

BOARD OF COMMISSIONERS' REGULAR MEETING
April 28, 2016 – 5:00 p.m.
KVH Conference Rooms A/B
AGENDA

1. **Call Regular Meeting to Order**
2. ****Approval of Agenda:** (1-2)
 - (Items to be pulled from the Consent Agenda)
3. ****Consent Agenda:**
 - a. Minutes of Board Meetings: March 31, 2016 (3- 6)
 - b. Approval of Checks (7)
 - c. Report: Foundation (8)
 - d. Report: Clinic Operations (9)
 - e. Minutes: Finance Committee (10-11)
4. **Quality:**
 - a. Rhonda Holden, Chief Nursing Officer, Cathy Bambrick, Chief Operating Officer, Dr. Don Solberg, Chief Medical Officer, Mande Olsen, Director of Quality Assurance:
 - Mande Olsen: Patient Story
 - QI Council Committee (11a)
 - QI Council Dashboard (12-13)
 - Rhonda Holden: Virtual Care
5. **Public Comment/Announcements**
6. **Emerging Healthcare Topic:** Libby Allgood, Value Based Purchasing
7. **Chief Executive Officer's Report:**
 - a. Paul Nurick, CEO: CEO Report (14)
 - Cathy Bambrick, COO: HR Dashboard (15-16)
 - Cathy Bambrick: Master Facility Planning
 - Joint Districts Committee Meeting
8. **Chief of Staff Report:**
 - a. Dr. Timothy O'Brien, Chief of Staff
 - **Medical Staff Exec. Committee Report (17)
9. **Financials:**
 - a. Libby Allgood, CFO: Treasurer's Report (18)
 - b. Finance Committee
 - **Resolution No. 16-07: Surplus Property (19-20)

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- 10. **Education:**
 - ****Attendance at the WSHA Summer Rural Conference in Chelan, Wash., June 26-29, 2016** (21-25)
- 11. **Public Policy:**
- 12. **Old Business:**
 - a. **Board Operations:**
 - Meeting Starting Time
 - Community Stakeholder Access to Commissioners
 - Video Update
 - b. **Board Meeting Evaluation Summary** (26-39)
- 13. **New Business:**
- 14. **Articles and Communications:** (40-52)
- 15. **Completion of Board Meeting Evaluation Summary**
- 16. **Recess to Executive Session:** Personnel; Quality Improvement; Real Estate
RCW 42.30.110(g)(b); RCW 70.44.062(2)
- 17. **Convene to Open Session**
- 18. **Adjournment**

EMERGING HEALTHCARE ISSUES – POTENTIAL TOPICS

Population Health
Patient Centered Med. Home/Behavioral Health
Information Technology
ED Patient Issues/Protocol
Development of a Continuing Care Network

Kittitas Valley Healthcare
Board of Commissioners
March 31, 2016
KVH Conference Rooms A/B

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

KVH STAFF PRESENT: Paul Nurick, Libby Allgood, Cathy Bambrick, Randi Christensen

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. Liahna Armstrong introduced Foundation Board member, Mary Seubert. President Armstrong announced that starting with the April Board meeting, the meetings will be videotaped. She requested that members of the audience inform the Board members that they are recording or videotaping the meeting.

2. **Approval of Agenda:**

ACTION: On motion of Matt Altman and second of Bob Davis, the Board members unanimously approved the agenda.

3. **Consent Agenda:**

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

4. **NBRI Employee Survey Presentation:**

Monique Ziebro, Ph.D., from the National Bureau of Research Information, gave an overview of the results of a recent KVH employee survey. She noted that overall employee satisfaction at KVH ranked in the 55th percentile with 65% of the employees responding to the survey. She said that there was room for improvement and opportunities to raise employee satisfaction. There was discussion among the Board members regarding if the employee comments that were submitted should be published. After more discussion, it was agreed that the comments would not be published, but that the Board members would receive a copy of the employee comments. The Board members noted that the survey scores were low and that the issues raised by employees in the survey need to be addressed. Cathy Bambrick stated that work is being done regarding the survey results and that another survey will be conducted in June and December.

5. **Public Comment/Announcements:**

Jim Allen, Director of Respiratory Therapy, stated that as a KVH employee, he would not want the comments from the NBRI employee survey to be published because his interpretation was that the comments were confidential.

6. **Quality:**

The Board members reviewed the QI Council summary and dashboards.

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

Paul Nurick reported that a presentation was given to the residents of the Parkland Condominiums regarding the site plans for a new clinic building. Erica Libenow stated that she has been asked by several citizens if the hospital has checked into the possibility of constructing a new hospital at a new site. After some discussion, it was agreed that a document with bullet point responses will be provided to the Board members to share with the public regarding this inquiry. Paul reported that the TeamHealth contract that provides ED physician coverage for the Emergency Department will expire on July 1, 2016. He reported that an allied professional care employee will be hired to cover the evening shifts for the hospitalist program to see how well this will work out to potentially solve staffing and financial issues with this program.

Randi Christensen reported that the Department of Health recently conducted a survey at the Family Practice Clinic-Ellensburg. She stated that overall the survey went very well with a few items being cited for improvement at the clinic. She reported that they responded to the citations and the plan for corrections was accepted by the Department of Health.

The Board members reviewed the Human Resources Dashboard.

8. **Chief of Staff Report:**

ACTION: On motion of Bob Davis and second of Matt Altman, the Board members unanimously approved the initial appointments for Dr. Mary Newman, Dr. Gabriella Skuta, Dr. Chandra Matadeen-Ali, and Lauren Musick, PA-C, and the reappointments for Dr. William Waltner, Dr. William Feldmann, Dr. Kristen Grubb, Dr. Richard Roux, Christine Bentley, PA-C, Cassie Gavin, ARNP, and Dena Mahre, PA-C as recommended by the Medical Executive Committee.

9. **Financials:**

Libby Allgood presented a short financial summary for the month of February noting that the operations for the month resulted in an operating gain of \$224,980. It was noted that clinic visits were 353 below budget.

ACTION: On motion of Pam Wilson and second of Bob Davis, the Board members unanimously approved the capital expenditure request for the purchase of four V-60 BiPAP Non-Invasive Ventilators for Cardiopulmonary.

ACTION: On motion of Matt Altman and second of Pam Wilson, the Board members unanimously approved the capital expenditure request for the engineering design fee for converting Endoscopy Room 1 to a dual purpose Endoscopy and Bronchoscopy room.

ACTION: On motion of Pam Wilson and second of Bob Davis, the Board members unanimously approved the capital expenditure request for the purchase of the OneContent Implementation Services for the Health Information Management Department.

ACTION: On motion of Pam Wilson and second of Matt Altman, the Board members unanimously approved Resolution Nos. 16-02 through 16-06 regarding the KVH Pension Plans for employees.

10. **Education:**

Liahna Armstrong reported that the workshop sessions at the recent Washington Rural Hospital Association were very good noting that the palliative care and tele-medicine sessions were excellent. Erica Libenow also attended and reported that she especially appreciated the session presented by Jody Carona and Ben Lindekugal regarding engaging community members, hospital leaders, and community leaders regarding healthcare issues. Libby Allgood, Julie Hiersche, Mandee Olsen and pharmacy staff members also attended sessions at the conference.

ACTION: On motion of Pam Wilson and second of Bob Davis, the Board members unanimously approved the attendance of any interested Board members at the CEO and Patient Safety Summit on May 16 or 17 at the SeaTac Marriott.

11. **Public Policy:**

None.

12. **Old Business:**

a. **Board Meeting Evaluation Summary:**

The Board members reviewed the Board meeting evaluation summary. After some discussion regarding the effectiveness of the evaluation format, Liahna Armstrong stated that she would work on reformatting the evaluation form.

13. **New Business:**

a. **Conduct of Meetings: Open Public Meetings Act:**

After some discussion regarding the Open Public Meetings Act, Board members agreed to take the on-line sessions offered by the State of Washington State Attorney General's office for the open public meetings act, public records act and public records retention and management. Board members will notify Franki Storlie once they have completed their sessions for certification to be on file in the administration office. Liahna Armstrong stated that a consultant may be asked to come and educate Board members regarding conducting effective Board meetings.

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

The Board members reviewed the various clippings and correspondence items. The Board members completed the Board Meeting Evaluation Summary.

President Armstrong recessed the meeting at 7:35 p.m. for ten minutes. She announced that the meeting would be recessed into executive session at 7:45 p.m. for one hour to discuss personnel, quality improvement and real estate. RCW 42.30.110(g)(b); RCW 70.44.062(2)

At 8:45 p.m., the executive session was extended for 45 minutes.

At 9:30 p.m., the executive session was extended for 30 minutes.

At 10:00 p.m., the meeting was reconvened into open session. With no further action and business, the meeting was adjourned at 10:00 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 for medical staff as cited above and recommended by the Medical Executive Committee.
4. Motion passed to approve the capital expenditure request for the purchase of four V-60 BiPAP Non-Invasive Ventilators for Cardiopulmonary.
5. Motion passed to approve the capital expenditure request for the Engineering design fee for converting Endoscopy Room 1 to a dual purpose Endoscopy and Bronchoscopy room.
6. Motion passed to approve the capital expenditure request for the purchase of the OneContent Implementation Services for the Health Information Management Department.
7. Motion passed to approve Resolution Nos. 16-02 through 16-06 regarding the KVH Pension Plans for employees.
8. Motion passed to approve the attendance of any interested Board members at the CEO and Patient Safety Summit on May 16 or 17 at the SeaTac Marriott.

Respectfully submitted,

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

DATE OF BOARD MEETING: April 28, 2016

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	CHECK NUMBERS	<u>218940-219750</u>	NET AMOUNT:	<u>\$3,682,867.71</u>
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PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	CHECK NUMBERS	<u>76077-76106</u>	NET AMOUNT:	<u>\$35,140.12</u>
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#2	CHECK NUMBERS	<u>76107-76133</u>	NET AMOUNT:	<u>\$35,740.54</u>
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#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$856,782.20</u>
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#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$860,464.25</u>
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#5	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$356,080.26</u>
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#6	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$359,361.21</u>
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		<u>SUB-TOTAL:</u>		<u>\$2,503,568.58</u>
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TOTAL CHECKS & EFTs:				<u>\$6,186,436.29</u>
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Prepared by



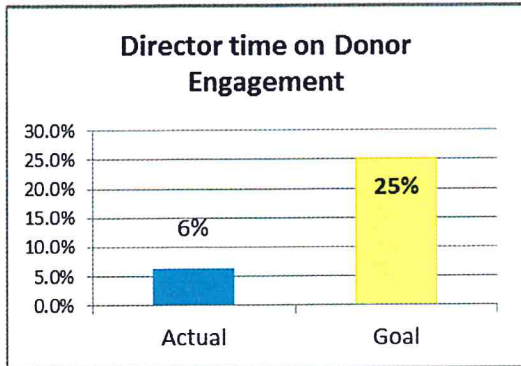
Sharoll Cummins
Staff Accountant



Board of Commissioners Report, April 28, 2016

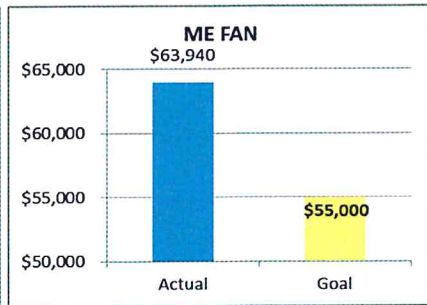
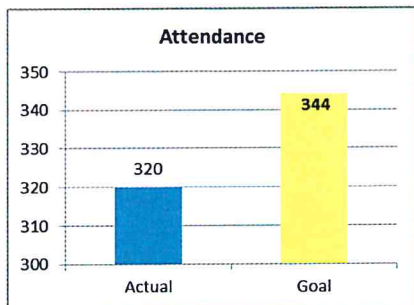
2016 Metrics

Due to Magical Evening activities, the only metric updated for the month is director time on donor engagement. Information will be updated for the May report.



Magical Evening – April 16, 2015

The 13th Annual Magical Evening took place last Saturday. Information from the event is still being entered so we don't yet have a final report on the evening. Preliminary information is below. Over the next week I will be entering all the survey information, billing information and expenses to get a complete picture of 2016. Summaries of this data will be reported in May



Respectfully submitted,

Michele Wurll

Director, The Foundation at KVH

Chief of Clinic Operations Report to the Board of Commissioners
April 28, 2016

March Operations:

The clinics were below their budgeted visits for the month of March by 4.88% which puts us year to date 7.64% below budget. New patient appointments for March were below budget by 10%, for a total of 323 new patients for the month. Family Medicine Cle Elum saw the most growth with 77 new patients. General Surgery and Women's Health saw the least growth at 32 patients. Revenue for the month of March was below budget by 5.86%, however operating expenses were below budget by 14.17%. Average clinic charge per visit was \$236.52 compared to \$238.99 as budgeted.

GENERAL UPDATES:

- ICD-10 - Providers are still doing well with the change. March saw only one rejection due to ICD-10 errors.
- We are actively working on the Care Model Redesign project with our first workshop scheduled for early May.

