.us

Wk: (509) 962-7508

Hm: (509) 925-7641

Cell: (509) 929-1943

---

### Burt Marx, Director

*Term Expiration* 9/26/2020

Ellensburg, WA 98926

Email: marx@charter.net

Wk:

Hm:

Cell: (509) 201-6003

---

### Jim Pappas, Director

*Term Expiration* 12/31/2018

PO Box 601  
Ellensburg, WA 98926

Email: pappasj@kvalley.com

Wk: (509) 963-3075

Hm: (509) 925-1569

Cell: (509) 910-3818

---

### Scott Rollins, Director

*Term Expiration* 9/27/2020

400 N. Pearl  
Ellensburg, WA 98926

Email: scott@scrollins.com

Wk:

Hm:

Cell: (509) 929-5800

---

### Melva Schmidt, Director

*Term Expiration* 12/31/2020

310 Mission View Drive  
Ellensburg, WA 98926

Email: melva@fairpoint.net

Wk: (509) 925-9586

Hm:

Cell: (509) 607-0293

---

### Mary Seubert, Director

*Term Expiration* 12/31/2018

1300 Vuecrest  
Ellensburg, WA 98926

Email: mmseubert@gmail.com

Wk:

Hm: (509) 925-1994

Cell: (509) 607-0683

---

### Cindy Smith, Secretary

*Term Expiration* 3/23/2019

2504 Carriage Loop  
Ellensburg, WA 98926

Email: smithc@ci.ellensburg.wa.us

Wk: (509) 962-7222

Hm:

Cell: (509) 306-9345

---

### Hartwig Vatheuer, Director

*Term Expiration* 12/31/2020

350 Groeschell Road  
Cle Elum, WA 989228956

Email: mhvath@gmail.com

Wk:

Hm: (509) 674-5951

Cell:

---

### Paula Williams, Director

*Term Expiration* 12/31/2018

PO Box 785  
Ellensburg, WA 98926

Email: ppautzke@me.com

Wk: (509) 925-6154

Hm: (509) 962-2299

Cell: (509) 899-1013

---

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

**October 17, 2017**

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

STAFF PRESENT: Julie Petersen, Libby Allgood

The meeting was called to order at 5:10 p.m. President Armstrong announced that the purpose of the meeting was to conduct an executive session regarding real estate. (RCW42.30.110(b)) She stated that the Board would be in executive session for 90 minutes.

At 6:16 p.m., the meeting was convened into open session.

With no further business and no action taken, the meeting was adjourned at 6:16 p.m.

Respectfully submitted,

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

DATE OF BOARD MEETING: October 26, 2017

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

#1	AP CHECK NUMBERS	<u>236609-237633</u>	NET AMOUNT:	<u>\$3,851,643.53</u>
#2	AP DIRECT DEPOSIT NUMBER	<u>112</u>	NET AMOUNT:	<u>\$9,887.12</u>
		SUB-TOTAL:		<u>\$3,861,530.65</u>

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

#1	PAYROLL CHECK NUMBERS	<u>80534-80557</u>	NET AMOUNT:	<u>\$32,482.70</u>
#2	PAYROLL CHECK NUMBERS	<u>80558-80580</u>	NET AMOUNT:	<u>\$29,542.12</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$965,830.28</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$960,491.41</u>
		SUB-TOTAL:		<u>\$1,988,346.51</u>

**OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:**

#1	TRANSFER FUNDS FOR INVESTMENT		NET AMOUNT:	<u>\$13,500,000.00</u>
		SUB-TOTAL:		<u>\$13,500,000.00</u>

**TOTAL CHECKS & EFTs:** \$19,349,877.16

Prepared by



Sharoll Cummins  
Staff Accountant



### **Foundation activities**

*Ouchless ER* – The Foundation received \$5,500 from the Downtown Ellensburg Rotary Club and \$5,000 from the Community Foundation of Kittitas County in support of the Ouchless ER portion of the 2017 Pediatric Improvements campaign. This effort was spear headed by Jim Ridgeway of the Rotary Club and Bob Crowe from the Community Foundation. A huge thank you goes out to both of these organizations for the generous contributions.

*Tough Enough to Wear Pink* – October has been filled activities benefiting the Foundation's Tough Enough to Wear Pink (TETWP) fund, in place to help in the fight against breast cancer in Kittitas County. On Friday, October 20 Gard Vintners held the second Gard Against Cancer event. Gard donated a portion of glass, bottle and wine club sign up sales to the TETWP fund. On Wednesday, October 25, Grapes and Crepes will be holding the first 1 in 8 event, also benefiting TETWP. Thank you to these two businesses and all their patrons for taking in interest in this cause and for helping us raise funds to help our community members.

Also on Wednesday, October 25, we are expecting a check presentation from the Ellensburg Rodeo for this year's TETWP activities that took place during rodeo. Thanks go out to the Rodeo Board for partnering with The Foundation every year in turning the arena pink and raising funds for this very important cause. I will report the totals raised from each of these events in the November packet.

*Annual Appeal (Oct)* – Annual Appeal materials were sent to the printer in early October and should be hitting your mailboxes any day. We hope to raise over \$20,000 through this one-time annual reach out to our community. Keep an eye out for yours and remember, you can set up monthly deductions via your credit card at this time ☺.

*Digital Mammography Preview Party & Women's Health Panel (October 19)* – Foundation donors got their first opportunity to see our newly remodeled Mammography suite and Digital machine on Thursday, October 19. This open house was immediately followed by a Women's Health Panel organized by the KVH Community Relations team. By all accounts the event was a success and we have been receiving very positive feedback about the upgraded service and remodeled area. Thank you for your support during this process.

Respectfully submitted,

*Michele Wurl*

Director, The Foundation at KVH

Kittitas Valley Healthcare  
Finance Committee Meeting Minutes  
September 26, 2017

Members Present: Bob Davis, Jerry Decker, Libby Allgood

Staff Present: Jason Adler, Senior Finance Analyst

The committee members noted that there was not a voting quorum present.

Financials were presented by Libby. Outpatient volumes and revenue exceeded budget overall. Emergency and Urgent Care visits were notably over budget by 11.6%. Inpatient volumes continue at trend to be under budget with admissions below by 30% for August.

A payment of \$195,263 was received in August from WSHA for reimburse us for overpayments into the workers compensation trust over the last year. Libby explained that on an annual basis the Workers Compensation trust trues up the required contributions based on actual worked hours and refunds any overpayments.

Day's cash on hand increased significantly to 233.2 days because we closed on the \$13.5 million revenue bond issuance in August.

The committee reviewed and discussed the capital request for a new Security Camera System.

With no further business and no voting quorum the meeting was adjourned.

<i>Quality Improvement Council</i>	MEETING MINUTES	October 16, 2017
Present: Mandee Olsen, Vicky Machorro, Matt Altman, Carrie Barr, Liahna Armstrong, Amy Diaz, Dr. O'Brien Guests: Julie Hiersche Recording Secretary: Mandy Weed Minutes Reviewed by: Mandee Olsen		
<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION ITEM/ RESPONSIBLE PARTY</u>
<ul style="list-style-type: none"> <li>Called to order</li> </ul>	The meeting was called to order by Liahna at 3:31 pm	
<ul style="list-style-type: none"> <li>Agenda &amp; Minutes</li> </ul>	The agenda and minutes were approved as presented.	
Reports		
<ul style="list-style-type: none"> <li>Quality Improvement Dashboard Review</li> </ul>	<p>Handouts: QI Council Dashboard &amp; Summary</p> <p>Discussion: Mandee stated there is a summary in their packet to go along with the Dashboard. She stated we have met the time to long bone fracture for 11 months now, and new hand hygiene observers have been selected. Mandee stated that there also continues to be discussions over the head coverings and glove changes. Liahna questioned the number of Care &amp; Service Reports as she stated they seemed higher to her. Mandee stated they have come back down but she is disappointed with the number of employee reports not being higher on the SAFE boards around KVH. Matt questioned if it would be helpful to talk to those departments that are using Verge more than the SAFE board. Mandee stated she didn't want to discourage reporting and that Quality would get out to the department huddles. Mandee stated that breastfeeding is also down but it is just due to patient preference.</p>	

14

<ul style="list-style-type: none"> <li>Infection Control Committee Report</li> </ul>	<p><b>Handouts:</b></p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>Julie H. stated they had an infection control committee meeting on October 12<sup>th</sup> and went over the statistics. She stated that we are doing ok with surgical site infections as we had 6 as of October, which is less than the 10 in 2016. We also had a positive AFB in September but it came back not tuberculosis. She stated we have not had any positive influenza tests and have had 19 tested. Started the Soap Super Hero's program in August and we went down from 99% compliance to 53% and back up to 60% in September. Further discussion regarding how hand hygiene is observed and details of the program.</li> <li>Julie H. stated as of 10/11/17 70% of KVH employees have been vaccinated.</li> <li>Julie H. stated the Antibiotic Stewardship Committee met and their current focus in on Levaquin and Merrem antibiotic usage and the group is meeting every other month. We have had one patient go through the desensitization using the IV protocol.</li> </ul>	
<ul style="list-style-type: none"> <li>WSHA Patient Safety Summary Report <ul style="list-style-type: none"> <li>*Patient Safety Comparison Rural</li> <li>*Patient Safety Trend – KVH only</li> </ul> </li> </ul>	<p><b>Handouts:</b> Partnerships for Patients</p> <p><b>Discussion:</b> Mandee stated there are 3 different summary reports; 1. Patient Safety Comparison 2. Rural Hospitals 3. KVH over time. We are working to improve our numbers. We have continued to struggle with falls with injury but we may be more consistent with our reporting than others. We are also working on getting the radiology dosages posted. The episiotomy rate has been taken to the OB/Peds Committee and they are not concerned as they don't feel that zero is the correct number. The patient safety trend report is over time and our numbers have been really good. Severe sepsis and toxic shock have been 0 for 5 quarters which is great. Medicare 30-day readmissions data is from CMS and we perform as well and at times slightly better than others in the state. Our internal</p>	

	metric is broader, and more timely, but it is not measured that way by others and so we have no benchmark with that metric.	
<b>Policy Review</b>		
<ul style="list-style-type: none"> <li>Dealing with Patient Concerns</li> </ul>	<p><b>Handouts:</b> Dealing with Patient Concerns Policy</p> <p><b>Discussion:</b> Mandee stated the policies have been reviewed by staff; one of the recommended changes to comply with general CMS Conditions of Participation is to have the Board of Commissioners delegate responsibility to manage patient concerns by a "committee". It is recommended that the Quality department be delegated as that "committee". Edits were made that make portions of referenced WAC relevant to patient concerns. It was voted to recommend the board approve the edited policy.</p>	
<ul style="list-style-type: none"> <li>Peer Review</li> </ul>	<p><b>Handouts:</b> Medical Staff Peer Review Policy</p> <p><b>Discussion:</b> Mandee stated this has gone to Peer Review and they have approved the changes. Linda will be bringing some information to the next meeting, one of the biggest challenges is documentation. Mandee stated the policy is approved by the Medical Staff but wanted to bring it to QI for review and oversight.</p>	
<b>New Business</b>		
<ul style="list-style-type: none"> <li>SAFE Catch Nominations Review &amp; Selection</li> </ul>	<p><b>Handouts:</b> SAFE Catch nominations</p> <p><b>Discussion:</b> The council reviewed all nominations and decided to award the following:</p> <p>3<sup>rd</sup> Quarter Clinical – Jeannette Simonton, Registered Nurse, Surgical Services for discovering a dosage miscalculation and correcting the error.</p> <p>3<sup>rd</sup> Quarter Non-Clinical – Sandra Gomez, Housekeeping Aide, Environmental Services for identifying an operating room potentially was</p>	

15a



	not cleaned properly.	
<ul style="list-style-type: none"> <li>DRAFT Patient Satisfaction Dashboard</li> </ul>	<p><b>Handouts:</b> DRAFT dashboard</p> <p><b>Discussion:</b> Mandee stated this is a draft to dig into patient satisfaction more. She went over the percentile ranks and questioned if this was useful to the group compared to the data out of Healthstream. Dr. O'Brien stated he would like to see individual rankings and would like to see the raw data summary. Matt suggested leaving it as is and adding a couple of sentences to explain the data. Mandee commented that it is helpful for her to be able to see the data over time.</p>	
<b>Closing</b>		
<ul style="list-style-type: none"> <li>Review proposed meeting dates for 2018</li> </ul>	<p><b>Discussion:</b> It was agreed by the committee to cancel the December meeting and at this time to stay with the 3<sup>rd</sup> Monday of the month from 3:00-4:30.</p>	
<ul style="list-style-type: none"> <li>Adjourned at 5:05 pm</li> </ul>	Next meeting February 12 <sup>th</sup> 3:00 pm	

**QUALITY IMPROVEMENT REPORT – Mande Olsen, BSN RN CPHQ**  
**October 2017**

**Washington State Government Lean Transformation Conference**

As you know, this year has been a time for the board, and leaders across the organization, to reflect on our current Lean practice and make some small changes to our practice and tools. Last week, KVH Lean Facilitator Carissa Bacon and I had the pleasure to attend the 6<sup>th</sup> annual Lean Transformation Conference in Tacoma, Washington. This conference, the largest of its kind in the country, is an opportunity for Washington state government employees and leaders to learn and share about Lean from national experts, peer groups in government, and a few private sector businesses. Governor Jay Inslee kicked off the event by charging the more than 2,000 public servants to be fearless, resolute and team-oriented in our pursuit of value to the people of our state and continuous improvement.

The next two days were spent refreshing and reaffirming our belief that a system managed in a Lean way is safer, more efficient and effective, and patient-centered. Often, we were seeing a presentation thinking, "Yep, we tried that." Or, "We're so glad we still do this, it really works." Or, "Man, we've always hoped we could hardwire that practice but haven't found a way that works for us." I'm happy to report that one of the most exciting presentations I saw, reminded us that we, including you the board, are on the right track now, even as we make changes to our processes. One of the original thinkers from Toyota that brought "Lean" to United States companies such as Boeing and Virginia Mason, Takeshi Iwata, instructed us on Hoshin Kanri (target direction) and Daily Management. We currently practice many components of daily management, and have tried Hoshin Kanri before with "Strategic Deployment". Per Sensei Iwata, you cannot have continuous improvement, or meet your business goals, without both. One of the key elements missing from our previous attempts at Hoshin Kanri was the "target direction" being set by the board. With the new Mission, Vision, Values and Strategies approved, and the business plans in development, we are well positioned to begin our next evolution of Lean thinking.

Other highlights for me:

- Oregon State Hospital's "Out of the Ashes" – this was a moving story of how OSH went from years of demoralizing investigations and potential DOJ takeover, to the best state mental hospital in the nation. Key takeaway for me was a beautiful "fundamentals map" where, on one page, the Mission, Vision, Values are linked to the strategic and operational processes. This allows anyone, at any time, to link their individual work to the patient and the organization's strategy.

- Premera Blue Cross – A team of their VPs discussed how they work to model the improvement behavior they want to see from their teams. They constantly ask themselves through debriefing “how did I show up today?” One leader went so far as to do an A3 on his own problem of “interrupting and telling, instead of asking and coaching.”
- Lean practitioner for the City and County of Denver and writer of *Peak Performance*, Brian Elms, had some amazing government employee jokes that had us in stitches. More importantly, he reminded us to risks: “the first step to innovation is courage.” Trying something is a risk, but so is staying complacent. We have long valued problems as opportunities to learn and improve, but also need to recognize the courage it takes to make that first change.
- Seattle Children’s – along the lines of being brave, from Seattle Children’s we were challenged to become comfortable with uncertainty. If we are completely certain in what we are doing, we are not laying new neural pathways, we are not learning. If the process or journey is a complete mystery, we may become so fearful that we become paralyzed. Seattle Children’s is piloting ways to coach their working lean leaders to welcome uncertainty as learning.

It was invigorating to be reminded of what set us on our Lean journey six years ago: to bring the best care to our patients, strength to our organization, and joy to our staff. I am thankful that I have the opportunity to further this work every day.

## SAFE Catch Awards and Nominations

3<sup>rd</sup> Quarter 2017



### Clinical Award Nominations:

#### **Winner: Jeannette Simonton, Registered Nurse, Surgical Outpatient**

**Reason for nomination:** Discovering a dosage miscalculation and correcting the error

**Nominator:** Anonymous

**Event:** Patient was in SOP for her 3<sup>rd</sup> scheduled infusion. Jeanette discovered that the patient had been given the wrong dose of medication during her first 2 infusions due to miscalculation based on the patient's weight. Once Jeanette made the catch, she was able to make appropriate adjustments so that the patient received the correct dosage of medication. Without catching this error, the patient could have potentially required additional infusions until she met the goals of her therapy.

#### **Nominee: Heather Zech, Respiratory Therapist, Cardiopulmonary Services**

**Reason for nomination:** Investigating concerns in patients orders and/or indications for exams

**Nominator:** Vanessa Adler, Receptionist, Cardiopulmonary Services

**Event:** Recently CP has received orders for patients that have contradicting indications for the study being requested either on the order or by the patient. i.e. the study was just completed. When brought to Heather for help, she goes above and beyond to ensure the proper indication is obtained for the procedure requested. She will either go through the order to clarify what is needed or will reach out to the requesting facility to discuss what they need. This helps ensure patients are being scheduled properly and given the proper procedure the first time, saving everyone time and money. Her knowledge on procedures done in the CP department as well as her willingness to help is truly appreciated by patients and the department staff.



#### **A SAFE Catch involves at least one of the following:**

- The catch prevented an event from reaching a patient or staff member
- The catch prevented pain, delays in care, unnecessary costs, or workflow inefficiencies
- The situation was high risk or had potential for greater patient harm, such as communication errors, surgical site infections, or falls
- The catch led to front-line or just-in-time improvement

## SAFE Catch Awards and Nominations

3<sup>rd</sup> Quarter 2017



### Non-Clinical Award Nominations:

#### **Winner: Sandra Mani Gomez, Housekeeping Aide, Environmental Services**

**Reason for nomination:** Identifying an operating room potentially was not cleaned properly

**Nominator:** Amy Krogstadt, RN, Director-Surgical Services

**Event:** Sandra spoke up when she was concerned that an OR may not have been properly cleaned after an emergency case done during the night. She brought her concern to the OR charge nurse who was able to pause the patients progress to the OR while she investigated Sandra's concerns. The issue was brought to the OR Director as well as EVS Director. We were able to locate the night time personnel and confirm that the room was cleaned correctly. The patient was transported to an OR that we were confident was safe for their procedure to be performed in, with very little delay in their care. She did an awesome job of speaking up when she thought something may have been unsafe for the patient, being brave enough to pause the progress of patient care and confirm that our environment is safe is a big deal!

#### **Nominee: Brandee Coates, Care & Service Coordinator, Quality/Risk Management**

**Reason for nomination:** Discovering language in a policy that was confusing

**Nominator:** Mandee Olsen, RN, Director-Quality/Risk Management

**Event:** Brandee discovered language in a policy related to self-administered medications that was confusing and potentially misleading to our patients. This was frequently cited incorrectly by staff to our patients. Brandee was able to notify the Pharmacy Director in the event any changes needed to be made to make the policy more clear.

### Non-Clinical Award Nominations continued.....



#### **A SAFE Catch involves at least one of the following:**

- The catch prevented an event from reaching a patient or staff member
- The catch prevented pain, delays in care, unnecessary costs, or workflow inefficiencies
- The situation was high risk or had potential for greater patient harm, such as communication errors, surgical site infections, or falls
- The catch led to front-line or just-in-time improvement

18a

## SAFE Catch Awards and Nominations

3<sup>rd</sup> Quarter 2017

### Non-Clinical Award Nominations continued.....



#### **Nominee: Kimberly Clark, Health Information Tech, HIM**

**Reason for nomination:** 2 echo reports read by 2 different providers

**Nominator:** Health Information Management Department

**Event:** It was discovered that an echo report had 2 preliminary read reports by 2 different providers. Kimberly communicated her findings with YHC who, with the assistance of their lead provider, helped figure out what was going on. It was determined that Yakima Heart Center had not marked the original read as complete and it was forwarded to the second provider and read again. This generated 2 separate billings by each provider for the exam to be read which the patient would have been billed for. Kimberly facilitated getting 1 report on the exam as well as ensuring the additional billing for the read was removed avoiding our patient being doubled charged.

#### **Nominee: Brandee Coates, Care & Service Coordinator, Quality/Risk Management**

**Reason for nomination:** Finding less expensive white boards for the Quality Department

**Nominator:** Mande Olsen, RN, Director-Quality/Risk Management

**Event:** After Quality's move to the library, magnetic dry erase boards needed to be ordered for the new space as most of the existing magnetic dry erase boards stayed in the old space. Brandee was able to find magnetic dry erase boards for hundreds of dollars cheaper than previous purchases. Thanks for being so fiscally-minded!



#### **A SAFE Catch involves at least one of the following:**

- The catch prevented an event from reaching a patient or staff member
- The catch prevented pain, delays in care, unnecessary costs, or workflow inefficiencies
- The situation was high risk or had potential for greater patient harm, such as communication errors, surgical site infections, or falls
- The catch led to front-line or just-in-time improvement

## Quality Improvement Dashboard Data Summary – For use in October 2017

### Summary of Areas Meeting Goal or Showing Improvement

- Median Time to Pain Management (Long Bone Fracture) at goal for 11 months.
- Sepsis Bundle 100%. We were again “Best in Class” among all hospitals reporting Sepsis to Press Ganey.
- No Surgical Site Infections or Needlesticks
- No Adverse Medication Events
- All Home Health measures at target!
- Hospice Timely Initiation of Care percentage increased but still below the KVH Hospice internal goal that is in line with what we want patients and families to experience (24 hours). For the CMS target for timely initiation of 48 hours, KVH Hospice was again 100%.
- Uptick in employee reports. Unfortunately Verge reporting higher than SAFE Board reporting, but no corresponding increase in harm events signals that more reporting of near-miss opportunities.

### Summary of Improvement Opportunities

- Hand hygiene initiative has new observers, waiting to report data until have appropriate data samples
- Continued conversations in surgical areas related to resistance in using bouffant to cover skull caps
- 6 Falls, although 3 of them on the same patient. 2 falls with laceration injury.
- Exclusive Breastfeeding dropped, most related to mother’s preference.

