



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

September 28, 2017 – 5:00PM

- 1. Call to Order**
- 2. Approval of Agenda ****
(Items to be pulled from the Consent Agenda) **(1-2)**
- 3. Consent Agenda ****
 - a. Minutes of Board Meetings: August 24, 2017 **(3-5)**
 - b. Approval of Checks **(6)**
 - c. Report: Foundation **(7)**
 - d. Minutes: Finance Committee **(8)**
 - e. Minutes: Quality Council
- 4. Public Comment and Announcements**
- 5. Presentations**
 - a. Brad Berg, Attorney, Foster Pepper: Physician Compliance
- 6. Reports and Dashboards**
 - a. Quality – Mandee Olsen **(9-11)**
 - b. Chief Executive Officer – Julie Petersen **(12)**
 - c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(13)**
 - ii. Chief Medical Officer, Don Solberg MD **(14)**
 - d. Finance – Chief Financial Officer - Libby Allgood **(15)**
 - i. Operations Report
 1. Charity Care
 - ii. Finance Committee Report – Commissioner Liahna Armstrong
 1. Resolution 17-11: Surplus Property ** **(16-17)**
 2. Capital Expenditure Request** **(18)**
 - e. Operations **(19-20)**
- 7. Education and Board Reports**
 - a. Report on Attendance at Covery's Risk Management Governing Board Risk Education Bootcamp, Sept. 22
 - b. Report on Attendance at Rural Advocacy Days, Wash., D.C., Sept. 24-27
 - c. Attendance at WSHA Annual Meeting, Seattle, Oct. 12-13 **(21-25)**



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- 8. Old Business**
 - a. Wound Care Proposal (26)

- 9. New Business**
 - a. Board Self-Evaluation Process (27-48)
 - b. Resolution No. 17-12: Requesting Review by the Healthcare Authority to Participate in the Washington State Insurance Plans** (48a)

- 10. Articles and Communication** (49-52)

- 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

- October 26, 2017, Regular Meeting
- November 30, 2017, Regular Meeting

Future Agenda Items

- October: Evaluation of New Board Agenda Format
- Musculoskeletal Update



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
 KVH Conference Room A & B
 August 24, 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 Erica Libenow, the Board members unanimously approved the Consent Agenda.

4. **Public Comment/Announcements:**

None.

5. **Presentations:**

Kyle West introduced two new first year residents of the Community Health of Central Washington Family Medicine Residency Program as well as a third year student. First year residents are Dr. Andrew DeGiorgio and Dr. Benjamin Keggi, and the third year resident is Dr. Annaliese Stone.

County Commissioner Paul Jewel reported that the PILT (Payment in Lieu of Taxes) request he submitted to Olympia resulted in increased funding of around \$239,000 to support county agencies including KVH. KVH will receive approximately \$12,500.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary. Mandee Olsen will register Board members interested in attending the Covery's Risk Management Seminar scheduled for September 22 in Spokane.

The Board members reviewed the CEO report with Julie Petersen. Julie and the Board agreed that the new ipads issued to Board members should have full function usage available to the Board. Julie reported that the Radio Hill Annex has been issued a conditional use permit with details for usage of the building to be worked out with the City of Ellensburg. Julie reported that the Jolly Fire near Cle

Elum is still burning and coordination efforts are underway to assist Home Health and Hospice patients in the fire area by KVH staff. She announced that the next community roundtable at KVH is scheduled for September 12 with Board members Matt Altman and Erica Libenow volunteering to be in attendance at the roundtable.

Carrie Youngblood reported that the next employee opinion survey will be launched on October 15-27 with the same company, NBRI, that completed the last survey. In the future, she reported that a new vendor, Tiny Pulse, will be utilized for future surveys.

ACTION: On motion of Bob Davis and second of Erica Libenow, the Board members unanimously approved the reappointments for Dr. Eric Lindstrom, James Brull, DO, Dr. Gregory Engel, Dr. Daniel Hanson, and Christine Bentley, PAC, as recommended by the medical executive committee.

The Board members and Dr. Don Solberg reviewed the Chief Medical Officer report. Dr. Solberg added that the clinics may expand the service line to patients to include dermatology. Bob Davis commended Mitch Engel for his physician/provider recruitment efforts and success. Liahna Armstrong suggested that Board members are invited to meet with provider candidates who are being interviewed in the future.

Libby Allgood reported financials for August noting that the hospital has completed the transactions for the approved debt loan and has received the loan funds. Liahna Armstrong reported that the Finance Committee reviewed the financials and recommended approval of the capital expenditure request.

ACTION: On motion of Bob Crowe and second of Bob Davis, the Board members unanimously approved the capital expenditure request for the purchase of the glidescope system in the amount of \$46,000 for the CCU, ED, OR and Family Birthing Place.

The Board members reviewed the operations report with Rhonda Holden announcing that digital mammography will be available for patients on September 6. Carrie Barr announced that the KVH clinics will be launching an MA apprenticeship program this fall.

7. **Education and Board Reports:**

Matt Altman, Erica Libenow, Liahna Armstrong and Bob Crowe indicated that they will attend the Covery's Risk Management seminar on September 22 in Spokane.

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 at the next Board meeting with a recommendation to either start the program or put it on hold.

b. **Approval of KVH Strategic Plan:**

Sarah Cave, consultant, presented a brief PowerPoint outlining the proposed KVH Strategic Plan that included the Mission and Vision statements and KVH Core Values and Strategic Focus Areas.

Erica Libenow stated that she did not want to lose the culture of “yes.” President Armstrong thanked consultants Sara Cave and Steve Huebner for all of their efforts with the process.

ACTION: On motion of Bob Davis and second of Bob Crowe, the Board members unanimously approved the KVH Strategic Plan that included the Mission and Vision statements and KVH Core Values and Strategic Focus Areas.

c. KVH Radio Hill Annex:

Julie Petersen reported that the hospital IT server will need to be relocated to the Radio Hill Annex. She stated that other plans for the building are being considered and will be reported to the Board.

9. New Business:

None.

10. Articles and Communication:

The Board members reviewed the various clippings and correspondence items.

At 7:00 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 8:00 p.m., President Armstrong extended the executive session for an additional 60 minutes.

At 9:00 p.m., the meeting was reconvened into open session. With no further action and business, the meeting was adjourned at 9:01 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 reappointments as listed above as recommended by the Medical Executive Committee.
4. Motion passed to approve the capital expenditure request for the purchase of the glidescope system in the amount of \$46,000 for the CCU, ED, OR and Family Birthing Place.
5. Motion passed to approve the KVH Strategic Plan that included the Mission and Vision statements and KVH Core Values and Strategic Focus Areas.

Respectfully submitted,

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

DATE OF BOARD MEETING: September 28, 2017

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>235592-236608</u>	NET AMOUNT:	<u>\$4,647,432.95</u>
#2	AP DIRECT DEPOSIT NUMBER	<u>111</u>	NET AMOUNT:	<u>\$9,887.12</u>
		SUB-TOTAL:		<u>\$4,657,320.07</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>80491-80514</u>	NET AMOUNT:	<u>\$34,679.44</u>
#2	PAYROLL CHECK NUMBERS	<u>80515-80533</u>	NET AMOUNT:	<u>\$26,746.83</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$989,125.95</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$979,598.98</u>
		SUB-TOTAL:		<u>\$2,030,151.20</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2017 REVENUE BONDS - COST OF ISSUANCE		NET AMOUNT:	<u>\$198,800.00</u>
		SUB-TOTAL:		<u>\$198,800.00</u>

TOTAL CHECKS & EFTs: \$6,886,271.27

Prepared by



 Sharoll Cummins
 Staff Accountant

Foundation activities

Tough Enough to Wear Pink took place during the rodeo on Sunday, September 3. We anticipate hearing from the Ellensburg Rodeo in October regarding the funds raised during that event. Sales held at KVH prior to the rodeo went very well. I appreciate all of our volunteers who put in long hours to make this event a success. It truly takes a village.

Cattle Baron's Champagne Brunch, sponsored by the Ellensburg Downtown Rotary, took place on Monday, September 4. 50% of the funds raised through sponsorships were allocated to the Ouchless ER project. Additionally, the Community Foundation of Kittitas County awarded a matching grant of \$5000 for the same purpose, therefore bringing the total raised to \$10,000. A huge thank you goes out to both of these organizations for their support.

Annual Appeal (Sept/Oct) – Our materials for Annual Appeal are being developed and the address list finalized. This mailing should be hitting mailboxes in early October. The Foundation aims to bring in \$20-\$30K during the Appeal.

Digital Mammography Preview Party & Women's Health Panel (October 19) – Special preview party invitations were mailed to individuals who have donated to The Foundation in the last five years. General community notifications will be going out for the subsequent women's health panel being held immediately afterwards in the same area. We excited to showcase the renovated Mammography suite and equipment to our community.

Foundation Finances

In 2017, The Foundation began a process of moving its official financial records stored in KVH's Paragon system to a QuickBooks program. This has been a lengthy process, requiring quite a bit of time from our Finance Department and we appreciate all their efforts. They are in the final stages of setting up the system and reconciling all of the data.

I bring this up because The Foundation's financial distribution policy uses August 31 as a cutoff date for determination of the annual distribution to KVH. We will be presenting the Foundation Board with a preliminary calculation on this disbursement at the September 26 meeting and look forward to making this contribution to KVH.

Strategic Planning

On behalf of the Foundation Board I would like to thank you for involving The Foundation in the recent strategic planning process and identifying The Foundation as one of your strategic partners moving forward. I have started working with other KVH employees and directors to help define what that would look like, and will continue working with our Board in the upcoming meetings. A special thank you goes out to Erica Libenow and Rhonda Holden for taking the lead on this as our liaisons.

Respectfully submitted,

Michele Wurl

Director, The Foundation at KVH

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
August 22, 2017

Members Present: Liahna Armstrong, Bob Crowe, Jerry Decker, Jon Fowler, Julie Petersen, Libby Allgood

Staff Present: Kelli Goodian-Delys: Director of Finance, Vicky Machorro: Chief Nursing Officer, Amy Krogstadt: Director of Surgery

The meeting was called to order by Liahna at 7:35 am.

Consensus was made to move Capital Request to the top of the agenda for the guest staff, Vicky and Amy, to present.

A motion was made to approve the minutes for the July 25th Finance Committee Meeting as written. The motion carried.

The capital expense request for Glidescope System was presented by Libby, Vicky, and Amy. The request is to purchase three new units and upgrade one unit. The Foundation at KVH has committed to provide funding for one Glidescope for Family Birthing Place. A motion was made to recommend the Glidescope System to the Board of Commissioners, the motion was approved.

Libby presented the financial highlights. A lump sum payment totaling \$388,000 was received from Medicare for 2016 Medicare Cost Report settlement and adjustment of the interim per diem payment rate. Due to issues with OneContent (data repository for clinical information) coding of patient records is backlogged causing delay in completion of records and billing. On August 15th the district closed on the issuance of \$1 million in taxable and \$12.5 million in tax exempt revenue bonds.

There being no further business the meeting was adjourned at 8:02 am.

QUALITY IMPROVEMENT REPORT – Mande Olsen, BSN RN CPHQ
September 2017

GCACH Medicaid Transformation Demonstration Update

The Greater Columbia Accountable Community of Health's (GCACH) Board of Director's recently approved six projects and are now seeking Letters of Interest from Partnering Providers. Dr. Martin is a lead facilitator for one of the six selected projects: Transitional Care. KVH, in conjunction with other local partners groups and agencies, will be submitting a LOI, due October 5th. GCACH will be selecting Partnering Providers through the fall. I have attached the GCACH Executive Summary which we found to be helpful and thought we would share.

Washington Health Alliance Patient Experience Survey

The Washington Health Alliance (WHA) is a private, not-for-profit statewide health improvement collaborative. For the fourth time, they are conducting a survey of patient experience in primary care clinics with four or more providers. Their goal is to achieve high quality health care by assessing how patient centered the experience is for patients. Patients in Kittitas County are included in the surveying which started with emails and mail in the summer, and will close by the end of the year. WHA is anticipating ~300,000 completed surveys. WHA publically reports this data to shine a light on improvement opportunities throughout our state. We should be looking for the results some time in first quarter 2018.

September is Sepsis Awareness Month

Sepsis is the body's overwhelming and life-threatening response to infection. According to the Sepsis Alliance, someone dies every 2 minutes from sepsis in the United States. KVH's Dr. Jonathon Hibbs recently reported at a Hospitalist meeting that the severe sepsis rate of KVH patients is ~16%. This is well below the common national benchmark of 24%! Knowing the symptoms of sepsis can help save a life!

SYMPTOMS OF SEPSIS

S Shivering, fever, or very cold
E Extreme pain or general discomfort ("worst ever")
P Pale or discolored skin
S Sleepy, difficult to rouse, confused
I "I feel like I might die"
S Short of breath

 Watch for a combination of these symptoms. If you suspect sepsis, see a doctor urgently, CALL 911 or go to a hospital and say, "I AM CONCERNED ABOUT SEPSIS."

SEPSIS.ORG



Quality Improvement Dashboard Summary

Summary of Areas Meeting Goal or Showing Improvement:

- Median Time to Pain Management (Long Bone Fracture) at goal for 10 months.
- Sepsis Bundle 100%. We were again "Best in Class" among all hospitals reporting Sepsis to Press Ganey.
- Stroke Dysphagia Screening 100%
- No Falls with Injury
- No Adverse Medication Events
- 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 100%.
- Exclusive Breastfeeding up to 90%!
- Patient Satisfaction below target in all areas. However, for 2nd quarter ED at the 85th and 83rd percentiles for Top Box Overall Rating and Likelihood to Recommend respectively, in the vendor's national database. Also the current third quarter is not yet complete.

Summary of Improvement Opportunities:

- Stroke IV Thrombolytics missed the goal time of 60 minutes by only 2 minutes.
- One Surgical Site Infection that met criteria related to returning to surgery to clean the wound.
- Restraints rate due to 1 hour of missed charting.
- We now have 3 months Pain Medication Reassessment measure on the dashboard. However, after additional review of data through more in-depth chart review, Quality and nursing found that the definition of pain medication from the daily nursing shift report and the retrospective auditing were different. We will continue to refine the data collection accuracy to better reflect the care provided.
- Continuing to see low numbers of incident reporting across the organization.

ATTACHMENT A. MEDICAID TRANSFORMATION DEMONSTRATION OVERVIEW

Executive Summary

The Medicaid Transformation Demonstration (MTD) program started January 9, 2017 and ends December 31, 2021. The goals of the MTD are:

- Reduce avoidable use of intensive services such as acute care and psychiatric, nursing homes, jails, emergency departments
- Improve population health
- Accelerate the transition to value-based payment

Greater Columbia ACH

The Greater Columbia Accountable Community of Health (GCACH) covers nine counties and over 710,000 lives.