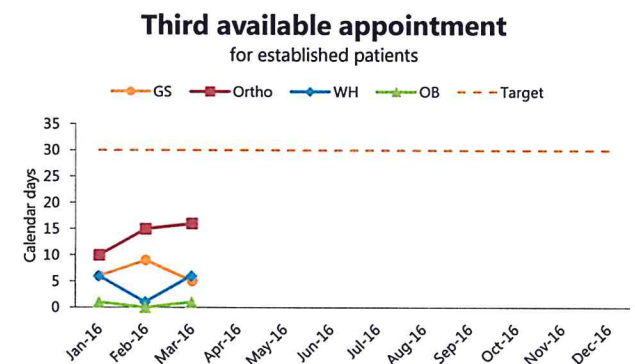
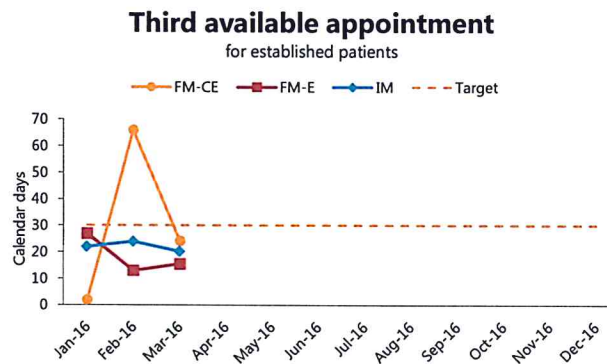
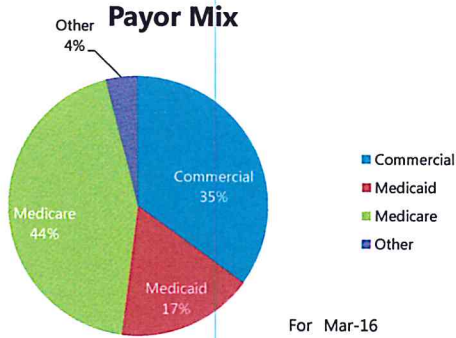
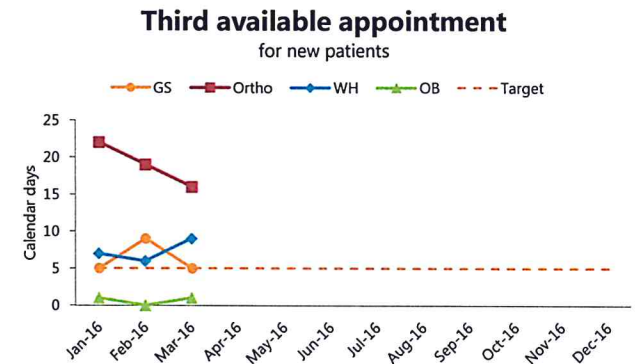
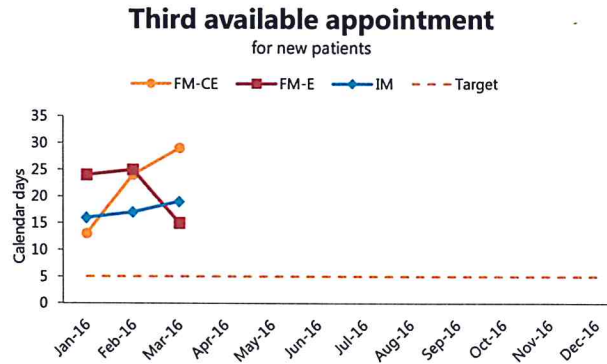
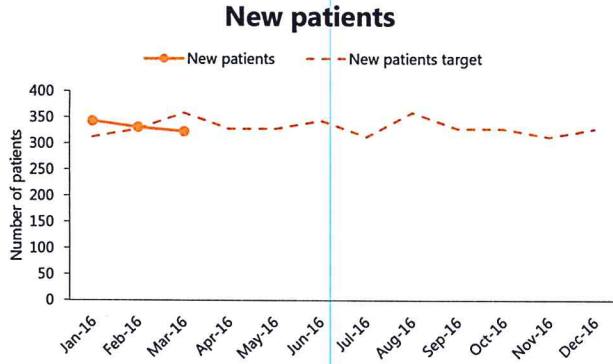
RECRUITING UPDATES:

- We have an accepted job offer with a Certified Nurse Midwife who will be starting with our Women's Health Clinic in mid-June. She will be going up to Cle Elum at least one half day a month to start.
- We are in the negotiation process with a part time ARNP for Family Medicine Ellensburg.

Respectfully submitted,

Randi Christensen RN

Clinic Operations Dashboard



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Kittitas Valley Healthcare
Finance Committee Meeting Minutes
March 29, 2016

Present: Pam Wilson, Bob Davis, Bob Crowe, JoAnn Wise, Paul Nurick, Libby Allgood, Randi Christensen.

The meeting was called to order by Pam Wilson at 7:32 am.

The agenda was approved as presented.

The minutes of the February 23rd, 2016 meeting were approved as presented.

February 2016 Financial Summary

Key Metrics:

1. Operating Margin: February 3.9%, YTD 2.21%
2. Days Cash on Hand: 179.6
3. AR Days (Hospital Only): 49.1

Operating Highlights:

1. PHD 1 District February operations resulted in an operating gain of \$224,980, a \$83,283 negative budget variance.
2. February Admissions were 25.0% below budget resulting in a 22.6% negative variance in inpatient days. Year to date admissions were 66, or 25% below budget and 27.6% below February of last year. The negative variance in Admissions and Patient Days was the result of lower than budgeted volume for inpatient surgery cases.
3. Overall operating expenses for February were below budget by \$9,466. Supplies were under budget due to low patient volumes.
4. Total clinic visits in February were 353 below budget. Year to date the visits are 194 below February year to date of the previous year. Clinic operations for the month resulted in an operating loss of \$30,902, a positive budget variance of \$97,207.

Capital Expenditure Requests:

A Capital Expenditure request for OneContent (required upgrade from Horizon Patient Folder) Implementation services was presented for review and discussion. The request was approved for recommendation to the Board of Commissioners for approval.

A Capital Expenditure request for Design fees for Endo/Bronch room in Surgical Outpatient was presented for review and discussion. The request was approved for recommendation to the Board of Commissioners for approval.

A Capital Expenditure request for replacement of ventilators in Cardio-Pulmonary was presented for review and discussion. The request was approved for recommendation to the Board of Commissioners for approval.

The meeting was adjourned at 8:37 am.

Data Summary – For use in April 2016

Summary of Areas Meeting Goal or Showing Improvement

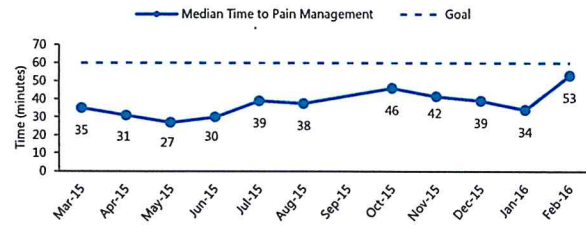
- Observations of hand hygiene showed very good compliance.

Summary of Improvement Opportunities

- Median time to ECG for patients with chest pain was slightly higher in February 2016 than previous months. This is the only time the median time to ECG has been longer than five minutes in the past 12 months.
- We had two falls. One of the falls resulted in a minor abrasion for a patient. This meets the Washington State Hospital Association for a “fall with injury.” We will see this reflected in the Partnership for Patients dashboard in the future.

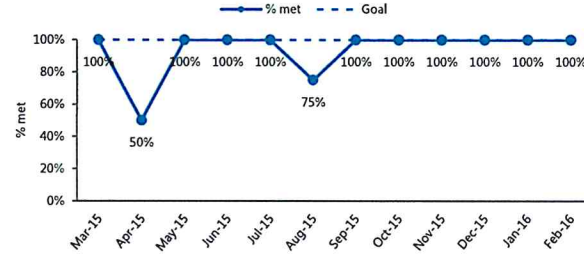
QI Council

Median Time to Pain Management (Long Bone Fracture) ↓



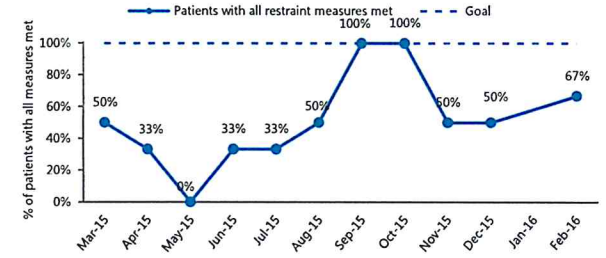
of pts 7 9 9 7 2 10 0 7 6 5 11 5

Stroke Dysphagia Screening ↑



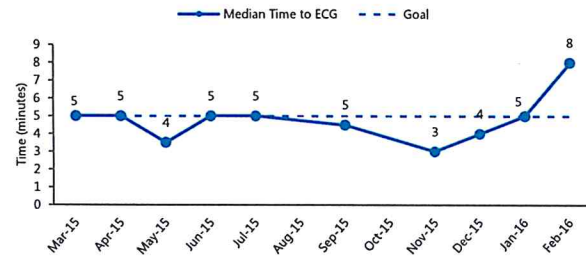
of pts 4 2 2 2 4 4 4 2 3 3 2 3

Restraints ↑



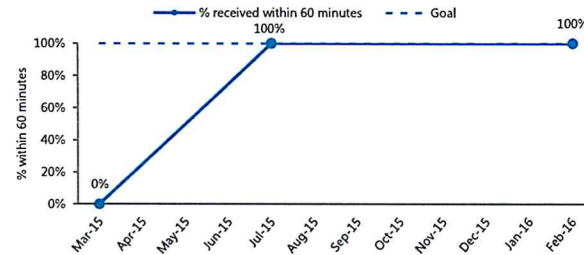
possible 2 6 1 3 3 2 3 1 2 2 0 3

Median Time to ECG (Chest Pain) ↓



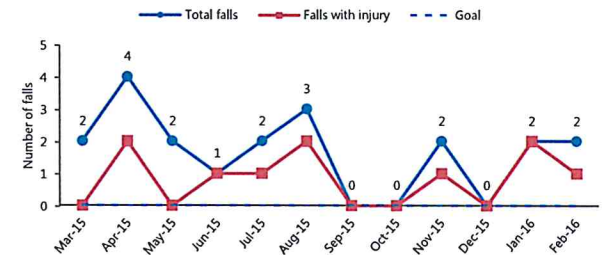
of pts 1 5 4 3 3 0 6 0 2 5 6 3

Stroke IV Thrombolytics ↑

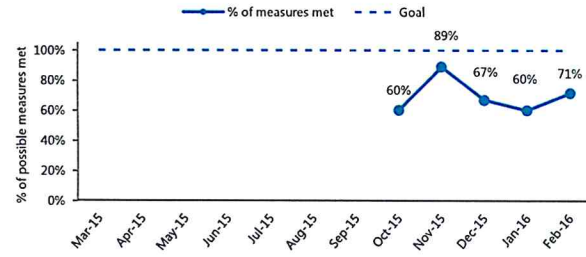


of pts 1 0 0 0 1 0 0 0 0 0 0 1

Falls ↓

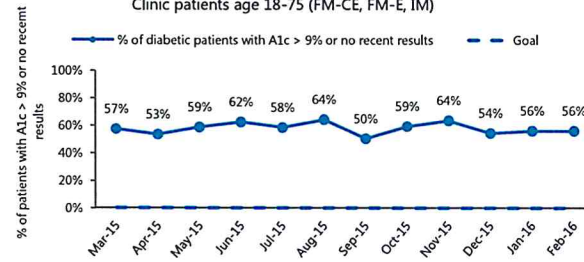


Sepsis Bundle ↑



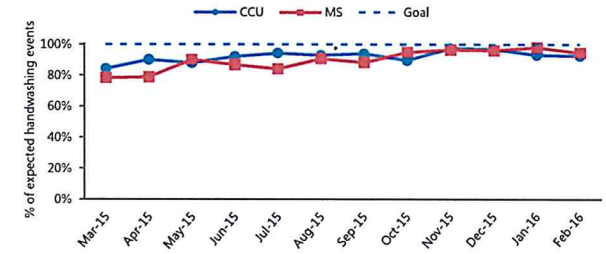
possible 9 3 5 7

A1c in Diabetic Patients ↓

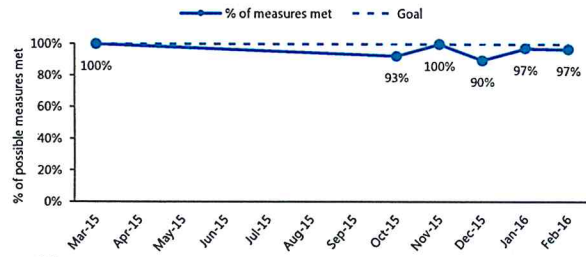


possible 131 150 157 130 137 143 140 140 125 114 155

Hand Hygiene ↑

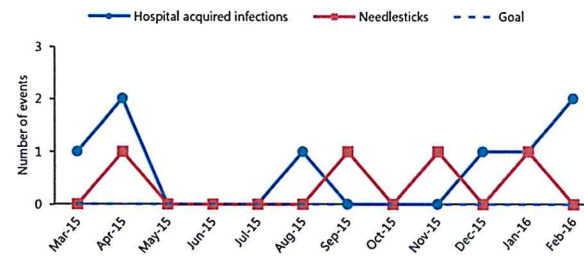


Immunizations Bundle ↑

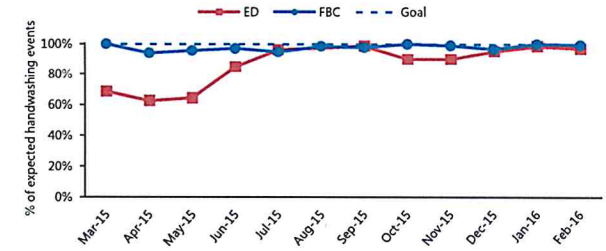


possible 42 0 0 0 0 0 0 40 38 39 39 32

HAIs and Needlesticks ↓



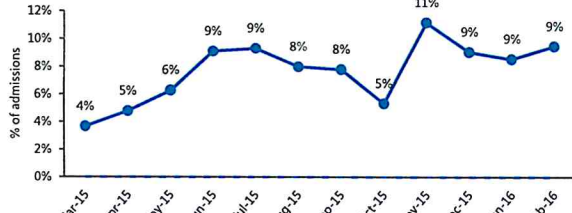
Hand Hygiene ↑



12

Readmissions Within 30 Days

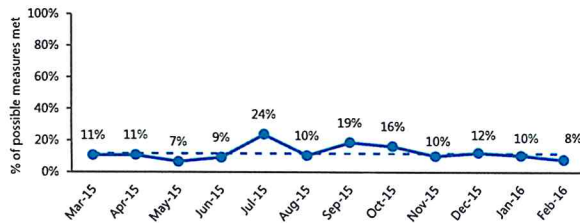
Includes inpatients and observation patients
 — Readmissions (MS/CCU) - - - Goal



admissions 191 188 191 165 172 163 180 169 188 177 164 148

Unplanned Hospital Care Bundle

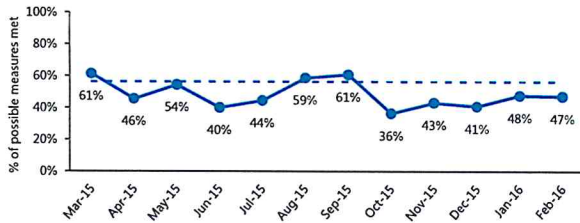
— Unplanned hospital visits (home health patients) - - - Goal



possible 85 74 92 76 42 58 70 68 60 74 68 90

Managing Daily Activities Bundle

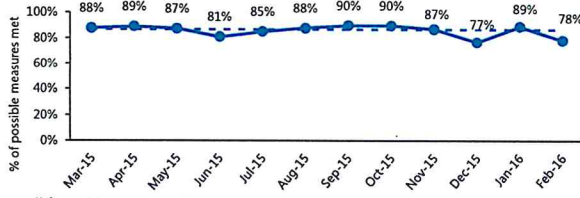
— Managing activities (home health patients) - - - Goal



possible 88 79 92 85 36 63 56 55 58 81 63 102

Managing Pain and Treating Symptoms Bundle

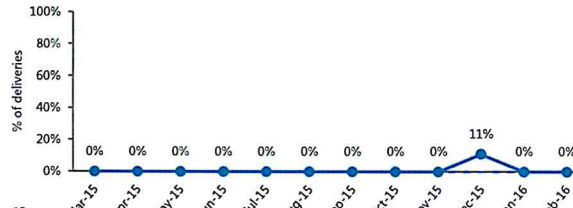
— Managing pain (home health patients) - - - Goal



possible 122 100 135 117 54 82 89 97 85 109 91 130

Elective Deliveries

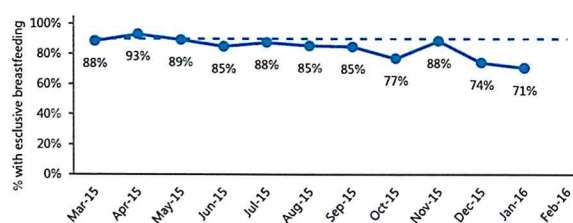
— Elective deliveries (37-39 weeks) - - - Goal