### Patient Story

*“The best possible staff and facilities a 76 year-old person with a serious situation that could have been fatal... I was expedited, taken seriously, my problems were diagnosed quickly by a very professional staff of 6 or 7... the facility was well designed, well equipped and spotlessly clean. I couldn’t have been taken better care of... I have a very good sense of humor and I was indulging it... the staff, as professional and busy as they were, quipped back. If it was my last day it would have been ok, I knew I was getting the best of the best, hands down.”*

*Emergency Department Patient, August 2017*

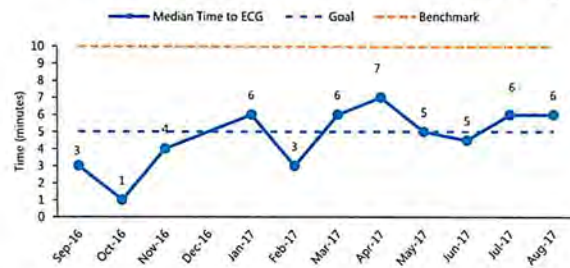
# QI Council

### Median Time to Pain Management (Long Bone Fracture) ↓



# of pts 7 8 5 10 5 5 6 4 7 8 6 7

### Median Time to ECG (Chest Pain) ↓



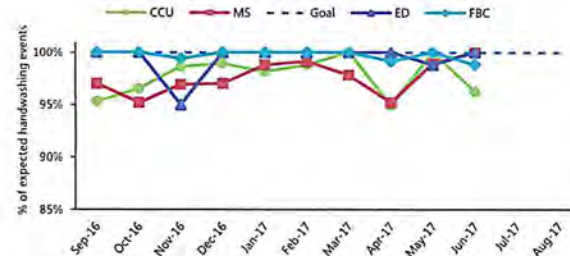
# of pts 3 1 4 0 5 5 3 6 11 8 8 5

### Sepsis Bundle ↑

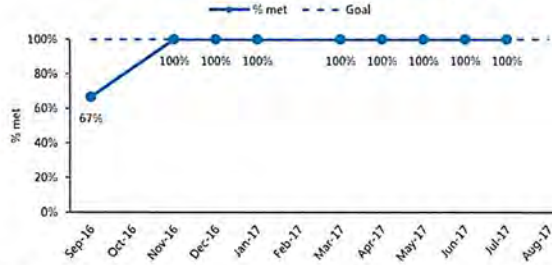


# possible 4 4 7 6 6 7 4 1 4 4 5 9

### Hand Hygiene ↑

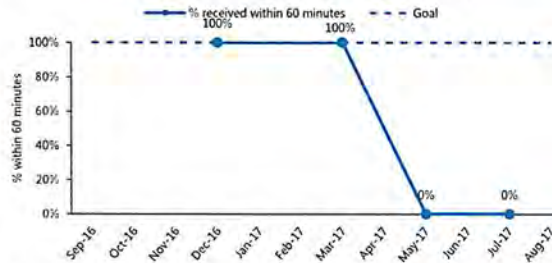


### Stroke Dysphagia Screening ↑



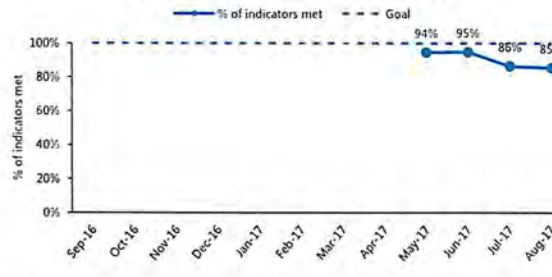
# of pts 3 0 1 1 2 0 3 4 3 1 4 0

### Stroke IV Thrombolytics ↑



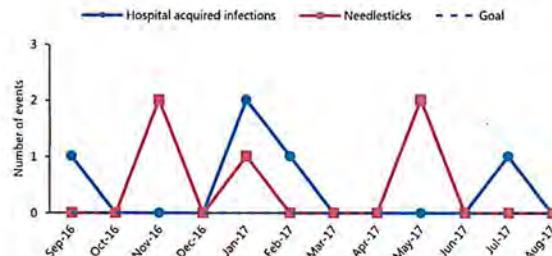
# of pts 0 0 0 1 0 0 1 0 1 0 1 0

### Total Joint SSI Prevention

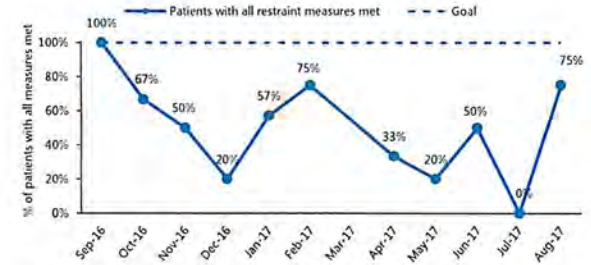


# possible ### ### ### ### ### ### ### ### 72 56 66 34

### HAIs and Needlesticks ↓



### Restraints ↑

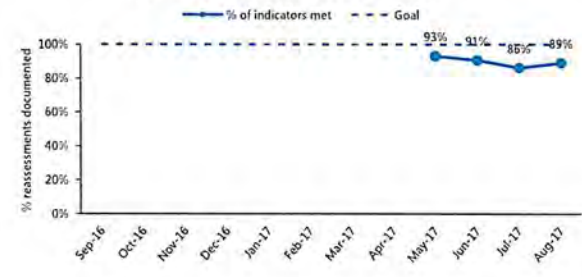


# possible 1 3 2 5 7 4 0 3 5 2 1 4

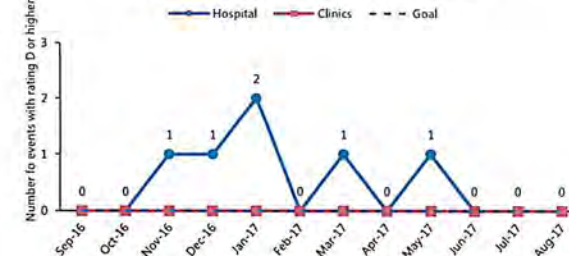
### Falls ↓



### Pain Med Reassessment

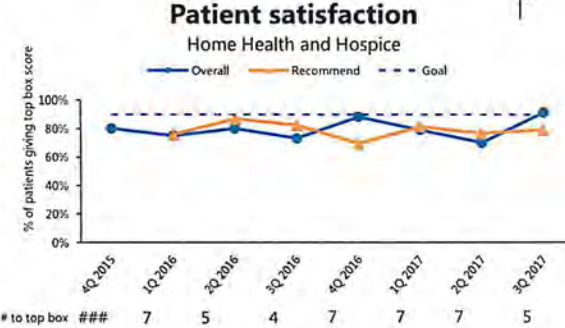
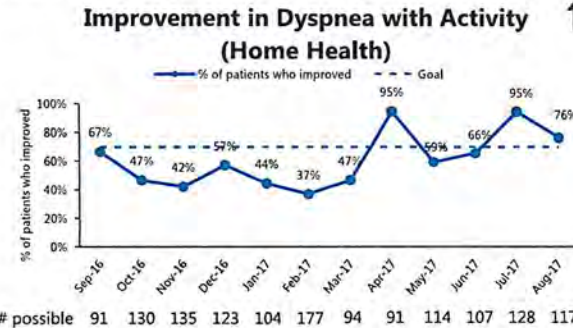
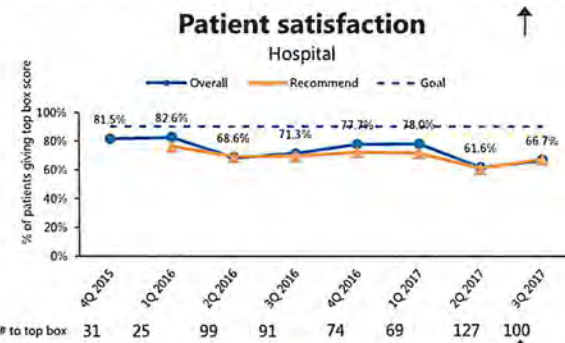
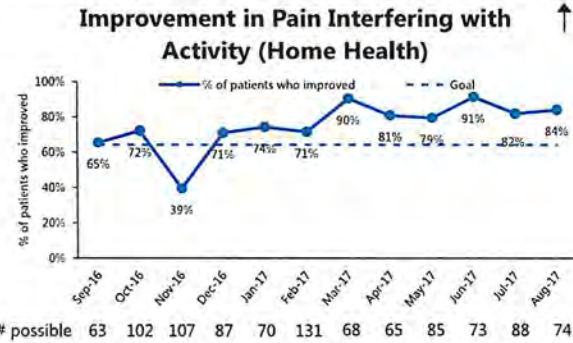
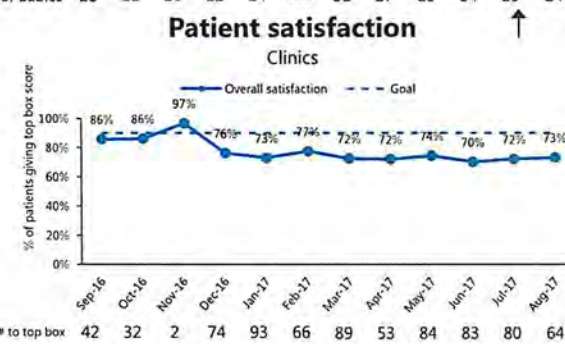
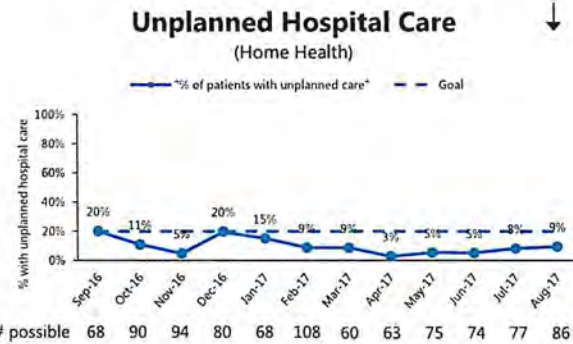
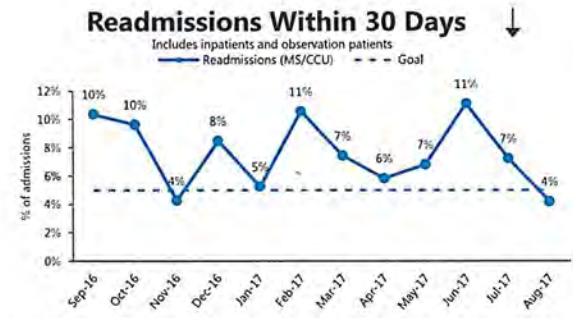
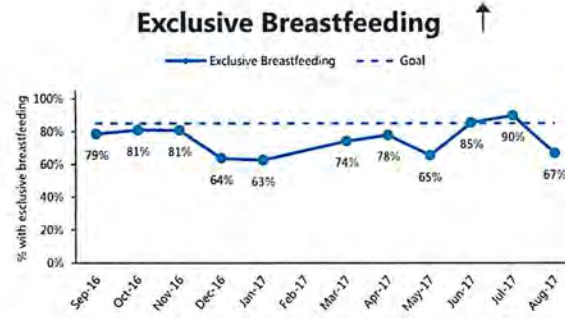
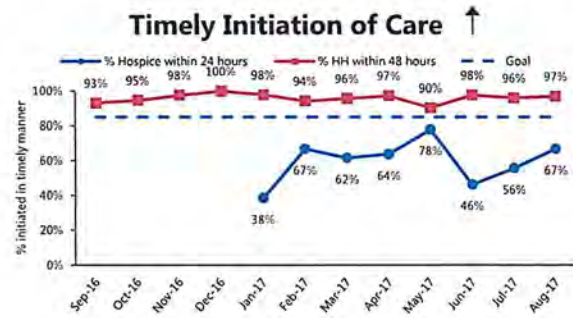


### Adverse Medication Events



182





18e



## Dealing with Patient Concerns

Quality Department

Type: Policy  
Status: Official  
Last reviewed: 10/13/2017

Page 1 of 2

### Purpose:

The organization's grievance process must be approved by the governing body. KVH Board of Commissioner's delegate the systematic process for the receipt, investigation, and resolving of patient and/or authorized representative's concerns and/or grievances to the Quality department as the "grievance committee". The intent of this process is to comply with the Center for Medicaid and Medicare (CMS) Conditions of Participation grievance requirements, as well as identify, through the investigative process, opportunities for improvement.

### Definitions:

**Verbal complaint** - A verbal complaint regarding patient care is one that can be resolved at the time of the complaint by the staff present. The complaint is considered resolved when the patient is satisfied with the actions taken on their behalf. A verbal complaint regarding abuse, neglect, patient harm or hospital compliance with CMS requirements, is considered a grievance and requires adherence to KVH "Dealing with Patient Concerns" policy process.

**Written complaint** - A written complaint is always considered a grievance, whether from an inpatient, outpatient, released/discharged patient or their representative regarding the patient care provided, abuse or neglect, or the hospital's compliance with CMS requirements. An email or fax is considered a "written" complaint.

**Patient grievance (CMS definition)** - A "patient grievance" is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489. In this policy, the term concerns/grievances will be used synonymously.

**Staff present** - "Staff present" includes any KVH staff present at the time of the complaint or who can quickly be at the patient's location (i.e. nursing, administration, nursing supervisors, patient advocates, etc.) to resolve the patient's complaint.

**Grievance resolved** - A grievance is considered resolved when the patient is satisfied with the actions taken on their behalf.

There may be situations where KVH has taken appropriate and reasonable actions on the patient's behalf in order to resolve the patient's grievance and the patient or the patient's representative remains unsatisfied with

KVH's actions. In these situations, KVH may consider the grievance closed for the purposes of these requirements. KVH will maintain documentation of its efforts

**Policy:**

A patient or family member that has a concern or compliment regarding the quality of care or service received by a patient, or about premature hospital discharge of a patient, will be advised of the organization's procedure for filing a grievance through the Care and Service Reporting System. The procedures are defined to facilitate KVH staff in their response to patient and/or their authorized representative's concern/grievance.

**Education Plan:**

1. Education should be provided to all new staff members during the employee orientation process (NEO or NELO).
2. Annual education for all staff to the KVH Care and Service process will be coordinated with the Staff Development Department

**References:**

**Washington State RCW 70.41.155 Duty to investigate patient well-being** [2000 c 6§2.]Any complaint against a hospital and event notification required by the department that concerns patient well-being shall be investigated.

**Washington State WAC 246-320-141 patient rights and organizational ethics-**

The purpose of this section is to improve patient care and outcomes by respecting every patient and maintaining ethical relationships with the public. Hospitals must adopt and implement policies and procedures that define each patient's right to complain about their care and treatment without fear of retribution or denial of care, and have timely complaint resolution.

**Center for Medicaid Services Patients' Rights (42 CFR 5482.13)** - Provides clarification of the patient grievance process, revises the definition of grievance, and clarifies requirements for the provision of a written response.

**Related Documents/Forms:**

- Dealing with Patient Concerns - Procedure
- Care and Service Report Form

**Comment [LN1]:** No need to add this information. The reference to 42CFR 482.13 is sufficient.

<b>Dept. of Record:</b>	<b>Quality</b>	<b>Effective Date:</b>	
<b>Policy Originator:</b>	<b>Franki Storlie</b>		<b>Print Date:</b>
<b>Revision By:</b>	<b>Linda Navarre</b>	<b>Revision Date:</b>	<b>7/3/2017</b>
<b>Reviewed By:</b>	<b>Mandee Olsen</b>	<b>Review Date:</b>	<b>10/13/2017</b>
<b>Committee Review:</b>	<b>Quality Improvement Council</b>	<b>Date Recommended:</b>	
	<b>Board of Commissioners</b>	<b>Date Approved:</b>	

*Paper copies of this document may not be current and should not be relied on for official purposes. The current version is on the KVH Intranet.*



## Medical Staff Peer Review

Quality

POLICY

Page 1 of 5

### **Purpose:**

To ensure that the hospital, through the activities of its medical staff, assesses the Ongoing Professional Practice Evaluation (OPPE) of individuals granted clinical privileges and uses the results of such assessments, when necessary, to perform Focused Professional Practice Evaluation (FPPE), promoting the provision of safe, high quality patient care.

### **Goals:**

1. Monitor and evaluate the ongoing professional practice of individual practitioners with clinical privileges
2. Create a culture with a positive approach to peer review by recognizing physician excellence as well as identifying improvement opportunities
3. Perform focused professional practice evaluation when potential physician improvement opportunities are identified
4. Provide accurate and timely performance data for physician feedback, ongoing and focused professional practice evaluation and reappointment
5. Promote efficient use of physician and quality staff resources
6. Ensure that the process for peer review is clearly defined, fair, defensible, timely, and useful

### **Definition:**

#### **Peer review**

"Peer review" is the evaluation of an individual practitioner's professional performance and the identification of opportunities to improve patient care. Peer review evaluates the strengths and weaknesses of an individual practitioner's performance as well as appraising the quality of care rendered by a group of professionals or by a system. Peer review is conducted using multiple sources of information including: 1) the review of individual cases, 2) the review of aggregate data for compliance with general rules of the medical staff and clinical standards, and 3) use of rate measures in comparison with established benchmarks or norms.

#### **Physician competency framework**

The individual's evaluation is based on generally recognized standards of care. Through this process, practitioners receive feedback for personal improvement or confirmation of personal achievement related to the effectiveness of their professional practice as defined by the six Joint Commission Accreditation Council for Graduate Medical Education's (ACGME) general competencies described below:

- Patient Care: Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and at the end of life
- Medical Knowledge: Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others

18h

- **Practice-Based Learning and Improvement:** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care
- **Interpersonal and Communication Skills:** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare teams
- **Professionalism:** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society
- **Systems-Based Practice:** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize healthcare

**Peer**

A "peer" is an individual practicing in the same profession and who has expertise in the appropriate subject matter. The level of subject matter expertise required to provide meaningful evaluation of a practitioner's performance will determine what "practicing in the same profession" means on a case-by-case basis. For quality issues related to general medical care, a physician (MD or DO) may review the care of another physician. For specialty-specific clinical issues, a peer is an individual who is well-trained and competent in that specialty area.

**Peer review body**

The peer review body designated to perform the initial review by the medical executive committee (MEC) or its designee will determine the degree of subject matter expertise required for a provider to be considered a peer for all peer reviews performed by or on behalf of the hospital. The initial peer review body will be the Medical Staff Peer Review Committee. The members of the Medical Staff Peer Review Committee will be the Chairs of the Departments, Chief Executive Officer, and the Chief of Staff. The Chief Medical Officer may attend as an ex-officio member. If any of the four departments is not represented by one of the aforementioned participants, a member of the MEC or another physician member of that department will be asked to participate in the Medical Staff Peer Review Committee. Physicians with special expertise will be asked to participate as ad hoc members by the Medical Staff Peer Review Committee on an as needed basis, depending on the relevance to current cases.

**Ongoing Professional Practice Evaluation (OPPE)**

OPPE is the routine monitoring and evaluation of current competency for current medical staff. These activities comprise the majority of the functions of the ongoing peer review process and the use of data for reappointment.

**Focused Professional Practice Evaluation (FPPE)**

FPPE is the establishment of current competency for new medical staff members, new privileges, and/or concerns from OPPE. These activities comprise what is typically called proctoring or focused review depending on the nature of the circumstances.

**Conflict of interest**

A member of the medical staff requested to perform peer review may have a conflict of interest if they are unable to render an unbiased opinion.

- An absolute conflict of interest would result if the physician is the provider under review.

- Relative conflicts of interest are either due to a provider's involvement in the patient's care not related to the issues under review or because of a relationship with the physician involved as a direct competitor, partner, key referral source or close personal relationship.

It is the obligation of the individual reviewer or committee member to disclose to the committee the potential conflict. It is the responsibility of the peer review body to determine on a case-by-case basis whether a relative conflict is substantial enough to prevent the individual from participating. When either an absolute or substantial relative conflict is determined to exist, the individual may not participate or be present during peer review body discussions or decisions other than to provide specific information requested as described in the Peer Review Case Process Flow.

**Policy:**

1. All peer review information is privileged and confidential in accordance with medical staff and hospital bylaws, state and federal laws, and regulations pertaining to confidentiality and non-discoverability (RCW 70.41.200 and RCW 4.24.250).
2. The involved practitioner will receive provider-specific feedback on a routine basis.
3. The medical staff will use the provider-specific peer review results in making its recommendations to the hospital regarding the credentialing and privileging process and, as appropriate, in its performance improvement activities.
4. The hospital will keep provider-specific peer review and other quality information concerning a practitioner in a secure, locked file. Provider-specific peer review information consists of information related to:
  - Performance data for all dimensions of performance measured for that individual physician
  - The individual physician's role in sentinel events, significant incidents, or near misses
  - Correspondence to the physician regarding commendations, comments regarding practice performance, or corrective action
5. The final determinations of the Medical Staff Peer Review Committee and any subsequent actions are considered part of an individual provider's quality file.
6. Peer review information in the individual provider quality file is available only to authorized individuals who have a legitimate need to know this information based upon their responsibilities as a medical staff leader or hospital employee to the extent necessary to carry out their assigned responsibilities. Only the following individuals shall have access to provider-specific peer review information and only for purposes of quality improvement:
  - The specific provider
  - The Chief of the medical staff for purposes of considering corrective action
  - Medical staff department chairs (for members of their departments only) to conduct OPPE
  - Members of the Medical Executive Committee, Medical Staff Peer Review Committee, and medical staff services professionals for purposes of considering reappointment or correction action
  - Medical leaders and quality staff supporting the peer review process
  - Individuals surveying for accrediting bodies with appropriate jurisdiction (e.g. the Department of Health or other State/Federal regulatory bodies)
  - Individuals with a legitimate purpose for access as determined by the hospital Board of Commissioners
  - The hospital CEO and Board of Commissioners when information is needed for the process of immediate formal corrective action as defined by the medical staff bylaws
7. No copies of peer review documents will be created and distributed unless authorized by medical staff or hospital policy.

**Circumstances requiring peer review**

Peer review is conducted on an ongoing basis and reported to the appropriate committee for review and action. The procedures for conducting peer review for an individual case and for aggregate performance measures are described in the Peer Review Case Process Flow.

In the event that a decision is made by the Board of Commissioners to investigate a practitioner's performance or that circumstances warrant the evaluation of one or more providers with privileges, the Medical Executive Committee or its designee shall appoint a panel of appropriate medical professionals to perform the necessary peer review activities as described in the Medical Staff Bylaws.

**Circumstances requiring external peer review**

The MEC, Medical Staff Peer Review Committee, CEO, or Director of Quality/Risk Management will make determinations on the need for external peer review. No practitioner can require the hospital to obtain external peer review if it is not deemed appropriate by the MEC. Circumstances requiring external peer review include the following:

- Litigation: when dealing with the potential for a lawsuit.
- Ambiguity: when dealing with vague or conflicting recommendations from internal reviewers or medical staff committees and conclusions from this review will directly affect a practitioner's membership or privileges.
- Lack of internal expertise: when no one on the medical staff has adequate expertise in the specialty under review; or when the only practitioners on the medical staff with that expertise are determined to have a conflict of interest regarding the practitioner under review as described above. External peer review will take place if this potential for conflict of interest cannot be appropriately resolved by the medical executive committee or Board of Commissioners.
- Miscellaneous issues: when the medical staff needs an expert witness for a fair hearing, for evaluation of a credential file, or for assistance in developing a benchmark for quality monitoring. In addition, the Board of Commissioners, Medical Executive Committee, CEO, Director of Quality/Risk Management may require external peer review in any circumstances deemed appropriate.

**Participants in the review process**

Participants in the review process will be selected according to the medical staff policies and procedures. The work of all practitioners granted privileges will be reviewed through the peer review process. Clinical support staff will participate in the review process if deemed appropriate. Additional support staff will participate if such participation is included in their job responsibilities. The peer review body will consider the views of the provider, whose care is under review prior to making a final determination, providing that individual responds within two weeks of confirmed notification by the Quality Department.

In the event of a conflict of interest or circumstances that would suggest a biased review beyond that described above, the Medical Staff Peer Review Committee or the MEC will replace, appoint, or determine who will participate in the process so that bias does not interfere in the decision-making process.

**Thresholds for FPPE**

If the results of an OPPE indicate a potential issue with physician performance, the Medical Staff Peer Review Committee may initiate a FPPE to determine whether there is problem with current competency of the physician for either specific privileges or for more global dimensions of performance. These potential issues may also be identified as the result of individual case review.

**Individual case review**

Peer review will be conducted by the medical staff in a timely manner. The goal is for routine cases to be completed within 90 days from the date the chart is reviewed by the quality management staff and complex cases to be completed within 120 days. Exceptions may occur based on case complexity or reviewer availability. The timelines for this process are described in Peer Review Case Process Flow. The rating system for determining results of individual case reviews is described in the Peer Review Case Rating and Scoring Form.

**Rate and rule indicator data evaluation**

The evaluation of aggregate physician performance measures via either rate or rule indicators will be conducted on an ongoing basis by the Medical Staff Peer Review Committee or its designee.