Approximately 255,000 or 35% receive Medicaid benefits, of which 54% are children.

The largest ethnic group is Hispanics who comprise 51% of the GCACH Medicaid population. The Yakama Nation is the largest Native American Tribe in the state of Washington with 11,000 members.

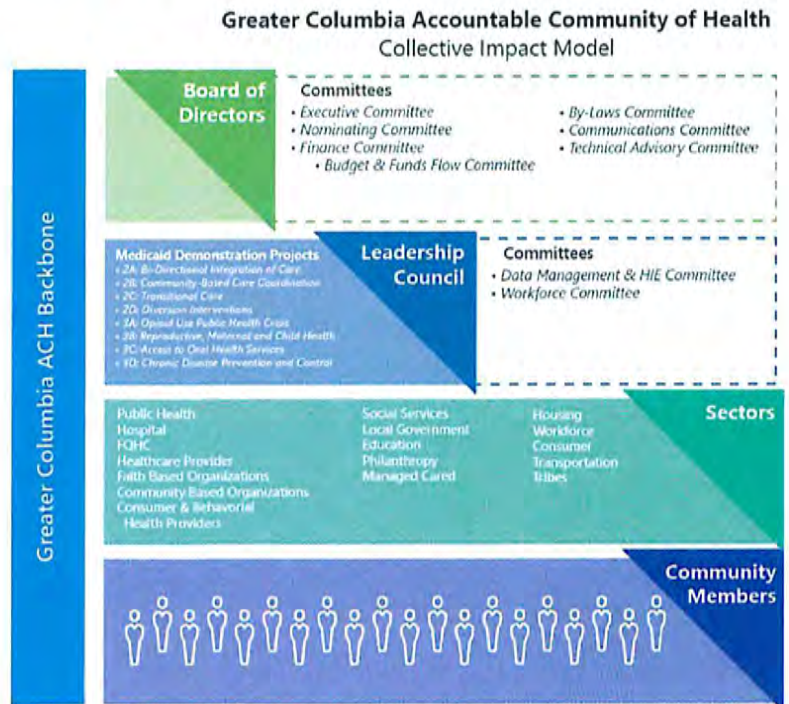
- Ensure that Washington’s Medicaid per-capita cost growth is below national trends

Since 2014, GCACH has employed a two-pronged strategy to support regional health need: 1) data driven evaluation of regional and county-level health needs, and 2) broad cross-sector, region-wide collaboration and engagement to develop solutions addressing these needs.

With the approval of Washington’s Medicaid 1115 waiver, the original five priority work groups evolved into eight Project Teams (PT) which aligned with Domains 2 & 3 in the Healthier WA Toolkit. The Team sare now working to align these projects around metrics, target populations and common strategies. Letters of Interest (LOIs) and Request for Qualifications (RFQs) will be going out the first of September. LOIs, and RFQs will be posted on the GCACH website:

www.greatercolumbiaach.org

Please contact Carol Moser for more information at: cmoser@greater4columbiaach.org



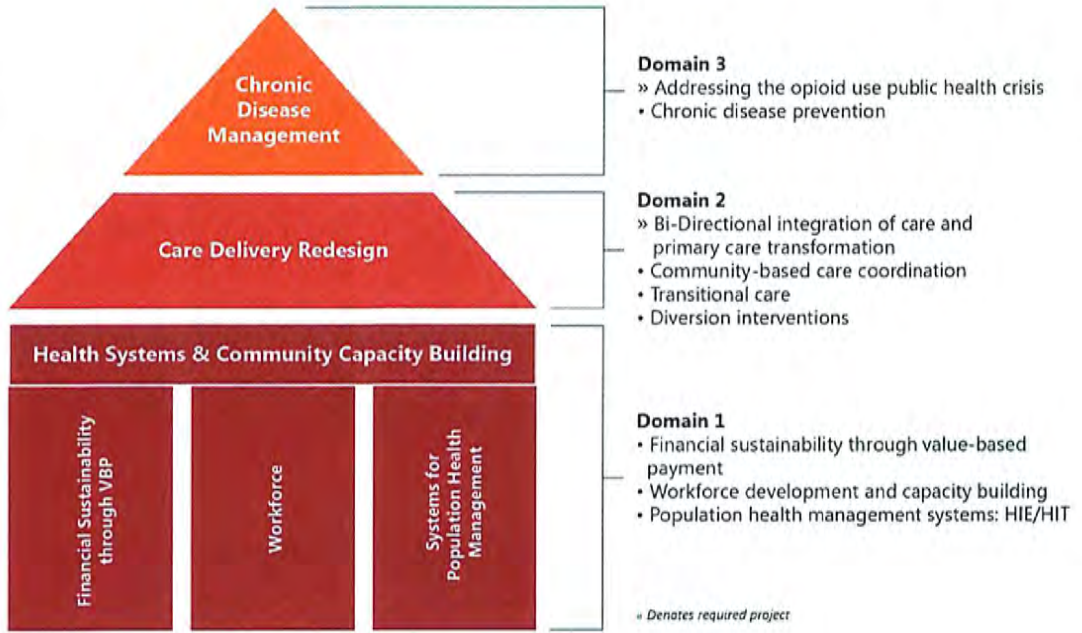
ATTACHMENT A. MEDICAID TRANSFORMATION DEMONSTRATION OVERVIEW

Domain Overview

Over \$100 million in potential provider incentives will be distributed after reaching milestones and performance metrics.

GCACH addressing all domain areas, but holding themselves accountable for metrics in the areas as listed in Domains 2 & 3.

Domain 1 are statewide initiatives, but expected to have a regional implementation strategy.

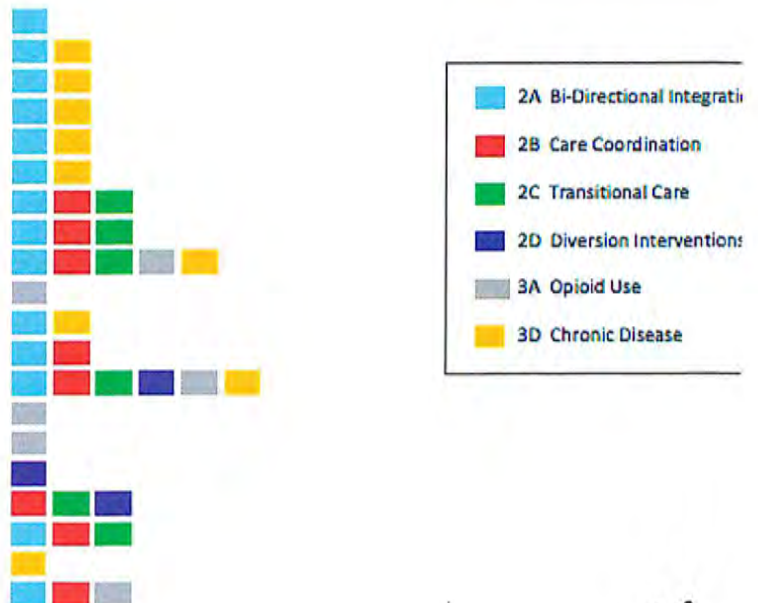


Timeline Overview



Pay for Performance (P4P) Metrics:

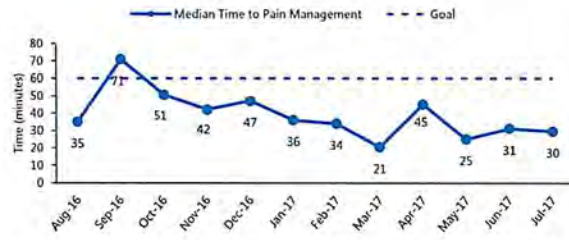
- 1 - Antidepressant Medication Management
- 2 - Child and Adolescents' Access to Primary Care Practitioners
- 3 - Comprehensive Diabetes Care: Eye Exam (retinal) performed
- 4 - Comprehensive Diabetes Care: Hemoglobin A1c Testing
- 5 - Comprehensive Diabetes Care: Medical Attention for Nephropathy
- 6 - Depression Screening and Follow-up for Adolescents and Adults
- 7 - Follow-up After Discharge from ED for Mental Health, Alcohol or Other Drug Dependence
- 8 - Follow-up After Hospitalization for Mental Illness
- 9 - Inpatient Hospital Utilization
- 10 - Medication Assisted Therapy (MAT): With Buprenorphine or Methadone
- 11 - Medication Management for People with Asthma (5 – 64 Years)
- 12 - Mental Health Treatment Penetration (Broad Version)
- 13 - Outpatient Emergency Department Visits per 1000 member months
- 14 - Patients on high-dose chronic opioid therapy by varying thresholds
- 15 - Patients with concurrent sedatives prescriptions
- 16 - Percent Arrested
- 17 - Percent Homeless (Narrow definition)
- 18 - Plan All-Cause Readmission Rate (30 Days)
- 19 - Statin Therapy for Patients with Cardiovascular Disease (Prescribed)
- 20 - Substance Use Disorder Treatment Penetration



11a

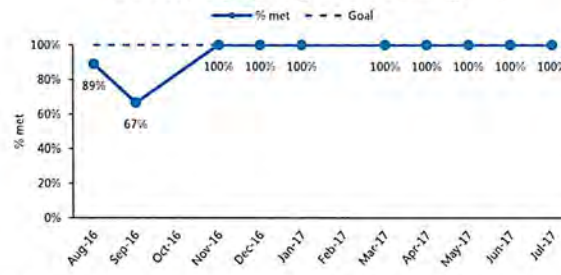
QI Council

Median Time to Pain Management (Long Bone Fracture) ↓



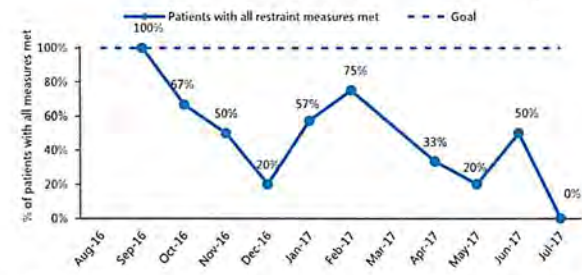
of pts 11 7 8 5 10 5 5 6 4 7 8 6

Stroke Dysphagia Screening ↑



of pts 9 3 0 1 1 2 0 3 4 3 1 4

Restraints ↑



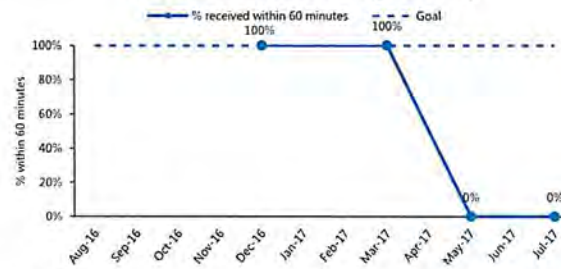
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Median Time to ECG (Chest Pain) ↓



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

Stroke IV Thrombolytics ↑

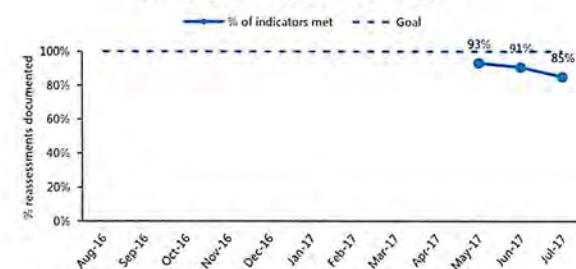


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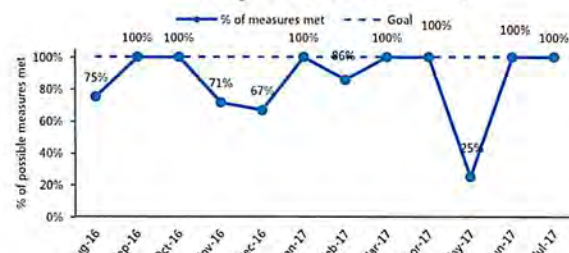
Falls ↓



Pain Med Reassessment

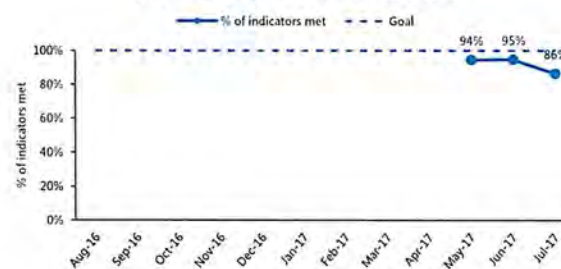


Sepsis Bundle ↑



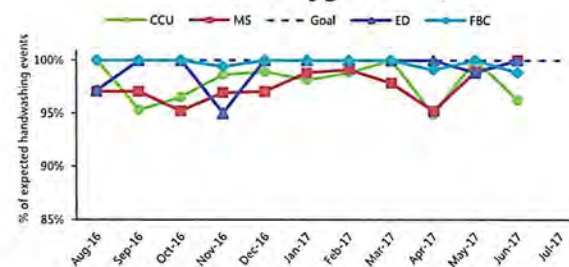
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Total Joint SSI Prevention

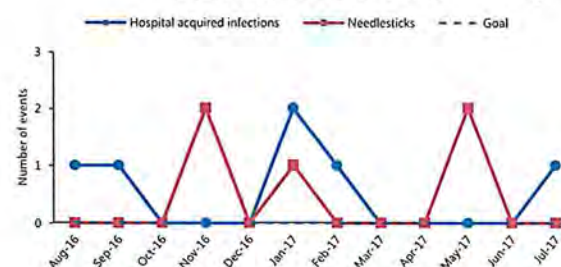


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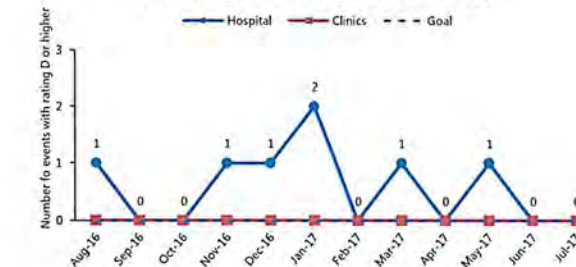
Hand Hygiene ↑



HAIs and Needlesticks ↓



Adverse Medication Events



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CHIEF EXECUTIVE REPORT – Julie Petersen

September 2017

Raising the Bar on Raising the Profile: Since the last Board of Commissioners' meeting, KVH has distributed thousands of bright pink Tough Enough to Wear Pink cowboy hat fans, strutted the rodeo parade route while handing out 2,500 healthy apples and, this afternoon, hundreds of miniature Ellensburgers are getting gowned, gloved and masked to tour our Ouchless ER with their parents. Community Relations is doing a great job of bringing KVH to the Community.