12 mo. rolling average 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 1.4% 1.4% 1.5%

Exclusive Breastfeeding

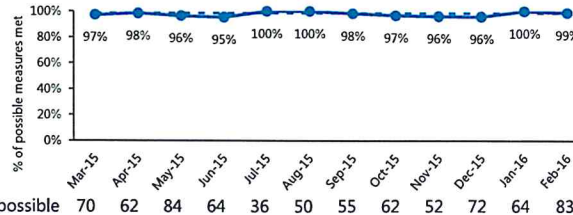
— Exclusive Breastfeeding - - - Goal



of babies 26 29 28 33 32 27 26 26 26 27 17

Treating Wounds and Preventing Pressure Bundle

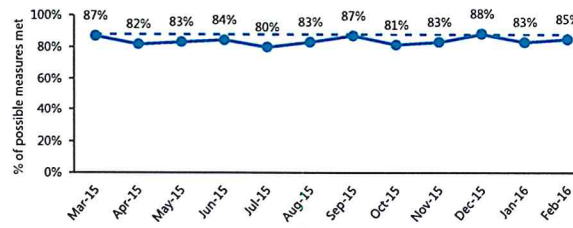
— Treating wounds (home health patients) - - - Goal



possible 70 62 84 64 36 50 55 62 52 72 64 83

Preventing Harm Bundle

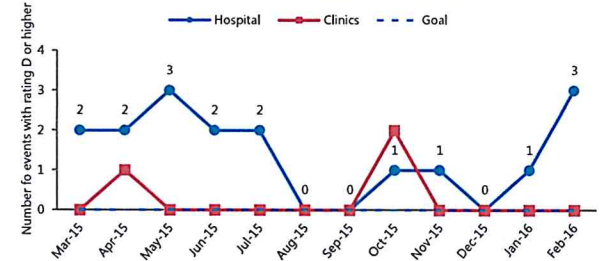
— Preventing harm (home health patients) - - - Goal



possible 277 226 263 206 115 161 186 221 197 250 220 280

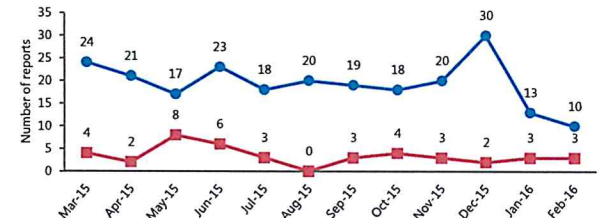
Adverse Medication Events

— Hospital — Clinics - - - Goal



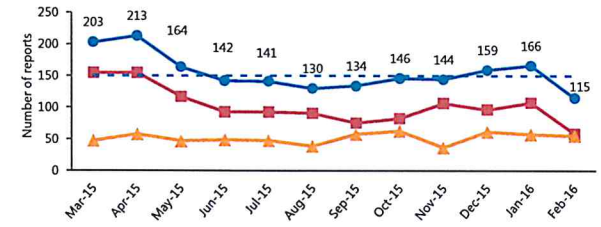
Care and Service Reports

— Concerns — Compliments



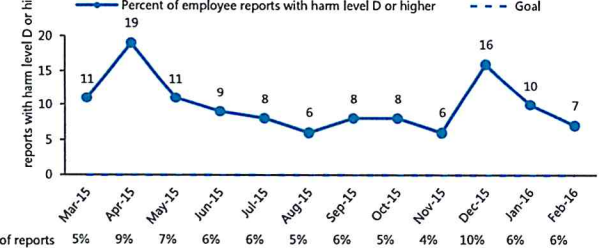
Employee Reports

— Total reports — SAFE Board reports — Verge reports - - - Goal



Reports of occurrences that require additional monitoring or cause patient harm

— Percent of employee reports with harm level D or higher - - - Goal



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CEO REPORT
April 28, 2016

1. **Emergency Medicine Physician Recruitment.** The current contract with TeamHealth expires on July 1, 2016. From the start, our objective has been to secure all existing five physicians and recruit 1-2 additional FTE emergency medicine physicians. We have received signed Offers of Employment from the existing five. We are ironing out the details of the Employment Agreements that underpin each. We are active in the market for the additional required physicians.
2. **Planning for the Next Generation of Providers.** In a small community, it is always a challenge to plan to bridge to the next generation of specialties where the need is met by only a handful of providers, some of whom are in private independent practice. We are contending with this challenge in Orthopedics, General Surgery, OBGYN, and, eventually, Pediatrics. We will review the status of each of these specialties.
3. **Master Site and Facilities Planning.** I will ask Cathy Bambrick to update the Board on the process to date, including the public review and preparation of the SEPA. In Executive Session, I will discuss the property acquisition progress to date.
4. **Community Roundtables Slated.** We are beginning another round of Community Roundtables presented by Board and management.
5. **KVH Named to National Rural Health Association iVantage Top 100 Critical Access Hospitals.** For the sixth consecutive year KVH has been named to the Top 100 CAHs nationwide. Of the 1335+ CAHs, we are one of only seven hospitals with that distinction. Amy Diaz will be available to explain the methodology for selection.
6. **Joint Districts Committee.** Two commissioners from each Kittitas County Public Hospital District plus their superintendents met on April 12th. I will ask those who attended to share their impression of the common issues discussed.
7. **KVH Culture Survey.** Last month, the Board heard a presentation of the results of the survey. Subsequently, detailed confidential respondent comments were shared with Board members only. Cathy Bambrick will outline some of the actions taken by management to address the issues raised by the survey responses.

**Human Resources Dashboard Report
March 2016**

Highlights

- There were positions 27 posted, with 37 being filled or closed during the month. KVH is currently recruiting for 43 positions.
- There were 2 new worker compensation claims with 0 days of time loss.
- Monthly evaluations were at 29% for the month. (12 out of 41)

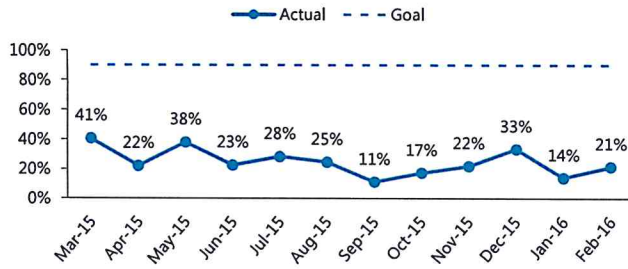
Prepared by:

Human Resources

4/11/2016

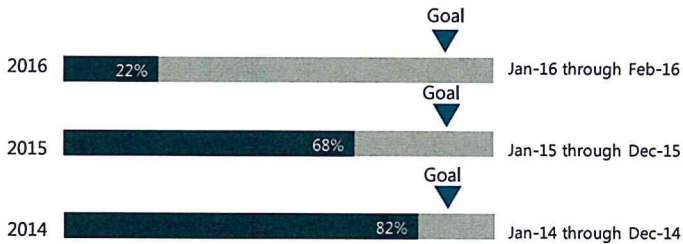
Workforce Development

Timely evaluations ↑



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

Up-to-date evaluations →



Employees receiving an evaluation during the calendar year.

Positions accepted within 49 days →

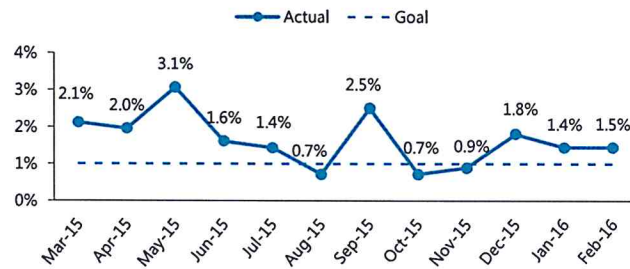


Positions with an acceptance date within 49 days of posting.

Average days to acceptance 43

Of 164 positions that were accepted in the past 12 months.

Separation rate ↓



Non-standard productive pay

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

These 10 departments represent 76.3% of the non-standard pay for the payroll period ending on 02/20/2016

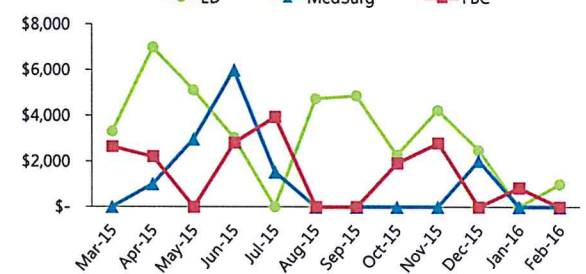
1 EMERGENCY SERVICE	\$ 4,757.11
2 HOME HEALTH SERVICE*	\$ 4,149.20
3 FAMILY BIRTHING CENTER	\$ 3,862.73
4 PHARMACY	\$ 1,865.10
5 MED SURG	\$ 1,796.99
6 KVH FAMILY MEDICINE -ELLENSBUI	\$ 1,418.08
7 LABORATORY	\$ 1,125.81
8 ICU CCU	\$ 1,004.34
9 HOSPICE*	\$ 925.55
10 KVH INTERNAL MEDICINE	\$ 881.39

These 10 departments represent 75.9% of the non-standard pay for the last year of payroll.

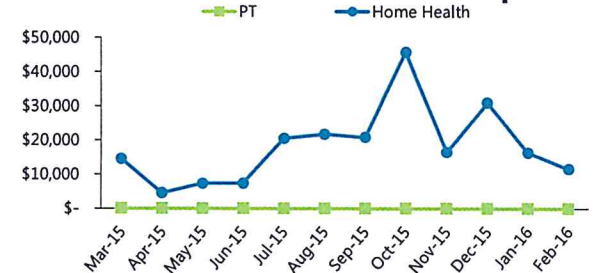
1 EMERGENCY SERVICE	\$ 114,243.53
2 MED SURG	\$ 101,562.79
3 HOME HEALTH SERVICE*	\$ 81,853.16
4 FAMILY BIRTHING CENTER	\$ 69,944.25
5 ICU CCU	\$ 58,311.81
6 LABORATORY	\$ 32,822.05
7 PHARMACY	\$ 30,458.87
8 SURGICAL SERVICE*	\$ 20,599.52
9 SURGICAL OUTPATIENT*	\$ 18,736.95
10 KVH FAMILY MEDICINE -ELLENSBUI	\$ 16,339.01

*Call back pay excluded

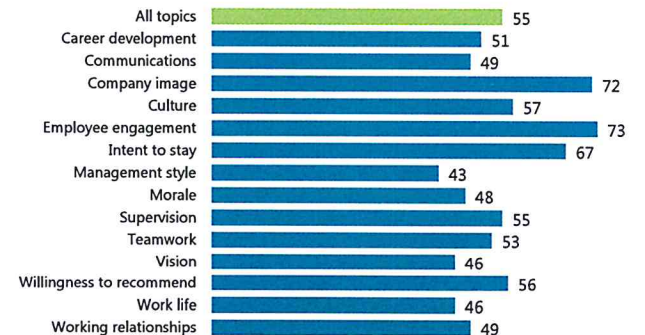
Contractual labor - hospital ↓



Contractual labor - non-hospital ↓



Employee satisfaction



National benchmark percentile ranking

Last updated 03/25/2016



**NOTIFICATION OF CREDENTIAL FILES
FOR REVIEW**

Date: April 18, 2016
 TO: Board of Commissioners
 FROM: Shannon Carlson, CPCS
 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 my office (upstairs in the Administrative area) prior to the next Board meeting if you wish to review these credentials files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APPT/REAPPT</u>
Kevin Walsh, MD	Provisional/Active	Initial Appointment
Tobun Cheung, MD	Provisional/Active Locum	Initial Appointment
Grace Hercl, DO	Provisional/Active Locum	Initial Appointment
Ihab Ibrahim, MD	Provisional/Active Locum	Initial Appointment
Sheldon Jensen, DO	Provisional/Associate	Initial Appointment
Lucas McCarthy, MD	Provisional/Associate	Initial Appointment
David Frick, DO	Active	Reappointment
John Boardman, MD	Associate	Reappointment
Margaret Kang, MD	Associate	Reappointment
Anthony Longo, MD	Associate	Reappointment
Mark Uhlman, MD	Associate	Reappointment
Paul Schmitt, MD	Ambulatory	Reappointment

March 2016 Financial Summary

Key Metrics:

1. Operating Margin: March 3.5%, YTD 2.6%
2. Days Cash on Hand: 177.2
3. AR Days (Hospital Only): 46.5

Operating Highlights:

1. PHD 1 District March operations resulted in an operating gain of \$207,488, a \$43,180 negative budget variance. This produced an operating margin of 3.5% which is under the budgeted margin of 4.0%.
2. Charity and Uncompensated Care was \$89,248 over budget in March making the year to date \$63,806 over budget.
3. March Admissions were 23.3% below budget resulting in a 20.9% negative variance in inpatient days. Year to date admissions are 92, or 25.8% below budget and 21.6% below March of last year. The negative variance in Admissions and Patient Days was the result of lower than budgeted volume for inpatient surgery cases. Outpatient surgery procedures exceeded budget by 24.3%.
4. Overall operating expenses for March were below budget by \$270,576. Supplies continue to be under budget due to low patient volumes. Purchased Services are over budget by \$87,293, of that variance, \$60,520 is due to temporary labor.
5. Total clinic visits in March were 290 below budget. Year to date the visits are 207 below March year to date of the previous year. Clinic operations for the month resulted in an operating loss of \$125,579, a negative budget variance of \$393.