**Oversight and reporting**

Direct oversight of the peer review process is delegated by the MEC to the Medical Staff Peer Review Committee. The Medical Staff Peer Review Committee will report to the Board of Commissioners through the MEC at least quarterly.

**Statutory authority**

This policy is based on the statutory authority of the Health Care Quality Improvement Act of 1986 42 U.S.C. 11101, et seq. and Washington State Law RCW 70.41.200 and RCW 4.24.250. All minutes, reports, recommendations, communications, and actions made or taken pursuant to this policy are deemed to be covered by such provisions of Federal and State law providing protection to peer review related activities.

**Education Plan:**

*Healthcare providers will be informed through new provider orientation, departmental meetings and/or new employee/agency staff orientation.*

**Related Documents/Forms:**

- Medical Staff Peer Review Case Process Flow*
- Medical Staff Peer Review Case Rating and Scoring Form*
- Medical Staff Peer Review Case Scoring System*
- Medical Staff Peer Review Physician Feedback Letter example*
- Medical Staff Peer Review Indicator Sources*

<b>Dept of Record:</b>	<b>Quality</b>	<b>Effective Date:</b>	<b>11/11/2013</b>
<b>Policy Originator:</b>	<b>Sharon Johnson</b>	<b>Print Date:</b>	
<b>Revision By:</b>	<b>Linda Navarre</b>	<b>Revision Date:</b>	<b>5/15/17</b>
<b>Reviewed By:</b>	<b>Mandee Olsen</b>	<b>Review Date:</b>	<b>10/13/2017</b>
<b>Committee Review:</b>	<b>Medical Staff Peer Review Committee</b>	<b>Date Approved:</b>	<b>6/14/17</b>
<b>Committee Review:</b>	<b>Quality Improvement Council</b>	<b>Date Approved:</b>	<b>10/16/2017</b>

*Paper copies of this document may not be current and should not be relied on for official purposes. The current version is on the KVH Intranet.*





## CHIEF EXECUTIVE REPORT – Julie Petersen October 2017

**Behavioral Health:** In early November, we will be meeting with a group of community-based behavioral health providers. The goal is to begin to understand what they see as unmet behavioral health (mental health and substance utilization disorder) needs so that we can begin to understand what practical, sustainable role we can play in meeting those needs. We have a variety of settings including rural health clinics, inpatient, ED and patient centered medical homes that can accommodate behavioral health services. Ideally we could build around current community providers by leveraging our various locations and reimbursement/care models.

**Collaborating in Upper County:** We are reviewing a federal grant opportunity to provide funding for the collaborative work being done by HD#1, HD#2 and Swedish. The turnaround time on the grant is very short but we feel that our project would be a great fit.

**Rehabilitation Services:** Bill Mannewitz, Assistant Director of Operations at Rehab Visions, is planning to attend the Board meeting. Several of you have had an opportunity to meet Bill. He was one of the three Rehab Visions leaders who met with staff to assist with the transition. Bill will be available introduce himself and discuss the transition.

**Radio Hill Annex Update:** I will have an update at the Board meeting but the project is in the City planning queue.

**WSHA Annual Meeting:** The WSHA meeting agenda was condensed into a single day but many of the topics and updates were helpful. I would like to invite Mary Kay Clunies-Ross, WSHA Vice President of Communications, to a future Board meeting to discuss messaging and external communications. Mary Kay's presentation experience was very insightful.

### **OneSource Update:**

#### *Critical Issue*

Our Project Manager, Kristin LaVigne, will have to step away from the project as of November 3<sup>rd</sup>. Kristin has been instrumental in coordinating our efforts thus far and will be sorely missed. She has left the project in a very good place, and we are diligently searching for her replacement.

In the interim, Mark Andrew, Jack Schwartz, and the Informatics team will step up to fill some of the various roles that Kristin plays and will need to play moving forward (e.g. coordinating training and testing). As the project moves into the Implementation Phase, it will be largely planned and coordinated by IT.

#### *Events*

A major Integrated Testing event occurred on October 17, 18, and 19, with 25+ Cerner employees on site. There was good participation and great teamwork across the organization (another "OneSource moment"). We have heard mixed feedback from KVH providers and staff, with the majority of feedback being positive.

The Cerner Provider representative commented on how amazing it was that we were able to get as many providers to the event as we did. Not only did we have a number of different KVH specialties represented, non-KVH provider partners participated as well. Non-KVH providers included Dr. Haney (Family Health Care of Ellensburg), Dr. Keggi (CHCW), Dr. Sand (OB/GYN of Ellensburg), and Dr. Hiersche (Orthopedic Surgeon).



## CHIEF EXECUTIVE REPORT – Julie Petersen

**October 2017**

We are considering coordinating our own integrated testing event to address some areas requiring further testing before working with Cerner on Integrated Testing, Round 2.

### *Integrated Testing, Round 2*

Week 1 – 12/11 – 12/15

Week 2 – 12/18 – 12/22

More of the same, except more of the build is expected to be complete, allowing more detailed scripts and scenarios. Additionally, we want ensure to cover any gaps in testing from IT1.

### *Legacy Data*

Cindy Kelly, Director of Health Information Management, has had several conversations with a Legacy Data Repository vendor. This vendor suggested using CCDs (Continuity of Care Documents) as a tool to load historical data into Cerner. This is very significant because it adds critical elements like Meds and Labs to the list of data that can be available from a patient's chart. This will increase the amount of data available to providers in Cerner on the go-live date and greatly reduces the need for manual abstraction from legacy systems.

Jack Schwartz is working on a demo of the legacy data option for physicians.

HR Dashboard

Measurement		17-Sep	17-Aug	17-Jul	17-Jun	May-17	Apr-17	Mar-17	Feb-17	Jan-17	Dec-16	Nov-16	Oct-16	Sep-16	
Employee Population	Available workforce	Rolling 12 Variance													
	Full-time	20	346	339	333	328	326	328	322	331	329	330	332	332	326
	Part-time	-21	146	147	151	157	170	173	174	177	176	165	170	174	167
	Per Diem	-1	88	88	89	89	84	79	77	79	79	86	89	92	89
	Total Employees	-2	580	574	573	574	580	580	576	587	584	581	591	598	582
Turnover	Quality of recruitment and retention	Rolling 12 Total													
	Voluntary (excludes pd terms, includes reduction of FTE to pd)	99	3	14	12	11	12	6	9	2	2	11	7	4	6
	Involuntary (excludes pd terms)	22	2	1	0	1	0	1	4	1	2	5	1	3	1
	Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	20.87%	0.86%	2.61%	2.09%	2.09%	2.07%	1.21%	2.26%	0.51%	0.68%	2.75%	1.35%	1.17%	1.20%
	Total All Employees Separated	129	8	15	11	14	11	7	12	4	6	14	11	9	7
General Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total													
	Open Postings	247	28	22	16	35	17	18	13	12	15	23	17	16	15
	Unique Applications Received	2110	191	168	137	148	129	77	139	66	163	198	232	262	200
	Employees Hired	132	18	16	13	7	11	6	4	6	10	8	4	6	23
	Time to Fill (Median)	-	40	36	48.5	46	52	52	39	39	29.5	Median tracked beginning 02/2017			
	Time to Fill (Average)	-	48.29	40	54.5	49.76	54.4	55	48	46.8	59.4	59.7	59.4	50.2	51.5
Provider Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total													
	Open Postings	7	1	0	1	0	0	0	3	0	1	0	0	0	1
	Current Slots	-	9	12	14	13	13	14	14	14	12	11	Data tracked beginning 12/2016		
	Unique Applications Received	74	9	3	3	4	4	10	3	5	11	6	12	3	1
	Candidates Interviewed	42	4	4	5	3	3	5	2	2	3	1	4	5	1
	Employees Hired	12	0	5	0	0	1	0	1	2	0	0	0	1	2
	Time to Fill (Average)	61.25	0	88	0	0	293	0	195	0	0	0	0	92.3	128
Benefits	Financial impact of adding talent	Rolling 12 Total													
	Workers Comp Claims	41	5	4	6	1	3	2	1	4	5	3	4	2	
	Time Loss Days	148	58	30	18	0	2	0	0	10	9	18	2	1	
	Employee Population on Medical Benefits (Average)	65.7%	66.0%	67.4%	65.4%	66.2%	64.5%	65.4%	66.8%	65.5%	65%	67%	Data tracked beginning 11/17		
	Total cost in benefits per FTE - welfare (Average)	\$ 837.36	\$ 832.77	\$ 748.08	\$ 918.37	\$ 769.37	\$ 1,130.34	\$ 807.65	\$ 857.47	\$ 634.79	Data tracked beginning 2/17				
Total cost in benefits per FTE - total (Average)	\$ 1,765.47	\$ 1,778.93	\$ 1,254.06	\$ 1,825.61	\$ 1,972.79	\$ 2,117.56	\$ 1,786.15	\$ 1,840.02	\$ 1,548.62	Data tracked beginning 2/17					
Evaluations	Providing timely feedback to employee	Total Percentage													
	Percentage of employees with completed annual evaluation	85.3%	85.3%	86.4%	83.3%	88.2%	92.6%	89.5%	95.8%	96.7%	97.4%	97.6%	94.6%	98.1%	97.6%

20



**NOTIFICATION OF CREDENTIALS FILES  
FOR REVIEW**

Date: October 18, 2017  
TO: Board of Commissioners  
FROM: Mandy Weed  
Medical Staff Services

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

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APPT/REAPPT</u>
Brett White, PA-C	Provisional/AHP	Initial Appointment
Patrick Erley, PA-C	Provisional/AHP	Initial Appointment
Joanna Carlson, MD	Provisional/Associate	Initial Appointment
Christopher Hurt, MD	Associate	Reappointment
Berhan Ghermay, MD	Associate	Reappointment
David Jackson, MD	Ambulatory	Reappointment
Timothy O'Brien, MD	Active	Reappointment
Ginger Longo, MD	Active	Reappointment
Steven Eckhoff, PA-C	AHP	Reappointment

**October 2017**

**Medical Staff Services:**

- Mitch Engel continues his successful recruiting. We had four provider interviews in September; three were APCs and one was an MD. We made an offer to one, and she accepted. We are in the process of creating offers for an orthopedic PA and an orthopedist.
- Lisa Potter is working with Amy Diaz on scheduling and will be attending presentations at all upper and lower county service groups in November/December; we will be introducing all the new service lines and happenings this fall (including digital mammography, Workplace Health, “Ouchless ED”, outpatient pharmacy, Cerner transition).
- We continue to explore the resources and gaps in care within our county in terms of Behavioral Health. Auren (Pronounced Or-in) O’Connell, DNP, PMHNP-BC (this stands for Psychiatric Mental Health Nurse Practitioner - Board Certified), has begun his employment with KVH and lives in Easton, works at FMCE. He is bringing experience and training in integrated Behavioral Health to another of our Primary Care Clinics.
- We continue to explore opportunities to cooperate with CWU.
- Mandy Weed, our Medical Staff Coordinator, hasn’t slowed a bit with another busy month, currently processing 21 initial appointments, 13 Reappointments, 1 Resident, and 2 students. This is an even busier month for her, so keep smiling at her -- *please*.

**Hospitalists:**

- No changes since the last update. We are having a lot of conversations and investigations to help us understand the significant and ongoing decline in inpatient volumes at KVH.

**ED/Urgent Care:**

- Staff is preparing to relocate our upper county Urgent Care Center to the old Swedish Clinic.
- We are now fully staffed with APC coverage in the ED as well as Urgent care with the timely start of Patrick Early, PA-C last week.

**Clinics:**

- We are very excited about the acceptance of our NHSC site applications for FME, FMCE, and at least partially for Women’s Health. This designation has already resulted in several applicants who need this certification to take a job that pays back the Federal Government for investing in their medical training. This will allow us to employ 2 current residents at CHCW upon completion of their residency!
- Workplace Health (Occ. Med.) –
  - Clinic is up and running and we have national agencies needing occupational health providers in our area contacting us for services.
  - Tanner Scheid, clinic manager, is taking on increasing amounts of customer relations, as well as clinic operations, and is a quick study.
  - Lisa is researching feasibility of mobile units to provide convenience and on-site service for upper county and other regional employers.
- Wound Care Clinic – we are moving forward on multiple levels to be ready as rapidly as possible with this new service.
  - Implementation team is being formed to include HR, IT, HIM, Engineering, Billing and Materials Management, in addition to MOP leadership.
  - Provider recruitment has begun, with conversations/negotiations occurring with a primary candidate.
  - We have started negotiations with our consultant, and confirmed their availability for mid-year 2018.



## CHIEF FINANCIAL OFFICER REPORT- Libby Allgood, CFO

### September Operating Highlights:

- We achieved an overall operating income of \$87,645 in September. Year to date the operating income of \$1,443,600 exceeds budget by \$569,753 and exceeds prior year by \$275,429.
- Outpatient volume was below budget in several departments resulting in negative variance in outpatient revenue of \$61,086. Year to date outpatient revenue exceeds budget by \$3,905,445 and exceeds last year by \$6,485,732.
- Volumes were below budget in KVH Internal Medicine and KVH Family Medicine Ellensburg due to providers' vacation and CME. There was also a billing delay in KVH Internal Medicine that was addressed in October.
- Inpatient admissions were 34% below budget reflecting a negative variance of 36 admits and resulting in patient days at 28.7% below budget. The negative volume variance resulted in an inpatient revenue variance of \$489,999.
- Expenses have been managed well reflected by a \$605,631 positive variance in September and a \$2,274,915 positive variance year to date. Year to date total expense is only \$2,300 higher than this time last year.

### Key Metrics:

- Days Cash on Hand = 229.3
- AR Days = 50.5
- Operating Margin YTD = 2.7%

**Kittitas Valley Healthcare**  
**Key Statistics and Indicators**  
September 2017

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	70	106	-34.0%	664	836	-20.6%	831	-20.1%	01
02 Patient Days - W/O Newborn	199	279	-28.7%	1,834	2,232	-17.8%	2,349	-21.9%	02
03 Avg Daily IP Census	6.6	9.3	-28.7%	6.7	8.2	-17.8%	8.6	-21.6%	03
04 Average Length of Stay	2.8	2.6	8.0%	2.8	2.7	3.5%	2.8	-2.3%	04
05 Deliveries	24	29	-17.2%	247	229	7.9%	243	1.6%	05
06 Case Mix	1.00	0.98	2.4%	1.07	0.98	9.4%	1.02	5.1%	06
07 Surgery Minutes - Inpatient	2,662	3,309	-19.6%	25,891	25,978	-0.3%	27,530	-6.0%	07
08 Surgery Minutes - Outpatient	6,431	6,950	-7.5%	59,647	60,797	-1.9%	61,858	-3.6%	08
09 Surgery Procedures - Inpatient	25	27	-7.4%	219	212	3.3%	227	-3.5%	09
10 Surgery Procedures - Outpatient	96	123	-22.0%	1,021	1,076	-5.1%	1,135	-10.0%	10
11 ER Visits	1,130	1,078	4.8%	9,804	9,850	-0.5%	10,576	-7.3%	11
12 Laboratory	40,218	39,386	2.1%	353,254	332,773	6.2%	343,522	2.8%	12
13 Radiology	25,253	25,290	-0.1%	234,383	225,066	4.1%	231,713	1.2%	13
14 Rehab	2,990	3,551	-15.8%	30,001	31,601	-5.1%	28,992	3.5%	14
15 Outpatient Visits	5,701	6,273	-9.1%	55,320	55,387	-0.1%	56,575	-2.2%	15
16 Outpatient Percent of Total Revenue	84.8%	81.1%	4.6%	84.4%	82.3%	2.6%	81.7%	3.4%	16
17 Clinic Visits	4,752	5,453	-12.9%	44,975	45,502	-1.2%	44,149	1.9%	17
18 Adjusted Patient Days	1,308	1,475	-11.4%	11,776	12,583	-6.4%	12,815	-8.1%	18
19 Equivalent Observation Days	74	72	3.2%	724	615	17.6%	624	16.0%	19
20 Avg Daily Obs Census	2.5	2.4	3.2%	2.7	2.3	17.6%	2.3	16.0%	20
<b>Financial Measures</b>									
21 Salaries as % of Net Pt Revenue	54.8%	54.1%	-1.1%	54.1%	54.0%	-0.2%	51.6%	-4.9%	21
22 Salaries/Bene as % of Net Pt Revenue	66.8%	68.3%	2.2%	66.6%	67.2%	1.0%	63.5%	-4.7%	22
23 Revenue Deduction %	45.9%	43.3%	-5.9%	46.2%	43.4%	-6.4%	44.0%	-5.0%	23
24 Operating Margin	1.5%	1.5%	0.2%	2.7%	1.6%	70.4%	2.2%	22.9%	24
<b>Operating Measures</b>									
25 Productive FTE's	406.3	418.5	2.9%	407.0	415.4	2.0%	398.4	-2.2%	25
26 Non-Productive FTE's	53.4	52.7	-1.3%	51.8	52.7	1.7%	50.7	-2.2%	26
27 Paid FTE's	459.6	471.2	2.4%	458.8	468.1	2.0%	449.1	-2.2%	27
28 Operating Expense per Adj Pat Day	\$ 4,324	\$ 4,243	-1.9%	\$ 4,441	\$ 4,337	-2.4%	\$ 4,080	-8.8%	28
29 Net Revenue per Adj Pat Day	\$ 4,391	\$ 4,309	1.9%	\$ 4,563	\$ 4,406	3.6%	\$ 4,172	9.4%	29
30 A/R Days-Hospital Only	50.5	50.0	-1.0%	50.5	50.0	-1.0%	47.1	-7.2%	30
31 Days Cash on Hand	229.3	160.0	43.3%	229.3	160.0	43.3%	179.1	28.1%	31

23a



**Kittitas Valley Healthcare**  
**Income Statement**  
**September 2017**

	Current Month				Year-to-Date				Prior Y-T-D
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	Actual
<b>Patient Services Revenue:</b>									
Inpatient Revenue	1,588,762	2,078,761	(489,999)	-23.57%	15,272,225	17,009,270	(1,737,044)	-10.21%	17,125,080
Outpatient Revenue	8,851,835	8,912,921	(61,086)	-0.69%	82,788,620	78,883,175	3,905,445	4.95%	76,302,888
<b>Total Patient Services Revenue</b>	<b>\$ 10,440,597</b>	<b>\$ 10,991,681</b>	<b>\$ (551,085)</b>	<b>-5.01%</b>	<b>\$ 98,060,845</b>	<b>\$ 95,892,445</b>	<b>\$ 2,168,400</b>	<b>2.26%</b>	<b>\$ 93,427,967</b>
<b>Deductions from Revenue:</b>									
Contractual Adjustments	4,421,542	4,457,819	36,277	0.81%	42,267,518	38,944,473	(3,323,045)	-8.53%	38,555,180
Provision for Bad Debts	246,635	211,196	(35,439)	-16.78%	1,862,745	1,851,622	(11,122)	-0.60%	1,708,311
Charity and Uncompensated Care	69,515	63,359	(6,156)	-9.72%	604,916	555,487	(49,429)	-8.90%	435,612
Prior Yr Cost Rep Settle	-	-	-	-	-	-	-	-	-
Other Allowances	51,425	30,289	(21,137)	-69.79%	536,054	265,549	(270,505)	-101.87%	380,972
<b>Total Deductions from Revenue</b>	<b>\$ 4,789,117</b>	<b>\$ 4,762,662</b>	<b>\$ (26,455)</b>	<b>-0.56%</b>	<b>\$ 45,271,233</b>	<b>\$ 41,617,132</b>	<b>\$ (3,654,101)</b>	<b>-8.78%</b>	<b>\$ 41,080,075</b>
<b>Net Patient Services Revenue</b>	<b>5,651,480</b>	<b>6,229,019</b>	<b>(577,540)</b>	<b>-9.27%</b>	<b>52,789,612</b>	<b>54,275,313</b>	<b>(1,485,701)</b>	<b>-2.74%</b>	<b>52,347,892</b>
Other Operating Revenue	90,644	127,904	(37,259)	-29.13%	948,743	1,168,203	(219,461)	-18.79%	1,112,733
<b>Total Operating Revenue</b>	<b>\$ 5,742,124</b>	<b>\$ 6,356,923</b>	<b>\$ (614,799)</b>	<b>-9.67%</b>	<b>\$ 53,738,355</b>	<b>\$ 55,443,516</b>	<b>\$ (1,705,161)</b>	<b>-3.08%</b>	<b>\$ 53,460,625</b>
<b>Operating Expenses:</b>									
Salaries & Wages	3,094,193	3,372,671	278,478	8.26%	28,572,669	29,316,524	743,854	2.54%	27,008,521
Employee Benefits	678,915	881,398	202,483	22.97%	6,564,718	7,164,675	599,957	8.37%	6,256,746
Professional Fees	56,999	96,243	39,245	40.78%	602,990	769,665	166,676	21.66%	2,482,156
Supplies	601,863	714,708	112,845	15.79%	6,565,898	6,505,362	(60,536)	-0.93%	6,400,624
Utilities	70,692	80,198	9,506	11.85%	658,317	662,601	4,283	0.65%	605,316
Purchased Services	547,528	548,283	755	0.14%	4,290,890	4,867,772	576,882	11.85%	4,779,425
Depreciation	227,298	216,152	(11,146)	-5.16%	2,106,446	2,077,365	(29,081)	-1.40%	1,977,887
Rent/Lease	112,051	115,657	3,605	3.12%	1,003,399	1,025,039	21,640	2.11%	800,435
Insurance	40,501	50,730	10,229	20.16%	365,424	456,572	91,148	19.96%	419,149
Travel & Education	26,790	55,869	29,079	52.05%	260,134	389,853	129,719	33.27%	267,576
Licenses & Taxes	67,834	77,649	9,815	12.64%	637,709	708,793	71,084	10.03%	681,606
Interest	95,285	19,252	(76,033)	-394.92%	312,366	173,272	(139,094)	-80.27%	220,880
Other Direct Expenses	34,530	31,298	(3,232)	-10.33%	353,795	452,177	98,382	21.76%	392,134
<b>Total Operating Expenses</b>	<b>\$ 5,654,479</b>	<b>\$ 6,260,109</b>	<b>\$ 605,631</b>	<b>9.67%</b>	<b>\$ 52,294,754</b>	<b>\$ 54,569,669</b>	<b>\$ 2,274,915</b>	<b>4.17%</b>	<b>\$ 52,292,454</b>
<b>Operating Income</b>	<b>\$ 87,645</b>	<b>\$ 96,814</b>	<b>\$ (9,169)</b>	<b>-9.47%</b>	<b>\$ 1,443,600</b>	<b>\$ 873,847</b>	<b>\$ 569,753</b>	<b>65.20%</b>	<b>\$ 1,168,171</b>
<b>Operating Margin %</b>	<b>1.53%</b>	<b>1.52%</b>			<b>2.69%</b>	<b>1.58%</b>		<b>2.2%</b>	
<b>Non-Operating Revenue/Exp</b>	<b>82,222</b>	<b>141,689</b>	<b>(59,467)</b>	<b>-41.97%</b>	<b>1,391,372</b>	<b>1,275,198</b>	<b>116,174</b>	<b>9.11%</b>	<b>1,269,464</b>
<b>Net Income</b>	<b>\$ 169,867</b>	<b>\$ 238,502</b>	<b>\$ (68,636)</b>	<b>-28.78%</b>	<b>\$ 2,834,972</b>	<b>\$ 2,149,045</b>	<b>\$ 685,927</b>	<b>31.92%</b>	<b>\$ 2,437,635</b>
<b>Unit Operating Income</b>									
Hospital	532,410	544,197	(11,787)	-2.17%	4,057,993	4,032,134	25,859	0.64%	3,572,431
Clinic Group	(494,364)	(473,783)	(20,581)	-4.34%	(3,161,699)	(3,382,335)	220,636	6.52%	(2,284,888)
Home Care Grp	31,228	22,850	8,378	36.66%	430,150	173,730	256,420	147.60%	(151,687)
Urgent Care	18,371	3,549	14,823	417.67%	117,157	50,319	66,838	132.83%	32,315
<b>Totals</b>	<b>\$ 87,645</b>	<b>\$ 96,814</b>	<b>\$ (9,169)</b>	<b>-9.47%</b>	<b>\$ 1,443,600</b>	<b>\$ 873,847</b>	<b>\$ 569,753</b>	<b>65.20%</b>	<b>\$ 1,168,171</b>