Wellness: Run for the Brave (Tunnel to Tower) was postponed due to air quality concerns. The KVH Team will still be running on the new date October 22. At last count there were more than 40 members of the KVH family signed up for the event.

Collaborating in Upper County: All the pieces are in place for a 4th quarter transition of KVH Urgent Care to 1st Street followed by the opening of Swedish Specialty and Telehealth Center.

Learning Opportunity – Employee Leaves: I mentioned last month that we were hosting a lunch with attorney Laura Ewan to learn more about the variety of leaves that are available for employees. We had great representation from WSNA and Teamsters as well as HR and leadership. In addition to FMLA and the WMLA, there are other provisions and regulations that address everything from domestic violence and military spouses. Contact HR and communicate were the themes of the day.

Radio Hill Annex Update: Mike Severns, Mike O'Malley of NAC Architect, and I met with the City Planning Department for our preplanning review. We discussed parking, utilities, buildings and appropriate uses for the building. No issues were identified so we have formally moved forward with the Conditional Use Permit process.

New Programs: KVH Workplace Health opened on schedule September 11th. I already mentioned the Ouchless ER Open House. The big question seems to be how long will it be before we transfer these family friendly techniques to our primary care clinics. Twenty-four hour Outpatient Pharmacy has been serving the public since the beginning of August. We continue to look for ways and partners to help serve the pharmacy and physical therapy needs of Cle Elum and Upper County. Early discussion about partnering with Fire District #51 and HD#2 to provide a seasonal urgent care at Snoqualmie Pass continue. Our Psychiatric Nurse Practitioner will begin seeing patients at FMCE the first week of October.

Behavioral Health: KVH is planning an evening behavioral health summit with the clinicians currently practicing in our community. This will be a facilitated dinner discussion with the narrow scope of helping me and the KVH clinical team understand the needs and gaps from the perspective of the current providers. How can KVH support them? More to follow.

Cerner: Month Five of our Cerner roll out.

EVENTS:

Integration Testing – Round 1

An integrated testing event where clinical departments try out prepared scripts and scenarios in our TEST domain. There will be workstations, document scanners, insurance card scanners, bar code scanners, printers, and label printers, all in ONE ROOM.

Our project manager, Kristin, is working diligently with all groups to make sure the scripts are fully developed. She will also be on-site in the room to help guide the event.



CHIEF EXECUTIVE REPORT – Julie Petersen

Integration testing Round 2

More of the same, except more of the build is expected to be complete, allowing more detailed scripts and scenarios.

Legacy Data Phase II – 10/17

Now that Phase I is complete and we have agreed on the data elements to be electronically loaded into Cerner, Phase II is to define the scope of what we will manually abstract from NextGen, Empower, and other sources to provide quality patient care.

Phase I - Electronic Load into Cerner – Complete

Phase II – Scope of manual extraction – 10/17

Phase III – Legacy Data Repository

Cyndi Kelly, HIM Director, is leading Phase III as it is ongoing. She currently has an RFP out with several vendors for a Repository.

Supporting Work

Kristin hosted a very successful orientation to standards and governance at the provider level. We started the conversation of setting up committees, to agree on standards. We look forward to filling the Manager of Clinical Informatics position, as this role would be primary in coordinating these committees, obtaining final sign-off on standards, publishing them, tracking them, and adding them to the training curriculum.

HR Dashboard

Measurement		17-Aug	17-Jul	17-Jun	May-17	Apr-17	Mar-17	Feb-17	Jan-17	Dec-16	Nov-16	Oct-16	Sep-16	Aug-16	
Employee Population	Available workforce	Rolling 12 Variance													
	Full-time	14	339	333	328	326	328	322	331	329	330	332	332	326	325
	Part-time	-17	147	151	157	170	173	174	177	176	165	170	174	167	164
	Per Diem	-2	88	89	89	84	79	77	79	79	86	89	92	89	90
	Total Employees	-5	574	573	574	580	580	576	587	584	581	591	598	582	579
Turnover	Quality of recruitment and retention	Rolling 12 Total													
	Voluntary (excludes pd terms, includes reduction of FTE to pd)	101	14	12	11	12	6	9	2	2	11	7	4	6	5
	Involuntary (excludes pd terms)	21	1	0	1	0	1	4	1	2	5	1	3	1	1
	Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	21.04%	2.61%	2.09%	2.09%	2.07%	1.21%	2.26%	0.51%	0.68%	2.75%	1.35%	1.17%	1.20%	1.04%
	Total All Employees Separated	126	15	11	14	11	7	12	4	6	14	11	9	7	5
General Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total													
	Open Postings	236	22	16	35	17	18	13	12	15	23	17	16	15	17
	Unique Applications Received	2134	168	137	148	129	77	139	66	163	198	232	262	200	215
	Employees Hired	123	16	13	7	11	6	4	6	10	8	4	6	23	9
	Time to Fill (Median)	-	36	48.5	46	52	52	39	39	29.5	Median tracked beginning 02/2017				
	Time to Fill (Average)	-	40	54.5	49.76	54.4	55	48	46.8	59.4	59.7	59.4	50.2	51.5	52.2
Provider Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total													
	Open Postings	18	0	1	0	0	0	3	0	1	0	0	0	1	12
	Current Slots	-	12	14	13	13	14	14	14	12	11	Data tracked beginning 12/2016			
	Unique Applications Received	62	43	3	4	4	10	3	5	11	6	12	3	1	3
	Candidates Interviewed	32	4	5	3	3	5	2	2	3	1	4	5	1	3
	Employees Hired	7	5	0	0	1	0	1	2	0	0	0	1	2	0
	Time to Fill (Average)	70.83	88.00	0	0	293	0	195	0	0	0	0	92.3	128	Data tracked beginning 09/16
Benefits	Financial impact of adding talent	Rolling 12 Total													
	Workers Comp Claims	57	24	6	1	3	2	1	1	4	5	3	4	2	1
	Time Loss Days	90	30	18	0	2	0	0	0	10	9	18	2	1	0
	Employee Population on Medical Benefits (Average)	65.7%	67.4%	65.4%	66.2%	64.5%	65.4%	66.8%	65.5%	65%	67%	64%	Data tracked beginning 11/16		
	Total cost in benefits per FTE - welfare (Average)	\$ 838.01	\$ 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)	\$ 1,763.54	\$ 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	86.4%	86.4%	83.3%	88.2%	92.6%	89.5%	95.8%	96.7%	97.4%	97.6%	94.6%	98.1%	97.6%	98.3%

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**NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW**

Date September 19, 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>
Troy Belle, MD	Provisional/Associate	Initial Appointment
Auren O'Connell, ARNP	Provisional/AHP	Initial Appointment
Dhawal Goradia, MD	Associate	Reappointment
Sara Cate, MD	Ambulatory	Reappointment
Laurel Gorahm, ARNP	AHP	Reappointment

September 2017

Medical Staff Services:

- Recent Strategic Planning Implementation meeting has provided Medical Staff Services with significant new ideas and directions, especially on building collaboration within the broader Kittitas County medical community. We are just beginning to digest this input and build our own action plans around this, but I think we all feel this is the right work to be doing.
- Mitch continues his aggressive recruiting pace for quality providers and candidates. He also has had an enviable streak of successes in the last month, with four physician providers accepting offers from KVH out of four site visit/interviews and subsequent job offers! We are rapidly running into space allocation as our limiting factor for growth and improved access.
- We are beginning to explore the resources and gaps in care within our county in terms of Behavioral Health. We know this is an area of need in our community, but we have not yet defined how KVH can best support and augment care delivery in this area.
- We continue to explore opportunities to cooperate with CWU to help fill an opening in their Student Health Center.
- Mandy Weed, our Medical Staff Coordinator, continues with another busy month, currently processing 20 initial appointments, 9 Reappointments, 1 Resident, and 3 students. This is a very busy month for her, so smile at her but please don't bother her needlessly.

Hospitalists:

- We have extended an offer to a per diem Hospitalist who has roots in our area, and he has accepted our offer pending credentialing and contracting processes.
- Dr. Hibbs feels that we are now nearing a full complement of employed hospitalists, and the need for expensive locum tenens services should diminish to that required to maintain skills and surge capacity in our hospitalist program.

ED/Urgent Care:

- We are nearing completion of a contracted status for our urgent care APCs, and staff is preparing for the opportunity to relocate our upper county Urgent Care Center to a more visible location.

Clinics:

- Occupational Medicine – We had a great opening of this new service! They have been busy from day 1 and initial reports about how we are functioning have been good.
 - We continue to sign business contracts to provide occupational medicine services to local industrial and governmental employers.
 - Partnerships are being extended to Occ. Med. providers out of area who have clients in Kittitas County needing services at a local clinic
 - We survived last minute broken pipes, delays in inspections and occupancy permits, and the usual chaos of *"we're never going to be ready on time!"* and made our targeted opening. Please congratulate Lisa Potter and the rest of staff on maintaining a sense of humor and resiliency while getting the job done well!
- Wound Care Clinic – Lisa Potter and I will present our recommendations regarding this service at this board meeting.



August Operating Highlights:

- We achieved an overall operating gain of \$208,965 in August. Year to date the operating income of \$1,355,955 exceeds budget by \$578,922.
- Volume was above budget in both the Emergency department and Urgent Care Clinic in August. Visits in Emergency exceeded budget by 129 visits, or 11.6% resulting in a positive budget variance of \$289,414 in gross revenue. Urgent care visits exceeded budget by 108 or 44% resulting in a positive budget variance of \$83,318 in gross revenue. Overall outpatient revenue exceeded budget by \$707,747.
- Inpatient admissions were 30% below budget reflecting a negative variance of 31 visits and resulting in patient days at 28% below budget. The negative volume variance resulted in an inpatient revenue variance of \$429,371.
- We received \$195,263 from WSHA to reimburse us for overpayments into the workers compensation trust based on their quarterly reconciliation of the estimate of hours worked. This refund is reflected in Employee Benefit costs.
- We closed on the \$13.5 million revenue bond issue in August and we recognized \$39,760, or one-fifth of the total costs of issuance, in interest expense. Remaining costs will be recognized over the rest of 2017.

Key Metrics:

- Days Cash on Hand = 233.2
- AR Days = 52.1
- Operating Margin YTD = 2.8%

Kittitas Valley Healthcare
Key Statistics and Indicators
 August 2017

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	72	103	-30.1%	594	730	-18.6%	745	-20.3%	01
02 Patient Days - W/O Newborn	197	274	-28.1%	1,635	1,953	-16.3%	2,083	-21.5%	02
03 Avg Daily IP Census	6.4	8.8	-28.1%	6.7	8.0	-16.3%	8.5	-21.2%	03
04 Average Length of Stay	2.7	2.7	2.9%	2.8	2.7	2.9%	2.8	-1.6%	04
05 Deliveries	24	29	-17.2%	223	200	11.5%	213	4.7%	05
06 Case Mix	1.08	0.98	10.6%	1.08	0.98	10.0%	1.02	5.7%	06
07 Surgery Minutes - Inpatient	2,270	3,186	-28.8%	23,229	22,669	2.5%	25,132	-7.6%	07
08 Surgery Minutes - Outpatient	6,330	6,950	-8.9%	53,216	53,847	-1.2%	54,816	-2.9%	08
09 Surgery Procedures - Inpatient	22	26	-15.4%	194	185	4.9%	206	-5.8%	09
10 Surgery Procedures - Outpatient	104	123	-15.4%	925	953	-2.9%	1,018	-9.1%	10
11 ER Visits	1,244	1,115	11.6%	8,674	8,772	-1.1%	9,478	-8.5%	11
12 Laboratory	43,635	39,673	10.0%	313,036	293,387	6.7%	305,369	2.5%	12
13 Radiology	26,467	25,983	1.9%	209,130	199,776	4.7%	204,747	2.1%	13
14 Rehab	3,457	3,741	-7.6%	27,012	28,050	-3.7%	25,818	4.6%	14
15 Outpatient Visits	6,282	6,414	-2.1%	49,619	49,114	1.0%	50,401	-1.6%	15
16 Outpatient Percent of Total Revenue	85.8%	81.6%	5.1%	84.4%	82.4%	2.4%	81.5%	3.5%	16
17 Clinic Visits	5,495	5,453	0.8%	40,223	40,049	0.4%	39,384	2.1%	17
18 Adjusted Patient Days	1,390	1,493	-6.9%	10,470	11,106	-5.7%	11,254	-7.0%	18
19 Equivalent Observation Days	74	72	2.7%	649	543	19.5%	549	18.2%	19
20 Avg Daily Obs Census	2.4	2.3	2.7%	2.7	2.2	19.5%	2.3	18.2%	20
Financial Measures									
21 Salaries as % of Net Pt Revenue	55.3%	53.0%	-4.3%	54.1%	54.0%	-0.1%	52.1%	-3.8%	21
22 Salaries/Bene as % of Net Pt Revenue	63.7%	66.6%	4.3%	66.5%	67.1%	0.8%	64.0%	-3.9%	22
23 Revenue Deduction %	48.9%	43.8%	-11.8%	46.2%	43.4%	-6.4%	44.1%	-4.8%	23
24 Operating Margin	3.5%	3.1%	11.8%	2.8%	1.6%	78.5%	1.6%	76.6%	24
Operating Measures									
25 Productive FTE's	405.8	418.5	3.0%	407.1	415.0	1.9%	398.4	-2.2%	25
26 Non-Productive FTE's	51.1	52.7	3.0%	51.5	52.7	2.2%	50.7	-1.6%	26
27 Paid FTE's	456.9	471.2	3.0%	458.6	467.7	1.9%	449.1	-2.1%	27
28 Operating Expense per Adj Pat Day	\$ 4,156	\$ 4,179	0.6%	\$ 4,455	\$ 4,350	-2.4%	\$ 4,145	-7.5%	28
29 Net Revenue per Adj Pat Day	\$ 4,306	\$ 4,313	-0.2%	\$ 4,584	\$ 4,420	3.7%	\$ 4,212	8.8%	29
30 A/R Days-Hospital Only	52.1	50.0	-4.2%	52.1	50.0	-4.2%	46.7	-11.6%	30
31 Days Cash on Hand	233.2	160.0	45.8%	233.2	160.0	45.8%	179.1	30.2%	31

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Kittitas Valley Healthcare
Income Statement
August 2017