Kittitas Valley Healthcare
Key Statistics and Indicators
 March 2016

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	92	120	-23.3%	265	357	-25.8%	338	-21.6%	01
02 Patient Days - W/O Newborn	254	321	-20.9%	709	946	-25.1%	870	-18.5%	02
03 Avg Daily IP Census	8.2	10.4	-20.9%	7.8	10.4	-25.1%	9.7	-19.4%	03
04 Average Length of Stay	2.8	2.7	3.2%	2.7	2.6	1.0%	2.6	3.9%	04
05 Deliveries	19	32	-40.6%	65	97	-33.0%	88	-26.1%	05
06 Case Mix	1.02	0.98	4.1%	1.02	0.98	4.1%	0.93	9.7%	06
07 Surgery Minutes - Inpatient	3,395	4,865	-30.2%	8,678	14,281	-39.2%	10,796	-19.6%	07
08 Surgery Minutes - Outpatient	8,773	7,056	24.3%	22,143	20,709	6.9%	18,064	22.6%	08
09 Surgery Procedures - Inpatient	23	46	-50.0%	72	134	-46.3%	110	-34.5%	09
10 Surgery Procedures - Outpatient	138	111	24.3%	362	328	10.4%	270	34.1%	10
11 ER Visits	1,248	1,203	3.7%	3,478	3,531	-1.5%	3,401	2.3%	11
12 Laboratory	41,128	39,959	2.9%	115,902	117,298	-1.2%	115,630	0.2%	12
13 Radiology	25,122	25,818	-2.7%	74,996	75,792	-1.0%	73,191	2.5%	13
14 Rehab	3,754	3,506	7.1%	10,132	10,285	-1.5%	9,103	11.3%	14
15 Outpatient Visits	6,739	6,556	2.8%	19,288	19,244	0.2%	19,044	1.3%	15
16 Outpatient Percent of Total Revenue	80.9%	78.1%	3.6%	82.2%	77.9%	5.5%	79.1%	3.9%	16
17 Clinic Visits	5,653	5,943	-4.9%	15,269	16,532	-7.6%	15,476	-1.3%	17
18 Adjusted Patient Days	1,331	1,465	-9.1%	3,989	4,289	-7.0%	4,172	-4.4%	18
19 Equivalent Observation Days	66	81	-18.4%	188	239	-21.5%	221	-15.3%	19
20 Avg Daily Obs Census	2.1	2.6	-18.4%	2.1	2.6	-21.5%	2.4	-15.3%	20
Financial Measures									
21 Salaries as % of Net Pt Revenue	49.2%	48.3%	-1.9%	50.5%	48.7%	-3.8%	49.2%	-2.8%	21
22 Salaries/Bene as % of Net Pt Revenue	59.4%	59.5%	0.2%	62.1%	59.8%	-3.9%	59.0%	-5.3%	22
23 Revenue Deduction %	46.4%	44.6%	-3.9%	45.2%	44.7%	-0.9%	44.2%	-2.2%	23
24 Operating Margin	3.5%	4.0%	-12.9%	2.6%	4.1%	-35.5%	6.8%	-61.1%	24
Operating Measures									
25 Productive FTE's	397.8	409.8	2.9%	392.5	409.8	4.2%	387.0	-1.4%	25
26 Non-Productive FTE's	43.1	48.6	11.3%	46.9	48.6	3.3%	50.9	7.9%	26
27 Paid FTE's	440.8	458.4	3.8%	439.5	458.4	4.1%	437.9	-0.4%	27
28 Operating Expense per Adj Pat Day	\$ 4,354	\$ 4,140	-5.2%	\$ 4,203	\$ 4,113	-2.2%	\$ 3,749	-12.1%	28
29 Net Revenue per Adj Pat Day	\$ 4,510	\$ 4,312	4.6%	\$ 4,317	\$ 4,288	0.7%	\$ 4,022	7.3%	29
30 A/R Days-Hospital Only	46.5	50.0	6.9%	46.5	50.0	6.9%	51.8	10.2%	30
31 Days Cash on Hand	177.2	170.0	4.2%	177.2	170.0	4.2%	181.6	-2.4%	31

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Kittitas Valley Healthcare
Income Statement
March 2016

	Current Month				Year-to-Date				Prior Y-T-D	
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	Actual	
Patient Services Revenue:										
Inpatient Revenue	2,084,447	2,451,716	(367,268)	-14.98%	5,472,167	7,196,972	(1,724,805)	-23.97%	6,166,967	1
Outpatient Revenue	8,839,262	8,737,775	101,488	1.16%	25,316,708	25,433,400	(116,692)	-0.46%	23,405,318	2
Total Patient Services Revenue	\$ 10,923,710	\$ 11,189,490	\$ (265,781)	-2.38%	\$ 30,788,875	\$ 32,630,372	\$ (1,841,497)	-5.64%	\$ 29,572,285	3
Deductions from Revenue:										
Contractual Adjustments	4,785,971	4,719,978	(65,993)	-1.40%	13,115,608	13,796,745	681,137	4.94%	12,354,102	4
Provision for Bad Debts	94,823	190,574	95,751	50.24%	448,302	559,426	111,124	19.86%	424,955	5
Charity and Uncompensated Care	148,537	59,290	(89,248)	-150.53%	237,850	174,044	(63,806)	-36.66%	206,634	6
Prior Yr Cost Rep Settle	-	-	-	-	-	-	-	-	-	7
Other Allowances	35,894	22,713	(13,181)	-58.03%	99,806	66,675	(33,131)	-49.69%	75,879	8
Total Deductions from Revenue	\$ 5,065,225	\$ 4,992,555	\$ (72,670)	-1.46%	\$ 13,901,566	\$ 14,596,890	\$ 695,324	4.76%	\$ 13,061,570	9
Net Patient Services Revenue	5,858,484	6,196,935	(338,451)	-5.46%	16,887,309	18,033,482	(1,146,173)	-6.36%	16,510,715	10
Other Operating Revenue	144,365	119,669	24,696	20.64%	333,784	359,008	(25,224)	-7.03%	267,350	11
Total Operating Revenue	\$ 6,002,850	\$ 6,316,605	\$ (313,755)	-4.97%	\$ 17,221,093	\$ 18,392,490	\$ (1,171,397)	-6.37%	\$ 16,778,065	12
Operating Expenses:										
Salaries & Wages	2,882,822	2,991,115	108,293	3.62%	8,532,792	8,780,325	247,533	2.82%	8,115,151	13
Employee Benefits	595,926	697,727	101,801	14.59%	1,949,879	1,996,455	46,576	2.33%	1,620,270	14
Professional Fees	366,643	316,715	(49,928)	-15.76%	901,942	877,664	(24,277)	-2.77%	647,383	15
Supplies	732,728	910,444	177,716	19.52%	1,898,688	2,532,573	633,885	25.03%	2,094,431	16
Utilities	56,091	73,962	17,871	24.16%	213,443	234,504	21,061	8.98%	222,931	17
Purchased Services	624,888	537,595	(87,293)	-16.24%	1,678,386	1,579,931	(98,455)	-6.23%	1,410,879	18
Depreciation	226,421	227,284	863	0.38%	678,586	681,851	3,265	0.48%	662,415	19
Rent/Lease	87,144	80,031	(7,113)	-8.89%	267,624	235,143	(32,481)	-13.81%	249,610	20
Insurance	47,126	56,082	8,956	15.97%	153,898	168,144	14,246	8.47%	150,096	21
Travel & Education	37,731	43,364	5,634	12.99%	105,691	115,830	10,139	8.75%	70,007	22
Licenses & Taxes	93,059	73,554	(19,504)	-26.52%	218,218	207,456	(10,762)	-5.19%	213,213	23
Interest	15,406	24,214	8,808	36.38%	63,813	72,641	8,828	12.15%	86,660	24
Other Direct Expenses	29,377	33,850	4,473	13.21%	103,045	156,924	53,879	34.33%	96,158	25
Total Operating Expenses	\$ 5,795,362	\$ 6,065,937	\$ 270,576	4.46%	\$ 16,766,005	\$ 17,639,443	\$ 873,438	4.95%	\$ 15,639,205	26
Operating Income	\$ 207,488	\$ 250,667	\$ (43,180)	-17.23%	\$ 455,088	\$ 753,047	\$ (297,959)	-39.57%	\$ 1,138,860	27
Operating Margin %	3.46%	3.97%			2.64%	4.09%			6.8%	
Non-Operating Revenue/Exp	144,564	130,000	14,564	11.20%	502,164	390,000	112,164	28.76%	434,386	28
Net Income	\$ 352,052	\$ 380,667	\$ (28,615)	-7.52%	\$ 957,252	\$ 1,143,047	\$ (185,795)	-16.25%	\$ 1,573,246	29
Unit Operating Income										
Hospital	495,000	473,605	21,395	4.52%	1,221,439	1,463,422	(241,983)	-16.54%	1,491,405	30
Clinic Group	(125,579)	(125,187)	(393)	-0.31%	(458,725)	(489,576)	30,851	6.30%	(210,985)	31
Home Care Grp	(63,085)	8,174	(71,259)	-871.78%	(129,210)	25,775	(154,985)	-601.30%	52,487	32
Hospitalist	(95,776)	(76,179)	(19,597)	-25.73%	(144,904)	(221,319)	76,415	34.53%	(195,907)	33
Urgent Care	(3,072)	(29,746)	26,674	89.67%	(33,511)	(25,254)	(8,257)	-32.70%	1,860	34
Totals	\$ 207,488	\$ 250,667	\$ (43,180)	-17.23%	\$ 455,088	\$ 753,047	\$ (297,959)	-39.57%	\$ 1,138,860	35

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Balance Sheet

March 2016

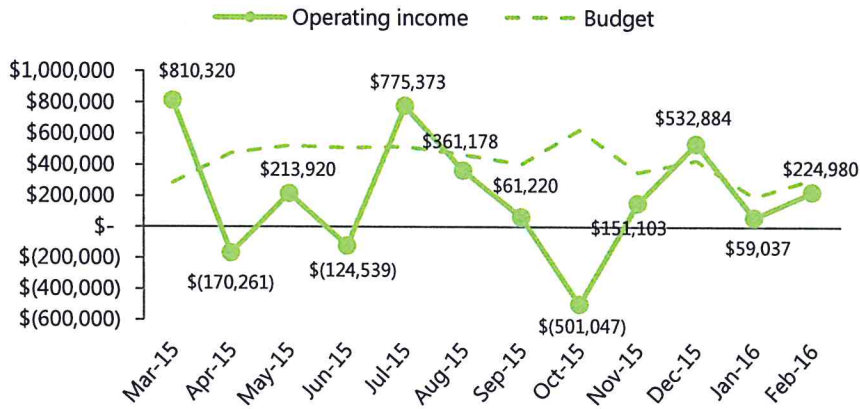
Current Assets:		Current Month	Prior Year End	Change	
1	Cash	5,892,445	7,562,435	(1,669,990)	1
2	Patient Accounts Receivable	8,347,862	7,079,248	1,268,614	2
3	Other Receivable	314,367	106,463	207,904	3
4	Inventories	978,411	910,035	68,376	4
5	Prepaid Expenses and Deposits	1,022,152	579,944	442,208	5
6	Total Current Assets	16,555,237	16,238,125	317,112	6
Assets Whose Use is Limited:					
7	Investments	25,434,799	25,253,677	181,121	7
8	Total Assets Whose Use Is Limited	25,434,799	25,253,677	181,121	8
Property, Plant & Equipment:					
9	Property, Plant and Equipment	57,081,181	54,926,987	2,154,194	9
10	Less Accumulated Depreciation	33,522,172	32,843,586	678,586	10
11	Net Property, Plant & Equipment	23,559,009	22,083,400	1,475,609	11
Other Assets					
12	Bond Issue Costs, Less Amortization	0	0	0	12
13	Total Other Assets	0	0	0	13
14	Total Assets	65,549,045	63,575,203	1,973,842	14
Current Liabilities:					
15	Accounts Payable	2,174,992	1,720,776	454,216	15
16	Cost Reimbursement Payable	51,884	51,884	0	16
17	Accrued Salaries	1,099,444	603,984	495,460	17
18	Accrued Employee Benefits	465,556	674,274	(208,717)	18
19	Accrued Vacations	1,928,515	1,713,651	214,864	19
20	Current Maturities of Long-Term Debt	1,424,558	1,424,558	0	20
21	Current Maturities of Capital Leases	0	0	0	21
22	Total Current Liabilities	7,144,949	6,189,127	955,822	22
Other Liabilities:					
23	Accrued Interest 2008 UTGO & 2009 LTGO B	110,831	27,708	83,123	23
24	2008 UTGO Refunding Bonds Premium	86,270	96,782	(10,512)	24
25	Deferred Revenue - Home Health	201	201	0	25
26	Total Other Liabilities	197,303	124,692	72,611	26
Long-Term Debt & Capital Leases:					
27	Long-Term Debt - 2008 UTGO Bonds	2,260,442	2,260,442	0	27
28	Long-Term Debt - 2009 LTGO Bonds	3,397,887	3,397,887	0	28
29	Long-Term Debt - Energy Project	(0)	(0)	0	29
30	Long-Term Debt - Dell	(0)	(0)	0	30
31	Long-Term Debt - PACS System	0	11,844	(11,844)	31
32	Total Long-Term Debt & Leases	5,658,329	5,670,173	(11,844)	32
Fund Balances:					
33	Equity - Hospital Operations	51,591,212	47,859,832	3,731,381	33
34	Income (Loss) Year-to-Date	957,252	3,731,381	(2,774,128)	34
35	Total Fund Balance	52,548,464	51,591,212	957,252	35
36	Total Liabilities & Fund Balance	65,549,045	63,575,203	1,973,842	36