235





Balance Sheet  
September 2017

	Current Month	Prior Year End	Change	
<b>Current Assets:</b>				
1	3,231,111	4,551,414	(1,320,303)	1
2	18,857,327	15,700,798	3,156,529	2
3	(9,623,021)	(7,527,059)	(2,095,962)	3
4	253,845	221,003	32,842	4
5	295,680	1,465,000	(1,169,320)	5
6	1,183,822	1,154,571	29,252	6
7	926,889	904,185	22,703	7
8	<u>15,125,654</u>	<u>16,469,913</u>	<u>(1,344,259)</u>	8
<b>Assets Whose Use is Limited:</b>				
9	38,927,174	25,308,302	13,618,871	9
10	<u>38,927,174</u>	<u>25,308,302</u>	<u>13,618,871</u>	10
<b>Property, Plant &amp; Equipment:</b>				
11	64,904,837	61,136,650	3,768,187	11
12	36,713,972	35,481,022	1,232,950	12
13	<u>28,190,865</u>	<u>25,655,628</u>	<u>2,535,237</u>	13
<b>Other Assets</b>				
14	0	0	0	14
15	<u>0</u>	<u>0</u>	<u>0</u>	15
16	<u>82,243,692</u>	<u>67,433,843</u>	<u>14,809,849</u>	16
<b>Current Liabilities:</b>				
17	638,762	1,715,658	(1,076,895)	17
18	1,774,600	1,340,000	434,600	18
19	175,888	1,029,748	(853,861)	19
20	829,492	1,050,544	(221,052)	20
21	1,963,437	1,926,470	36,966	21
22	1,548,713	1,548,713	0	22
23	0	0	0	23
24	<u>6,930,892</u>	<u>8,611,133</u>	<u>(1,680,242)</u>	24
<b>Other Liabilities:</b>				
25	145,959	22,829	123,130	25
26	27,481	54,735	(27,253)	26
27	0	0	0	27
28	112,113	137,221	(25,108)	28
29	<u>285,553</u>	<u>214,784</u>	<u>70,768</u>	29
<b>Long-Term Debt &amp; Capital Leases:</b>				
30	1,026,287	1,026,287	0	30
31	3,083,329	3,083,329	0	31
32	(0)	(0)	0	32
33	13,500,000	(0)	13,500,000	33
34	0	0	0	34
35	<u>17,609,616</u>	<u>4,109,616</u>	<u>13,500,000</u>	35
<b>Fund Balances:</b>				
36	54,582,660	52,954,395	1,628,265	36
37	2,834,972	1,543,915	1,291,058	37
38	<u>57,417,632</u>	<u>54,498,310</u>	<u>2,919,322</u>	38
39	<u>82,243,692</u>	<u>67,433,843</u>	<u>14,809,849</u>	39

Cash Flow  
Year to Date, September 2017

	Cash	Add	Subtract
<b>1 Net Book Income</b>	<b>2,834,972</b>	<b>2,834,972</b>	
<b><u>Add Back Non Cash Expenses</u></b>			
2 Depreciation	1,232,950	1,232,950	
3 Provision For Bad Debt			
4 Loss on Sale of Assets			
<b>5 Net Cash From Operations</b>	<b>4,067,922</b>		
<b>Increase in Current Assets = ( )</b>			
6 Patient Accounts	(1,060,567)		(1,060,567)
7 Other Receivables	1,136,478	1,136,478	
8 Inventories	(29,252)		(29,252)
9 Prepaid Expenses & Deposits	(22,703)		(22,703)
<b>10 Total Current Assets</b>	<b>23,956</b>		
11 Investments	(13,618,871)	0	(13,618,871)
<b>Purchase of Property, Plant &amp; Equipment:</b>	<b>(3,768,187)</b>		<b>(3,768,187)</b>
<b>12 Net Property, Plant &amp; Equipment</b>	<b>(3,768,187)</b>		
13 Bond Issue Costs, Less Amortization	0		
<b>14 Total Assets</b>	<b>(13,295,180)</b>		
<b>Decrease in Current Liabilities: = ( )</b>			
15 Accounts Payable	(1,076,895)		(1,076,895)
16 Cost Reimbursement Payable	434,600	434,600	
17 Accrued Salaries	(853,861)		(853,861)
18 Accrued Employee Benefits	(221,052)		(221,052)
19 Accrued Vacations	36,966	36,966	
21 Current Maturities of Long-Term Debt	0		
22 Current Maturities of Capital Leases	0		
<b>23 Total Current Liabilities</b>	<b>(1,680,242)</b>		
<b>Decrease in Other Liabilities: = ( )</b>			
24 Accrued Interest on 1998, 1999 UTGO Bond:	123,130	123,130	
25 2008 UTGO Refunding Bonds Premium	(27,253)		(27,253)
26 Deferred Tax Collections	0		
27 Deferred Revenue - Home Health	(25,108)		(25,108)
<b>28 Total Other Liabilities</b>	<b>70,768</b>		
<b>Decrease in LT Debt &amp; Cap Leases: = ( )</b>			
29 Long-Term Debt - 2008 UTGO Bonds	0		
30 Long-Term Debt - 2009 LTGO Bonds	0		
31 Long-Term Debt - Energy Project	0		
32 Long-Term Debt - Dell	13,500,000	13,500,000	
33 Long-Term Debt - PACS System	0		
<b>34 Total Long-Term Debt &amp; Leases</b>	<b>13,500,000</b>		
<b>35 Total Liabilities</b>	<b>11,890,527</b>		
<b>36 Net Change in Cash</b>	<b>(1,404,653)</b>	<b>19,299,097</b>	<b>(20,703,750)</b>
37 Beginning Cash On Hand	4,551,414		
<b>38 Ending Cash On Hand</b>	<b>3,146,761</b>		

# Financial Stewardship

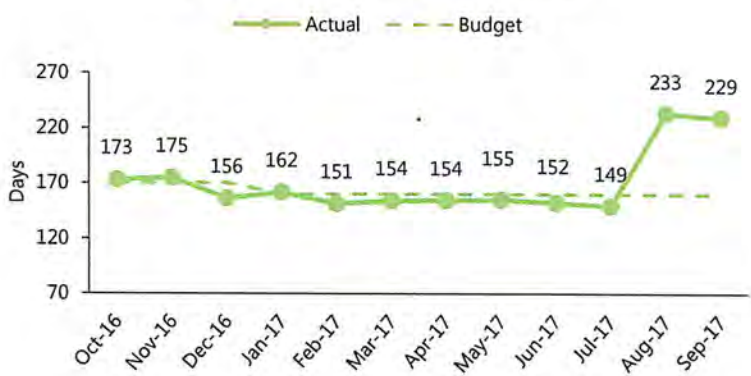
## Operating Income



## Accounts Receivable Days



## Days Cash on Hand



## 2017 Payer Mix



23e

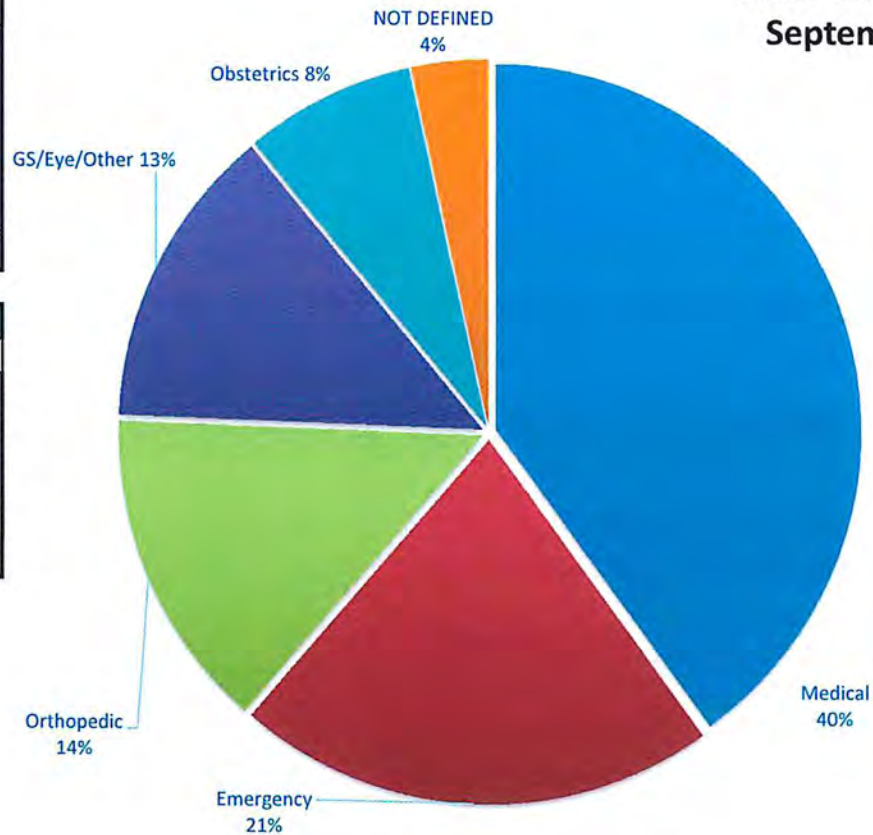
## KVH Service Lines

Facility Charges by Admitting Provider's Practice Category

Total Charges			
Practice Category	2015	2016	YTD 2017
Medical	44,492,906	39,471,766	32,492,652
Emergency	21,807,576	22,300,094	17,318,859
Orthopedic	12,464,921	15,675,360	11,611,086
GS/Eye/Other	13,184,623	14,030,583	10,894,638
Obstetrics	8,691,094	7,449,083	6,135,808
NOT DEFINED	3,003,478	3,146,199	2,778,452
<b>Total</b>	<b>103,644,598</b>	<b>102,073,086</b>	<b>81,231,495</b>

% of Total Charges			
Practice Category	2015	2016	YTD 2017
Medical	42.93%	38.67%	40.00%
Emergency	21.04%	21.85%	21.32%
Orthopedic	12.03%	15.36%	14.29%
GS/Eye/Other	12.72%	13.75%	13.41%
Obstetrics	8.39%	7.30%	7.55%
NOT DEFINED	2.90%	3.08%	3.42%

**2017 Through  
September**



**KITTITAS VALLEY HEALTHCARE**

**RESOLUTION 17-16  
SURPLUS PERSONAL PROPERTY**

WHEREAS Kittitas County Public Hospital District #1, dba Kittitas Valley Healthcare has determined the following items to be no longer required for Public Hospital District purposes and hereby declare them as surplus.

These items may be sold or disposed of in such manner and upon such terms and condition as the Board finds to be in the best interest of the District per RCW 70.44.320.

See Exhibit A attached.

DATED this 26th day of October 2017

---

Liahna Armstrong, President  
Board of Commissioners

---

Bob Davis, Secretary  
Board of Commissioners

EXHIBIT A

Asset #	Description	Serial #	Model #	Purchase Date	Purchase Price	Accumulated Depreciation	Disposal Proceeds	Gain/(Loss) on Disposal	Final Disposition
2549	MOBILE FILE SYSTEM			05/13/02	\$5,770.21	\$4,399.40		(\$1,370.81)	SCRAP
2595	MAMMOGRAPHY UNIT	20180	81000	12/02/02	\$102,181.08	\$102,181.08			SCRAP
2961	MAMMO FILM PROCESSOR			11/14/05	\$14,683.53	\$14,683.22		(\$0.31)	SCRAP
9992175	MAMMOGRAPHY SHELVING UNIT			04/12/00	\$941.16	\$941.16			SCRAP

## OPERATIONS REPORT

October 2017

### PATIENT CARE OPERATIONS

- **Testing for OneSource:** Last week Integrated Testing for OneSource was conducted for 3 days. There were representatives from all the clinical areas as well as many staff from Cerner. This is the first time many of the Super Users and Subject Matter Experts were able to see how the functionality of OneSource will impact their daily work. It was very exciting to see this.
- **Urgent Care:** The move of the Urgent Care location to 1<sup>st</sup> Street is tentatively set for the week of January 8, 2018. The Staff continue to prepare for the relocation. Weekly huddles are held to insure that the timeline will be met.
- **Patient Satisfaction:** Patient Satisfaction is the focus for all of us who work directly with patients and their families. Each unit is working on an initiative identified by our vendor through the Patient Satisfaction Reports. The Nurse Practice committee has also been challenged with identifying areas for improvement and working on initiatives within their home departments. For example: the FBP became aware that not all of their patients were receiving information prior to D/C of all the available resources available to them. Stacey Botten is working with her team and has also met with the Social Service Department to coordinate efforts to improve this concern.

*Thank you, Vicky Machorro, Chief Nursing Officer*

### ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services:**
  - We saw our first 2D digital mammography patient on October 5. We are very busy training the Radiologists and Mammography staff on utilizing the new equipment and PACS software. Our first 3D digital mammography patient utilizing the 3D CAD software should be seen on October 31 or November 1 (pending FDA approval of our equipment).
  - Imaging staff have also been trained this month on a new portable digital x-ray machine and a software upgrade for ultrasound.
- **Rehab Services:** Ellensburg outpatient therapy staff transitioned to Rehab Visions on October 16. All but one staff member is remaining at OP Rehab. One staff member, our occupational therapist, transferred employment to Home Health and Hospice. The team from Rehab Visions has been wonderful to work with and they are making this as easy a transition as possible. They will place an Interim Director on October 30 until they find a permanent Director.

*Thank you, Rhonda Holden, Chief Ancillary Officer*

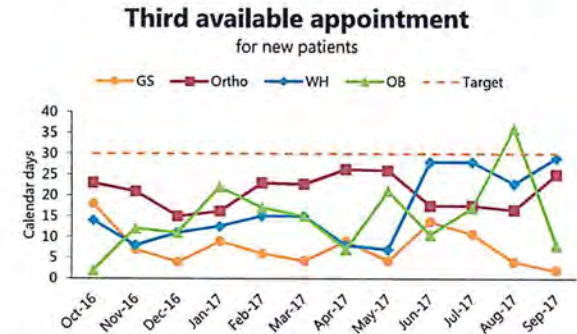
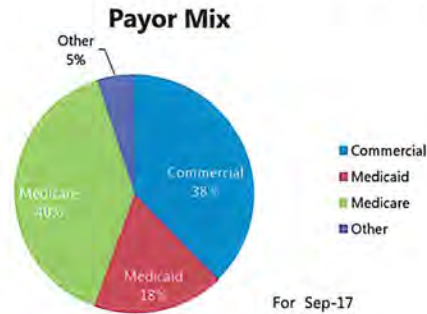
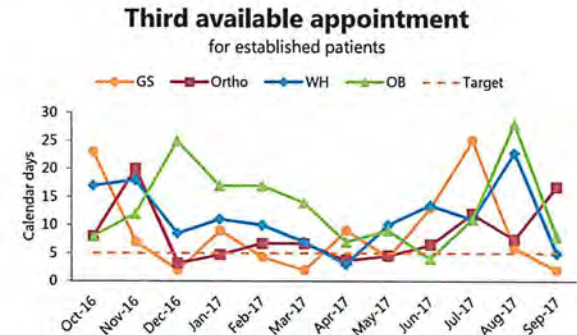
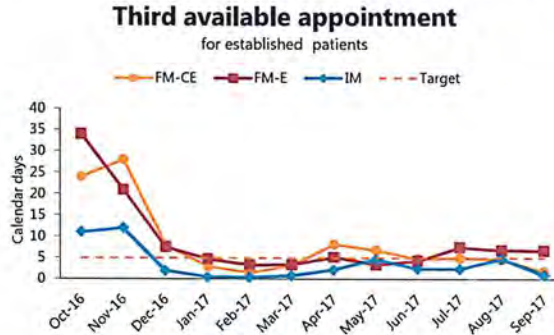
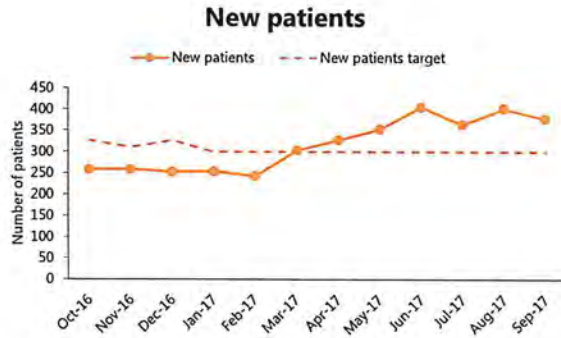
## CLINIC OPERATIONS

- **MA Apprenticeship:** Off and running! We currently have 2 MA Apprentices working with their preceptors in the clinic.
- **KVH Workplace Health:** Ribbon Cutting was a success. Julie Peterson delivered a speech stating these clinic services were one of the first requests that she had received from the community. The Workplace Health staff proudly provided tours to KVH employees and community members. We are looking forward to the next few months of welcoming Dr. Robert Meyer (a certified Occupational Medicine physician). He has already purchased a home and is excited about joining Ryan Ahr, PA in the clinic.
- **Family Medicine - Ellensburg:** Brett White, PA will be joining Family Medicine – Ellensburg on November 6<sup>th</sup> and so plans are underway preparing for his arrival.
- **Family Medicine – Cle Elum:** This clinic has been experiencing around 8-9 new patient requests per day from Swedish patients. Auren O’Connell DNP, PMHNP-BC is off to a great start with over 20 referrals in his first two weeks. Dr. Norman Wood walked with employees and community members during the Walk with a Doc on Oct 4<sup>th</sup>.
- **National Health Corp Services:** You may remember this being mentioned in May that I was applying for this student loan site approval back in May. The final word came back that Family Medicine-Ellensburg, Family Medicine – Cle Elum and Women’s Health (half-time) have been approved sites. We had two providers (Annaliese Stone, MD and Jie Casey, MD) that had signed contracts contingent on having this loan repayment option in place.
- **Cerner:** Continued conversations are happening with the providers to discuss phases and options of bringing data over from the legacy systems.

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



# Clinic Operations Dashboard



27a

**KITTITAS VALLEY HEALTHCARE**

**RESOLUTION NO. 17-15**

**RESOLUTION AUTHORIZING  
AMENDMENT AND RESTATEMENT OF RETIREMENT PLAN  
VIA ADOPTION OF VALIC RETIREMENT SERVICES COMPANY RETIREMENT PLAN FOR GOVERNMENTAL EMPLOYERS**

**WHEREAS**, Kittitas Valley Healthcare (hereinafter, the "Employer"), previously established the Kittitas Valley Healthcare Employees' Pension Plan (hereinafter, the "Plan") for the exclusive benefit of its employees and their beneficiaries, which Plan was originally effective as of July 1, 2004; and

**WHEREAS**, the Employer retained the power to amend and/or terminate the Plan; and

**WHEREAS**, the Employer now desires to amend and restate the Plan by adopting the VALIC Retirement Services Company Retirement Plan for Governmental Employers document; and

**NOW THEREFORE, BE IT RESOLVED** that the Employer hereby amends and restates that Plan, effective October 15, 2017, by adopting the document titled "VALIC Retirement Services Company Retirement Plan for Governmental Employers," in the form and substance as the document heretofore presented to the governing body of the Employer; and

**RESOLVED FURTHER**, that the appropriate representatives of the Employer be, and the same hereby are, authorized and directed to: (i) execute the adoption agreement to the VALIC Retirement Services Company Retirement Plan for Governmental Employers document as approved; (ii) execute all other documents and to do all other things as may be necessary or appropriate to make the VALIC Retirement Services Company Retirement Plan for Governmental Employers document effective October 15, 2017, including the execution of any amendments required by the Internal Revenue Service in order to continue and maintain the qualified and exempt status of the Plan; and (iii) execute any other documents required to obtain reliance on advisory letters issued to the VALIC Retirement Services Company Retirement Plan for Governmental Employers by the Internal Revenue Service.

**CERTIFICATION**

I, \_\_\_\_\_, do hereby certify that the above resolutions were unanimously adopted by the governing body of the Employer at a meeting duly held at Ellensburg, Washington, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Top Tenets of Board Effectiveness

Tenet	Type
1. Be prepared and use meeting time efficiently	S
2. Develop an agenda and a timeline and manage to it	S
3. The key to efficient and effective meetings is focused and meaningful discussion	C/S
4. Be a problem-solver	C
5. Begin every board meeting or committee meeting with an inquiry as to any perceived conflicts of interest	S
6. Expose and resolve differences in a constructive manner	C



# Top Tenets (cont'd)

Tenet	Type
7. It's important for Board members to speak with one voice	C/S
8. Connect – get to know your fellow board members and senior executive team	C
9. Interact effectively with management	C/S
10. Be transparent	C
11. Undertake a periodic and candid self-evaluation	S



## Board & Leadership Roles Matrix (Roundtable)

After reviewing the KVH Board and CEO Roles matrix (refer to next 3 slides):

1. Is there anything more you would propose moving from one category to the other?
2. Is there anything you would propose adding, deleting, or clarifying?



## Board/Management Roles & Responsibilities: Definitions

Definitions
<b>Manage</b> – Primary responsibility for planning and execution of activity on a daily basis.
<b>Oversight</b> – Periodic and regular participation in key decisions – provide insights, ask questions, collaborate. No direct responsibility in execution of activity.
<b>Inform</b> – Inform or be informed of objectives, status and outcomes related to key activities.
<b>Approve</b> – Overall and ultimate responsibility for activity. No higher level of board or management level approval required.
<b>Recommend</b> – Responsible for coordinating, providing input and evaluating key activities or decision with recommendation to approving body.
<b>Participate</b> – Active involvement in a particular activity with no specific decision-making or executive authority.
<b>Ratify</b> – Ability to ultimately accept or reject recommendation and approval of another party.
<b>Reserve</b> – Certain decision-making authority retained or reserved by a specified party (shareholders, board)
<b>Coordinate</b> – Responsibility for collaboration between parties without retaining execution or approval related authority.
<b>Support</b> – Provide advice and assistance and underlying resources necessary to achieve a particular activity.