	Current Month				Year-to-Date				Prior Y-T-D	
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	Actual	
Patient Services Revenue:										
Inpatient Revenue	1,629,192	2,058,562	(429,371)	-20.86%	13,683,464	14,930,509	(1,247,046)	-8.35%	15,364,373	1
Outpatient Revenue	9,864,037	9,156,290	707,747	7.73%	73,936,785	69,970,254	3,966,531	5.67%	67,645,281	2
Total Patient Services Revenue	\$ 11,493,228	\$ 11,214,852	\$ 278,377	2.48%	\$ 87,620,248	\$ 84,900,763	\$ 2,719,485	3.20%	\$ 83,009,655	3
Deductions from Revenue:										
Contractual Adjustments	5,287,162	4,593,231	(693,931)	-15.11%	37,845,976	34,486,654	(3,359,322)	-9.74%	34,298,891	4
Provision for Bad Debts	193,552	218,251	24,699	11.32%	1,616,110	1,640,426	24,316	1.48%	1,553,942	5
Charity and Uncompensated Care	68,624	65,475	(3,149)	-4.81%	535,401	492,128	(43,273)	-8.79%	399,649	6
Prior Yr Cost Rep Settle	-	-	-	-	-	-	-	-	-	7
Other Allowances	72,919	31,300	(41,619)	-132.97%	484,629	235,261	(249,368)	-106.00%	337,234	8
Total Deductions from Revenue	\$ 5,622,258	\$ 4,908,258	\$ (714,000)	-14.55%	\$ 40,482,116	\$ 36,854,470	\$ (3,627,646)	-9.84%	\$ 36,589,716	9
Net Patient Services Revenue	5,870,971	6,306,594	(435,623)	-6.91%	47,138,133	48,046,294	(908,161)	-1.89%	46,419,939	10
Other Operating Revenue	113,149	132,171	(19,022)	-14.39%	858,098	1,040,300	(182,201)	-17.51%	985,326	11
Total Operating Revenue	\$ 5,984,120	\$ 6,438,765	\$ (454,645)	-7.06%	\$ 47,996,231	\$ 49,086,593	\$ (1,090,362)	-2.22%	\$ 47,405,265	12
Operating Expenses:										
Salaries & Wages	3,246,936	3,344,038	97,103	2.90%	25,478,476	25,943,853	465,376	1.79%	24,182,965	13
Employee Benefits	495,324	857,609	362,285	42.24%	5,885,803	6,283,277	397,474	6.33%	5,536,032	14
Professional Fees	61,093	96,998	35,904	37.02%	545,991	673,422	127,431	18.92%	2,287,890	15
Supplies	830,438	761,767	(68,670)	-9.01%	5,964,035	5,790,654	(173,382)	-2.99%	5,590,040	16
Utilities	78,546	82,157	3,611	4.39%	587,625	582,403	(5,223)	-0.90%	537,892	17
Purchased Services	469,691	535,915	66,224	12.36%	3,743,362	4,319,489	576,127	13.34%	4,279,109	18
Depreciation	227,729	216,152	(11,578)	-5.36%	1,879,148	1,861,213	(17,935)	-0.96%	1,767,099	19
Rent/Lease	116,348	115,657	(691)	-0.60%	891,347	909,383	18,035	1.98%	709,010	20
Insurance	44,013	50,730	6,717	13.24%	324,923	405,841	80,919	19.94%	378,911	21
Travel & Education	28,373	43,079	14,706	34.14%	233,344	333,984	100,639	30.13%	244,940	22
Licenses & Taxes	61,338	80,137	18,798	23.46%	569,875	631,143	61,269	9.71%	597,645	23
Interest	78,481	19,252	(59,228)	-307.64%	217,080	154,020	(63,061)	-40.94%	196,676	24
Other Direct Expenses	36,845	34,161	(2,684)	-7.86%	319,265	420,880	101,614	24.14%	338,865	25
Total Operating Expenses	\$ 5,775,155	\$ 6,237,651	\$ 462,496	7.41%	\$ 46,640,276	\$ 48,309,560	\$ 1,669,284	3.46%	\$ 46,647,075	26
Operating Income	\$ 208,965	\$ 201,114	\$ 7,851	3.90%	\$ 1,355,955	\$ 777,033	\$ 578,922	74.50%	\$ 758,190	27
Operating Margin %	3.49%	3.12%			2.83%	1.58%		1.6%		
Non-Operating Revenue/Exp	210,275	141,689	68,586	48.41%	1,309,150	1,133,509	175,641	15.50%	1,120,626	28
Net Income	\$ 419,239	\$ 342,802	\$ 76,437	22.30%	\$ 2,665,106	\$ 1,910,543	\$ 754,563	39.49%	\$ 1,878,816	29
Unit Operating Income										
Hospital	382,724	547,135	(164,411)	-30.05%	3,525,583	3,487,937	37,647	1.08%	3,171,288	30
Clinic Group	(277,118)	(366,785)	89,667	24.45%	(2,667,335)	(2,908,552)	241,217	8.29%	(2,259,001)	31
Home Care Grp	51,322	15,716	35,607	226.57%	398,922	150,879	248,042	164.40%	(180,317)	32
Urgent Care	52,036	5,048	46,988	930.75%	98,785	46,770	52,016	111.22%	26,220	33
Totals	\$ 208,965	\$ 201,114	\$ 7,851	3.90%	\$ 1,355,955	\$ 777,033	\$ 578,922	74.50%	\$ 758,190	34

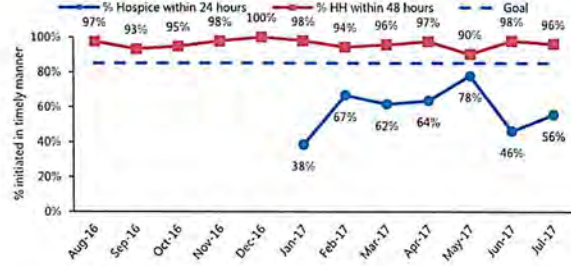
Balance Sheet
August 2017

	Current Month	Prior Year End	Change	
Current Assets:				
1	4,011,748	4,551,414	(539,666)	1
2	19,446,199	15,700,798	3,745,401	2
3	(9,817,934)	(7,527,059)	(2,290,875)	3
4	60,326	221,003	(160,677)	4
5	680	1,465,000	(1,464,320)	5
6	1,188,185	1,154,571	33,614	6
7	1,023,699	904,185	119,514	7
8	<u>15,912,904</u>	<u>16,469,913</u>	<u>(557,009)</u>	8
Assets Whose Use is Limited:				
9	38,949,107	25,308,302	13,640,805	9
10	<u>38,949,107</u>	<u>25,308,302</u>	<u>13,640,805</u>	10
Property, Plant & Equipment:				
11	65,016,636	61,136,650	3,879,986	11
12	36,665,844	35,481,022	1,184,822	12
13	<u>28,350,792</u>	<u>25,655,628</u>	<u>2,695,164</u>	13
Other Assets				
14	0	0	0	14
15	<u>0</u>	<u>0</u>	<u>0</u>	15
16	<u>83,212,803</u>	<u>67,433,843</u>	<u>15,778,960</u>	16
Current Liabilities:				
17	1,323,985	1,715,658	(391,673)	17
18	1,613,200	1,340,000	273,200	18
19	1,199,254	1,029,748	169,505	19
20	518,237	1,050,544	(532,307)	20
21	2,085,250	1,926,470	158,779	21
22	1,548,713	1,548,713	0	22
23	0	0	0	23
24	<u>8,288,638</u>	<u>8,611,133</u>	<u>(322,495)</u>	24
Other Liabilities:				
25	87,406	22,829	64,577	25
26	30,510	54,735	(24,225)	26
27	(86,539)	0	(86,539)	27
28	119,758	137,221	(17,463)	28
29	<u>151,134</u>	<u>214,784</u>	<u>(63,651)</u>	29
Long-Term Debt & Capital Leases:				
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
Fund Balances:				
36	54,498,310	52,954,395	1,543,915	36
37	2,665,106	1,543,915	1,121,191	37
38	<u>57,163,415</u>	<u>54,498,310</u>	<u>2,665,106</u>	38
39	<u>83,212,803</u>	<u>67,433,843</u>	<u>15,778,960</u>	39

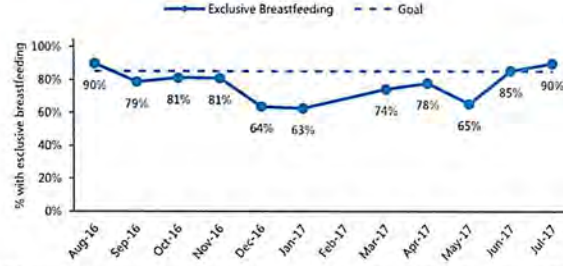
Cash Flow
Year to Date, August 2017

	Cash	Add	Subtract
1 Net Book Income	2,665,106	2,665,106	
<u>Add Back Non Cash Expenses</u>			
2 Depreciation	1,184,822	1,184,822	
3 Provision For Bad Debt			
4 Loss on Sale of Assets			
5 Net Cash From Operations	3,849,927		
Increase in Current Assets = ()			
6 Patient Accounts	(1,454,526)		(1,454,526)
7 Other Receivables	1,624,997	1,624,997	
8 Inventories	(33,614)		(33,614)
9 Prepaid Expenses & Deposits	(119,514)		(119,514)
10 Total Current Assets	17,343		
11 Investments	(13,640,805)	0	(13,640,805)
Purchase of Property, Plant & Equipment:	(3,879,986)		(3,879,986)
12 Net Property, Plant & Equipment	(3,879,986)		
13 Bond Issue Costs, Less Amortization	0		
14 Total Assets	(13,653,520)		
Decrease in Current Liabilities: = ()			
15 Accounts Payable	(391,673)		(391,673)
16 Cost Reimbursement Payable	273,200	273,200	
17 Accrued Salaries	169,505	169,505	
18 Accrued Employee Benefits	(532,307)		(532,307)
19 Accrued Vacations	158,779	158,779	
21 Current Maturities of Long-Term Debt	0		
22 Current Maturities of Capital Leases	0		
23 Total Current Liabilities	(322,495)		
Decrease in Other Liabilities: = ()			
24 Accrued Interest on 1998, 1999 UTGO Bond:	64,577	64,577	
25 2008 UTGO Refunding Bonds Premium	(24,225)		(24,225)
26 Deferred Tax Collections	(86,539)		(86,539)
27 Deferred Revenue - Home Health	(17,463)		(17,463)
28 Total Other Liabilities	(63,651)		
Decrease in LT Debt & Cap Leases: = ()			
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		
34 Total Long-Term Debt & Leases	13,500,000		
35 Total Liabilities	13,113,854		
36 Net Change in Cash	(539,666)	19,640,986	(20,180,652)
37 Beginning Cash On Hand	4,551,414		
38 Ending Cash On Hand	4,011,748		

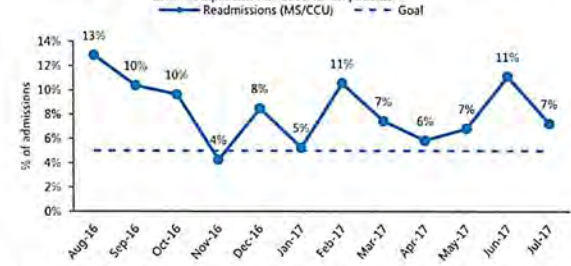
Timely Initiation of Care ↑



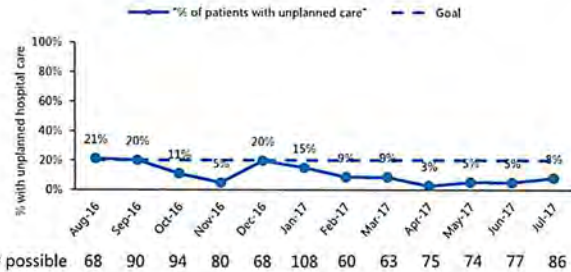
Exclusive Breastfeeding ↑



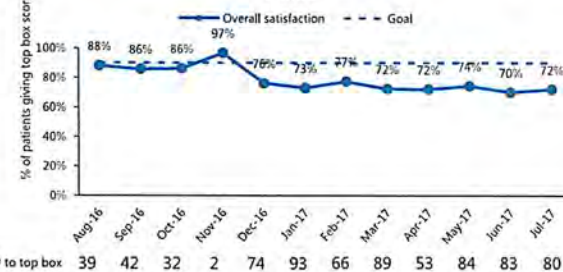
Readmissions Within 30 Days ↓



Unplanned Hospital Care (Home Health) ↓



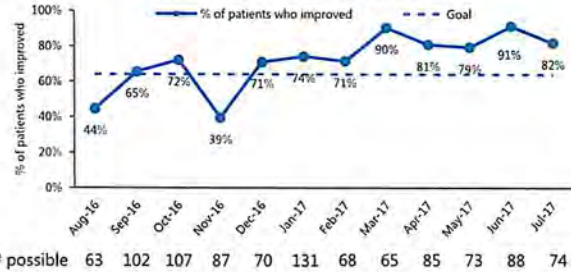
Patient satisfaction Clinics ↑



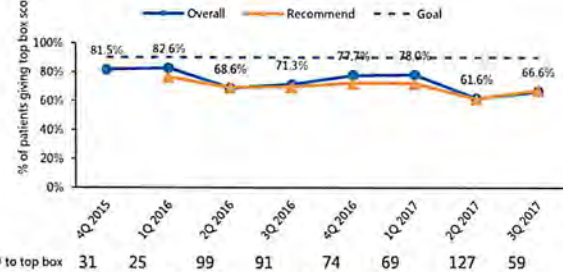
Care and Service Reports ↓



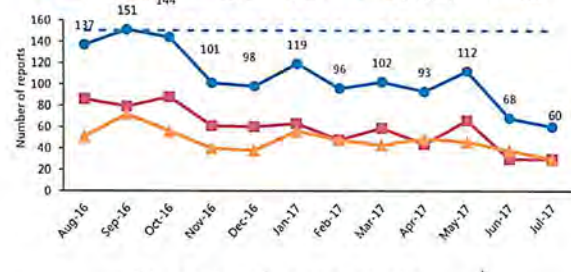
Improvement in Pain Interfering with Activity (Home Health) ↑



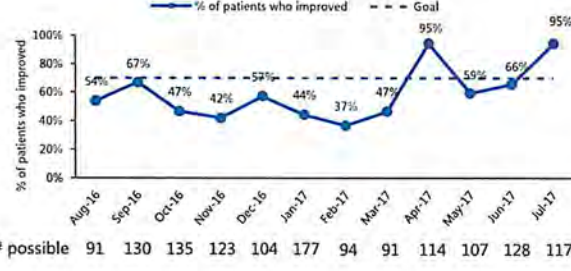
Patient satisfaction Hospital ↑



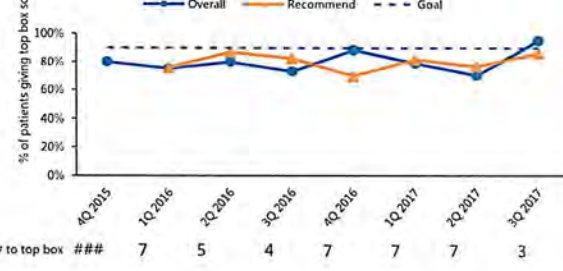
Employee Reports ↑



Improvement in Dyspnea with Activity (Home Health) ↑



Patient satisfaction Home Health and Hospice ↑



Reports of occurrences that require additional monitoring or cause patient harm ↓