Cash Flow
Year to Date, March 2016

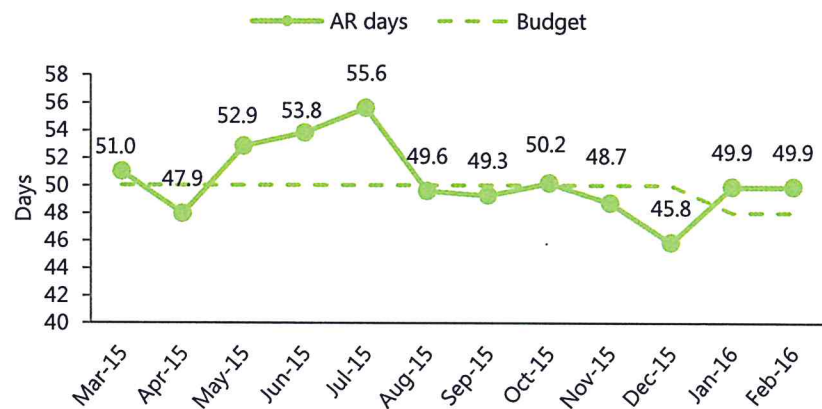
	Cash	Add	Subtract
1 Net Book Income	957,252	957,252	
<u>Add Back Non Cash Expenses</u>			
2 Depreciation	678,586	678,586	
3 Provision For Bad Debt			
4 Loss on Sale of Assets			
5 Net Cash From Operations	1,635,838		
Increase in Current Assets = ()			
6 Patient Accounts & Other Receivables	(1,268,614)		(1,268,614)
7 Other Receivables	(207,904)		(207,904)
8 Inventories	(68,376)		(68,376)
9 Prepaid Expenses & Deposits	(442,208)		(442,208)
10 Total Current Assets	(1,987,102)		
11 Investments	(181,121)	0	(181,121)
Purchase of Property, Plant & Equipment:	(2,154,194)		(2,154,194)
12 Net Property, Plant & Equipment	(2,154,194)		
13 Bond Issue Costs, Less Amortization	0		
14 Total Assets	(2,686,580)		
Decrease in Current Liabilities: = ()			
15 Accounts Payable	454,216	454,216	
16 Cost Reimbursement Payable	0		
17 Accrued Salaries	495,460	495,460	
18 Accrued Employee Benefits	(208,717)		(208,717)
19 Accrued Vacations	214,864	214,864	
21 Current Maturities of Long-Term Debt	0		
22 Current Maturities of Capital Leases	0		
23 Total Current Liabilities	955,822		
Decrease in Other Liabilities: = ()			
24 Accrued Interest on 1998, 1999 UTGO Bonds	83,123	83,123	
25 2008 UTGO Refunding Bonds Premium	(10,512)		(10,512)
26 Deferred Revenue - Home Health	0		
27 Total Other Liabilities	72,611		
Decrease in LT Debt & Cap Leases: = ()			
28 Long-Term Debt - 2008 UTGO Bonds	0		
29 Long-Term Debt - 2009 LTGO Bonds	0		
30 Long-Term Debt - Energy Project	0		
31 Long-Term Debt - Dell	0		
32 Long-Term Debt - PACS System	(11,844)		(11,844)
32 Total Long-Term Debt & Leases	(11,844)		
33 Total Liabilities	1,016,590		
34 Net Change in Cash	(1,669,990)	2,883,500	(4,553,491)
35 Beginning Cash On Hand	7,562,435		
36 Ending Cash On Hand	5,892,445		

Financial Stewardship

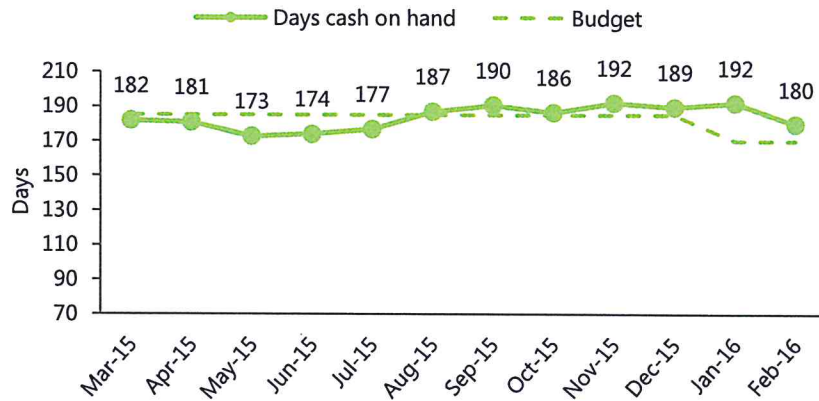
Operating income ↑



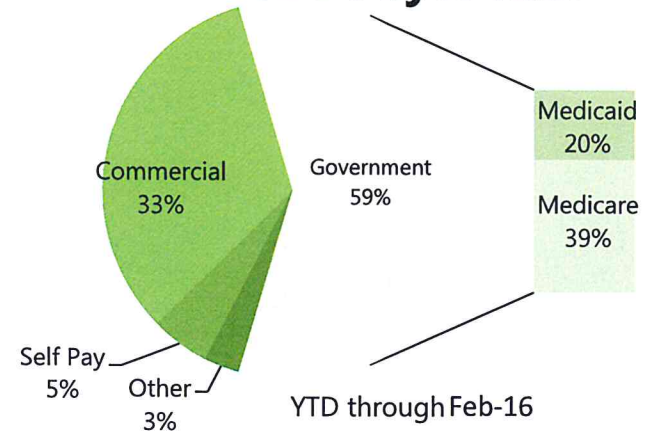
Accounts receivable days ↓



Days cash on hand ↑



2016 Payer Mix



18e

Last updated 03/25/2016

KITTITAS VALLEY HEALTHCARE

**RESOLUTION 16-07
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 28th day of April, 2016.

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
1971	BIPAP NONINVASIVE VENTILATO	80491	97-73-332110	05/30/96	\$4,631.09	\$4,631.09			SCRAP
1972	BIPAP MONITOR, AIRWAY PRESSI	9132	977332259	05/30/96	\$919.76	\$919.76			SCRAP
1973	BIPAP CONTROL PANEL	10084	97 73332273	05/30/96	\$875.60	\$875.60			SCRAP
3028	BIPAP VISION	127240	582059	03/14/07	\$9,982.41	\$8,651.74		(\$1,330.67)	SCRAP
3102	BIPAP VENTALATOR	132730		03/06/08	\$10,065.53	\$7,716.96		(\$2,348.57)	SCRAP
4204	BIPAP VISION EKG	138598		09/17/09	\$10,568.57	\$10,568.42		(\$0.15)	SCRAP

Home (<http://www.wsha.org/>) / Events (<http://www.wsha.org/events/>)
/ WSHA & AWPHD 40th Annual Rural Hospital Leadership Conference

WSHA & AWPHD 40th Annual Rural Hospital Leadership Conference

WSHA Educational Meeting

Location:

Campbell's Resort
104 W Woodin Avenue, Chelan, WA

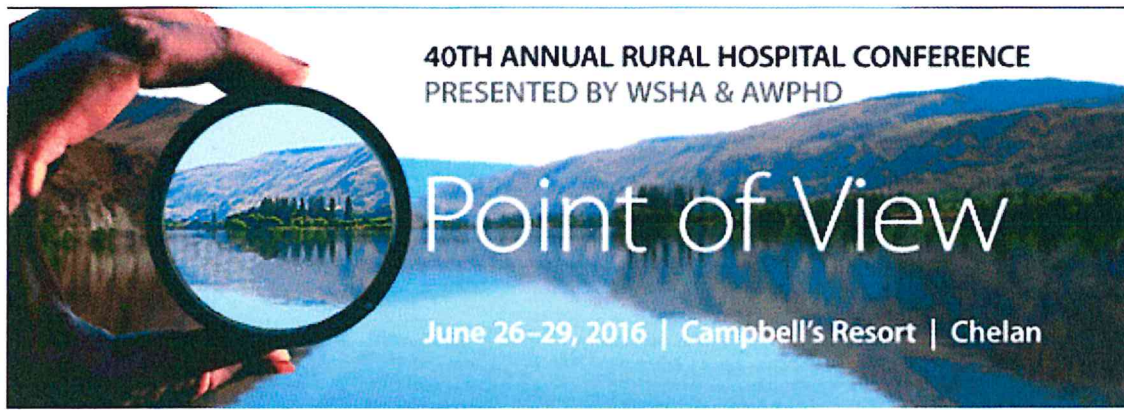
Event Information

June 26, 2016 - June 29, 2016

Audience: Member

Event Type: WSHA Educational Meeting

Accommodations: Campbell's Resort (sold out), Grandview Resort, The Lakeside Lodge (<https://wshaconnect.wsha.org/chelan/Pages/default.aspx/#accommodations>)



Rural health care leaders face both challenges and opportunities when it comes to delivering the high-quality care their communities deserve. As the health care landscape changes, so must the strategies used to keep cost down, quality high and still provide the patient and their families a healing experience. At the Chelan Rural Hospital Leadership Conference, health care CEOs and commissioners will learn more about what you should be doing and how to do it.

We hope to see you there!

Conference Agenda

Sunday, June 26

<i>9 a.m.-4 p.m., Park Room</i>	WRHAP Meeting — Campbell's Resort
<i>9:30 a.m., Bear Mountain Ranch</i>	Golf Tournament and Luncheon — sponsored by Coverys
<i>6-7:30 p.m., Campbell's Resort Terrace</i>	Reception

Monday, June 27

<i>7:30- 8:45 a.m., East/West Room</i>	AWPHD Board Meeting & Breakfast
<i>8:30-9 a.m., Stehekin Ballroom</i>	Commissioner/Trustee Breakfast

22

<i>9:00 – 11:15 a.m., Stehekin Ballroom</i>	Commissioner/Trustee Intensive
<i>10:30-11:30 a.m., River Room</i>	CEOs Only Meeting
<i>11:45 a.m.-1:10 p.m., Centennial Ballroom</i>	Conference Opening Lunch/AWPHD Mid-Year Member Meeting
<i>1:15-2:30 p.m., Centennial Ballroom</i>	Conference Overview & Opening Plenary
<i>2:30-2:45 p.m.</i>	Break
Breakout Sessions – Titles are tentative	<i>Centennial Ballroom</i> — Toolkit/Process <i>Stehekin Ballroom</i> — Value-Based Care 2.0 <i>Park Room</i> — Governance Task Force Update
<i>4:30-6 p.m., Tsillan Cellars</i>	Tsillan Cellars Wine Tasting — Sponsored by Parker Smith & Feek
<i>7-8:30 p.m., Centennial Ballroom</i>	Ice Cream Social — Sponsored and hosted by Coverys

Tuesday, June 28

<i>7-8:30 a.m., River Room</i>	CNO Breakfast
<i>7-8:15 a.m., East/West Room</i>	New Board & Commissioner Welcome Breakfast
<i>7:30-8:30 a.m., Centennial Foyer</i>	Continental Breakfast Buffet
<i>8:30-9:45 a.m., Centennial Ballroom</i>	Plenary Panel — Equity of Care in Rural Areas: What it Means for Boards, Patients, Employees
<i>9:45 – 10:00 a.m.</i>	Break
<i>10-10:50 a.m., Centennial Ballroom</i>	Round Table #1

23

<i>10:50-11:40 a.m., Stehekin Ballroom</i>	Round Table #2
<i>11:40 a.m.-12 p.m.</i>	Transition to Lunch
<i>12-1:15 p.m., Centennial Ballroom</i>	Networking Lunch
<i>12-2:30 p.m., River Room</i>	Board Chair Lunch
<i>1:30-2:30 p.m Breakout Sessions - Titles are tentative</i>	<p><i>Stehekin Ballroom</i> — Regulatory and Legislative Session Update: Building Relationships with Your Legislators</p> <p><i>Centennial Ballroom</i> — Rural Safety: What's New, How can Boards Lead?</p> <p><i>Park Room</i> — Advanced Practice in Nursing</p>
<i>2:30-2:45 p.m.</i>	Break
<i>3:45-4:00p.m. Breakout Sessions - Titles are tentative</i>	<p><i>Centennial Ballroom</i> — Opioids</p> <p><i>Stehekin Ballroom</i> — Honoring Choices: Your Leadership at Work</p> <p><i>Park Room</i> — Physician Recruitment</p>
<i>4-5:30 p.m., Lakeside Room</i>	Rural Hospital Committee Meeting
<i>6-7 p.m.</i>	Social Hour on the Beach — Sponsored by Moss Adams
<i>7-8:30 p.m.</i>	BBQ on the Beach — Sponsored and hosted by Wipfli

Wednesday, June 29

<i>7:30 a.m., Centennial Foyer</i>	Continental Breakfast Buffet
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<i>8:30-9:45 a.m., Centennial Ballroom</i>	Plenary: Mental Health Panel
<i>9:45-10:45 a.m., Centennial Ballroom</i>	Closing Plenary
<i>10:45-11 a.m., Centennial Ballroom</i>	Closing Remarks

Thank you to our event sponsors!

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Board Evaluation Results

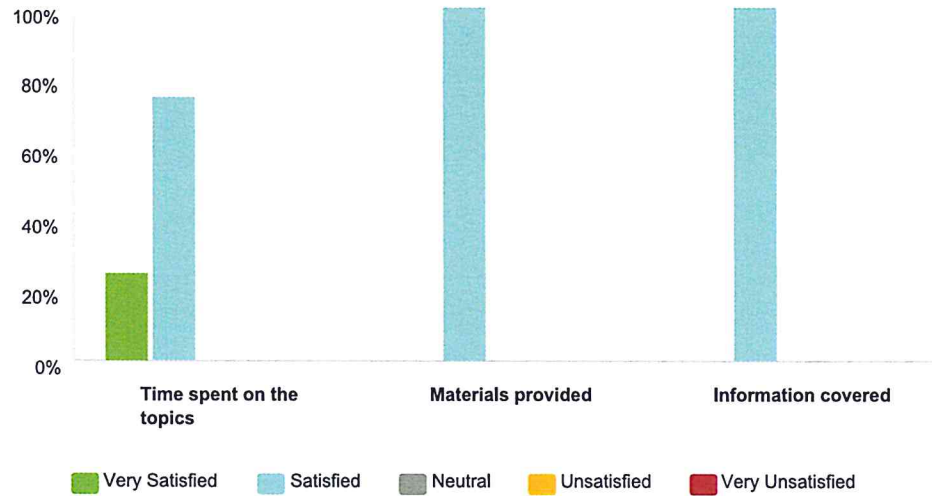
Results from March 2016 meeting

Includes board responses to a survey specific to the last meeting and dashboards displaying data for the past 12 months.

All questions apply to the most recent board meeting.

Q1 How satisfied are you with the QUALITY agenda items covered?