### Board/Management Roles & Responsibilities: Governance

Activity	CEO	Board Chair	Board
<i>Board Activities:</i>			
Provide effective board orientation and ongoing board education	Inform	Recommend/Approve	Manage/Approve
Coordinate overall board agenda	Support	Manage	Approve
Establish, review and approve strategic direction	Manage	Oversight	Participate/Approve
Regularly review progress toward KVH mission, visions and strategic goals	Support	Manage	Participate/Approve
Regularly and effectively communicate KVH accomplishments/plans to the community	Manage	Oversight/Participate	Participate
Develop and approve policy and overall direction	Support	Manage	Participate/Approve
Maintains an effective follow-up process to assure Board actions are implemented	Support	Manage	Participate/Support
Establish active committee structure, appt. committee chairs and adopt charters	Support	Manage	Part/Recomnd/Approv
Define/develop committee activities/agendas	Support/Inform	Manage/Recommend	Manage/Approve
Approval of annual budget – operating and capital	Manage	Oversight	Support/Approve
Approval of annual staffing plan	Manage	Oversight	Support/Approve
Ensures qualifications and credentials of KVH medical staff	Support	Oversight	Manage/Approve
Approval of major long-term capital initiatives	Manage	Oversight	Recommend/Approve
Governance review of board effectiveness	Inform	Manage/Recommend	Manage/Approve
Acceptance of annual audit	Inform	Inform	Manage/Approve
Annual and ongoing risk assessment with risk mitigation plan	Manage	Oversight	Support/Approve
Evaluation of CEO	Support/Inform	Participate	Manage/Approve
Executive succession planning/hiring	Support/Inform	Manage	Oversight/Approve
Review of annual conflict of interest statements	Inform	Manage	Participate/Approve
Compliance (including physician contracts)			
Annual Board Development Plan			

### Board/Management Roles & Responsibilities: Operations

Activity	CEO	Board Chair	Board
Gain support of Board Chair and board on strategies, operational and financial goals	Manage	Oversight/Inform	Oversight/Approve
Develop 3-5 year operating plans in support of strategic plan	Manage	Oversight/Approve	Oversight/Approve
Select and retain effective team of executive team and managers	Manage	Oversight/Inform	Oversight/Inform
Oversee medical staff recruitment plan	Manage	Oversight/Inform	Oversight/Inform
Operational, financial and organizational leadership	Manage	Oversight/Inform	Participate/Ovsight/Inform
Marketing, business dev, revenue growth and pricing strategies	Manage	Oversight/Inform	Oversight/Inform
Community relations and promotional activities	Manage	Oversight/Inform	Oversight /Inform
Execute on approved operating, capital and staffing budgets	Manage	Oversight/inform	Oversight /Inform
Achieve financial results that accomplish strategic objectives	Manage	Oversight/Inform	Oversight /Inform
Inform board of operational and performance results	Manage	Oversight/Inform	Oversight /Inform
Assures that background materials are sufficiently detailed for Board decision-making	Manage	Oversight/Inform	Oversight/Inform
Undertakes periodic surveys of patients, physicians, employees and community	Manage	Oversight/Inform	Oversight/Inform
Communication of risks	Manage	Oversight/Approve	Oversight /Approve
Identify new business opportunities	Manage	Oversight/Approve	Oversight /Approve
Demonstrated leadership aligned with vision, purpose, principles and priorities	Manage	Oversight/Inform	Oversight /Inform
Liaison to key stakeholders (move to Board Roles)	Manage	Oversight/Inform	Oversight /Inform
Establish measures and monitor achievements	Manage	Oversight/Approve	Oversight /Approve
Assure specific targets and controls to provide early warnings of financial performance	Manage	Oversight/Inform	Oversight/Inform



---

---

---

---

---

---

---

---

**5**  
Total Responses

Date Created: Thursday, March 02, 2017  
Complete Responses: 5

Powered by SurveyMonkey

---

---

---

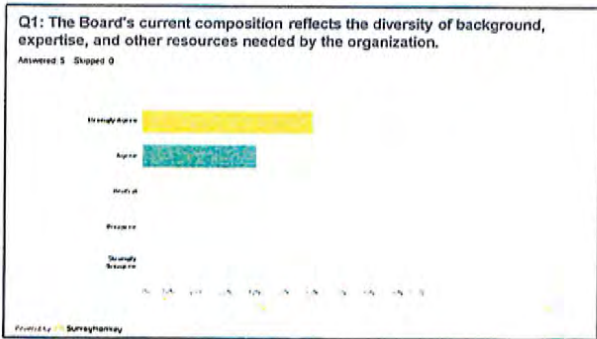
---

---

---

---

---



---

---

---

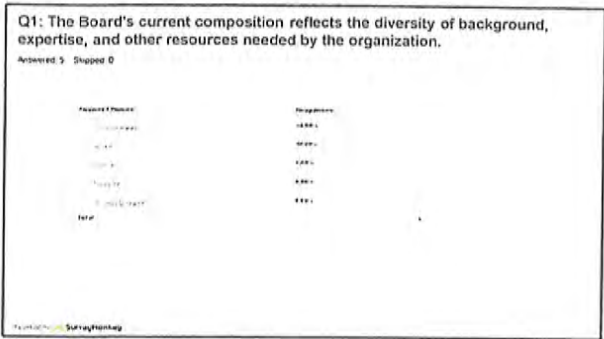
---

---

---

---

---




---

---

---

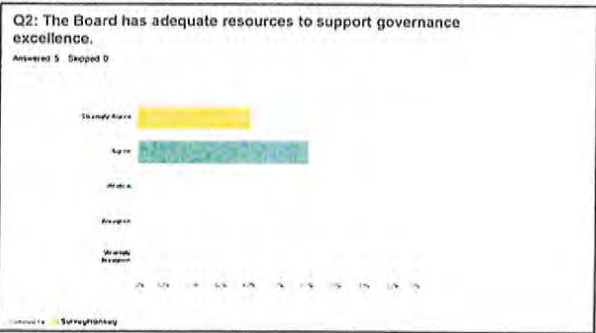
---

---

---

---

---




---

---

---

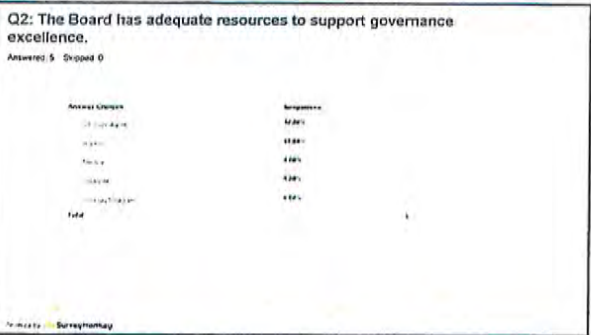
---

---

---

---

---




---

---

---

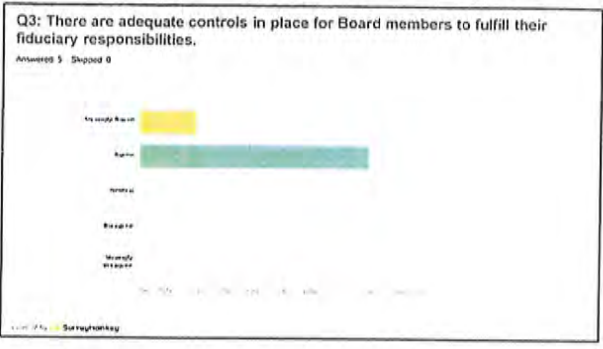
---

---

---

---

---




---

---

---

---

---

---

---

---

**Q3: There are adequate controls in place for Board members to fulfill their fiduciary responsibilities.**

Answered 5 Skipped 0

Answer Choice	Percentage
Strongly Agree	100%
Agree	60%
Disagree	20%
Strongly Disagree	20%
No Answer	0%
<b>Total</b>	<b>5</b>

SurveyMonkey

---

---

---

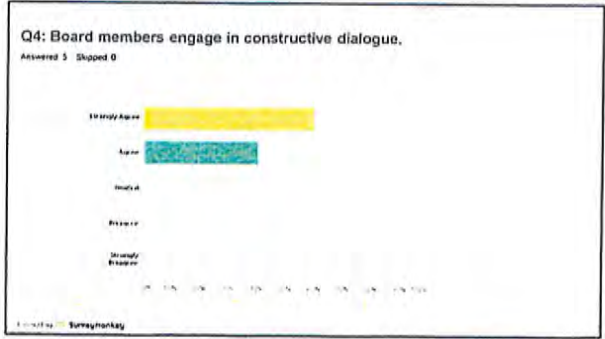
---

---

---

---

---




---

---

---

---

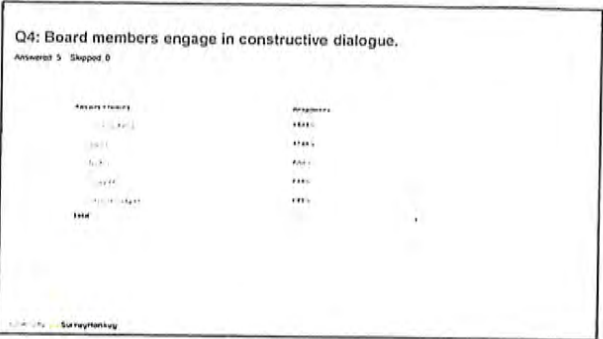
---

---

---

---






---

---

---

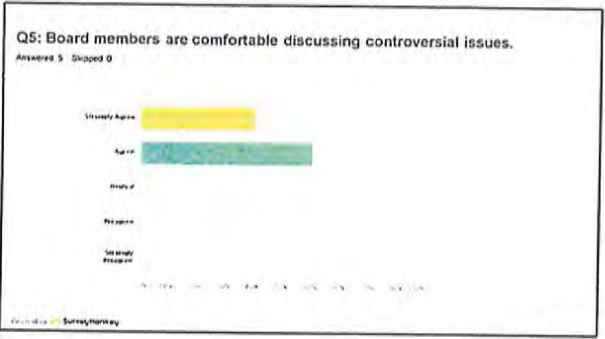
---

---

---

---

---




---

---

---

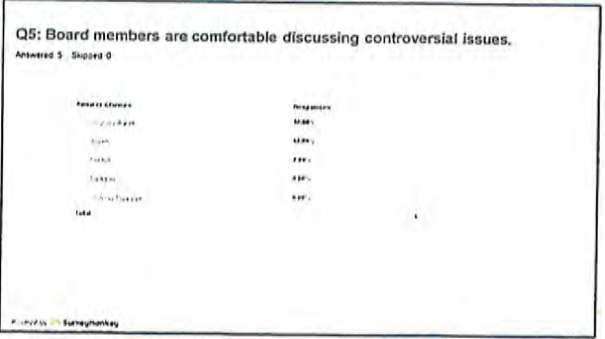
---

---

---

---

---




---

---

---

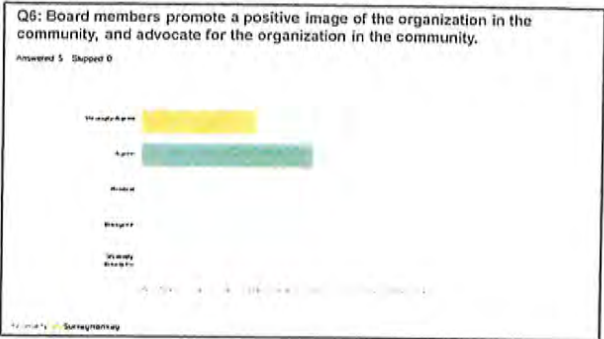
---

---

---

---

---



---

---

---

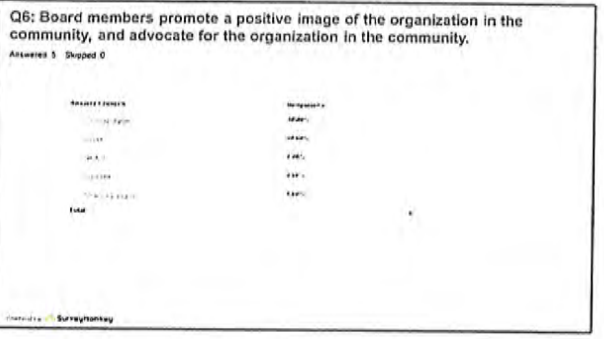
---

---

---

---

---



---

---

---

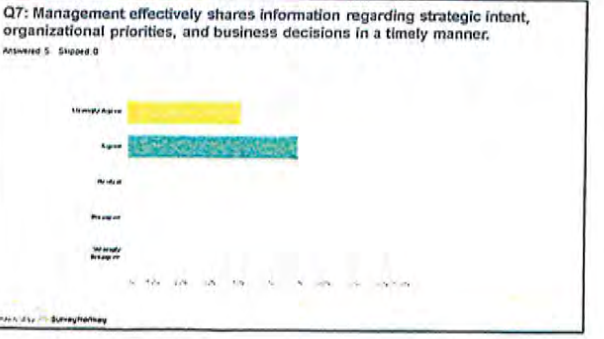
---

---

---

---

---



---

---

---

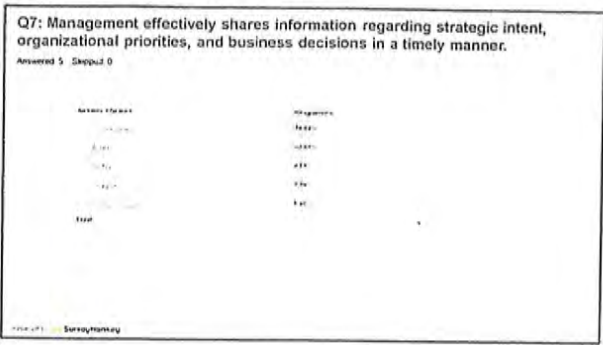
---

---

---

---

---




---

---

---

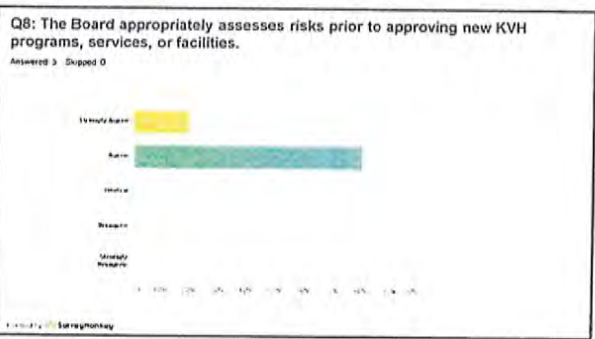
---

---

---

---

---




---

---

---

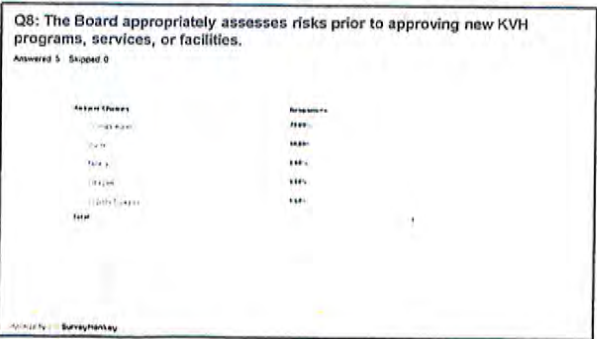
---

---

---

---

---




---

---

---

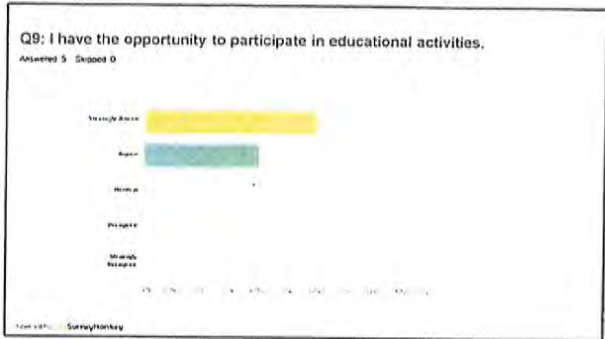
---

---

---

---

---



---

---

---

---

---

---

---

---

**Q9: I have the opportunity to participate in educational activities.**  
Answered: 5 Skipped: 0

Answer Choice	Percentage
Strongly Agree	40%
Agree	30%
No opinion	10%
Disagree	10%
Strongly Disagree	10%

Total: 100%

---

---

---

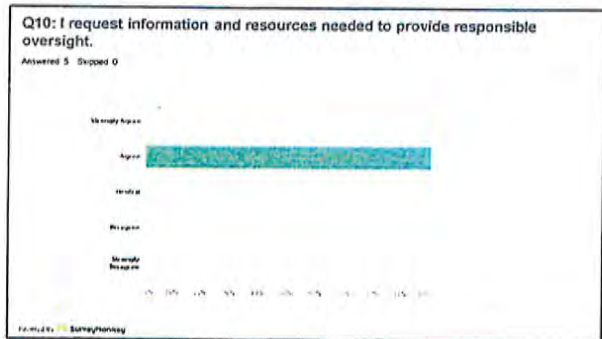
---

---

---

---

---



---

---

---

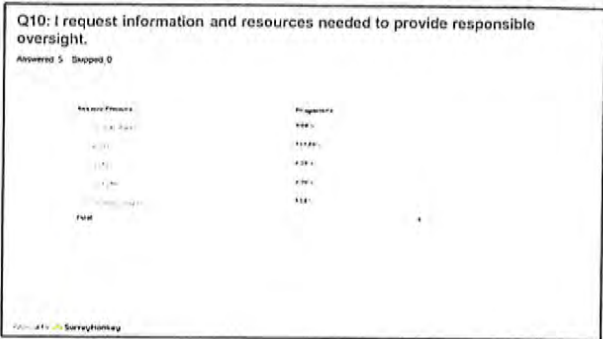
---

---

---

---

---




---

---

---

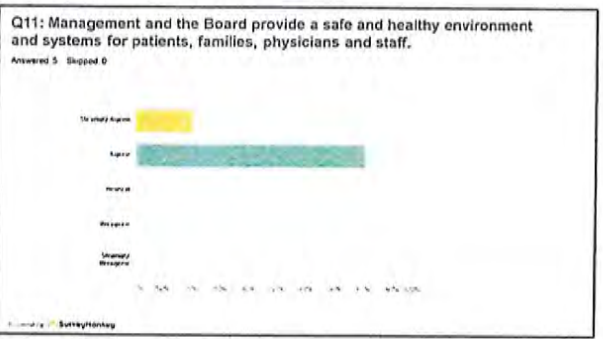
---

---

---

---

---




---

---

---

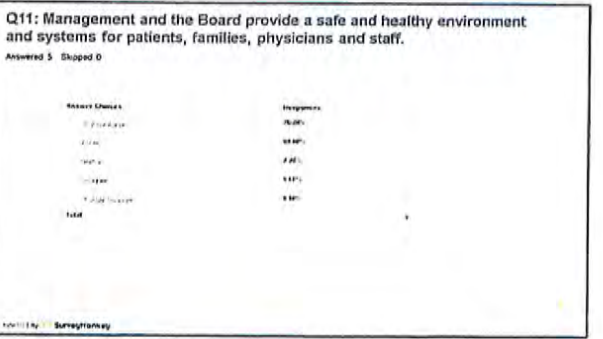
---

---

---

---

---




---

---

---

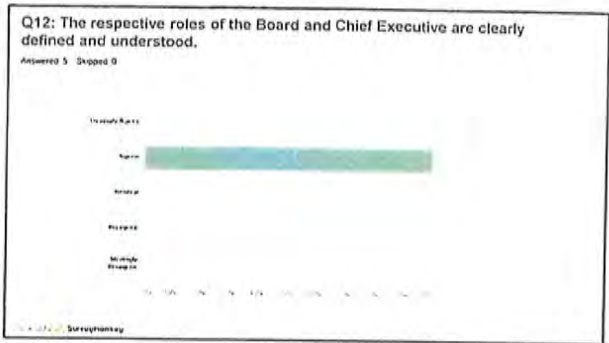
---

---

---

---

---



---

---

---

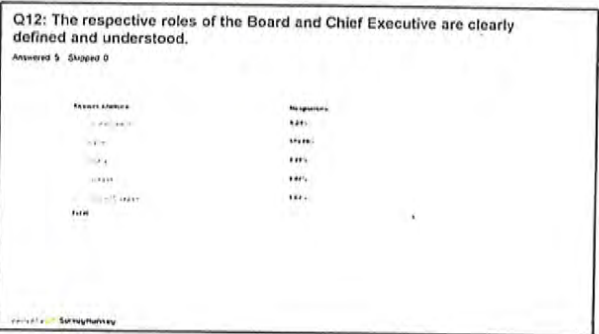
---

---

---

---

---



---

---

---

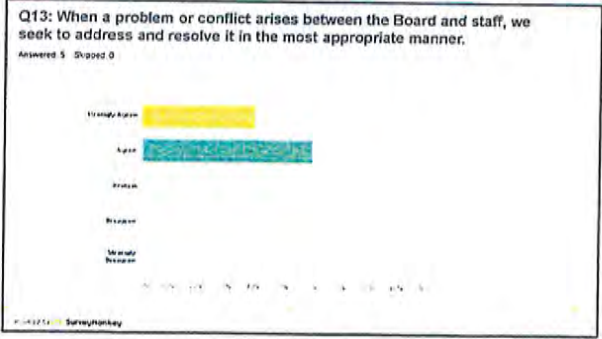
---

---

---

---

---



---

---

---

---

---

---

---

---

**Q13: When a problem or conflict arises between the Board and staff, we seek to address and resolve it in the most appropriate manner.**  
 Answered 5 Skipped 0

Answer Choices	Percentage
Agree	100%
Disagree	0%
Strongly Disagree	0%
Strongly Agree	0%
Not Answered	0%

Created by SurveyMonkey

---

---

---

---

---

---

---

---

---

---

**Q14: As elected officials, we understand and adhere to the duties and responsibilities of commissioners as delineated under all relevant Washington RCWs.**  
 Answered 5 Skipped 0

Answer Choices	Percentage
Agree	100%
Disagree	0%
Strongly Disagree	0%
Strongly Agree	0%
Not Answered	0%

Created by SurveyMonkey

---

---

---

---

---

---

---

---

---

---

**Q14: As elected officials, we understand and adhere to the duties and responsibilities of commissioners as delineated under all relevant Washington RCWs.**  
 Answered 5 Skipped 0

Answer Choices	Percentage
Agree	100%
Disagree	0%
Strongly Disagree	0%
Strongly Agree	0%
Not Answered	0%