Financial Stewardship

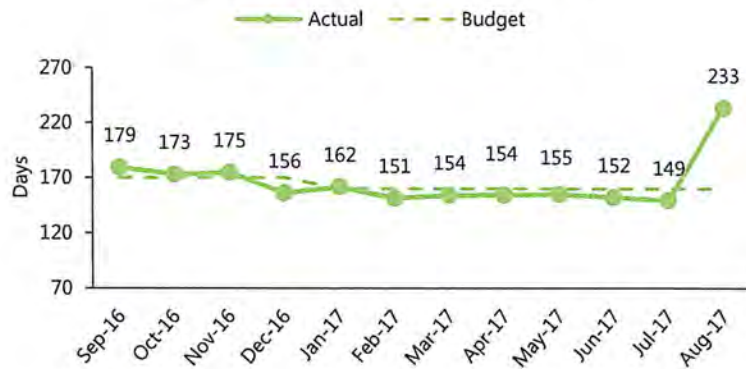
Operating Income



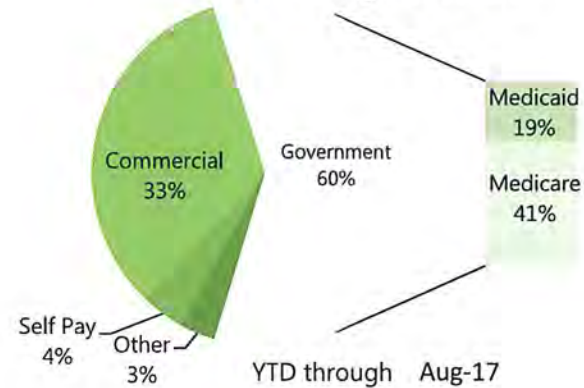
Accounts Receivable Days



Days Cash on Hand



2017 Payer Mix



KITTITAS VALLEY HEALTHCARE

**RESOLUTION 17-11
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 September 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
3110	DEFIBRILLATOR	T08A98513		04/28/08	\$16,534.22	\$16,534.20	\$2,542.86	\$2,542.84	TRADE-IN
3111	DEFIBRILLATOR	T08A98239		04/28/08	\$16,534.22	\$16,534.20	\$2,542.86	\$2,542.84	TRADE-IN
3112	DEFIBRILLATOR	T08A98243		04/28/08	\$16,534.22	\$16,534.20	\$2,542.86	\$2,542.84	TRADE-IN
3113	DEFIBRILLATOR	T08C99721		04/28/08	\$16,534.22	\$16,534.20	\$2,542.86	\$2,542.84	TRADE-IN
3114	DEFIBRILLATOR	T08A98280		04/28/08	\$16,534.22	\$16,534.20	\$2,542.86	\$2,542.84	TRADE-IN
3115	DEFIBRILLATOR	T08A98242		04/28/08	\$16,534.22	\$16,534.20	\$2,542.86	\$2,542.84	TRADE-IN
3116	DEFIBRILLATOR	T08B99163		04/28/08	\$16,534.23	\$16,534.20	\$2,542.86	\$2,542.83	TRADE-IN

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Facility Services – Safety & Security

Capital Item Requested: Security Camera System

Function of Project: Increase safety and security by replacing and updating the security camera system.

Reason Requested: The existing camera system is at capacity and has exceeded its life expectancy. We currently have a 30 camera system that is at capacity. The proposed system will include an additional 73 cameras and replace 28 older cameras with new updated cameras for a total 101 new cameras. Presently we are not covering all of our entrances and/or the quality of cameras do not aid in the identification for the EPD and our staff. The proposed system is expandable so our on campus clinics can be added at a later date.

Budget: \$150,000

Actual Cost: \$136,161

Submitted By: Mike Severns, Director Engineering Services

Date: 09/28/2017

OPERATIONS REPORT

September 2017

PATIENT CARE OPERATIONS

- **The new Zoll defibrillators** have arrived and the training and education is scheduled for October 3 and 4. This is mandatory training for RN staff scheduled in all clinical areas. Provider and APC staff is encouraged to attend as well. After the training, the new defibrillators will be placed in the Emergency department, MS, CCU, FBP, Surgical Services and UCC. There will be a training device in the Staff Development House. Super users have been identified and will assist with the on-going education.
- **The Safe Staffing / Nurse Practice Committee** met last week and reviewed the latest Patient Satisfaction Results with the Clinical Directors. As a result, each clinical department will be identifying 1-2 items to work on as a team to improve the patient experience. This includes partnering with all other departments as each contributes to the overall care of the patient.
- **Family Birthing Place** – The Lactation Specialist and staff of FBP with the assistance from the Process Improvement Team are continuing to expand and further develop and establish goals for the program. They are working with other community partners (WIC and First Steps; The Breast Feeding Coalition and Clinics) to expand this program to the community.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services-**
 - Digital mammography was scheduled to “go live” on September 5th but we encountered another delay when the mammography unit failed quality control testing and a part had to be replaced. Being the third failure with this unit, we rejected the machine and are in the process of upgrading the digital mammography unit from 2D to 3D with a brand new unit. This is the latest available technology and we were able to acquire the 3D technology at a substantial reduction in cost. The new unit should be installed by the end of September with staff training in October.
 - Hospital and clinic laboratory services were inspected by the Department of Health on September 19-September 21. I will have information for you on the results of the survey at the September 28 Board Meeting.
 - We are continuing to monitor turn-around-times and satisfaction with laboratory services performed in the FME clinic. We are offering point of care testing on site

- and performing phlebotomy at the clinic for patient convenience. Routine and stat labs are being performed in the main hospital lab.
- Director Stacy Olea is working closely with Dr. Wood and Dr. Lindsey on the tests required for FMC and Urgent Care. As we relocate Urgent Care to First Street, we want to minimize duplication of services while continuing to conveniently provide the services needed by our patients and providers in both locations.
 - We are finalizing negotiations with Alliance Imaging for our contracted MRI services. We will be switching our existing MRI to a newer unit which will allow us to provide services that our providers have been requesting, such as breast MRI and wrist MRI. We will also begin training KVH staff to become certified in the MRI specialty so that we can offer emergency MRI services. The new contract is anticipated to save KVH over \$300,000 annually. The timeline for switching out the MRI units is TBD.
- **Upper Kittitas County-** The DOH walked through the new Cle Elum urgent care location on September 18th. On the same day Engineering and an architect previewed buildings to potentially house a pharmacy and physical therapy in Cle Elum and at the request of Fire District 51, an urgent care at Snoqualmie Pass.
 - **Pharmacy-** KVH providers and staff have been consistently questioned by patients in Cle Elum regarding pharmacy service after the closure of Cavallini's and Cle Elum Drug. With permission of Hospital District 2, KVH Pharmacy has submitted an application to the DOH to operate pharmacy services in Cle Elum. KVH leadership initially reached out to Downtown pharmacy to consider a partnership with KVH to provide pharmacy services in Cle Elum. Downtown pharmacy declined, but stated they may reconsider in the future. It is hopeful the pharmacy will be operational in first quarter 2018 provided we can secure a suitable location.
 - **Rehab Services-** I became the Interim Director for Rehabilitation Services on 9/11/17. Staff are working hard to catch up and meet deadlines for the Cerner OneSource implementation. We've identified a new super user and will be writing scripts for integrated testing.
 - **Home Health and Hospice-** Dr. Ken Alford joined the staff of Hospice Friends as Chaplain on September 5 and will be serving our clients and their families. Dr. Alford has an impressive resume, most recently serving in the Office of the Chief of Chaplains for the Pentagon. I have been appointed to serve on the Board of Hospice Friends.
 - **Emergency Management-** We are very grateful to Jim Allen for serving as the Emergency Services liaison to the Kittitas County Emergency Operations Center during the Jolly Mountain Fire. Fortunately the fire is 40% contained and the evacuation levels have been lowered for the residents of upper Kittitas County.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

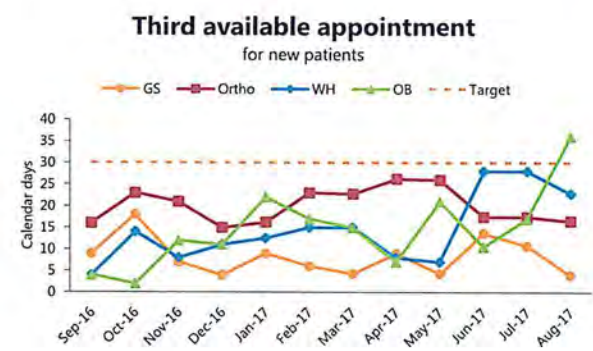
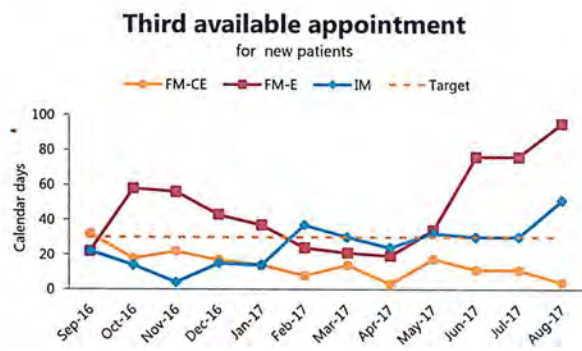
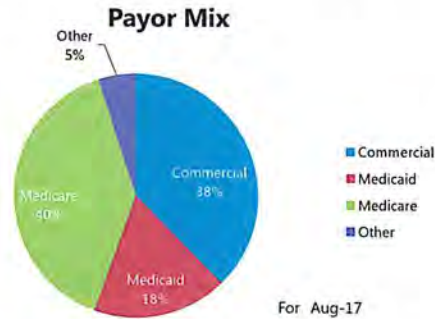
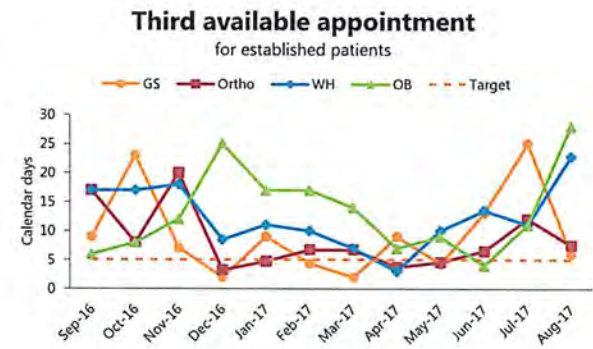
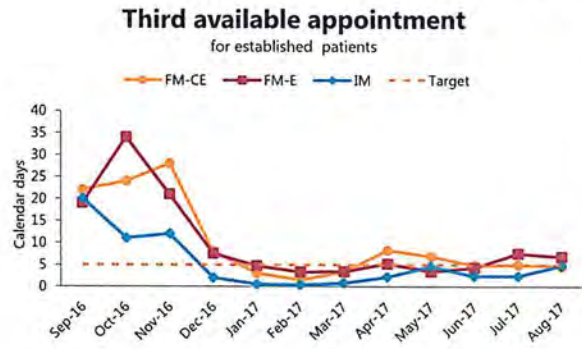
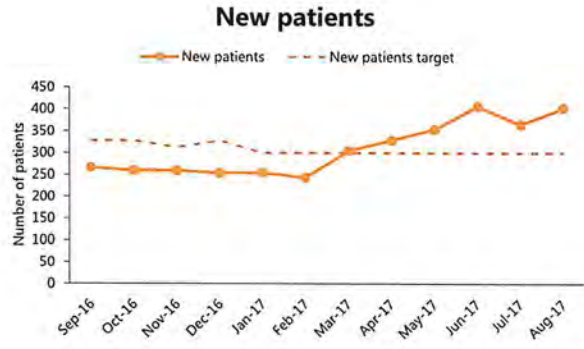
- **MA Apprenticeship:** With the attention and hard work of Karen Schock we have met the deadline of becoming an apprenticeship site. We have two individuals that have

signed up for this pilot opportunity. Alisha Liedtke, Scribe and Miranda Flores, Dietary Aide will be the trailblazers for the KVH MA apprenticeship program. The program officially begins in October 6th at a kickoff event in Moses Lake. This program is through Washington Association of Community & Migrant Health Centers.

- **KVH Workplace Health:** There was a water leak from a pipe fitting in the mechanical room on September 3rd. This space was evaluated quickly and has had an environmental consultant monitoring moisture. We stayed on track for September 11th opening with a secondary plan in place for a pop up clinic, if needed. Lisa Potter and Ryan Ahr, PA-C continued to meet with local providers and local businesses. This resulted in obtaining contracts with Ellensburg Cement and Ward Rugh. We have also had the occupational group attending the KVH huddles as we know that these are the potential patients at Workplace Health. Scripting has also been provided to all KVH clinics to assist with a quick description to patients of what to expect at this clinic.
- **Provider Check:** Sherri Haga at Internal Medicine has created a schedule for a one on one provider check in. This is a time for the provider to meet with her for 15 minutes to discuss critical issues and/or concerns. In these meetings they have been able to discuss productivity and flow of schedules. This has resulted in 25 additional appointments per week in their schedules based on discussions and review. The other clinic managers will be starting this same check in process soon.
- **Clinic Manager:** Applications reviewed, interviews and skills test completed and this all led us to a great candidate. Tanner Scheid has accepted the position as the Clinic Manager for General Surgery, Orthopedics and Workplace Health. He comes with 10+ years of medical experience and has implemented Cerner at his last organization. His official start date is September 11, 2017.

Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard



2016

Home (<http://www.wsha.org/>) / Events (<http://www.wsha.org/events/>) / WSHA Annual Member Meeting and Governance Education Day

WSHA Annual Member Meeting and Governance Education Day

WSHA Educational Meeting

Location:

Seattle Marriott Waterfront
2100 Alaskan Way, Seattle, WA 98121

Event Information

October 12, 2017 - October 13, 2017

Audience: Member

Event Type: WSHA Educational Meeting

Staff Contacts



Cynthia Hay
(206) 216-2526
(/staff/cynthia-hay)

Register now (<https://wshaconnect.wsha.org/events/Pages/annual-meeting-login.aspx>)

Sponsor this event ([http](#))

Join us for the WSHA Annual Member Meeting and Governance Education Day October 12-13 at the Seattle Marriott Waterfront! The meeting will take place on Thursday, October 12, with the Governance Education Day to follow on October 13. WSHA's room block at the Seattle Marriott Waterfront is sold out. For additional hotel options, please click here (<http://www.wsha.org/wp-content/uploads/2017AnnualMeetingAdditionalHotels.pdf>).