Answered: 4 Skipped: 0



	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied	Total
Time spent on the topics	25.00% 1	75.00% 3	0.00% 0	0.00% 0	0.00% 0	4
Materials provided	0.00% 0	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4
Information covered	0.00% 0	100.00% 4	0.00% 0	0.00% 0	0.00% 0	4

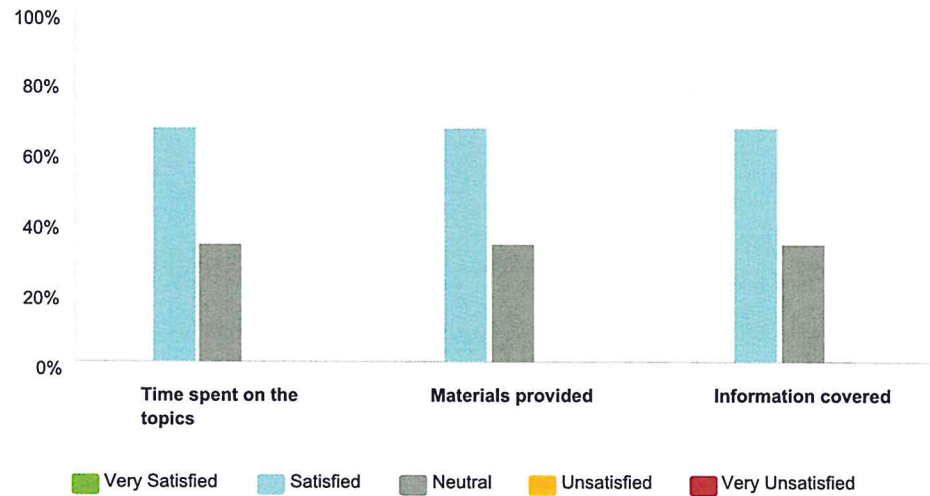
#	Comments (please specify):	Date
	There are no responses.	

27

All questions apply to the most recent board meeting.

Q2 How satisfied are you with the EMERGING HEALTHCARE ISSUES agenda items covered?

Answered: 3 Skipped: 1



	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied	Total
Time spent on the topics	0.00% 0	66.67% 2	33.33% 1	0.00% 0	0.00% 0	3
Materials provided	0.00% 0	66.67% 2	33.33% 1	0.00% 0	0.00% 0	3
Information covered	0.00% 0	66.67% 2	33.33% 1	0.00% 0	0.00% 0	3

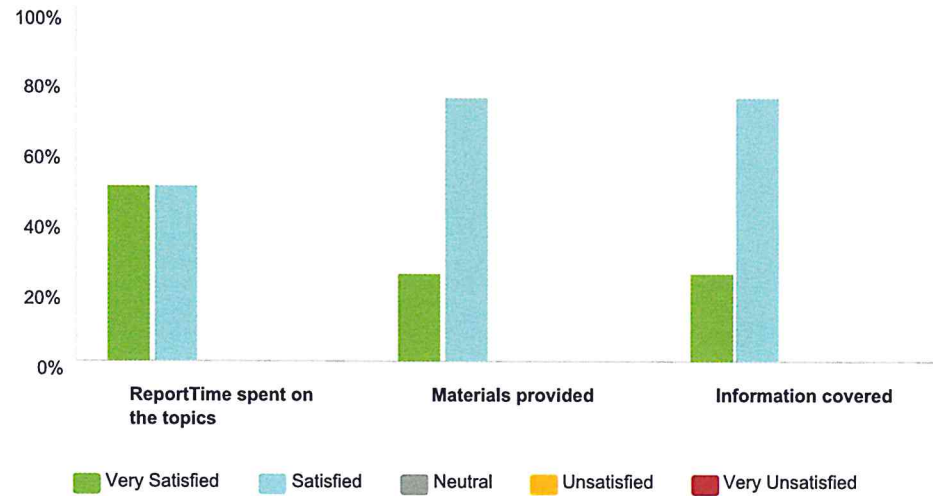
#	Comments (please specify):	Date
1	New Business - meeting conduct	3/31/2016 7:55 PM

28

All questions apply to the most recent board meeting.

Q3 How satisfied are you with the CHIEF EXECUTIVE OFFICER REPORT agenda items covered?

Answered: 4 Skipped: 0



	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied	Total
ReportTime spent on the topics	50.00% 2	50.00% 2	0.00% 0	0.00% 0	0.00% 0	4
Materials provided	25.00% 1	75.00% 3	0.00% 0	0.00% 0	0.00% 0	4
Information covered	25.00% 1	75.00% 3	0.00% 0	0.00% 0	0.00% 0	4

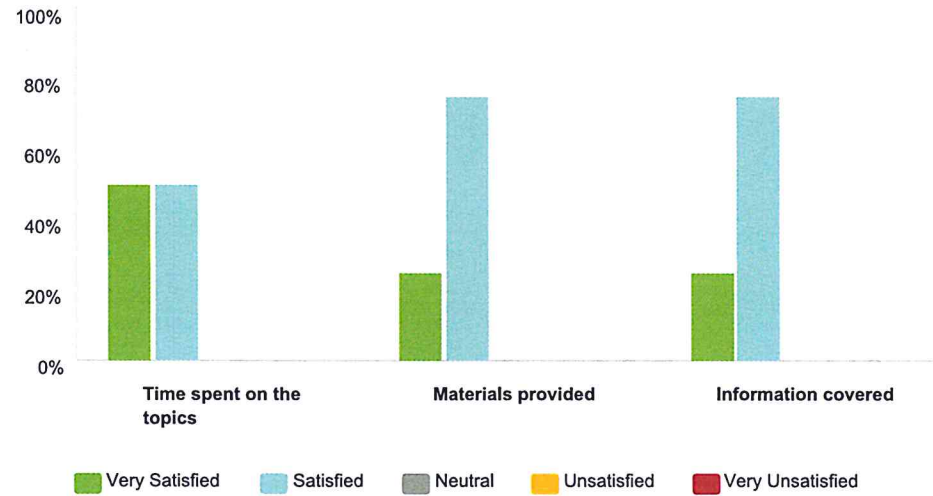
#	Comments (please specify):	Date
	There are no responses.	

29

All questions apply to the most recent board meeting.

Q4 How satisfied are you with the FINANCIAL agenda items covered?

Answered: 4 Skipped: 0



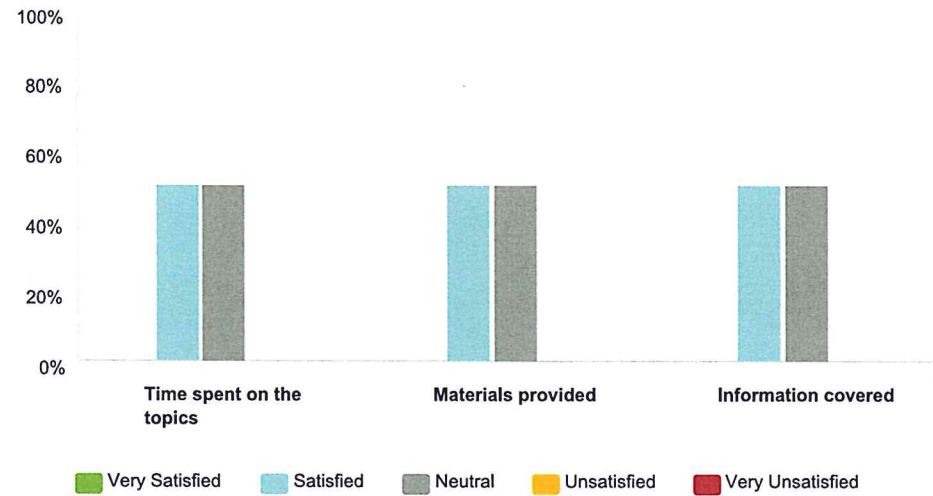
	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied	Total
Time spent on the topics	50.00% 2	50.00% 2	0.00% 0	0.00% 0	0.00% 0	4
Materials provided	25.00% 1	75.00% 3	0.00% 0	0.00% 0	0.00% 0	4
Information covered	25.00% 1	75.00% 3	0.00% 0	0.00% 0	0.00% 0	4

#	Comments (please specify):	Date
	There are no responses.	

All questions apply to the most recent board meeting.

Q5 How satisfied are you with the PUBLIC POLICY agenda items covered?

Answered: 2 Skipped: 2



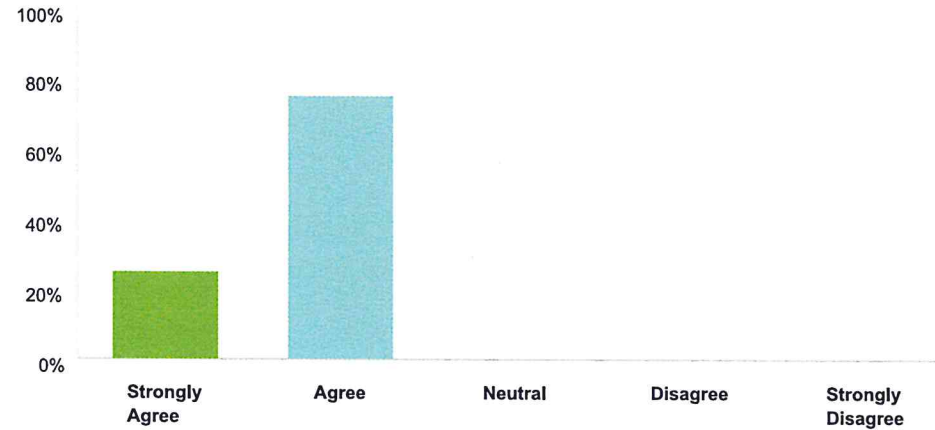
	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied	Total
Time spent on the topics	0.00% 0	50.00% 1	50.00% 1	0.00% 0	0.00% 0	2
Materials provided	0.00% 0	50.00% 1	50.00% 1	0.00% 0	0.00% 0	2
Information covered	0.00% 0	50.00% 1	50.00% 1	0.00% 0	0.00% 0	2

#	Comments (please specify):	Date
1	N/A -- nothing discussed	4/1/2016 2:57 PM
2	n/a	3/31/2016 7:55 PM

All questions apply to the most recent board meeting.

Q6 The format and content of the CONSENT AND REPORT agenda packet documents were sufficient enough to support decision making.

Answered: 4 Skipped: 0



Answer Choices	Responses
Strongly Agree	25.00% 1
Agree	75.00% 3
Neutral	0.00% 0
Disagree	0.00% 0
Strongly Disagree	0.00% 0
Total	4

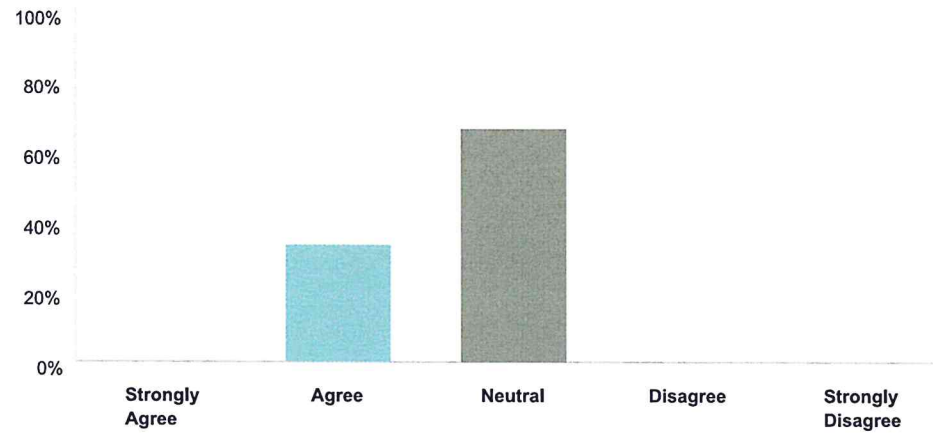
#	Comments (please specify):	Date
	There are no responses.	

32

All questions apply to the most recent board meeting.

Q7 The EMERGING HEALTHCARE ISSUES presentation format supported active board involvement in the discussion.

Answered: 3 Skipped: 1



Answer Choices	Responses
Strongly Agree	0.00% 0
Agree	33.33% 1
Neutral	66.67% 2
Disagree	0.00% 0
Strongly Disagree	0.00% 0
Total	3

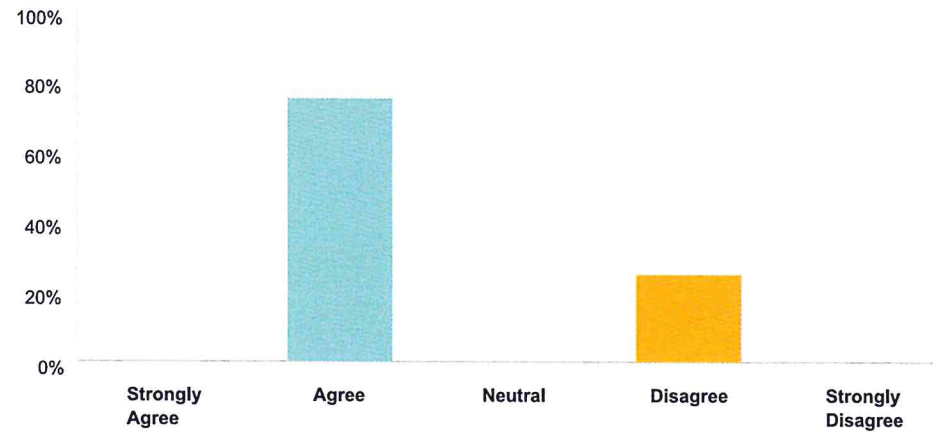
#	Comments (please specify):	Date
	There are no responses.	

33

All questions apply to the most recent board meeting.

Q8 Information presented during the meeting was sufficient to enable decision making.

Answered: 4 Skipped: 0



Answer Choices	Responses
Strongly Agree	0.00% 0
Agree	75.00% 3
Neutral	0.00% 0
Disagree	25.00% 1
Strongly Disagree	0.00% 0
Total	4

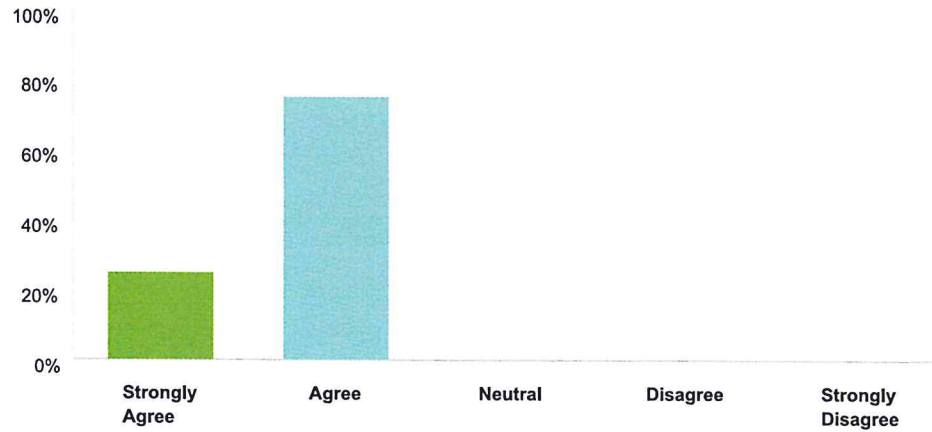
#	Comments (please specify):	Date
1	Would have liked the NBRI survey results sent to all of us prior to the meeting without having to request them specifically.	4/1/2016 2:57 PM

34

All questions apply to the most recent board meeting.