Created by SurveyMonkey

---

---

---

---

---

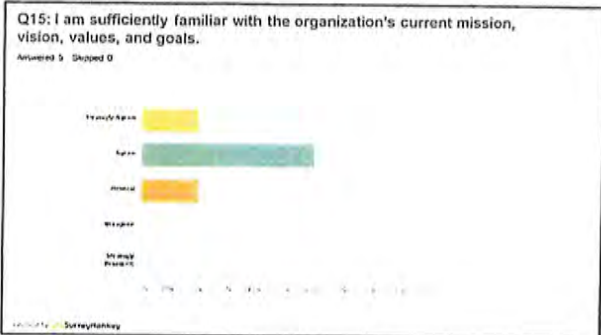
---

---

---

---

---



---

---

---

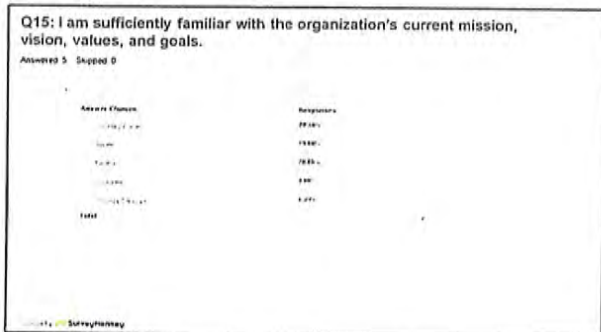
---

---

---

---

---



---

---

---

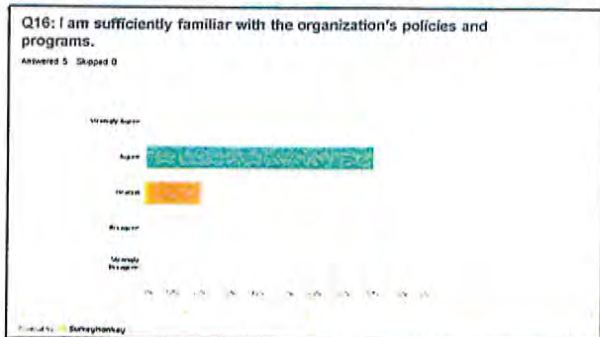
---

---

---

---

---



---

---

---

---

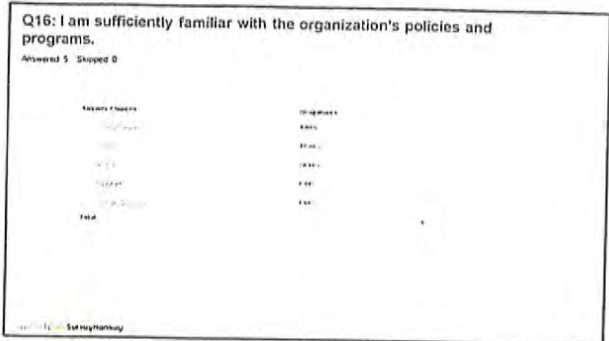
---

---

---

---






---

---

---

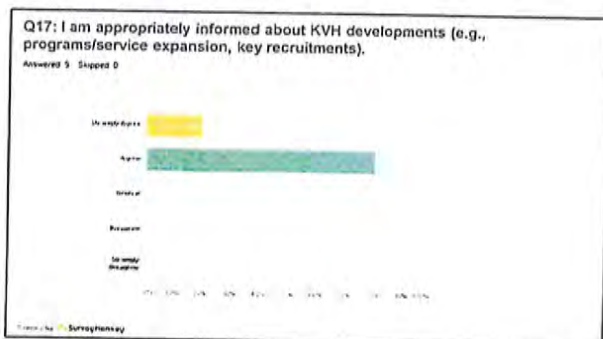
---

---

---

---

---




---

---

---

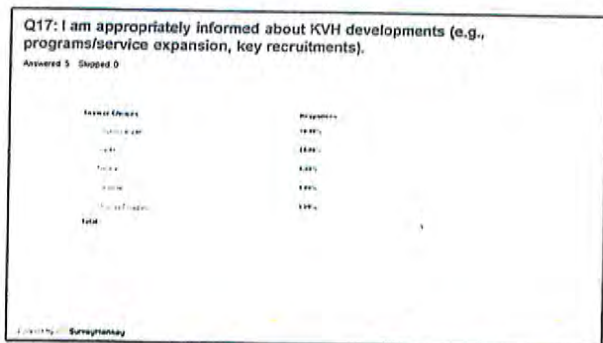
---

---

---

---

---




---

---

---

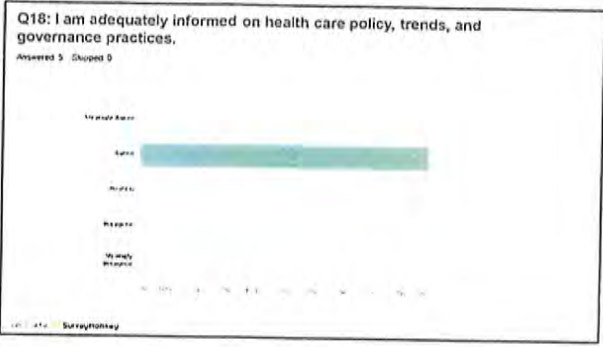
---

---

---

---

---




---

---

---

---

---

---

---

---

**Q18: I am adequately informed on health care policy, trends, and governance practices.**  
 Answered: 5 Skipped: 0

Response	Percentage
Strongly Agree	0%
Agree	75%
Neutral	0%
Disagree	0%
Strongly Disagree	0%
Total	100%

SurveyMonkey

---

---

---

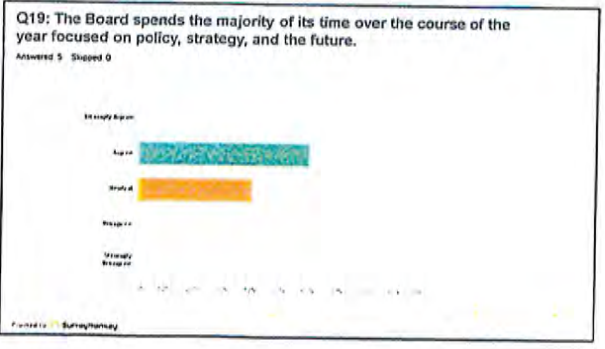
---

---

---

---

---




---

---

---

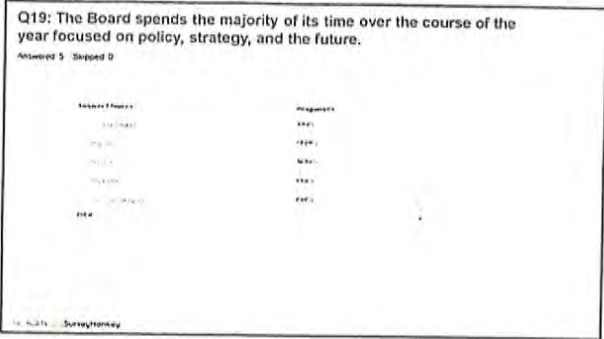
---

---

---

---

---



---

---

---

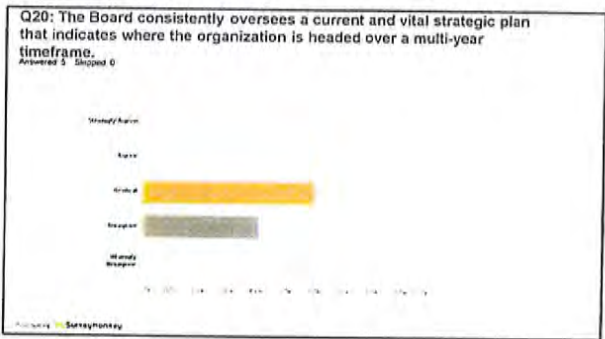
---

---

---

---

---



---

---

---

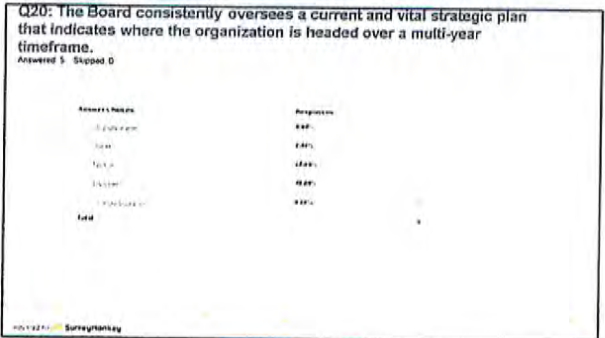
---

---

---

---

---



---

---

---

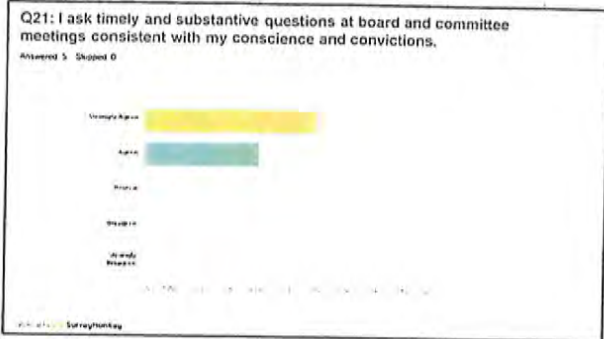
---

---

---

---

---



---

---

---

---

---

---

---

---

**Q21: I ask timely and substantive questions at board and committee meetings consistent with my conscience and convictions.**

Answered: 5 Skipped: 0

Answer Choice	Percentage
Strongly Agree	40%
Agree	30%
No opinion	10%
Disagree	10%
Strongly Disagree	10%
TOTAL	100%

Created by SurveyMonkey

---

---

---

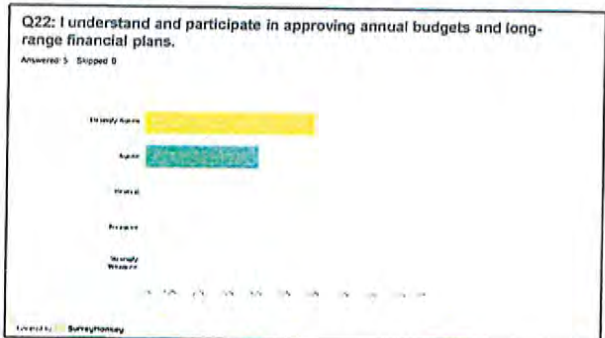
---

---

---

---

---



---

---

---

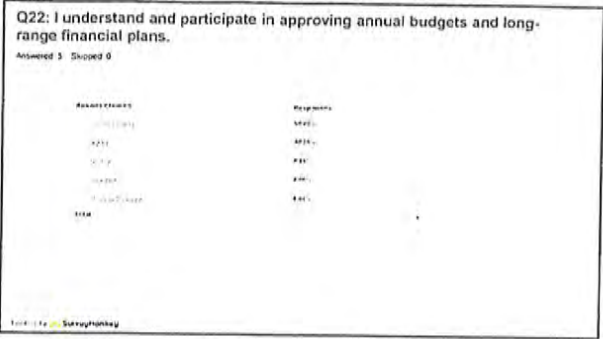
---

---

---

---

---




---

---

---

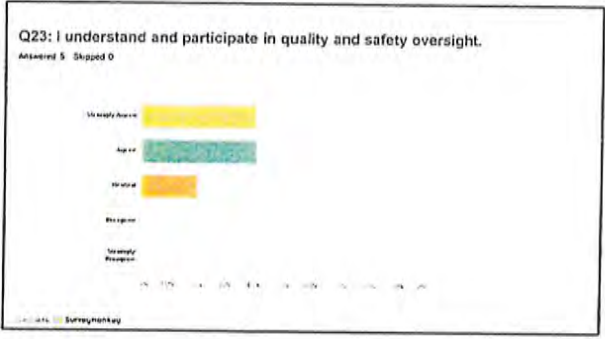
---

---

---

---

---




---

---

---

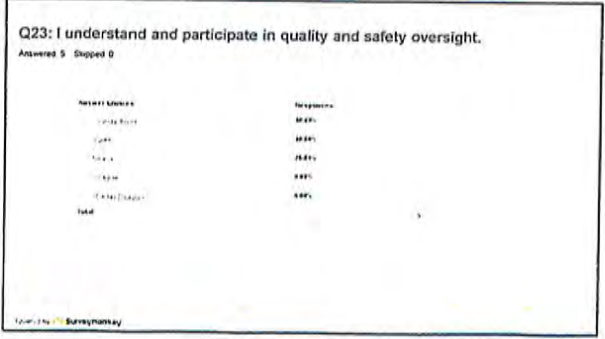
---

---

---

---

---




---

---

---

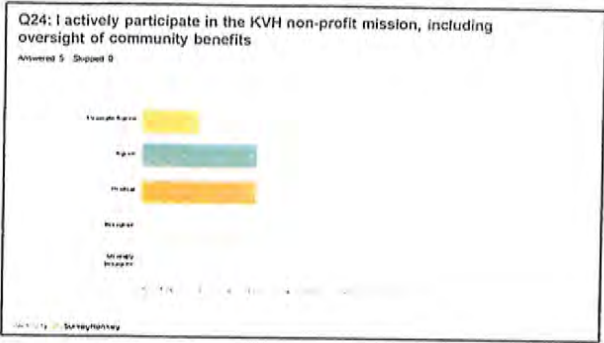
---

---

---

---

---



---

---

---

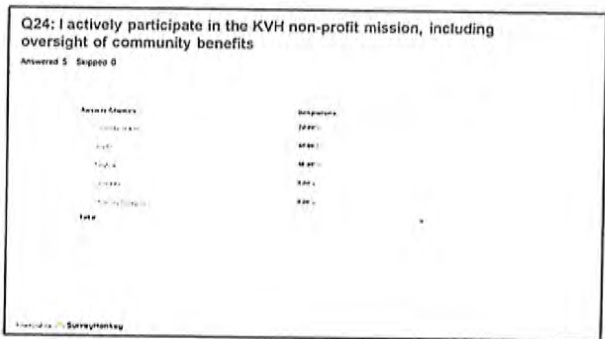
---

---

---

---

---



---

---

---

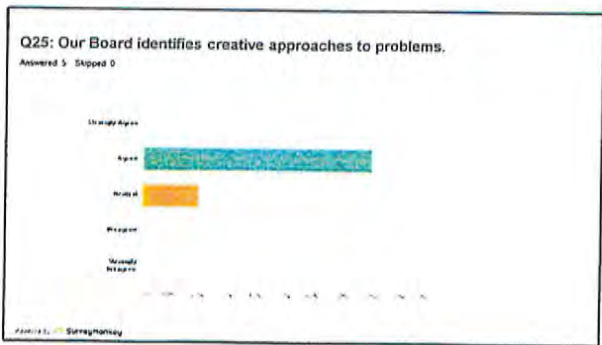
---

---

---

---

---



---

---

---

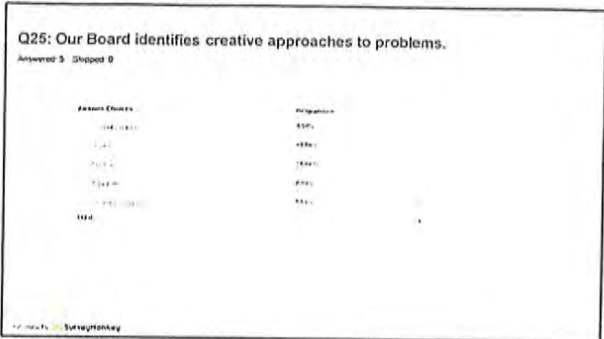
---

---

---

---

---



---

---

---

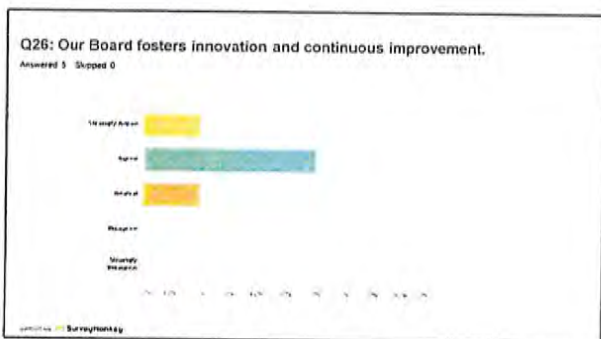
---

---

---

---

---



---

---

---

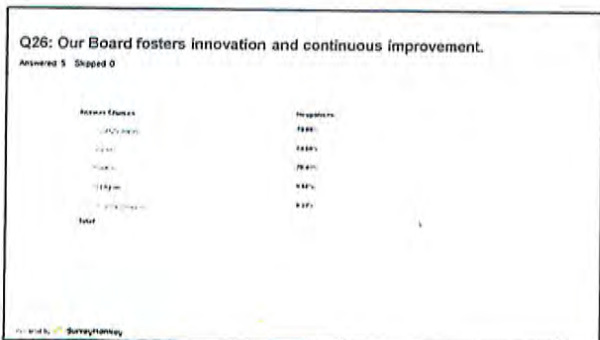
---

---

---

---

---



---

---

---

---

---

---

---

---

Q27: Overall, I rate the Board's performance during the past year as:

Answered: 5 Skipped: 0



SurveyMonkey

---

---

---

---

---

---

---

---

Q27: Overall, I rate the Board's performance during the past year as:

Answered: 5 Skipped: 0

Response	Percentage
Excellent	20%
Very Good	80%
Fair	0%
Poor	0%
Very Poor	0%
Total	100%

SurveyMonkey

---

---

---

---

---

---

---

---



**October 26, 2017 Board Packet Clippings/Information**

<b><u>Pages</u></b>	<b><u>Title</u></b>
<b>52</b>	<b>KVH Therapy to Move to Outside Firm</b>
<b>53</b>	<b>Wilderness First Aid Presentation Set for October 24</b>
<b>54</b>	<b>Collaborations Proceeding for Upper County Medical Resources</b>
<b>55</b>	<b>KVH-Swedish Building Switch moves Forward</b>

# KVH therapy to move to outside firm

BY JOANNA MARKELL  
managing editor

Kittitas Valley Healthcare will contract with another company to provide rehabilitation services in Ellensburg, including physical, occupational and speech therapy. KVH has signed a three-year agreement with Rehab Visions, which takes effect Oct. 16. The change affects 11 full-time and six part-time KVH staff who will switch employers. As Rehab Visions employees, they will be offered their current positions at their current rate of pay, and current scheduled hours, a news release from KVH said. Patients will continue to see their current therapists at their current

## Change involves Ellensburg services this month

locations, said KVH Community Relations Director Amy Diaz. "This will not impact what patients pay for services, and we do not expect price increases," she wrote in an email. KVH and Rehab Visions expect services and access to care will increase under the new partnership, according to the news release. Rehabilitation services patient volumes at KVH have not grown for the past five years, and the services have posted financial losses averaging \$175,000 a year, Diaz said. Rehab Visions will bring expertise in documentation, coding and billing to reduce rejected claims. The company also has a strong recruit-

ment program for therapists and therapy assistants, KVH said. Increasing services and patient visits can help reduce the fixed costs per patient visit, Diaz said. **LOCATIONS** KVH currently owns a building on Second Avenue for speech and occupational therapy and leases a building on Mountain View Avenue for physical therapy. The buildings will continue to be used for those purposes, Diaz said. The agreement doesn't affect services in Upper Kittitas County, where KVH provides physical therapy services at KVH Family Medicine-Cle Elum, she said.

Rehab Visions is a family-owned organization that partners with facilities in 11 states to provide rehabilitation services. Within Washington, Rehab Visions has relationships with the rural, public hospital districts in Ephrata, Prosser and Aberdeen. The agreement sets forth performance standards for patient satisfaction, quality of care, how quickly patients are seen after a referral, productivity, and quarterly reporting on progress. It also outlines the transition plan for current KVH employees. KVH has similar agreements for anesthesiology and MRI technicians. Physicians in the KVH Emergency Department worked under a professional service agreement until mid 2016.

## CALENDAR

Submit events to the Daily Record at [www.dailyrecord-news.com](http://www.dailyrecord-news.com). Events in this column are listed on a space-available basis. Times, dates and locations are subject to change.

- TODAY, OCT. 4**
- Congressman Reichert staff office hours, 10 a.m. to 2 p.m., Kittitas County Courthouse, 205 W. Fifth Ave., Room 108, Ellensburg
  - Jobs Club, 12:30 p.m., WorkSource, 510 N. Pine St., Ellensburg
  - Hospice Friends Volunteer Training, 1 p.m., Hospice Friends, 302 S. Main St., Ellensburg
  - Ellensburg School Board special meeting with superintendent selection consultant, district office conference room, 1300 E. Third Ave., Ellensburg
  - Meeting for public input on target shooting options at the Wenas Wildlife Area, 6-8:30 p.m., Manastash Room, Kittitas Valley Event Center, 901 E. Seventh Ave., Ellensburg
  - 4-H recruitment night, 6-8 p.m., Heritage Center at Kittitas Valley Event Center at the fairgrounds
  - Masonic Stated Communication, 6:30 p.m., Cle Elum St. Thomas Lodge No. 139, 305 E. First St., Cle Elum

- THURSDAY, OCT. 5**
- Roxie Allen Paint and Fun, 12:30 p.m., Adult Activity Center, 506 S. Pine St., Ellensburg
  - Mother2Mother, 5:30 p.m., CWU, Michaelson Hall Room 126, Ellensburg
  - Community Open House — City of Ellensburg Comprehensive Plan, 6 p.m., Hal Holmes Center, 209 N. Ruby St., Ellensburg
  - Celebrate recovery, 6:30 p.m., Mercer Creek Church north building, Ellensburg
  - Seattle Times science writer Sandi Doughton lecture, "Shake, Rattle and Rebound," 7 p.m., CWU Science II building room 103
  - Marine Corps Jazz Orchestra and CWU Jazz Band 1 in a free concert, 7 p.m., McIntyre Music Building Concert Hall at CWU

- FRIDAY, OCT. 6**
- Oktoberfest, 11:30 a.m., Adult Activity Center, 506 S. Pine St., Ellensburg
  - Valley View Elementary School walkathon, 1:30-2:30 p.m., Ellensburg High School track
  - Kittitas Neighborhood Pantry, 1-3 p.m., Kittitas Neighborhood Pantry, 319 N. Main St., Suite B, Kittitas
  - First Friday Art Walk, 5-7 p.m., downtown Ellensburg and CWU
  - Ellensburg Film Festival, starts at 5:30 p.m., McConnell Hall and Tower Theater at CWU
  - Thorp Community Day Dinner and Auction, 6 p.m., Thorp School District, 10831 N. Thorp Highway, Thorp
  - "Era of Megafires" multimedia presentation, 6:30-8:30 p.m., Roslyn Yard

## BIRTHDAYS

Send birthday announcements before noon the day before the birthday. Just call 925-1414 x249 or email [newsroom@kvnnews.com](mailto:newsroom@kvnnews.com).

- TODAY, OCT. 4**
- Elijah Amott
  - John Ullbarri
  - Brily Walker
  - Kurt Sternetz

## Local company awarded pool siding contract

BY DAILY RECORD STAFF

A contract to complete repairs to the Kittitas Valley Memorial Pool building was approved by the Ellensburg City Council Monday. The repairs date to April 2016 when the east exterior brick wall at the center failed, requiring the removal of nearly 4,300 square feet of brick from the building. The city moved to cover the affected areas of the building with siding. A \$33,500 contract was awarded to Ellensburg construction company Bel-saas and Smith by the city to complete the project. The city's 2017 budget has allocated \$50,000 for the work. The work will be performed by a three-person crew over an estimated 120 hours.

## NEWS DIGEST

**CWU-Ellensburg City Council to hold special meeting**

- When: 1 p.m. Thursday
- Where: City Council chambers, 501 N. Anderson St.
- Agenda: Housing, including a north campus residence hall; athletic facilities; capital improvements and parking; and demonstrating and sustaining a welcoming community climate.

## OLYMPIA State now in REAL ID 'grace period'

The more than two dozen states and U.S. territories that currently have a temporary extension from the enforcement of federal requirements for state driver's licenses and ID cards are now under a grace period through Jan. 22 as the federal government continues its review of states' progress, Washington state officials said Tuesday. Washington was among the states that initially had a REAL ID extension through Oct. 10. Officials with the state Department of Licensing said Tuesday they received notification from the Department of Homeland Security that while Washington's state's REAL ID request for an additional extension throughout October 2018 is awaiting review from the Secretary of Homeland Security, they will join the other states under a grace period through Jan. 22. The federal law requires state driver's licenses and ID cards to have security enhancements and to be issued to people who can prove they are legally in the United States. Staff and wire reports

# New residents to join medical clinic

BY DAILY RECORD STAFF

Two new medical residents and a behavioral health fellow will be working at the Community Health of Central Washington's clinic in Ellensburg, according to a news release. The residents are part of the Central Washington Family Medicine Residency Program's Class of 2019. The nonprofit Community Health of Central Washington provides primary health care, dental and mental health services to residents in the Yakima and Ellensburg areas. Residency is the last component of physician training following medical school and prior to specialty certification and entry into independent practice. The residency program provides family medicine training including obstetrics, integrated behavioral health, osteopathic manipulation medicine,

procedural training and inpatient pediatric and adult medicine. The program will soon graduate its 25th class, celebrating 25 years of residency programming, in June 2018. The new residents that will be training in the Ellensburg clinic are: ■ Dr. Andrew DeGiorgio, Doctor of Medicine, MD, MS, is a graduate of Loyola University-Chicago Stritch School of Medicine. He is from Forest Park, Illinois. ■ Dr. Ben Keggi, Doctor of Osteopathic Medicine, DO, is a graduate of Pacific

Northwest University of Health Sciences. He is from Great Falls, Minnesota. **BEHAVIORAL HEALTH** The residency program also announced its inaugural class in behavioral health. Joanne Bartos, PsyD, a behavioral health consultant fellow on a post-doctoral fellowship from Northwest University will be working out of Community Health of Central Washington's Ellensburg and Highland clinics. The behavioral health program offers future psychologists training in a fully integrated community health center.