Draft agenda*

*Note: Events and times subject to change.

Annual Member Meeting: Thursday, October 12

7-8:30 a.m., World Trade Center	ACHE breakfast
8:30-9:45 a.m.	WSHA Board Meeting
10-10:45 a.m.	WSHA Business Meeting
10:45-11:45 a.m.	Changing What Counts As Health Care – Sponsored by Qualis Health Rebecca Onie, Co-Founder & CEO, Health Leads
11:45 a.m.-1 p.m.	AWPHD Board Meeting & Lunch
12-1 p.m.	Networking Lunch – Sponsored by Fox Rothschild

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1:10-2:10 p.m.	<p>Breakout Sessions</p> <ul style="list-style-type: none"> • Legislative Update: Big Issues & How Members Can Advocate • Leadership and Communication on Terrible, Horrible, No Good, Very Bad Days • Title TBD <p><i>*Breakout sessions will be recorded & distributed to attendees after the event so you can watch the sessions you couldn't attend.</i></p>
2:20-3:20 p.m.	<p>Breakout Sessions</p> <ul style="list-style-type: none"> • Legislative Update: Big Issues & How Members Can Advocate (repeat) • Advancing Workforce and Community Safely Together • Title TBD <p><i>*Breakout sessions will be recorded & distributed to attendees after the event so you can watch the sessions you couldn't attend.</i></p>
3:30-4 p.m.	<p>Honoring Our Members</p>
4-5 p.m.	<p>Closing Plenary – Sponsored by Ogden Murphy Wallace, P.L.L.C Dr. Ezekiel Emanuel</p>
5-6 p.m.	<p>Reception – Sponsored by TeamHealth</p>

Governance Education Day: Friday, October 13

8-9 a.m.	<p>Continental Breakfast — Sponsored by athenahealth</p>
9-11:30 a.m.	<p>Governance in Action Karma Bass & Erica Osborne, Via Healthcare Consulting</p> <ul style="list-style-type: none"> • Using small group activities and case studies you will be asked to bridge the gap between theory and practice, identifying the key issues, recognizing and articulating positions, evaluating courses of action and arguing different points of view.
11:45 a.m.-12:45 p.m.	<p>Networking Lunch</p>

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<p>1-2 p.m.</p>	<p>Sustaining Access to Care: Key Financial Drivers Steve Huebner, Huebner Advisory, LLC</p> <ul style="list-style-type: none"> • Steve will discuss the role of governance in embracing and adapting to change and the keys to providing sustainable access to care with a focus on increasing revenue, reducing costs and improving quality and outcomes.
<p>2-3 p.m.</p>	<p>Physicians and the Board: How does it work best? A discussion of Best Practices in a Crucial Relationship Lawrence M. Schechter, MD, FACS, Associate Dean, Everett Clinical Campus Elson S. Floyd College of Medicine, Washington State University</p> <ul style="list-style-type: none"> • Dr. Schechter will dive into the relationship between physicians and the Board, discussing how these two legs of the three-legged stool function best and relate to management in creating a community-wide delivery system.

Annual Meeting Plenary Speakers

Dr. Ezekiel Emanuel, Joint Appointment, Wharton School and School of Medicine, University of Pennsylvania Founding Chair, Clinical Center of the NIH Former Special Advisor on health policy, Office of Management and Budget

Ezekiel Emanuel is one of the leading practitioners shaping the future of healthcare, with a long record of experience at the top levels of policy. He is an engaging, incisive, forthright, and witty speaker on healthcare reform and the transformation of American medicine. Trained both as an oncologist (MD, Harvard Medical School) and a political scientist, Zeke offers a uniquely thoughtful perspective on the most difficult issues in medicine today.



From February 2009 to January 2011, Zeke was a special advisor for health policy to the White House Office of Management and Budget. As one of the most prominent voices advising the White House about healthcare, he had a significant impact on federal healthcare budgets and the Affordable Care Act.

Today, Dr. Emanuel holds a joint position at the Wharton School and the School of Medicine at the University of Pennsylvania, where he chairs the Department of Medical Ethics & Health Policy. He is a founding chair at the Clinical Center of the National Institutes of Health. He currently serves as Chair of the meta-council on The Future of Health Committee for the World Economic Forum. Until 1997, he was an associate professor at the Harvard Medical School.

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In his forthcoming book, *Prescription for the Future: The Twelve Transformational Habits of Highly Effective Medical Care* (June 2017), Zeke looks to the future to describe how the best healthcare in the US will be achieved in coming years.

His previous book, *Reinventing American Health Care*, is the definitive account of the ACA — what it changes, what we can expect going forwards, and what this means for your audience. Zeke ends the book with a reflection on “Six Megatrends” — six bold predictions about the radical changes we can expect in the next ten years. He is also the author of, *Brothers Emanuel: A Memoir of an American Family*, a true American success story of how one family produced three high-achieving kids. His other books include *The Ends of Human Life and No Margin, No Mission: Healthcare Organizations and the Quest for Ethical Excellence*.

Dr. Emanuel served on President Clinton's Health Care Task Force, the National Bioethics Advisory Commission (NBAC), and the bioethics panel of the Pan-American Healthcare Organization. He developed *The Medical Directive*, a comprehensive living will that has been endorsed by Consumer Reports on Health, Harvard Health Letter, The New York Times, Wall Street Journal, and many other publications. He has published over 250 peer-reviewed articles on the ethics of clinical research, health care reform, international research ethics, end of life care issues, euthanasia, the ethics of managed care, and the physician-patient relationship. He is also a contributor to Fox News offering healthcare and policy analysis.

He received numerous awards including election to the Institute of Medicine (IOM) of the National Academy of Science, the Association of American Physicians, and the Royal College of Medicine (UK) and many others. Hippocrates Magazine selected him as Doctor of the Year in Ethics. His articles have appeared in such medical journals as the New England Journal of Medicine, The Lancet, and JAMA. His popular writing has appeared in The New York Times, The Wall Street Journal, The Atlantic, The New Republic, and many other publications.

Rebecca Onie, Co-Founder and CEO, Health Leads

In 1996, Rebecca Onie co-founded Health Leads to address the fundamental drivers of patients' health. With our hospital, community health center, and integrated delivery system partners, Health Leads has enabled physicians and other healthcare providers across the country to “prescribe” food, electricity, and other basic resources their patients need to be healthy – and armed a variety of workforces to “fill” those social needs prescriptions by working side-by-side with patients to access the existing landscape of community resources.



Health Leads arms healthcare institutions with the tools, technology, analytics, best practices, and peer community necessary to address their own patients' resource needs and to champion a healthcare system that address all patients' basic resource needs as a standard part of quality care. Last year, Health Leads directly served over 14,000 patients and their families, touching nearly 50,000 total lives.

In 2009, Rebecca was honored to receive a MacArthur “Genius” Fellowship. She has also been recognized by the Robert Wood Johnson Foundation's 2012 Young Leader Award; Network for Excellence in Health Innovation's 2014 “Innovators in Health” Award; Forbes Magazine's Impact 30, recognizing the world's top 30 social entrepreneurs; and the Schwab Foundation's 2013 Social Entrepreneur of the Year. Rebecca is one of the Aspen Institute's inaugural Health Innovator Fellows; a World Economic Forum Young Global Leader; member of the Mayo Clinic Center for Innovation External Advisory Council; and a One Acre Fund board member.

She received her J.D. from Harvard Law School, where she was an editor of the Harvard Law Review. She previously clerked for the Honorable Diane P. Wood of the U.S. District Court of Appeals for the Seventh Circuit and was an associate at Miner, Barnhill & Galland P.C., a civil rights and community economic development firm.

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(<https://www.mossadams.com/home>)

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Business Plan & Recommendation
Prepared January, 2017

KVH WOUND CARE SERVICES

KVH Wound Care Services

Overview of Service

Wound care....*what is it?*

By wound care services, we mean any technique that enhances the healing of skin abrasions, blisters, cracks, craters, infections, lacerations, necrosis and/or ulcers. Wound care can involve any of the following: debridement, dressing changes, positioning of affected body part, application of compression or medicated bandages, treatment of edema or lymphedema and/or infection, optimization of nutrition and blood glucose levels, maximization of blood flow and oxygen.
– *Association for the Advancement of Wound Care*

Wound Care Program Components:

Full Program	Currently Provided
Antibiotics for infections	Yes
High tech dressing changes	Occasional
Nutritional Counseling	Occasional
Selective debridement	Occasional
Excisional debridement	Occasional
Strapping	
Cell and tissue based technology	
Negative pressure dressing change/wound vacuum	Occasional
Vascular resupply	
Complex reconstruction or amputation	Rare

KVH Wound Care Services

Opportunity

- **Primary Challenge:**
 - 24% of Kittitas County residents fall into a high-risk category for slow or non-healing wounds, but there are no specialty wound care services offered in the community
 - Nearest wound clinic is in Yakima – challenges with access and travel
 - Wound care patient population commonly faces financial and social challenges, making travel difficult or impossible

- **Solution:**
 - KVH Wound Care Services will offer professional, expert wound care from a certified wound care provider as part of the KVH network meeting our community needs
 - Providers will have a local option when referring patients with complicated or non-healing wounds
 - Wound care service will provide support and expertise to our home health nursing staff, who visit our homebound patients with complicated or non-healing wounds
 - Patients will have little travel time and the clinic will be located in a familiar setting, KVH Hospital

KVH Wound Care Services

Demand

Based on national population health demographics, 24% of Kittitas County residents fall into one of three high risk categories for non-healing wounds:

Category/Complication	# Residents per year	% With Complication	# Patients/Demand
Diabetes/foot ulcer	3600	12%	432
Venous Stasis/VS Ulcer	900	14%	126
Immobilty/PU	6300	7%	441
Total:			999

Ramp-up assumptions used in proforma (estimated total 999 patients/year):

Year	Year 1	Year 2	Year 3	Year 4	Year 5
Market share %	6%	7%	8%	9%	10%
# Patient episodes/year	60	70	80	90	100
# Patient visits/episode	12	12	12	12.0	12.0
Total # visits/year	720	840	960	1080	1200
# Referrals per week	1.2	1.3	1.5	1.7	1.9

KVH Wound Care Services

Potential Downstream Revenue – *not included*

Caring for complicated wounds involves a team approach. As such, we can expect additional revenues associated with this service line generated in other areas within the organization, including other specialty clinics, laboratory and imaging services, and some inpatient services, including:

Other services/non-wound care

- Cellulitis
- Skin Ulcers
- Diabetes – care, education, management
- Other infections
- Endocrine disorders
- Laboratory services
- Extremity x-rays
- MRIs
- Debridement – minor

Orthopedic and other General Surgery procedures:

- Foot procedures
- Wound debridement
- Osteomyelitis

KVH Wound Care Services

Partnership Opportunities & Ramp Up

Occupational Medicine - Partnerships and Customers				
Partner	Vascular Consults and/or Surgery	Podiatry Services	In-Home Treatment/Homebound Patients	Food & Nutritional Therapy
Regional Referral Partnerships				
Pacific Vascular	x			
Swedish Issaquah - Vascular Surgery	X			
Swedish Issaquah - Podiatry		X		
Virginia Mason Yakima - Podiatry		X		
Virginia Mason Issaquah - Podiatry		X		
KVH Home Health & Hospice	X		X	
KVH Food & Nutrition Services				X

Where will volume come from?

KVH Wound Care Services

Initial Start-Up Expense

Space and Equipment

Space and Equipment	
Remodel	\$0
Medical Equipment:	
-Stryker table over 700 lbs x2	\$0
-Wound care chairs/Transport Equip.	\$5,000
- Instruments and Supplies	\$40,000
Rooms	\$4,000
Office/ Reception Area	\$0
Computers/Printers/Photo Equip	\$10,000

Other Costs

Training/Program Development	
EMR training (Comprehensive)	\$0
EMR interface fee	\$16,000
Consultant Development Fee (one time)	\$25,000

Total Start-Up Expense: \$100,000 **Amortized over 5 years, \$20,000/year

KVH Wound Care Services

Clinic Operations Model

- Conservative volume projections support a half-time clinic and staff

Clinic Hours					
	Monday	Tuesday	Wednesday	Thursday	Friday
Wound Care APC	2-6 pm	2-6 pm	2-6 pm	2-6 pm	2-6 pm
Support Staff: RNs, MAs, PSR	2-6 pm	2-6 pm	2-6 pm	2-6 pm	2-6 pm

*Recruiting efforts will be focused on the APC with interested candidate currently in pipeline

KVH Wound Care Services

Financial Report

Kittitas Valley Healthcare
Wound Care - Pro Forma

	Year 1	Year 2	Year 3	Year 4	Year 5
Total Number of Patient Episodes	60	70	80	90	100
Average Evaluations and Visits per Patient	12	12	12	12	12
Annual Number of Evaluations & Visits	720	840	960	1080	1200
Referrals Per Week					
	1.2	1.3	1.5	1.7	1.9
Total Charge	640,640	747,413	854,187	960,960	1,067,734
Total Adjustment	311,563	321,140	340,027	370,075	400,188
Net Revenue	365,244	468,469	562,383	645,136	727,825
Operating Expense					
Salaries & Benefits	292,821	298,830	305,002	311,341	317,852
Consulting	85,000	30,000	-	-	-
Supply - Cell Based Inventory (Avg \$140/Visit)	100,800	117,600	134,400	151,200	168,000
Supply - Non Billable (\$20 per Visit)	14,400	16,800	19,200	21,600	24,000
Depreciation	15,000	15,000	15,000	15,000	15,000
Total Operating Expense	508,021	478,230	473,602	499,141	524,852
Net Operating Income	(142,776)	(9,762)	88,781	145,995	202,973
5 Year Net Operating Income \$ 285,210					

KVH Wound Care Services

Risk Analysis

Threats

- Minimum patient volume is not met by end of year 3
- Referral partnerships are not formed/maximized