Q9 This most recent board meeting met our goal regarding the amount of time spent in discussion vs. reporting: 80% discussion vs 20% reporting.

Answered: 4 Skipped: 0



Answer Choices	Responses
Strongly Agree	25.00% 1
Agree	75.00% 3
Neutral	0.00% 0
Disagree	0.00% 0
Strongly Disagree	0.00% 0
Total	4

#	Comments (please specify):	Date
	There are no responses.	



All questions apply to the most recent board meeting.

**Q10 Please indicate additional topics for
future EMERGING HEALTHCARE ISSUES.**

Answered: 1 Skipped: 3

#	Responses	Date
1	Physician credentialing and the detailed information regarding the roles and differences of MEC and BOC in the credentialing process.	3/31/2016 7:55 PM

36

All questions apply to the most recent board meeting.

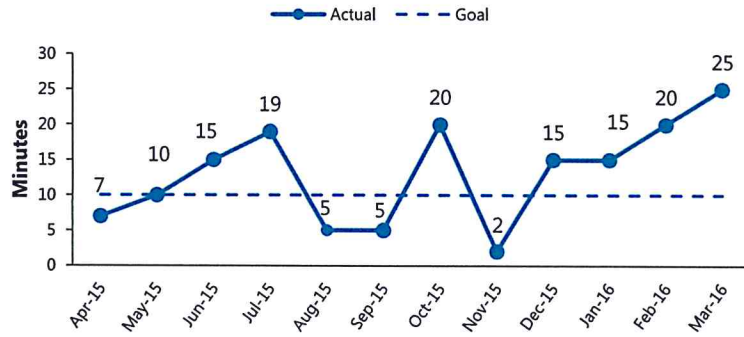
Q11 Additional comments concerning the meeting:

Answered: 2 Skipped: 2

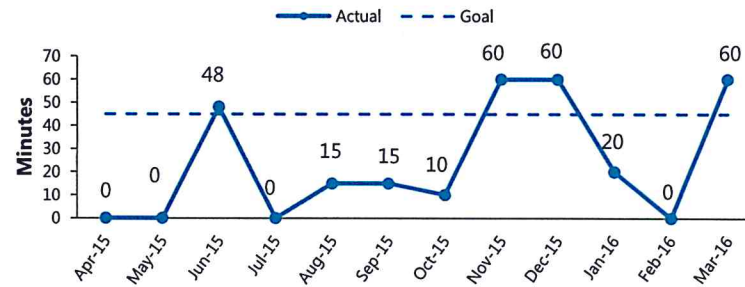
#	Responses	Date
1	Provide regular updates in future meetings on how we are responding to the survey results in order to address problems. Also, let's calm the hell down.	4/1/2016 2:57 PM
2	We need to be careful to ensure that open meeting items are not scheduled for closed session.	3/31/2016 10:48 PM

Board Meeting Dashboard

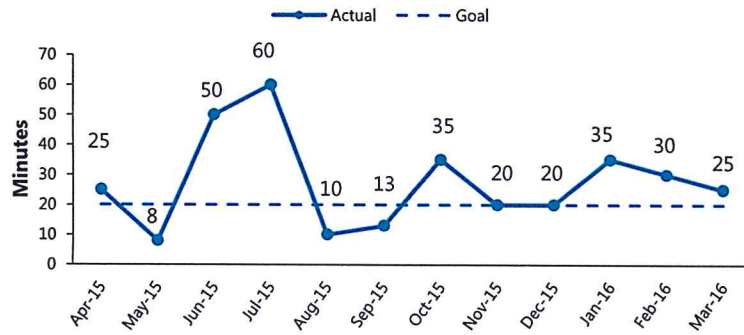
Time spent on financials



Time spent on emerging health care issues



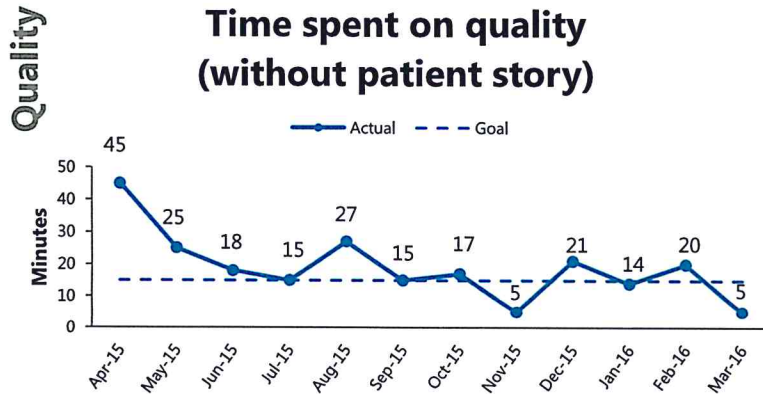
Time spent on CEO report



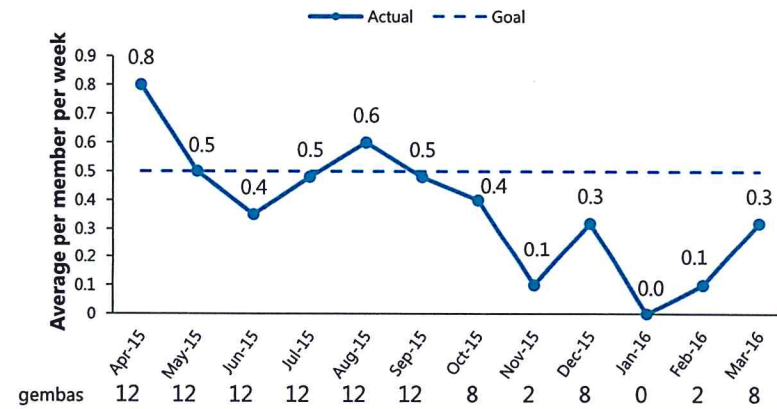
Total meeting time



Time spent on quality (without patient story)

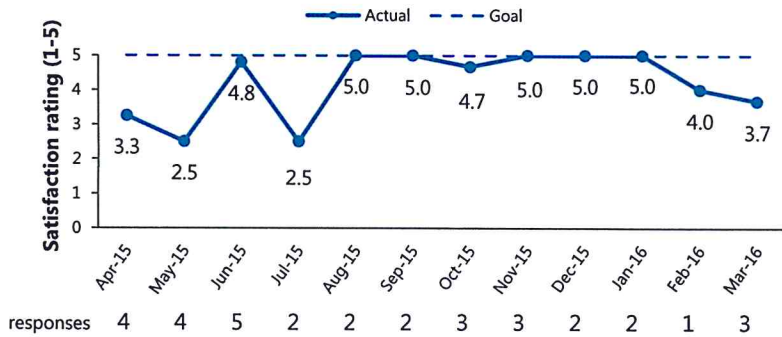


Gemba walks by Board members

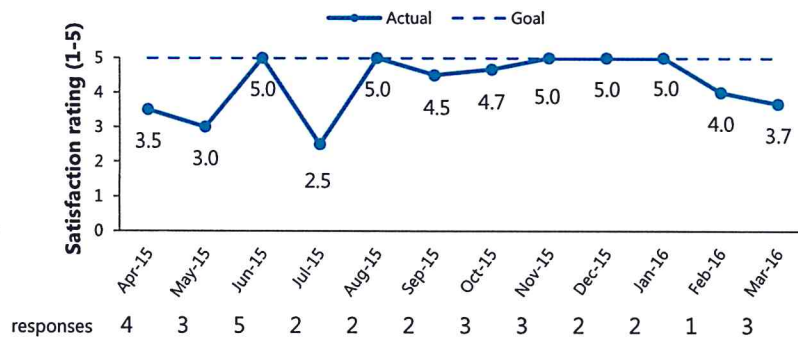


Board Meeting Dashboard

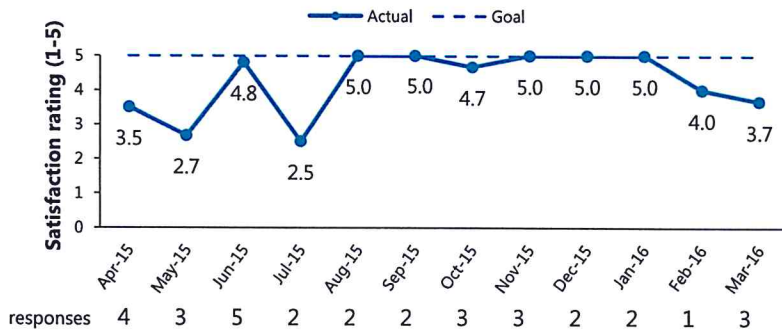
Satisfaction with time spent on emerging health care issues



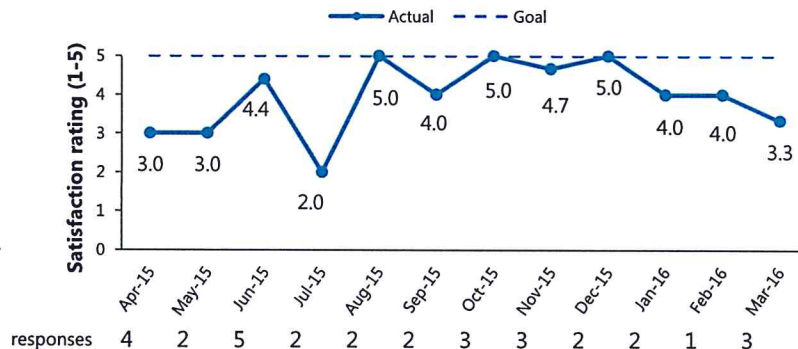
Satisfaction with materials provided for emerging health care issues



Satisfaction with information covered for emerging health care



Emerging health care issues presentation format promotes board involvement in discussion



Belief that board met goal of 80% discussion, 20% reporting



April 28, 2016, Board Packet Clippings/Information

<u>Pages</u>	<u>Title</u>
41	Dr. Paul Schmitt Named as the 2016 Public Health Champion
42-43	KVH Board Debates Employee Survey/KVH to Video Record Meetings
44-45	KVH CEO: New Hospital at Another Site not Practical
46	Nurses to the Rescue
47	Virtual Care Now Available at KVH
48-49	AAMC Increases Estimate of Physician Shortage
50-52	KVH Library Report

Kittitas County Press Release

Public Health

For Immediate Release

Dr. Paul Schmitt Named as the 2016 Public Health Champion

Kittitas County, WA -04/18/2016 - The Kittitas County Board of Health Advisory Committee (BOHAC) is pleased to announce that Dr. Paul Schmitt will be awarded the 2016 annual Kittitas County Public Health Champion Award. The award is in recognition of his years of service as a health care provider and his dedication to the health of his community. He will be presented the award during the Kittitas County Board of Health meeting on Thursday, April 21st, 2016, at 11:15 am in the Commissioners' Auditorium of the Kittitas County Courthouse. The meeting, located at 205 W 5th Avenue, Ellensburg is open to the public.

Dr. Schmitt has practiced medicine at Kittitas Valley Healthcare's Family Medicine Clinic in Cle Elum since 1977 and lives in Roslyn. He is retiring at the end of 2016. In addition to embracing being a "country doctor" for nearly 40 years, he has participated in the ski patrol at Snoqualmie Pass, volunteered as a physician for the Roslyn Fire Department and high school sports, and was one of the founders of the Runner Stumbles Race which is going into its 37th year.

"Dr. Schmitt is the epitome of the highly trusted country doctor with excellent skills and credentials," said Hartwig and Mary Vatheuer and Elizabeth and Brian Frederick in their nomination for Dr. Schmitt. "He does everything with a quiet, simple grace and humility that is somewhat uncommon among doctors. It is this quality which makes Dr. Schmitt truly unique."

The Kittitas County Public Health Champion Award recognizes individuals, groups, or organizations that make significant contributions to the health of Kittitas County. The recipient receives a \$500 award to be used for current or future projects that contribute to the health of Kittitas County. The award is funded by a generous donation from former Kittitas County Health Officer Jim Gale.

The mission of BOHAC is to provide advisory feedback and formal recommendations, to both the Board of Health and the Public Health Department of Kittitas County, related to policy, funding, initiatives, and emergent needs, in support of the goals and mission of the Kittitas County Public Health Department. If you are interested in donating to the Annual Kittitas County Public Health Champion Award fund, please contact Dr. Bob Davis, BOHAC Treasurer, at drdavis44@gmail.com.

For more information regarding BOHAC or the Public Health Champion Award, please contact the Kittitas County Public Health Department at (509) 962-7515.

KVH board debates employee survey

Topics include morale, culture and communications

By **JULIA MARTINEZ** staff writer

The Kittitas County Hospital District 1 board discussed how much information about a recent Kittitas Valley Healthcare employee satisfaction survey to release during a meeting Thursday.

A total of 359 KVH employees responded to the survey, which was conducted under contract by National Business Research Institute. The hospital ranked in the 55th percentile in overall performance compared to more than 25,000 other hospital and clinic employees. The industry average is 50.

Eight topics were listed in an opportunity category: employee engagement, company image, intent to stay, culture, willingness to recommend, supervision, teamwork and career development. Those topics fell in the 50th to 74th percentile.

Six topics landed in the weakness category: working relationships, communications, morale, work life, vision and management style. They were in the 25th to 49th percentile.

No topics fell into the strength category at the top, or the threats category at the bottom.

The survey had a 65 percent response rate, with 41 questions. There was a comment section included in the survey, with 135 comments submitted.

Individual comments

Much of the board's discussion focused on how individual employee comments were being handled and whether they would be available to review. Employee morale at KVH was a topic of discussion during last year's hospital board election.

Board member Matthew Altman asked Monique Ziebro, the organizational psychologist with NBRI, why comments weren't being released with redactions.

"We recommend releasing comments when it supports a course of action," Ziebro said over a conference call.