DeGiorgio



Keggi



Bartos

# Paying it forward in Thorp

Fire volunteers fund playground after kids decide to help others

BY TIM GRUVER  
staff writer

Students at Thorp Elementary School discovered this week that good deeds can pay off. Early this year, Thorp students decided to give up fundraising dollars set aside for new monkey bars to help their community instead. The students voted to use the money to make blankets for babies at the KVH Hospital's Family Birthing Center. Isaac Stueckle, a sixth-grader at Thorp Elementary and former member of the school's elementary Associated Student Body, was among those who played a role in calling for a vote on the decision. "I just think the right opportunity struck and the student council took advantage of it," Stueckle said. "The choice was either we would get the monkey bars or we would help the community. The students didn't have a doubt in their minds." The Thorp Elementary School purchased 300 pieces of fabric for around \$920, fronting the money since the fabric was on sale. The students then hosted "sew ins" to make the blankets. Stueckle said that the decision was not easy, but when it came to a vote, the students were united in their choice. "You could see the gears in their heads starting to turn," Stueckle said. "They wanted the monkey bars, but they voted unanimously to help the community."



Isaac Stueckle, a sixth-grader at Thorp Elementary and former member of the school's elementary Associated Student Body, holds up a check presented by volunteers from the Kittitas County Fire District 1. Thorp Schools Superintendent Linda Martin is at right.

**FIRE DISTRICT STEPS IN** On Tuesday night, volunteers at Kittitas County Fire District 1 presented the Thorp Elementary Associated Student Body with \$4,000 to purchase and install a new set of monkey bars. "That money was initially being saved for monkey bars, but in a selfless act,

these young people chose to donate a large portion of their money instead," said Kittitas County Fire District 1 Fire Chief Brandon Schmidt in an email. "We are hoping that our donation, money raised by the volunteers during a car show and other activities, will show these students that when you do good deeds

for others, good things will happen to you, too." Thorp Schools Superintendent Linda Martin expressed her appreciation for the Fire District's donation, saying that it was a teaching opportunity. The fire department "felt like they wanted the experience to be a good lesson," she said.

**ERICH CROSS**  
MANAGING PARTNER

509.899.3119 • WWW.ERICHROSS.COM

**KITTITAS VALLEY FIRE & RESCUE**  
933-7221 (office) 933-7245 (fax)  
Chief John Sindler

Between 8:00 PM to 8:30 PM (Kittitas Valley Fire & Rescue) please inquire to the following table for emergency services.

EMERGENCY SERVICE	2017 YTD	2016 YTD
Emergency Medical Services	60	2630
Elkland County EMS Transport - Yakima & Tri-Cities Area	11	478
Fire	11	475
Hazmat	0	62
Rescue	0	4
<b>WEEKLY TOTAL</b>	<b>84</b>	<b>3119</b>

It is a good idea to get your fireproof or wood stove serviced before the heating season begins. Chimneys that are clogged and not cleaned fire the chimney.

52

## **Wilderness First Aid Presentation Set for October 24**

Ellensburg, Wash. (October 10, 2017) – Healthcare providers and outdoor enthusiasts Dr. Tom Penoyar, Chelsea Newman, PA-C, and Rob Merkel, PA-C, will provide a free public presentation with wilderness first aid tips on October 24.

The event will begin with an overview of wilderness first aid and techniques to use in an emergency. The information shared will be at a basic level, intended for the general public.

“In Kittitas County, we’re primarily looking at rugged terrain,” says Dr. Tom Penoyar. “Sprains and fractures are typical in this kind of environment. Splinting is a good skill to have.”

The presenters will also provide situational scenarios, including examples coming from their personal experience attending to medical emergencies in the wilderness.

In addition to sharing techniques and scenarios, the presenters will share and explain the actual equipment they take with them into the wilderness. Participants are encouraged to bring their own wilderness first aid equipment to the event for discussion.

The presentation will begin at 5:30 p.m. on Tuesday, October 24 at KVH Family Medicine – Cle Elum. The entire event should last about one hour. Light refreshments will be provided.

Dr. Tom Penoyar is a general surgeon at KVH General Surgery in Ellensburg. Rob Merkel, PA-C and Chelsea Newman, PA-C are primary care providers at KVH Family Medicine – Cle Elum.

###

## **Collaborations Proceeding for Upper County Medical Resources**

Cle Elum, Wash. (October 17, 2017) – Kittitas County Public Hospital District No. 2, Kittitas Valley Healthcare, and Swedish Health Services have agreed to location changes that will allow for greater collaboration between upper county medical resources and an expansion of services to the community.

Kittitas Valley Healthcare will relocate KVH Urgent Care – Cle Elum into the building on 1<sup>st</sup> Street that currently houses Swedish Cle Elum Primary Care. Swedish Health Services will move into the current KVH Urgent Care – Cle Elum space at 201 Alpha Way, which is owned by Hospital District 2 and leased by Kittitas Valley Healthcare.

The building on 1<sup>st</sup> Street will provide a location that is better suited for an urgent care facility than the existing location. KVH Urgent Care – Cle Elum will maintain its current hours of 10 a.m. to 10 p.m., daily, and increase staffing levels.

Swedish will discontinue primary care services at its current location on November 22.

“It’s been our privilege to provide primary care to Kittitas County for the past six years,” said Jim Cunningham, Administrative Director of Primary Care for Swedish. “We’re now looking forward to bringing new specialty services to the community in 2018.”

The sequence of moves will allow urgent care to provide uninterrupted service to the community. Kittitas Valley Healthcare will move the urgent care service to the 1<sup>st</sup> Street location in January 2018. Swedish plans to begin offering specialty care and telehealth services in the Alpha Way location as of February 2018.

“We are pleased that the entire medical community is working together to ensure that patients have access to the best care,” said Floyd Rogalski, President of the Board of Commissioners for Kittitas County Public Hospital District No. 2. “We appreciate the diligence and dedication of all parties who have worked to arrange this collaboration.”

###



## WARRIOR WEDNESDAY

Cle Elum-Roslyn football takes on winless Goldendale for homecoming weekend. Sports, Page A6

## APPLE SEASON

Welcome autumn with a recipe for individual apple pies. Homestyle, Page B1



# DAILY RECORD

PUBLISHED IN THE HEART OF WASHINGTON | DAILYRECORDNEWS.COM

Good afternoon  
Wednesday  
October 18, 2017  
75 cents

## KVH-Swedish building switch moves forward

KVH to move urgent care in Cle Elum in January

BY DAILY RECORD STAFF

CLE ELUM — A plan for KVH Urgent Care in Cle Elum and Swedish Health Services to switch places is moving forward. Kittitas Valley Healthcare will move KVH Urgent Care — Cle Elum into the building on First Street in Cle Elum that currently houses Swedish Cle Elum Primary Care in January, according to a news release from the two organizations.

Swedish Health Services will move into the current KVH Urgent Care — Cle Elum space at 201 Alpha Way, which is owned by Hospital District 2 and leased by

KVH, the release said.

KVH Urgent Care in Cle Elum currently shares space with KVH Family Medicine-Cle Elum. The Alpha Way building is near McDonald's and Safeway in Cle Elum. KVH would continue to provide primary care services in the building.

Urgent care in Cle Elum services won't be interrupted during the switch. Swedish plans to begin offering specialty care and telehealth services in the Alpha Way location in February 2018.

Swedish will discontinue primary care services at its current location on Nov. 22. Swedish currently offers primary care services at its Cle Elum clinic three days per week.

"It's been our privilege to provide primary care to Kittitas County for the past six years," Jim Cunningham, administrative director of primary care for Swedish, said in the release. "We're now looking forward to bringing new specialty services to the community in 2018."

The organizations announced the plan last month as a way to better meet community needs. KVH has said the First Street location is a better location for urgent care services and it will maintain its current hours of 10 a.m. to 10 p.m. daily, and increase staffing levels.

The change was supported by the Kittitas County Public Hospital District No. 2 board.

KVH Urgent Care in Cle Elum is not connected to the private Kittitas Valley Urgent Care clinic



KVH Urgent Care — Cle Elum will move into the Swedish clinic space in Cle Elum in January as part of a building switch. Swedish will move specialty and telehealth services to KVH space on Alpha Way.

## A housing proposition



Justin Brown watches television as he sits in his living room with his dog Lucy, Friday. Brown lives in a converted garage that has been made into a studio apartment, and is supportive of efforts to make more affordable housing available in the community.

## Voters to consider sales tax to support projects

BY TIM GRUVER  
staff writer

As someone who was born in Ellensburg and lived here for the past 37 years, Justin Brown can still remember a time when the Fred Meyer on Water Street was little more than a dirt lot.

In the time since, Brown has watched Ellensburg grow by thousands of people. But for low-income residents like himself, the rising cost of living has been difficult to deal with.

"There are a few more jobs now, and some good people coming into the community, and not too many problems with crime," Brown said. "But landlords are raising rent with all the college kids coming in and people can't afford to rent here."

Brown earns minimum wage as a prep cook working at the local Papa John's.

Ellenviv, a nonprofit which finds job and housing opportu-

nities for people with developmental disabilities, had worked with Brown for the past eight years helping him find better places to live.

"Working with Ellenviv has been fantastic," Brown said. "They're wonderful people to be around."

Brown, who is disabled, lived in a two-story house before having to sell it to make alimony payments about three months ago.

Currently, Brown lives in a studio apartment converted from a garage, which costs about \$500 a month.

"It took a long time to find that place," Brown said. "But I'm always looking for bigger and better."

### RENTAL SITUATION

Washington is now the 10th most expensive state in the country for renters, according to a 2017 report by the National Low Income Housing Coalition.

A Housing Needs Assess-

ment was conducted by the city of Ellensburg by BERK last year found that more than half of Ellensburg households spend more than 30 percent of their income on housing.

The assessment also found that there is a lack of multifamily dwellings in Ellensburg.

Of renters in the community, 21 percent were "cost burdened" and 43 percent were severely "cost burdened," the study found. The study also found rental costs are rising locally, though not as fast as Seattle. In Ellensburg, single family rents increased at a rate of 2.9 percent from 2011 to 2016. Multifamily rents rose by 1.8 percent.

### THE PROPOSITION

A resolution passed by the Ellensburg City Council in July put a 0.1 percent sales tax funding affordable housing and mental health services on the ballot this November. It would take Ellensburg's sales tax from 8.2 percent to 8.3 percent.

The tax would bring in an

estimated \$450,000 to \$500,000 a year, according to Ellenviv Director Bruce Tabb, who supports the measure.

At least 60 percent of all sales tax revenue gained must be spent on affordable housing. If passed, the sales tax increase would take effect no later than April 1, 2018.

Brown voiced his support for the tax, saying that it would most help people like himself. "I think people should vote yes on it," Brown said. "It'll help out handicapped and low-income people."

Under RCW 82.14.530, counties can levy a sales tax for affordable housing and mental health services support. The statute allows municipal government to enact the tax if the county fails to do so in the two-year period after the bill authorizing the tax takes effect. Since Kittitas County did not impose the tax, the city of Ellensburg opted to submit it to voters.

More HOUSING | A5

## Tough housing market for wildfire victims

6,000 homes destroyed

PETALUMA, Calif. (AP) — As firefighters gain on wildfires burning in Northern California's wine country, the many thousands who lost their houses, condos and apartments in those fires will have to find a new place to live in one of the toughest housing markets in the nation.

In San Francisco, an average one-bedroom apartment rents for more than \$3,000 a month and the median home price is about \$1.5 million. The climbing cost of living has reached the greater San Francisco Bay Area, which includes parts of the fire areas.

The fires that swept through parts of seven counties were the deadliest and most destructive series of blazes in California history. At least 42 people were killed and 6,000 homes destroyed.

Crews made excellent progress Tuesday night and Wednesday morning, setting off controlled burns to deprive wildfires of added fuel, said Daniel Berlant, spokesman for California Department of Forestry and Fire Protection, also known as Cal Fire.

More FIRE | A5

LEGENDS  
LARGO HOTEL

—HOTEL OPEN 1577726 • EXTENT 5244—

### INDEX

Homestyle	B1
Events calendar	A3
Comics	B6
Obituary	A5
Sports	A6

Local news serving Ellensburg, Cle Elum, Roslyn, Kittitas, Easton, Sunnada and all of Kittitas County.



8 50179 00061 1

Hospital Board candidate Bob Crowe discusses KVH at voter forum



Bob Crowe, candidate for Hospital Commissioners, speaks during the Kittitas Valley League of Women Voters candidate night forum at Ellensburg City Hall, Wednesday.

BY MATT CARSTENS staff writer

Kittitas County Hospital District No. 1 candidate Bob Crowe answered questions from the League of Women voters at a candidate forum on Wednesday night. Crowe's opponent Rich Elliott withdrew from the race earlier this year, but too late to have his name removed from the ballot.

Crowe is campaigning to retain his seat on the board and discussed his background as a founding trustee and CEO of the Community Foundation of Kittitas County. He's been a member of the hospital's finance committee for six years, had a CPA license for 20 years and owned an international company. He retired in 2015.

Crowe discussed hospital issues ranging from maintaining and expanding medical coverage in the county, increasing the number of specialties available so patients won't have to travel out of town for care, and his effort to keep KVH an independent hospital.

One question asked how the Affordable Care Act has impacted the hospital, a topic which Crowe described as very complicated. In the current climate of repealing and replacing, Crowe said if the ACA was to be repealed and not replaced, 5,000 people in Kittitas County would lose their health coverage.

"Only recently have we been able to accomplish the goal of opening clinics and taking in new patients," Crowe said. He said he wants to expand specialties like "oncologists, dermatologists, things of that nature. Traveling out of town is quite a large item for people to deal with."

Crowe said the KVH board is a diverse governing board which has robust discussions about pressing issues, and every commissioner is extremely important.

"Would we still treat the people that were real ill?" Crowe said. "Probably not." Without insurance, the emergency department would see a lot more patients, and those missing payments would be passed on to the community.

"It's a poor solution to providing health care," Crowe said. Crowe said he'd like to see an increase in behavioral health coverage for things like addiction treatment and work stress.

"We are not the health care system, we are part of the health care system," Crowe said. "We have partnerships and arrangements with all the health care providers in the county and we support each other."

Crowe said the hospital has plans to address current parking problems, which are forcing a lot of cars to park on Manitoba Avenue, and causing problems for street cleaners and snowplows. One option is putting more of the office workers into the Royal Vista complex which was purchased recently by KVH.

"We have doctors in the pipeline bringing them here to meet community needs," Crowe said. "Part of the solution we're looking at is parking."

CALENDAR

Submit events to the Daily Record at www.dailyrecordnews.com. Events in this column are listed on a space-available basis. Times, dates and locations are subject to change.

TODAY, OCT. 20

Drive thru flu shots, 7 a.m. to 4 p.m., Western Village at the Kittitas County Fairgrounds, Ellensburg

Free Medicare Open Enrollment Presentation, 9:30 a.m., Cle Elum Senior Center, 719 E. Third St., Cle Elum

SAIL: Stay Active and Independent for Life, 9:30 a.m., Adult Activity Center, 506 S. Pine St., Ellensburg

Kittitas Neighborhood Pantry hours, 1-3 p.m., Kittitas Neighborhood Pantry, 319 W. Main St., Suite B, Kittitas

Haunting Ellensburg, 6-7 p.m. for children show, 7-10 p.m., ages 12 to adult, Kittitas Valley Event Center, Ellensburg

Gard Against Cancer, 6 p.m., Gard Vintners, 311 N. Pearl St., Ellensburg

Ellensburg High School homecoming football game featuring fireworks, starts at 7 p.m., Ellensburg High School, 1203 E. Capitol Ave.

Community volleyball, 7:30 p.m., Walter Strom Middle School gym, Cle Elum

SATURDAY, OCT. 21

Run for the Brave, 8 a.m., Rotary Park

AHA Heartsaver First Aid - CPR/AED Class, 9 a.m., Cle Elum Fire Station, 301 Pennsylvania Ave., Cle Elum

Friends of the Ellensburg Public Library Fall Book Sale, 9 a.m. to 3 p.m., Hal Holmes Center, Ellensburg

Kittitas fire proposition town hall meeting, 10 a.m., Kittitas City Hall

Fifth annual Roslyn Mountain Ale Festival, 1-5 p.m., The Roslyn Yard

Racteo City Rollergrils vs. Lava City Roller Dolls (Bend, Ore.), 4 p.m., Ellensburg Racquet and Recreation Center, 6061 Vantage Highway, Ellensburg

Clymer Museum Rendezvous "Prix de West", 5:30 p.m., John Ford Clymer Museum and Gallery, 416 N. Pearl St., Ellensburg

Haunting Ellensburg, 6-7 p.m. for children show, 7-10 p.m., ages 12 to adult, Kittitas Valley Event Center, Ellensburg

SUNDAY, OCT. 22

Ellensburg's Run for the Brave 5K, 8 a.m., Rotary Park, 1200 W. Fifth Ave., Ellensburg

Great Expectations, 2 p.m., McConnell Hall Auditorium, CWU

Intro to Square Dancing, 3 p.m., Swak-Teamway Grange, 1361 Ballard Road West, Cle Elum

Open Mic Night, 7-9 p.m., Old Skools

BIRTHDAYS

Send birthday announcements before noon the day before the birthday. Just call 925-1414 x249 or email newsroom@knnews.com.

TODAY, OCT. 20 Delaney Guddat Shelby Wedekind Samantha Winn Steve Voshall Matt Carstens Alicia Wagner Dovele Sigle

Roslyn Council Position 3: Dustin Auckland and Leah Hadfield

BY DAILY RECORD STAFF

The candidates running for Roslyn City Council Position 3 have changed since ballots were finalized. Incumbent Council member Scott Gray has resigned because of family health issues and is no longer running, although his name is on the ballot. He said he will resign if elected. The candidates are Dustin Auckland and Leah Hadfield, who has filed as a write in. The seat has a four-year term.

LEAH HADFIELD

WHY ARE YOU RUNNING?

I want to help preserve the quality of life we cherish in our mountain town. We need to find a balance between keeping what makes our city special and ensuring that future generations can continue to live and work here. I started a write-in campaign to offer voters another choice, especially considering the lack of women currently on city council.

WHAT'S THE BIGGEST CHALLENGE FACING THE CITY OF ROSLYN RIGHT NOW?

In short, I would say "growing pains." Roslyn and the surrounding area is a destination for those seeking an experience in the mountains. The added people and traffic puts pressure on the infrastructure. While local businesses get a boost and the

city earns more on sales tax, I feel that over time the city will require more income for maintenance and improvements. Property tax hikes are rarely popular and many residents live on fixed incomes. In marketing terms Roslyn is a hot commodity, and when you have a desirable product you can command full price. I would like to find creative solutions for the city to increase revenue in ways that do not add a substantial financial burden to residents and small business owners.

IF ELECTED TO THE CITY COUNCIL, WHAT WOULD BE YOUR TOP THREE PRIORITIES?

The first priority is to ensure the completion of all existing, approved plans and contracts that the city has in place. I respect the work that previous council members have done to secure the health and safety of our com-

LEAH HADFIELD Age: 36 Years in the community: 10 Born in Roslyn, moved here permanently in May 2016 Occupation: Barista/server at Maggie's Pantry and mom to one daughter Experience: B.A. in Journalism-Public Relations; Volunteer for nonprofit organizations; employed in publishing, marketing, and customer service.



Hadfield

munity, and I would uphold the required commitments and responsibilities to ensure the success of every project. Straightforward communication is one of my personal values, and I would like to see city hall engage more with residents and visitors alike. There is a great deal of potential energy within the residents of Roslyn to work with the city to make improvements for our town. "It takes a village" is the unofficial Roslyn motto. I hope to empower more neighbors to get involved in the community and help bring alive the many ideas and opportunities we all envision for Roslyn.

The third priority is comprehensive planning to guide our city's future in a way that honors our rich history and propels us forward with resiliency. Business owners and employees, residents, property owners and visitors all have valuable information to share about their experiences in Roslyn and what they would like to see for the future. As a city council member I would work to increase participation in the long-term planning process and design multiple ways for people to interact and give feedback.

DUSTIN AUCKLAND

WHY ARE YOU RUNNING?

I have been coming to Roslyn for over 45 years, and my family has lived in Kittitas County for decades. This is my favorite place to be able to live here full time, which I have made a reality. I am running for Roslyn council position No. 3 because of my love for this community and its people. I understand the need to preserve our history of mining, logging, and the diverse cultures of the immigrants that came here in the 1800s and built the beautiful town of Roslyn. This is a pivotal time for our town and I know we need to find a balance between growth, tourism and preservation. I have seen the positive impact of the creation of the CAC and in full support of the preserva-

tion of the cemetery and museum and the historical components of Roslyn. As a former resident of Snoqualmie Valley, I know that we need proper planning and need to address infrastructure issues now.

WHAT'S THE BIGGEST CHALLENGE FACING ROSLYN RIGHT NOW?

Development and growth are the biggest issues facing Roslyn. Roslyn is facing a big boom in tourism, and Kittitas County is one of the fastest growing counties in the nation. The increased tourism for events such as the Sunday Market has highlighted the need to address issues such as parking, crumbling sidewalks, public safety and the need for better infrastructure throughout town as well as ADA compliance. The city storm drains, streets, sidewalks and public utilities are aging and will need to be replaced and/or improved

DUSTIN AUCKLAND

Age: 52 Years in the community: 15 years Occupation: Land surveyor/inspector Experience: Since 1984, I have worked as a land surveyor and worked for Pierce County in the Public Works Department for 25 years. Currently, I am an inspector at the City of Ellensburg. As a surveyor with Pierce County, I interacted with the public on a daily basis regarding changes in their community and both positive and negative impacts of growth. My role as a public servant has given me the experience to serve on Roslyn's city council. Currently, as an inspector for the City of Ellensburg I am in charge of making sure the city's water system is not contaminated and that all utilities, roads, and sidewalks are built to proper city, state, and federal standards.



Auckland

In the coming years, seasonal issues such as weed control, snow removal and urban flooding are also important issues that need to be addressed.

IF ELECTED TO THE CITY COUNCIL, WHAT WOULD BE YOUR TOP THREE PRIORITIES?

If elected, my three top priorities

- 1) Addressing the need for city infrastructure improvements to ensure the safety of citizens and visitors
2) Identifying and securing funding for city projects
3) Successfully managing growth within Roslyn while preserving its rich cultural heritage.

NEWS DIGEST

New study space for students with children at CWU library

Central Washington University is hosting a grand opening of a new study space designed for student-parents at the Brooks Library, according to a news release. The event is at 5 p.m., Tuesday. The new family study space will

be for enrolled students with young children, and is located on the first floor in the southwest corner of the Academic and Research Commons. The space will offer child-friendly furniture, a selection of children's books, learning toys and a creative play space. All children must be supervised at all times. The space was developed by the

library in cooperation with the CWU Center for Diversity and Social Justice and Early Childhood Education, and was funded in part by funds raised at the 2017 Evening at the Brooks Gala and Silent Auction. Staff report

ERICH CROSS Making it right. Thinking about Buying or Selling? I'm Happy to Help. 509.899.3119 • WWW.ERICHXCROSS.COM

IN OUR VIEW

# Searching for parking solution

BY DAILY RECORD EDITORIAL BOARD

**Parking.**  
That is a one word conversation (or argument) starter in Ellensburg.  
There's long been two schools of thought on parking in Ellensburg.  
School of Thought No. 1: There is no parking problem other than people getting annoyed that there may be times when they can park directly in front of the store.  
School of Thought No. 2: There is a parking problem if you can't find the parking spot you want when you want it.  
Ellensburg may finally be growing into a parking problem, at least in the downtown core and possibly around the campus. It is a fact that more people are living downtown. Second floors have been renovated and apartments constructed. Parking has been added as part of that process but there are always going to be additional cars generated not covered by resident parking provisions.  
It is also a fact that Ellensburg's population has grown, both in regard to students attending Central Washington University and full-time residents.  
Those people may not live downtown but they come into town for dining and shopping experiences.  
Looking into the not so distant future, Ellensburg may have more parking-generating projects such as a downtown boutique hotel and the renovation of the second-floor of the New York Cafe building. Again, both those projects attempt to provide for parking but also will generate ancillary parking impacts.  
The Ellensburg City Council is at the point where it feels the city needs to study its parking needs. The study will cost \$25,000.