Risks

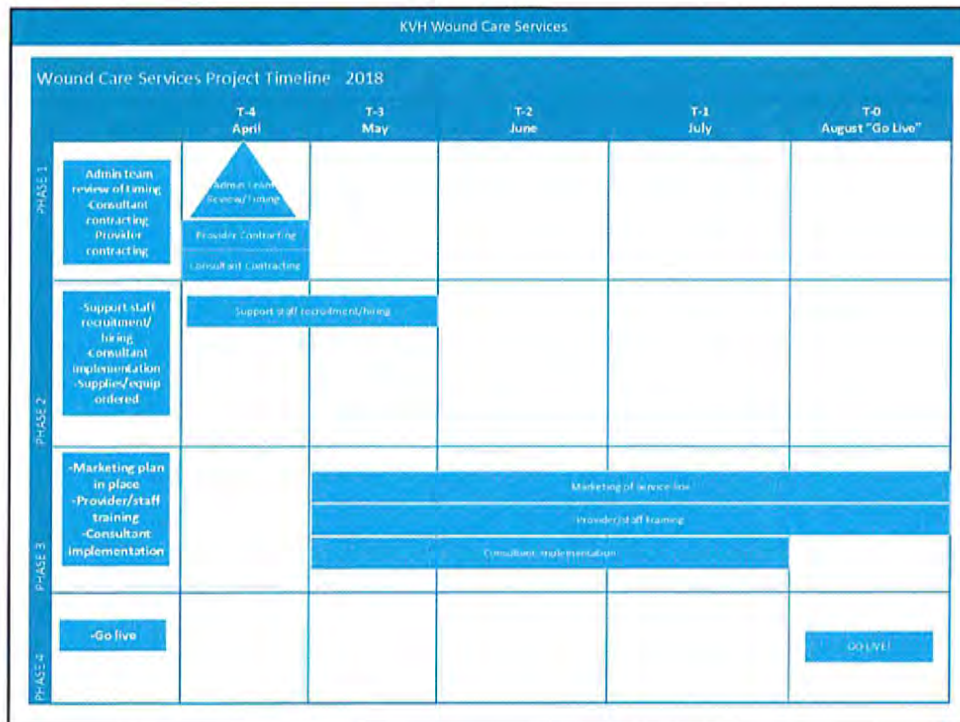
- Underutilization of specialty trained staff
- Loss of monies spent on support from contractors

Monies At-Risk	
Expense	Dollars Spent
Start-up	\$100,000
Salaries & benefits, pre-launch	\$73,000
Consultant set-up fee (training/development)	\$25,000
EMR interface build	\$16,000
Total	\$214,000.00
Asset	Dollar Value
Training/development	\$25,000
Equipment	\$55,000.00
Total	\$80,000.00
Total Potential Monies Lost	\$134,200.00


KVH Wound Care Services

Recommendation

- Wound care services offered in MOP location to reduce remodel/start-up
- Wound care dedicated staffing model
- Implementation timeline: 2-3 month consultant implementation, 4 month KVH timeline
- Cerner implementation prior to consultant implementation
- Probable "go-live" date in Q3 of 2018
- Administrative team review of overall hospital performance 2017 Q4 – 2018 Q1 before final implementation timeline determination
- *What does the timeline look like...?*




KVH Board Self-Assessment
Friday, March 31, 2017

Powered by 


5
Total Responses

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

Powered by 

Q1: The Board's current composition reflects the diversity of background, expertise, and other resources needed by the organization.
Answered: 5 Skipped: 0

Response	Percentage
Strongly Agree	40%
Agree	20%
Neutral	10%
Disagree	10%
Strongly Disagree	10%

Powered by 

Q1: The Board's current composition reflects the diversity of background, expertise, and other resources needed by the organization.

Answered: 5 Skipped: 0

Answer Choices	Responses
Strongly Agree	80.0%
Agree	20.0%
Disagree	0.0%
Strongly Disagree	0.0%
Total	5

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Q2: The Board has adequate resources to support governance excellence.

Answered: 5 Skipped: 0



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Q2: The Board has adequate resources to support governance excellence.

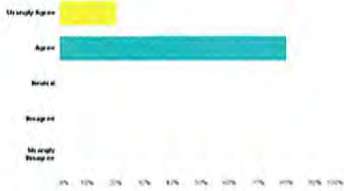
Answered: 5 Skipped: 0

Answer Choices	Responses
Strongly Agree	80.0%
Agree	20.0%
Disagree	0.0%
Strongly Disagree	0.0%
Total	5

Powered by SurveyMonkey

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

Answered: 5 / Skipped: 0



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

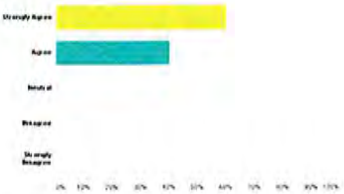
Answered: 5 / Skipped: 0

Answer Choices	Percentage	Count
Strongly Agree	20.0%	1
Agree	60.0%	3
Not at all	10.0%	0
Disagree	8.0%	0
Strongly Disagree	2.0%	1
Total		4

Powered by SurveyMonkey

Q4: Board members engage in constructive dialogue.

Answered: 5 / Skipped: 0



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Q4: Board members engage in constructive dialogue.

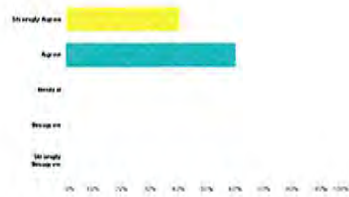
Answered: 5 / Skipped: 0

Answer Choices	Responses	
Strongly Agree	40.0%	2
Agree	40.0%	2
Neutral	0.0%	0
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Total		5

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Q5: Board members are comfortable discussing controversial issues.

Answered: 5 / Skipped: 0



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Q5: Board members are comfortable discussing controversial issues.

Answered: 5 / Skipped: 0

Answer Choices	Responses	
Strongly Agree	40.0%	2
Agree	40.0%	2
Neutral	0.0%	0
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Total		5

Powered by SurveyMonkey

Q6: Board members promote a positive image of the organization in the community, and advocate for the organization in the community.

Answered: 5 / Skipped: 0



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Q6: Board members promote a positive image of the organization in the community, and advocate for the organization in the community.

Answered: 5 / Skipped: 0

Response	Percentage	Count
Strongly Agree	40.0%	5
Agree	55.0%	7
Neither	0.0%	0
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Total		12

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Q7: Management effectively shares information regarding strategic intent, organizational priorities, and business decisions in a timely manner.

Answered: 5 / Skipped: 0



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Q7: Management effectively shares information regarding strategic intent, organizational priorities, and business decisions in a timely manner.

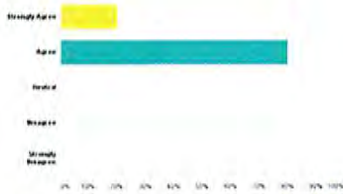
Answered: 5 / Skipped: 0

Answer Choices	Responses
Strongly Agree	80.0%
Agree	20.0%
Neutral	0.0%
Disagree	0.0%
Strongly Disagree	0.0%
Total	5

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Q8: The Board appropriately assesses risks prior to approving new KVH programs, services, or facilities.

Answered: 5 / Skipped: 0



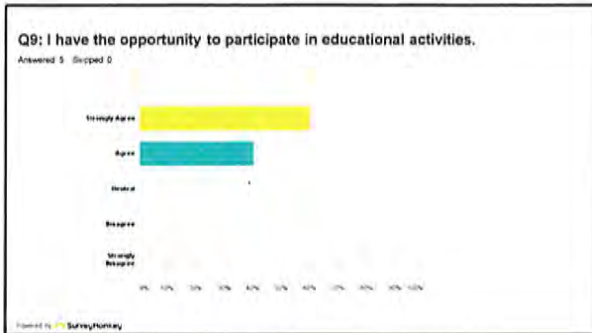
Powered by SurveyMonkey

Q8: The Board appropriately assesses risks prior to approving new KVH programs, services, or facilities.

Answered: 5 / Skipped: 0

Answer Choices	Responses
Strongly Agree	80.0%
Agree	20.0%
Neutral	0.0%
Disagree	0.0%
Strongly Disagree	0.0%
Total	5

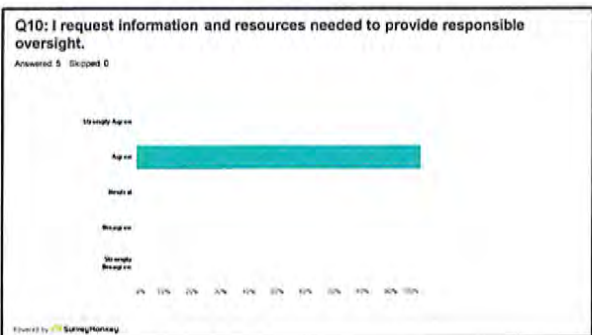
Powered by SurveyMonkey



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

Answer Choice	Response	
Strongly Agree	40.0%	5
Agree	30.0%	4
Neutral	0.0%	0
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Total		9

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Q10: I request information and resources needed to provide responsible oversight.

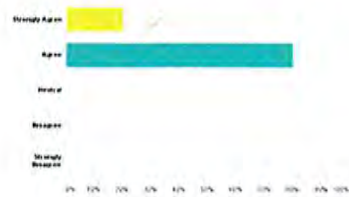
Answered: 5 Skipped: 0

Answer Choices	Responses	
Strongly Agree	0.0%	0
Agree	100.0%	5
Neutral	0.0%	0
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Total		5

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Q11: Management and the Board provide a safe and healthy environment and systems for patients, families, physicians and staff.

Answered: 5 Skipped: 0



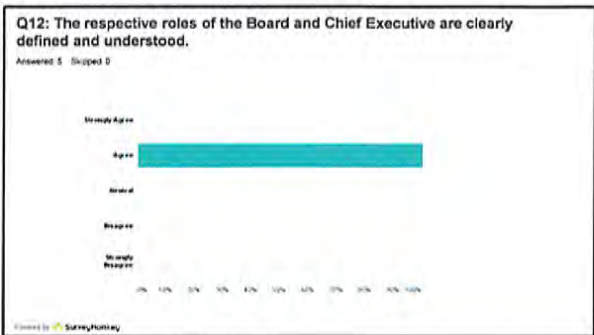
Powered by SurveyMonkey

Q11: Management and the Board provide a safe and healthy environment and systems for patients, families, physicians and staff.

Answered: 5 Skipped: 0

Answer Choices	Responses	
Strongly Agree	20.0%	1
Agree	80.0%	4
Neutral	0.0%	0
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Total		5

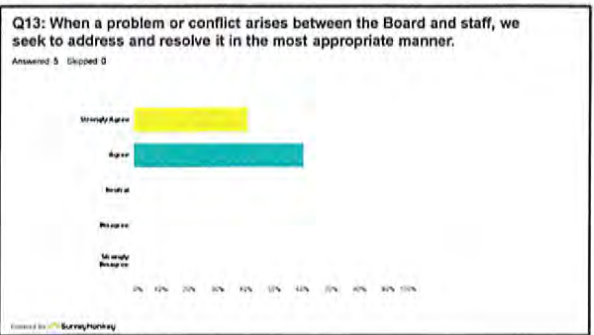
Powered by SurveyMonkey



Q12: The respective roles of the Board and Chief Executive are clearly defined and understood.
 Answered: 5 Skipped: 0

Answer Choices	Responses	Percentage
Strongly Agree	1	20%
Agree	4	80%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	5	100%

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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	Responses
Strongly Agree	80%
Agree	16%
Neutral	4%
Disagree	0%
Strongly Disagree	0%
Total	5

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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



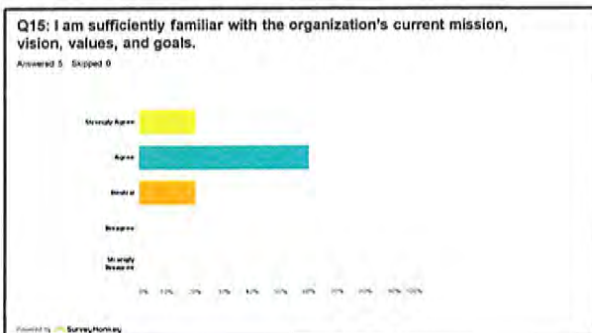
Powered by SurveyMonkey

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	Responses
Strongly Agree	80%
Agree	16%
Neutral	4%
Disagree	0%
Strongly Disagree	0%
Total	5

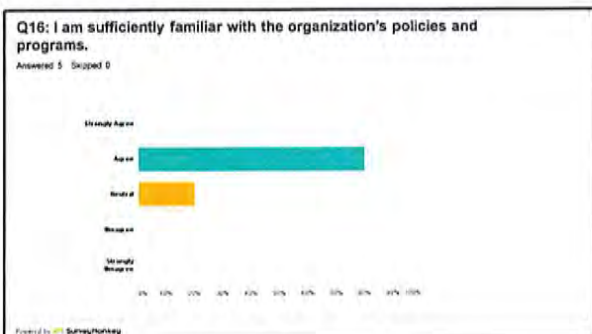
Powered by SurveyMonkey



Q15: I am sufficiently familiar with the organization's current mission, vision, values, and goals.
 Answered: 5 Skipped: 0

Answer Choices	Responses
Strongly Agree	20.0%
Agree	58.0%
Neutral	18.0%
Disagree	0.0%
Strongly Disagree	0.0%
Total	5

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Q16: I am sufficiently familiar with the organization's policies and programs.

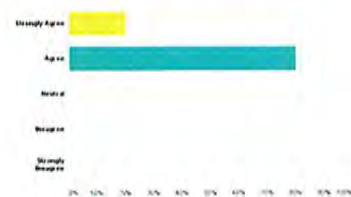
Answered: 5 / Skipped: 0

Answer Choices	Percentage	
Strongly Agree	80%	1
Agree	20%	1
Neutral	0%	0
Disagree	0%	0
Strongly Disagree	0%	0
Total		5

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Q17: I am appropriately informed about KVH developments (e.g., programs/service expansion, key recruitments).

Answered: 5 / Skipped: 0



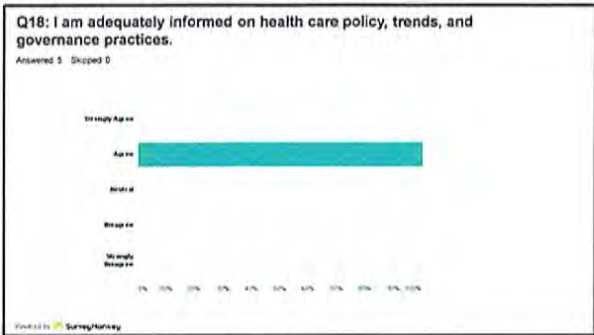
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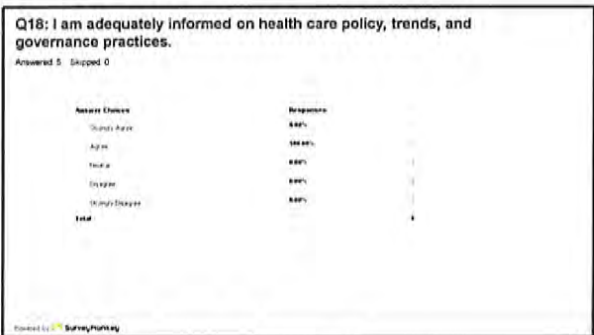
Q17: I am appropriately informed about KVH developments (e.g., programs/service expansion, key recruitments).