She added that releasing all the comments gives employees hope that the hospital will address every concern, from the color of the break room to the addition of an employee gym.

Cathy Bambrick, chief operating officer for KVH, said that it was possible to tell who said what in some areas. Altman said identifying information, like an employee's tenure at KVH, could be redacted. Employees have approached him, he said, stating that there is demand for the comments.

If one of the hospital's concerns was employee morale, he said, then not releasing the comments could make employees feel as if their comments are being ignored.

"If we make it more public it's going to put people's minds more at ease than keeping it to ourselves," he said. "I mean isn't this part of poor communication to not let people know the results of the survey?"

Confidentiality

Daily Record, 4/2/16, page A3

Jim Allen, director of cardio-pulmonary services at KVH, told the board during public comment that when he answered the survey distributed in December it was his interpretation that his comments were going to be confidential.

Board member Erica asked to see what verbiage was on the survey that had guaranteed employees that the information would remain confidential. Altman said that some employees believe confidential meant that their survey wasn't going to be traced back to their email.

The introduction to the survey read: "You can be assured that your responses will remain confidential."

Libenow suggested that the comments be aggregated by concern so common themes could be made public.

Board president Liahna Armstrong asked that the five board members receive redacted comments and that the comments be summarized in a slightly different language so as to not single anybody out. She recognized the importance of knowing what the overall feelings of the KVH community were.

"I think that can be done judiciously, respectfully, and confidentially," Armstrong said.

Next steps

The survey identified several areas for KVH to focus its improvement: upward communication from employees to supervisors, management decisions being in line with the KVH vision, employees being treated with more respect, and strengthening relationships between peers.

The next survey will be administered in June and another in December.

Bambrick said that the hospital has been working on ways to improve communication and has redefined its disciplinary process so employees are held accountable and understand their job expectations. More performance evaluations will be administered to increase employee feedback as well.

KVH to video record meetings

Video cameras should be ready for the next KVH board meeting.

The board has agreed to install four cameras in its board room at the hospital to record its meetings. Recordings will be posted online for the public, but will not be live streamed.

Liahna Armstrong, president of the board, asked that people in the audience announce before the meeting started if they were recording the meeting via audio or video, as a courtesy to the board and those in the audience.

"So we can be decorous on camera or on the air," Armstrong said.

The board experimented with their start time of 5 p.m. on Thursday, with a time for public comment at 6 p.m. Board meetings had previously started at 4:30 p.m.

KVH CEO: New hospital at another site not practical

Board asks for more information about cost

By **JULIA MARTINEZ** staff writer

Kittitas Valley Healthcare administrators said they looked into the idea of building a new hospital elsewhere in the community as part of longrange facility planning, but determined it wasn't a good idea.

KVH CEO Paul Nurick told the hospital board on Thursday that the plan has its appeal, but it was not "practical, it's not prudent, it's not financially feasible" and that it was two-thirds to twice the cost of the new planned construction.

"We've thought of it," Nurick told the board. "I want to make sure that you all know that that isn't something we ignored."

KVH hopes to expand south and build a new medical office with 40 exam rooms, replacing outdated facilities. A tentative plan has construction starting in December at the earliest and a completion date of March 2018, although no construction has been approved at this point. The new building would be constructed on existing hospital property.

The office building would cost an estimated \$17 million, with another \$10 million for a new electronic health records system. The hospital does not plan to ask taxpayers for support and will pay for the work itself. The exact strategy hasn't been determined, but it could involve \$25 million to \$30 million in revenue-backed financing. The second phase of KVH's plan calls for remodeling the hospital at its current location.

The work would happen three to five years after the medical office building is completed, and requires voter support of a bond levy. The possible cost could be \$55 million. A proposal wouldn't come to the public until after a 2000 levy for the hospital remodel and addition is paid off at the end of 2018.

The remodel would rebuild the medical/ surgical wing, critical care, the family birthing center and emergency department, and add a new unit for observation. KVH also hopes to move off-campus services to a new building that connects the medical building and hospital.

The newest sections of the hospital building would be left in place.

Another site

Daily Record, 4/4/16, page A1

The idea for a new offsite hospital was brought up in a public forum last month about KVH's long-range facility plans. Much of the focus centered on neighborhood concerns like parking, but the idea of moving the hospital also was discussed.

Dr. Byron Haney, founder of Family Health Care of Ellensburg, said the hospital's current plan was shortsighted and suggested KVH look at building offsite across Mountain View Avenue, down Chestnut Street. Haney said the current facility has been "patched around."

Hospital commissioner Erica Libenow said members of the community asked her about the possibility of a new offsite hospital. She asked Nurick to provide her with a summary of how much a new hospital would cost.

"We didn't study that too hard because it looked to us that it was a non-starter," Nurick said.

Board vice president Pam Wilson said that during the beginning of the planning process the idea of a new hospital was brought up. There weren't any solid numbers, she said, and going out to the taxpayers and re-creating expense is not financially responsible.

"What we need we can do here so that makes more financial sense," Wilson said.

Libenow asked about the possibility of putting out a bond for a new hospital. Nurick mentioned the difficulty that the Morgan Middle School bond faced.

"It's part of my responsibility to answer to these people," Libenow said.

Libby Allgood, chief financial officer for KVH, said that there was a possibility of bumping into a levy limit. The second phase of the hospital's current master site plan calls for a bond vote to help finance the construction.

"We do need to have an answer," Allgood said.

Nurick said he would provide the board with estimates on how much an offsite hospital would cost.

Nurses to the rescue

Local DAISY award winners honored

For THE DAILY RECORD

KVH Home Health nurse Carissa Dahl has been named as a local winner of the DAISY Award for providing extraordinary nursing care. In addition, a DAISY Team Award was given to Jennifer Simons, Rachel Coleman-Thompson, and Lori Smith of KVH Urgent Care, Cle Elum.

Kittitas Valley Healthcare has been participating in the DAISY Award program since 2012. Local recipients are selected twice per year, based on their clinical expertise and demonstration of extraordinary compassionate care.

Carissa Dahl was nominated by a home health patient. After arriving at a man's home to find him in pain and with symptoms that needed immediate attention, she called 911. He was rushed to the hospital where he was treated for a ruptured appendix.

"I firmly believe she saved my life by her quick and decisive action that day," wrote the patient.

The three-person team at KVH Urgent Care — Cle Elum was nominated by Dede Utley, director of emergency services at KVH Hospital. They treated a patient with a life-threatening condition in January 2016. In addition to quick and thorough medical care, the staff gave emotional support to the patient and his wife.

DAISY is an acronym for Diseases Attacking the Immune System. The DAISY Award is a collaboration of the DAISY Foundation and the American Organization of Nurse Executives, and was established in 1999 by the family of J. Patrick Barnes following his death due to complications of an auto-immune disease. It is not required that nurses have cared for someone with an immune system disease to be eligible for the DAISY award.

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

Virtual care now available at Kittitas Valley Healthcare

Kittitas Valley Healthcare introduced a new service last week called KVH Virtual Care. The service allows patients with many common conditions to receive care using a webcam or phone consultation with a provider.

The service is available 24 hours a day, seven days a week, according to a news release.

Common conditions that can generally be treated through virtual care include cold or flu symptoms, sore throat, headache, pink eye, cold sores, rashes and urinary tract infections.

Providers can write prescriptions if needed.

Appointments are not needed and most patients are seen within 30 minutes of their request.

Virtual Care costs a flat fee of \$40 per virtual visit.

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AAMC increases estimate of physician shortage: 8 things to know

Written by Emily Rappleye ([Twitter](#) | [Google+](#)) | April 05, 2016

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The U.S. faces a shortage of physicians ranging between 61,700 and 94,700 over the next decade, according to a [new report](#) from the American Association of Medical Colleges.

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This report updates a [2015 projection](#) that estimated the nation would need between 46,100 and 90,400 physicians by 2025, though it is still below a 2010 estimate that projected a shortage of 130,600 physicians by 2025.

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This year's report uses the same microsimulation model and scenarios as used for last year's projections, but it includes updates to supply and demand data and refined medical school graduate data, and it more fully integrates the effects of the growing ranks of physician assistants.

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Perhaps most striking is the addition of an analysis on the needs of underserved Americans that shows how many more physicians the country would need if these patients were able to fully utilize healthcare.

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These numbers are not included in the overall projections because they only provide estimates for 2014

levels of care.

"These updated projections confirm that the physician shortage is real, it's significant, and the nation must begin to train more doctors now if patients are going to be able to receive the care they need when they need it in the near future," AAMC President and CEO Darrell Kirch, MD, said in a statement.

Here are eight things to know about AAMC's updated findings.

- The overall physician shortage of 61,700 to 94,700 physicians by 2025, no matter the scenario, is in line with 2015 estimates, according to the AAMC.** The differences between this and last year's estimate are merely due to updated data and improvements to the estimation process.
- Primary care shortages are expected to range 14,900 to 35,600 by 2025.** This is "directionally consistent" with the 2015 projected shortfall of 12,500 to 31,100 physicians, according to AAMC. Note that the updated projection also took adult primary care-trained hospitalists out of the primary care physician category because it may have skewed the projections for primary care physicians.
- Non-primary care specialties are expected to need between 37,400 and 60,300 additional providers by 2025.** This projection is also in line with projections from 2015.
- Surgical specialists comprise the only category of physicians — among primary care physicians, medical specialists and other specialists — that is expected to decline by 2025.** In all other categories, the number of physicians is growing, but demand is outpacing supply. Surgical specialties that will be affected include ophthalmology and urology. AAMC estimates the shortfall for these physicians to range 25,200 to 33,200 by 2025.
- Due to the large numbers of aging physicians, retirement decisions are expected to have the single greatest impact on supply.** More than one-third of physicians will be 65 or older in the next decade, according to AAMC.

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- Viewpoint: How one physician overcame his bias against for-profit healthcare
- AAMC increases estimate of physician shortage: 8 things to know

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6. **Increasing demand can be traced to population growth and aging.** From 2014 to 2025, the U.S. population is expected to increase by about 8.6 percent. Within that, many Americans will be aging up — the population aged 65 and over is expected to grow 41 percent in that time, according to the report. It follows that the demand for healthcare services that seniors need will be higher than the demand for pediatric services.

7. **The effects of the Affordable Care Act on physician demand are small.** The AAMC expects this will only increase demand by about 10,000 to 11,000 physicians, or 1.2 percent. This projection reflects a reduction from last year's prediction that effects of the ACA would increase demand by 16,000 to 17,000 physicians.

8. **If barriers to care were removed for currently underserved populations and these populations had similar patterns of use to the rest of the population, the AAMC found the nation would have needed as many as 96,200 additional physicians in 2014.** The AAMC considered two scenarios to make this projection. The first projected the physician shortfall to be 40,100 if uninsured people and those who live in non-metropolitan areas used healthcare at similar rates to their insured peers in metro areas. The second scenario produced the 96,200-physician shortfall by projecting utilization if everyone used care at the same rates as white, insured populations who live in metropolitan areas.

"When you consider all the people who do not utilize healthcare — despite their need — because of financial, cultural, social or geographic barriers, the physician shortage is actually much bigger. We are very concerned about equity in patient utilization of care and how we can address it going forward," Dr. Kirch said in a statement.

The AAMC notes in its report that estimates are not definitive, but are intended to spark conversation on how to address these issues.

More articles on integration and physician issues:

- [Why are Harvard, Johns Hopkins and Yale's medical schools 'orphan schools'?](#)
- [AmSurg's physician division buys North Florida Anesthesia Consultants](#)
- [UNLV School of Medicine receives \\$3M from United Health Foundation](#)

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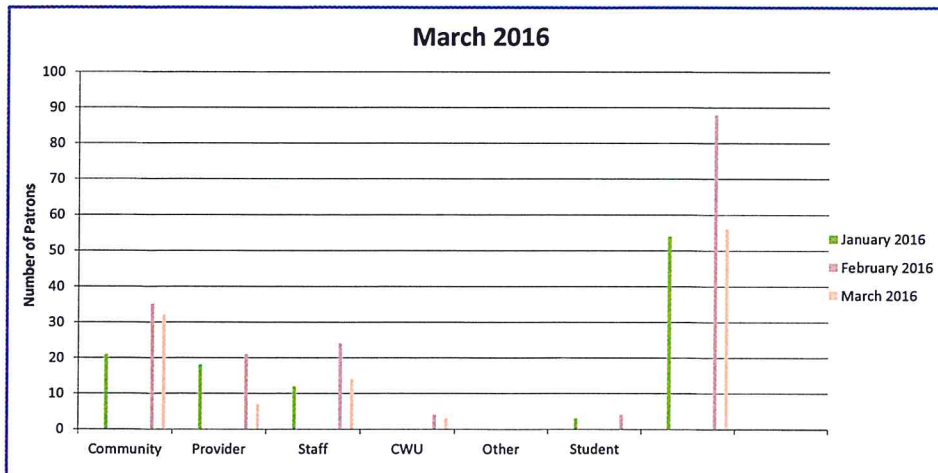
Kittitas Valley Healthcare
Community Health Library
Monthly Patron Statistics

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

	April		May		June		
	2016	2017	2016	2017	2015	2016	2017
Community					26		
Provider					30		
Staff					16		
CWU					1		
Other					1		
Student					0		
Total	0	0	0	0	74	0	0

	July			August			September		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community	34			32			32		
Provider	24			22			12		
Staff	19			25			19		
CWU	2			0			1		
Other	0			0			0		
Student	0			0			0		
Total	79	0	0	79	0	0	64	0	0

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



Community Health Library Databases - Number of Searches

Database Name		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
UpToDate	2015	1063	1165	1407	1112	1154	1742	1288	1655	1814	1654	2025	1772	17851
	2016	1451	1810	1706										4967
ClinicalKey	2015	156	110	163	217	263	99	186	68	79	207	140	132	1820
	2016	442	167	n/a										609
ClinicalKey for Nurses	2015											48	85	133
	2016	255	61	n/a										316
EBSCO Consumer Health Complete	2015	18	73	31	38	2	16	27	13	8	3	3	8	240
	2016	1	3	33										37
ProQuest	2015	14	54	0	0	2	17	12	2	2	2	3	0	105
	2016	13	7	0										20
Patron Services														
Articles Sent to Patrons & Providers	2015	8	36	10	28	4	15	6	2	64	48	71	43	287
	2016	42	117	50										209
Books Checked Out	2015	47	38	36	30	7	21	20	39	12	27	9	7	293
	2016	27	34	12										73
Inter-library Loan	2015								2			1		3
	2016	3	5	1										9

n/a = not available

Monthly Book Circulation

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