On one level, it will be interesting to get an outsider's view of our parking "problem." All of us know that our parking and traffic problems pale in comparison to Puget Sound communities. Downtown Ellensburg may be busier than some people appreciate. Even on a weeknight there will be a decent number of people in town at restaurants or bars. Finding a parking spot might require driving down a block or two. In Seattle if you can find a parking spot within two or three blocks of your destination it is cause for jubilant high-fiving and that spot will come with a hefty cost.  
The first question to resolve is what would a parking problem mean in Ellensburg? Would it mean that on any given weekend or during an event, the number of parking spots available in the downtown commercial core falls short of the number of vehicles seeking parking?  
This is an important question because the logical progression after declaring there is a parking problem is creating a parking solution, which would seem likely to come with a cost.

A parking inventory would be nice — a calculation of existing parking spots and how they're being used whether for parking for people working in public or private sector offices or for general visitor traffic. The city discourages that with two-hour parking through much of the downtown but there are people pretty savvy at spotting the approach of the code enforcement officer.  
The county and city have parking for employees but most private business owner and employee parking is just part of the mix. If you figured out a way to address owner/employee parking would that open up enough spots for visitors/customers?  
Hopefully the study can determine if we're still at a point where we can create more parking just by rearranging the parked cars, or if it is at the point where parking lots and even a parking garage is up for discussion.  
This will be something to talk about the next time you're cruising around the downtown looking for a parking spot.

## DAILY RECORD

Local news serving Ellensburg, Oelrichs, Rodya, Kittitas, Eastern, Suncata and all of Kittitas County.  
www.dailyrecordnews.com

Established 1909

PUBLISHER - HEATHER HERNANDEZ  
EDITOR/GENERAL MANAGER - JENNIFER MARRELL  
ASSISTANT EDITOR - MICHAEL GALLAGHER

IN YOUR VIEW

### Bob Crowe works hard on behalf of the community

To the Editor:  
I'm writing today to endorse Bob Crowe for Hospital Commissioner. I have known Bob Crowe for the past 15 years, both personally and working with him on charitable causes, responding to major wildfires in our county, or simply supporting efforts to make our community a better place to live.

I know Bob has been working hard on our behalf as long as he's held the post of Hospital Commissioner. He's been working with elected officials on all levels to prevent negative changes to healthcare that would damage our rural community healthcare system while also advocating for adjustments that will benefit our community and its citizens.

With his previous government experience, Bob quickly realized that KVH Commissioners and leadership needed to implement a lobbying program at the federal level to prevent significant cost shifting from the federal level to the local level. If implemented, such a shift would result in a loss of coverage for many patients and our hospital would have little choice but to provide more costly care at an overall higher cost. That would mean higher taxes and higher fees for the rest of us. Bob recognizes that the taxes we currently pay to KVH are very low, and he wants to keep it that way.

Additionally, Bob has fought for retaining the federal and state

programs that have enhanced reimbursement for rural critical access hospitals. This effort by KVH and other rural hospitals and hospital associations has saved at least one critical price reduction drug program for rural critical access hospitals.

Finally, Bob believes, like I do, that our community is best served by an independent community hospital that can meet today's challenges while continuing to provide high quality care. Bob has been an excellent hospital commissioner and needs to be retained. Please vote to retain Bob Crowe for Hospital District Commissioner.

Paul Jewell  
Ellensburg

### Concerned about the decrease in passerines in the Kittitas Valley

To the Editor:  
I am very concerned about the plight of beautiful creatures that have nested in or traversed this valley for hundreds of years. Linda and I are fortunate to have Mercer Creek slip past within feet of our kitchen window. The creeks trees and abundant riparian undergrowth are an exploding haven for birds. Over 70 species have nested, passed through or over our creek-side acreage — a blessing. The majority have been passerines (perching birds) regarded by ornithologists as, generally, the most intelligent and adaptable of all avian life. Human encroachment has surpassed the ability of these birds to adapt.

This past spring the job of an awakening earth and all the concurrent passages of warming was diminished by the absence of passerines. I list the following birds to encourage your readers to look up a few in guidebooks or on their devices in the hope of putting a face on the species in steep decline. These birds were not observed on our property for the first time in 35 years: orange-crowned warbler; MacGillivray's warbler; Wilson's warbler; yellow warbler; black-headed grosbeak; warbling vireo; Say's Phoebe; western kingbird; olive-sided flycatcher; calliope hummingbird; Lincoln's sparrow; golden-crowned sparrow; and red crossbill. Several other species like the stunning western tanager and the northern oriole were seen in small numbers.

Yes, not entirely empirical, and anecdotal, but birding has been an avocation for 50 years and, frankly, I am alarmed. Readers, please consider joining conservation organizations like the Sierra Club, Nature Conservancy and National Audubon Society. Local groups like the Kittitas Environmental Education Network, Kittitas Field and Stream and Kittitas Audubon Society are actively involved in conservation issues.

Steve Hall  
Ellensburg

### Nancy Goodloe brings well-organized personality to public service

To the Editor:  
I live near Manastash Canyon,

in the county. And why does that matter? Because I have walked block after block in the city of Ellensburg in support of Nancy Goodloe, candidate for City Council, Position 2, as she is the best candidate for the city. Talking with you at your front doors and listening to your concerns, Nancy is listening and will continue to support your points of concern.

Nancy collaborates to make things happen, as she did when she worked with Kittitas County Public Health Department as administrator for many years, and working on multiple commissions in Ellensburg, County and State. She chooses this city to call home. And why? So she can make a difference which she is doing and will continue doing in social justice, positive growth, and finding answers to difficult questions.

Nancy brings to public service a personality that is well-organized and used to systematic analysis of problems. She would also be a congenial colleague for other council members. She works well with others and she has respect from people who do might differ with her views. Intelligence is spotted with her words after she listens to you, because she cares.

I walked for Nancy because supporting her is easy. Educated, smart, caring, friendly, organized, thoughtful and attentive are just a few words that describe this best of all candidates for city of Ellensburg City Council, Position 2.

Vote for Nancy is a good vote.  
Sheri Bechard  
Ellensburg

THE REPERCUSSION FROM MY DISCUSSION WITH ANY RUSSIAN COULD LEAVE ME BLUSHIN'

SO I'M HUSH-HUSHIN'



# THE 10 RULES OF TRUMPISM

Forget the art of the deal. Nine months into his presidency, Donald Trump has closed no deals, artful or otherwise. So far, all we've seen is Trump's 10 rules for Trumpism.

1. Make everything about yourself. Whether it's dying Syrian children, several million Americans without power or water a month after killer hurricanes, or American soldiers dying on his watch, Trump puts himself front-and-center.

After failing to say anything for days about four American soldiers who died in Niger, Trump spent the weekend golfing. He explained why he hadn't yet called the families: "The toughest calls I have to make are the calls where this happens. Soldiers are killed. It's a very difficult thing. Now, it gets to a point where, you know, you make four or five of them in one day. It's a very, very tough day. For me, that's by far the toughest."

He then said his predecessors did not call or write letters to those who died in service to their country. Not true.

2. Never apologize. Trump consistently refuses to admit mistakes. He did not apologize

to Barack Obama for falsely insisting for years that Obama was not an American. He never apologized to the Boy Scouts for an embarrassingly political, profane speech at their jamboree. He did not apologize for mocking a disabled reporter. He was not sorry for rude behavior to Angela Merkel and Theresa May. He did not apologize for demeaning Gold Star parents.

3. Threaten. When Arizona Republican Sen. John McCain powerfully pleaded for comity and bipartisanship as he expressed worry that today's nationalism is akin to the isolationist movement that helped lead to World War II, Trump said he will fight back against McCain. "And it won't be pretty," Trump said, warning McCain, "Be careful," McCain, who was tortured for years as a prisoner of war during the Vietnam War, has brain cancer.

Immigrants? Deport or ban them. Nuclear war? Don't be afraid to say you're ready to blow up the world. After all, it's "my attitude" that matters, Trump said.

4. Appeal to the lowest common denominator. Encourage racism. Blame opponents for violence in the wake of a white

supremacist march in Charlottesville. Label football players as unpatriotic for protesting racial inequality. Call critics stupid, lazy, liars, ugly or losers. Give foes offensive nicknames.

5. Never accept responsibility for failure. No legislative victories? Blame Republicans and Democrats — everyone but yourself. An improbable number of Russian connections while you're trying to get American votes? Fake news.

6. Overstate the benefits of anything you do. The world is grateful, thrilled, appreciative, awed and amazed at your every decision, word, gesture, visit and speech.

7. Never pass up a chance to make money even if you're a multibillionaire, if you try to build a hotel in Russia while running for president, insist conflict of interest rules don't apply to you and make as much money for your business as you can while in the White House. Have campaign donors pay your private lawyers and those of your son.

8. Appease your base and distract your opponents with spurious accusations. NFL players upset about racial inequality? Accuse them of disloyalty to the flag, the military, the country, the president. Don't like truthful news reports about you? Call

them fake. Impugn the motivations of your (many) enemies. Conjure up a "war on Christmas."

9. Be loyal only to yourself. If somebody irks you, fire him or get even. So far, Trump has gotten rid of his national security adviser, the FBI director, the acting director, the chief of staff, two communications directors, the press secretary, the strategic planner, the director of health and human services. He has belittled or humiliated the attorney general, the speaker of the House, the Senate majority and minority leaders, and the House minority leader, among others.

10. Avoid homework and late night reading to learn about complex national issues. Just use your gut, whether or not you know the facts. Possible deal on health insurance? Praise it and diss it, within 4 minutes.

In short, don't bother being kind, empathetic, thoughtful, prudent, restrained, generous, long-sighted, respectful, temperate or judicious. After all, you're the boss.

Ann McFeatters is an op-ed columnist for Tribune News Service. Readers may send her email at amcfeatters@nationalpress.com.

57

Meet the Candidate: Kittitas County Hospital District 1 Position 4

BY DAILY RECORD STAFF

Bob Crowe is running unopposed for Kittitas County Hospital District 1 Position 4. Rich Elliott's name appears on the ballot but he has withdrawn from the race. Ballots have been mailed to voters and must be returned by Nov. 7.

BOB CROWE

WHY ARE YOU RUNNING FOR THIS OFFICE?

I support maintaining medical coverage, access to quality health care and reducing the necessity for residents to leave the community to receive medical treatment. I believe my extensive business and KVH background has been and will continue to be a valuable resource for achieving these goals.

WHAT ARE YOUR GOALS IF YOU ARE ELECTED?

Provide access to health care and on-site services

(diagnostic imaging etc.). Expanded specialties and services reducing need for travel. Provide affordable and financially sustainable healthcare. Keep KVH an independent community hospital. Partnerships and collaboration with other healthcare providers. Community outreach and engagement.

ARE THE CURRENT KVH-OWNED FACILITIES ADEQUATE AND DO YOU FORESEE ANY ADDITIONS OR CHANGES IN THE NEAR FUTURE?

In addition to the recently

BOB CROWE

Age: 67 Years in community: 23 Occupation: CEO of the Community Foundation of Kittitas County and KVH Commissioner

Experience (pertinent to position sought): Six years as a member of the KVH Finance Committee; One year as KVH Commissioner; over 46 years of experience in complex businesses and the public sector; over 20 years as a CPA (retired certificate); as an owner of an international company; 19 years as region business operations manager with Washington Department of Natural Resources (retired 2015); Founding trustee of the Community Foundation of Kittitas County



CROWE

acquired Radio Hill Annex, KVH needs more space for current and future staff and providers. There are current efforts to identify

and acquire adequate space. I expect these efforts to be successful in the near future.

WHAT IS THE MAIN CHALLENGE FOR A SMALL-TOWN HEALTH CARE PROVIDED UNDER THE CURRENT HEALTH CARE SYSTEM?

CORRECTION

Candidate quote

A story in Saturday's Daily Record, "City Council candidates discuss affordable housing," incorrectly quoted candidate Nicole Klaus. The correct quote was: "I personally will be supporting it because one cent for every \$10 I pay on taxable goods is not that detrimental to me personally."

CALENDAR

Submit events to the Daily Record at www.dailyrecord.com. Events in this column are listed on a space-available basis. Times, dates and locations are subject to change.

TODAY, OCT. 24

- Children's Story Time, 10:30 a.m., Roslyn Public Library, 201 S. First St., Roslyn
Ellensburg Downtown Rotary Club, 5 p.m., Reddy City Bar-B-Que, Ellensburg
Fundraiser for CWU Tennis Club, 5 p.m., Brooklyns Pizzeria, 716 University Way, Ellensburg
Wilderness First Aid, 5:30 p.m., KVH Family Medicine Cl Elum, 201 Alpha Way, Cl Elum
Overeaters Anonymous, 6 p.m., First United Methodist Church, 210 N. Ruby St., Classroom No. 3, Ellensburg
Family Literacy Night at CWU, 6 p.m., CWU Brooks Library Room 28B, Ellensburg
The Ellensburg Storytellers, 6 p.m., Hal Holmes Center, 209 N. Ruby St., Ellensburg
Manastash Ridge stakeholder committee meeting, 6:30 p.m., Department of Natural Resources Southeast Regional Office, 713 Bowers Road, Ellensburg
Kiwanis Bingo, 6:30 p.m., Red Lion Hotel, Ellensburg
Awana, 6:30 p.m., Calvary Baptist Church at the Liberty, 515 Pine St., Ellensburg
Clases de ingles/English classes for Spanish speakers, 6:30 p.m., Hal Holmes Center, 209 N. Ruby St., Ellensburg
Kittitas City Council meeting, 7 p.m., City Hall
Cl Elum City Council meeting (CANCELED)
Roslyn City Council meeting, 7 p.m., City Hall

WEDNESDAY, OCT. 25

- Discovering Choices AFG, noon, First United Methodist Church, Room No. 3, Ellensburg
Job Club, 12:30 p.m., WorkSource, 510 N. Pine St., Ellensburg
Caregiver Support Group, 2 p.m., Grace Episcopal Church, 1201 N. B St., Ellensburg
Artist reception for provost award winner, 5 p.m., Barge Hall Room 302, CWU
1 In B at Grapes and Crepes, 6 p.m., Grapes and Crepes, 115 E. Fourth Ave., Ellensburg
Ellensburg School Board regular meeting, 6 p.m., City Council Chambers, 501 N. Anderson St.

BIRTHDAYS

Send birthday announcements before noon the day before the birthday. Just call 925-1414x249 or email newsroom@kvnews.com

TODAY, OCT. 24

Joni Pinkney
Shane Sadler
Larry Alphin

Meet the candidates: Kittitas County Hospital District 2 Position 5

BY DAILY RECORD STAFF

Claire Hein Nicholls and Carol Tibbets are running for Kittitas County Hospital District 2 Board of Commissioners Position 5. Ballots have been mailed out and must be returned by Nov. 7.

CAROL TIBBETS

WHY ARE YOU RUNNING FOR THIS OFFICE?

I feel as though my first-hand experiences in the EMS and fire arena will give me a unique perspective on the operations within Hospital District 2. I hope to take these experiences and turn them into action for our community on a broader perspective.

WHAT ARE YOUR GOALS IF YOU ARE ELECTED?

My goals are to maintain a high level of EMS service to all of the Upper Kittitas County residents and

be open to the progression of the District moving into the future.

HOW DOES KDCH NO. 2 NEED TO ADAPT TO CONTINUE TO MEET COMMUNITY HEALTH CARE NEEDS?

I firmly believe we need commissioners that are willing to adapt to the changing needs of our community and the health care demands of our neighbors. Ensuring we have a top-notch EMS system is vital; we need to have paramedics and EMTs ready to respond at all times, especially for those located so far away from definitive health-care.

WHAT IS THE MAIN CHALLENGE FOR A SMALL-TOWN HEALTH CARE PROVIDED UNDER THE CURRENT HEALTH CARE SYSTEM?

One of the main challenges for a rural community is access to health care and to specialists. Hospital District 2 and Swedish have worked hard to ensure we have many services, and I want this to extend into our emergency ambulance for many years to come. I want to ensure our EMS professionals have all the tools necessary to take care of our community.

CAROL TIBBETS

Age: 48 Years in community: 10 years Occupation: Front desk clerk at hotel

Experience (pertinent to position sought): I worked for Snoqualmie Pass Fire (through Fire District 7) and Gunnar's coffee shops at a bookkeeper, previous to moving to this area I worked 18 years administering medical and pension benefits, as well as the past 7 years volunteering for South Cl Elum Fire, District 7 Fire and Rescue and Cl Elum Fire as an EMT firefighter.

CLAIRE HEIN NICHOLLS

WHY ARE YOU RUNNING FOR THIS OFFICE?

I am life-long Upper Kittitas County born and raised, a local business owner, and, most importantly, a committed servant to my community. I am also a compassionate, unwavering advocate for health care in my community.

WHAT ARE YOUR GOALS IF YOU ARE ELECTED?

As the incumbent, I bring nearly five successful years' experience to the position including financial knowledge from my accounting background. During my tenure, our

district has significantly improved the quality of care and service delivery provided to Upper Kittitas County residents.

HOW DOES KDCH NO. 2 NEED TO ADAPT TO CONTINUE TO MEET COMMUNITY HEALTH CARE NEEDS?

We work with local fire agencies to develop a more comprehensive and integrated approach to providing Emergency Medical Services (EMS). We partner with Upper Kittitas County EMT staff and volunteers to provide secondary staffing for our EMS. We have moved one medic unit to Kittitas County Fire District No. 7 facilities, providing

CLAIRE HEIN NICHOLLS

Age: 39 Years in community: 30 Occupation: Business owner

Experience (pertinent to position sought): 5 years as Hospital District 2 Commissioner; 11 years as CFO at Shoemaker Manufacturing; 6 total years of experience on Board of Directors for local not-for-profit organizations.

The Open Door Clinic to support provision of free medical care for Upper County residents. Due to the financial strength of the hospital district, we have updated our entire fleet of medical units, with state of the art medical equipment, to ensure the best care for our patients.

more efficient service to our district. In a survey initiated in 2012, you told us you wanted more services, and we listened. In 2016, you passed a permanent EMS levy, allowing us to provide a second, 24-hour medic unit, improving the community's 24/7 EMS access. We partner with

WHAT IS THE MAIN CHALLENGE FOR A SMALL-TOWN HEALTH CARE PROVIDED UNDER THE CURRENT HEALTH CARE SYSTEM?

Looking to the future we have purchased property to ensure sufficient space to meet the healthcare needs of our citizens for many years to come.

Search underway after shots fired at state trooper

BY MILES JAY OLIVER Yakima Herald Republic

Two people suspected of opening fire on a Washington State Patrol trooper were at large this morning near Yakima.

The two men were last seen fleeing into a vineyard on Fordsell Road outside of Grandview. A ground search was underway.

The incident began about 9 p.m. Monday when a trooper attempted to stop a vehicle for speeding on State Route 241, according to the Washington State Patrol.

A six-minute car chase ensued before two occupants of the vehicle stopped in the driveway to a home at 3830 Fordsell Road outside

Grandview.

It was there that several shots were fired at the trooper who ducked behind his patrol car, which was struck several times in the windshield, said Trooper C. Thorson.

The trooper was not injured and the two suspects fled into the vineyard. Troopers are seeking a search warrant to search the suspect's vehicle. A large black suitcase can be seen in the vehicle, Thorson said.

A number of police agencies, including a SWAT team, initially responded to the scene.

City comprehensive plan hearing rescheduled to next week

The Ellensburg Planning Commission has rescheduled a public hearing planned this week about the city's comprehensive plan to Nov. 2, according to a news release.

The hearing will take place at 5:45 p.m. Nov. 2 at City Council Chambers, 501 N. Anderson St.

The comprehensive plan provides goals, policies and programs that will guide decision making and regulations. The plan also addresses anticipated population and employment growth, and how facilities and services will be maintained and improved to accommodate expected growth.

Written comments are due at 5 p.m. Nov. 2 and can be sent to the city's Community Development Department, 501

LOCAL DIGEST

N. Anderson St., Ellensburg, WA 98926.

The draft document can be viewed at the Community Development office or online at: https://ci.ellensburg.wa.us/821/Comprehensive-Planning and will be attached to the meeting agenda.

Public agenda: Kittitas County Hospital District 1 board

When: 5 p.m. Thursday.

Where: Conference Rooms A and B upstairs at KVH Hospital, 603 S. Chestnut St.

Agenda: Budget hearing will be conducted at the beginning of the meeting. Have your say: Time is set aside for public comment at 5:30 p.m.

From wire services

Advertisement for ERICH CROSS, a mortgage broker. Contact info: 612 River Creek - \$219,900, MLS# 1192723, 509.899.3119 - WWW.ERICH-CROSS.COM

Advertisement for KVH Workplace Health. Services include CDL/DOT exams, drug and alcohol testing, injured worker care, occupational and employment-related medical needs. Contact: 702 E Mountain View, Suite 2, 509.933.8830 | 844.217.8029, kvhealthcare.org

Advertisement for Daily Record with the slogan 'YOUR LOCAL PAPER IN MORE WAYS THAN EVER'.





59

### INSERTS

- Rite-Aid
- Safeway

NORTHERN KITTITAS COUNTY  
**TRIBUNE**

S-9 B-3



\*\*\*\*\*FIRM 98926  
 BOA\*JAN 1 2018  
 AMY DIAZ  
 KITTITAS VALLEY HEALTHCARE  
 603 S CHESTNUT ST  
 ELLENSBURG WA 98926-3875

had to be quarantined. The fine for a pet without a vaccination. COST? they don't know the law? "Both."  
 This could have been avoided simply by getting the pet vaccinated."  
 current vaccination is \$103."  
 What's a rabies shot  
 See RABIES... page A8

## Collaborations proceeding for Upper County medical resources

CLE ELUM – Kittitas County Public Hospital District No. 2, Kittitas Valley Healthcare, and Swedish Health Services have agreed to location changes that will allow for greater collaboration between upper county medical resources and an expansion of services to the community.

Kittitas Valley Healthcare will relocate KVH Urgent Care-Cle Elum into the building on First Street that currently houses Swedish Cle Elum Primary Care. Swedish Health Services will move into the current KVH Urgent Care-Cle Elum (201 Alpha Way), owned by Hospital District 2 and leased by Kittitas Valley Healthcare.

The building at 214 West First Street will provide a location that is better suited for an urgent care facility than the existing location. KVH Urgent Care-Cle Elum will maintain its current hours of 10 a.m. to 10 p.m., daily, and increase staffing levels.

Swedish will discontinue primary care services at its current location on

Wednesday, Nov. 22.

"It's been our privilege to provide primary care to Kittitas County for the past six years," said **Jim Cunningham**, Administrative Director of Primary Care for Swedish. "We're now looking forward to bringing new specialty services to the community in 2018."

The sequence of moves will allow urgent care to provide uninterrupted service to the community. Kittitas Valley Healthcare will move the urgent care service to the First Street location in January 2018. Swedish plans to begin offering specialty care and telehealth services in the Alpha Way location in February 2018.

"We are pleased that the entire medical community is working together to ensure that patients have access to the best care," said **Floyd Rogalski**, President of the Board of Commissioners for Kittitas County Public Hospital District No. 2. "We appreciate the diligence and dedication of all parties who have worked to arrange this collaboration."

care  
 Vet  
 COL  
 SE  
 leg  
 Br  
 rel  
 ter  
 sel  
 dk  
 Th