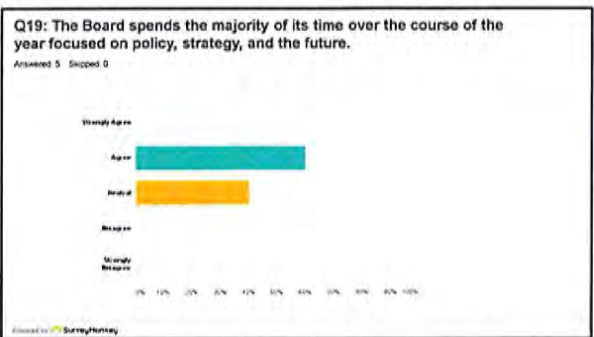
Answered: 5 / Skipped: 0

Answer Choices	Percentage	
Strongly Agree	80%	1
Agree	20%	1
Neutral	0%	0
Disagree	0%	0
Strongly Disagree	0%	0
Total		5

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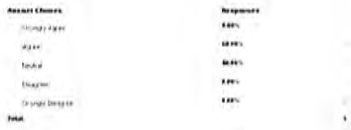






Q19: The Board spends the majority of its time over the course of the year focused on policy, strategy, and the future.

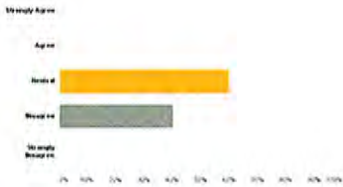
Answered: 5 / Skipped: 0



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Q20: The Board consistently oversees a current and vital strategic plan that indicates where the organization is headed over a multi-year timeframe.

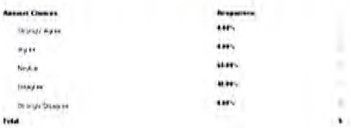
Answered: 5 / Skipped: 0



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Q20: The Board consistently oversees a current and vital strategic plan that indicates where the organization is headed over a multi-year timeframe.

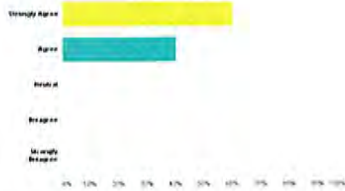
Answered: 5 / Skipped: 0



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

Answered: 5 Skipped: 0



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

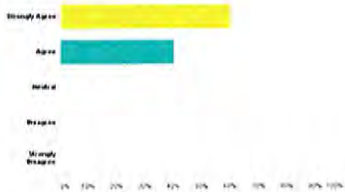
Answered: 5 Skipped: 0

Answer Choice	Responses	Percentage
Strongly Agree	5	100%
Agree	0	0%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	5	100%

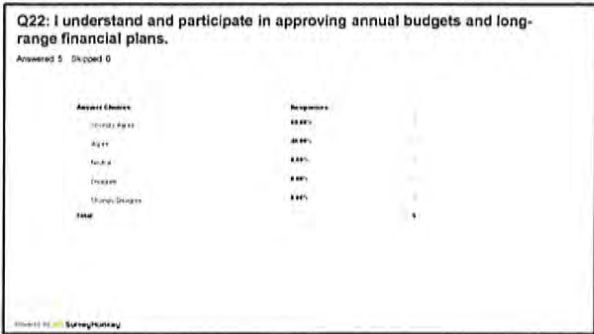
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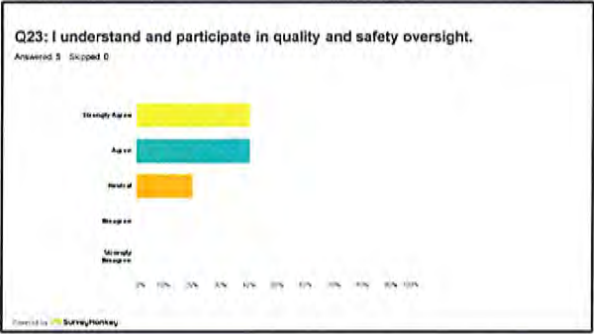
Q22: I understand and participate in approving annual budgets and long-range financial plans.

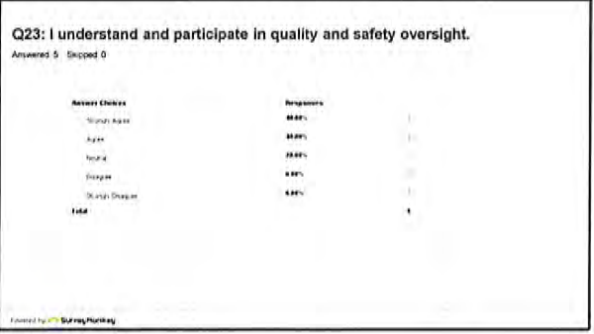
Answered: 5 Skipped: 0

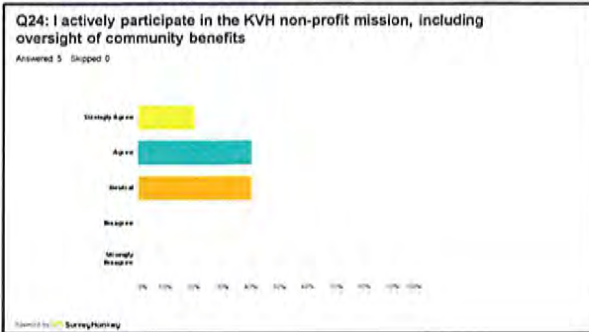


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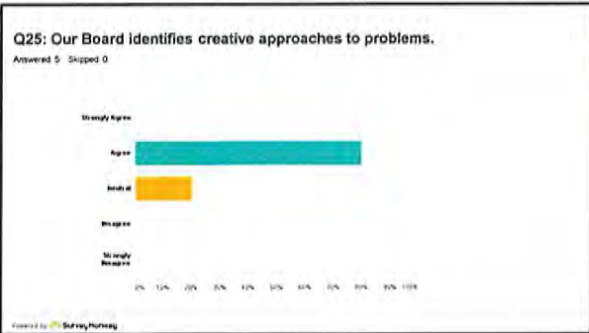


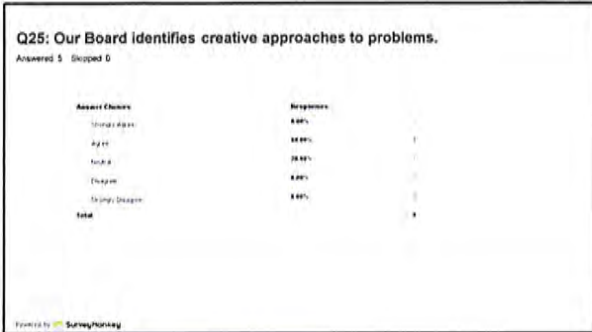


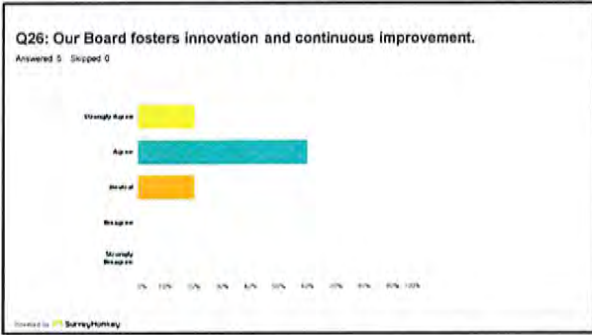
Q24: I actively participate in the KVH non-profit mission, including oversight of community benefits
 Answered: 5 Skipped: 0

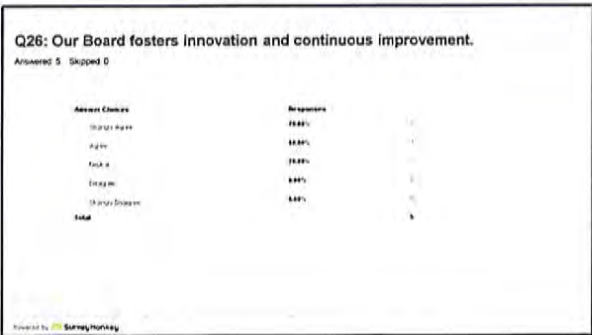
Answer Choice	Responses	Percentage
Strongly Agree	1	20%
Agree	4	80%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	5	100%

Powered by SurveyMonkey



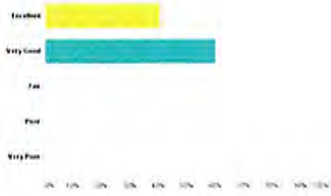






Q27: Overall, I rate the Board's performance during the past year as:

Answered: 5 Skipped: 0



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

Answered: 5 Skipped: 0

Response Choice	Percentage
Excellent	35%
Very Good	60%
Fair	0%
Poor	0%
Very Poor	0%
TOTAL	100%

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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



8



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



9



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?



10



Board/Management Roles & Responsibilities: Definitions

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



11



Board/Management Roles & Responsibilities: Governance

Activity	CEO	Board Chair	Board
Board Activities:			
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/Ovsrght/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

Resolution No. 17-12

A RESOLUTION OF THE BOARD OF KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 d/b/a KITTITAS VALLEY HEALTHCARE (KVH) REQUESTING REVIEW BY THE HEALTH CARE AUTHORITY TO PARTICIPATE IN THE WASHINGTON STATE INSURANCE PLANS

WHEREAS, the Health Care Authority administers the medical, dental, life, and long term disability insurance coverage for the employees of the state of Washington, as set forth in chapter 41.05 RCW; and,

WHEREAS, the Board has reviewed the state insurance plans, chapter 41.05 RCW, RCW 41.04.205, chapter 182-08 WAC, and chapter 182-12 WAC; and,

WHEREAS, the Board deems the state insurance plans as providing desirable insurance coverage for the employees (and members of the Governing Body where applicable); and,

WHEREAS, we certify that all employees (and members of the Governing Body) enrolled are eligible to participate in the state insurance plans;

BE IT RESOLVED, that KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 d/b/a KITTITAS VALLEY HEALTHCARE requests approval by the Health Care Authority to participate in the state insurance plans for the employees of KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 d/b/a KITTITAS VALLEY HEALTHCARE, subject to the requirement of RCW 41.04.205 and the rules adopted thereunder.

DATED this 28th day of September, 2017.

Liahna Armstrong, President

Bob Davis, Secretary

Matt Altman, Vice-President

Erica Libenow, Commissioner

Bob Crowe, Commissioner

September 28, 2017 Board Packet Clippings/Information

<u>Pages</u>	<u>Title</u>
50	KVH Workplace Health Now Open
51-52	Furthering Collaboration for Upper County Medical Resources

KVH Workplace Health Now Open

Ellensburg, Wash. (September 11, 2017) – KVH Workplace Health, a new service that focuses on occupational medicine, is now open.

Occupational medicine is a healthcare specialty that focuses on the maintenance of health in the workplace. If workplace injuries do occur, occupational medicine works in conjunction with Workers' Compensation programs to treat employees and return them to work as quickly as possible.

In many cases, an employee's relationship with KVH Workplace Health will begin even before their first day of work. KVH Workplace Health offers pre-employment drug screening and examinations that are required before beginning work, like fitness for duty tests or medical examinations for commercial driver's licenses in Washington State.

Ryan Ahr, PA-C, is the primary provider at KVH Workplace Health. Ahr joined KVH in August, and was on hand to greet the first KVH Workplace Health patients on September 11.

Ahr began his medical career as a combat medic and emergency medical technician for United States Army soldiers deployed in Somalia and Haiti. Since completing the MEDEX Northwest program at the University of Washington to become a physician assistant, Ryan has worked in the specialty areas of occupational medicine, urgent care, and neurosurgery.

The KVH Workplace Health facility is located behind Kittitas Valley Urgent Care at 702 E Mountain View Ave, Suite 2, in Ellensburg, midway between KVH Hospital and KVH Physical Therapy. The new service is open Monday through Friday from 8 a.m. to 7 p.m. Walk-ins or appointments are accepted.

The Kittitas County Chamber of Commerce will hold a ribbon cutting ceremony at KVH Workplace Health on Friday, September 29, at noon. All are welcome to attend.

For more information about KVH Workplace Health, call (509) 933-8830. Employers who are interested in discussing potential KVH Workplace Health options for their employees may call Lisa Potter, KVH Business Outreach Liaison, at (509) 962-7408.

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Furthering Collaboration for Upper County Medical Resources

Cle Elum, Wash. (September 18, 2017) – Kittitas County Public Hospital District No. 2 has entered into a discussion with Kittitas Valley Healthcare and Swedish Health Services regarding a unique future collaboration.

The three entities are considering a move which would allow Kittitas Valley Healthcare to relocate KVH Urgent Care – Cle Elum into the building on 1st Street that currently houses Swedish Primary Care – Cle Elum. Swedish Health Services would 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.

KVH Urgent Care – Cle Elum is outgrowing its current location. The building on 1st Street would provide additional space for patient care in a location that is better suited for an urgent care facility. The facility would maintain its current hours of 10 a.m. to 10 p.m., daily, and increase staffing levels.

A move by Swedish Health Services into the building on Alpha Way would allow Swedish to focus on specialty care and telehealth services that are not currently available in the area. Primary care services would no longer be offered in Cle Elum by Swedish Health Services.

In addition, Swedish has proposed expansion of the Global to Local (G2L) program into Cle Elum and Upper Kittitas County. G2L is a nationally recognized non-profit organization that develops programs and interventions to improve health, lower the cost of care, and empower underserved communities across the country. Communities affected by health disparities are diverse and widespread—women, people of color or poverty, immigrants and refugees—and exist both in rural and urban spaces. G2L’s objective is to adapt programs on a local level, share learnings, and replicate its work across organizations and clinics nationwide. G2L’s key tools include activating local community leadership; using technology to overcome barriers and increase access to care; generating campaigns around community-identified health issues; empowering community-based organizations; linking health with economic development; and linking clinical care with public health and social services.

“We have a decades-long relationship of collaboration with Kittitas Valley Healthcare for primary care and urgent care services in our community, and Swedish Health Services has just marked 10 years of providing care in our community” said Floyd Rogalski, President of the Board of Commissioners for Hospital District 2. “This proposal is the very definition of collaboration, with the entire medical community working together as a team to ensure that patients have access to the best care.”

Hospital districts are charged with tailoring their services to meet the unique needs of their individual communities. Collaboration and adaptability can maximize access to healthcare providers, which can be an incredibly scarce labor force in rural areas.

Discussions will continue in the coming months, with a goal of finalizing agreements for facility use in the near future.

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Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2017

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Regular Meeting	26 th 5pm	23 rd 5pm	30 th 5pm	27 th 5pm	25 th 5pm	22 nd 5pm	27 th 5pm	24 th 5pm	28 th 5pm	26 th 5pm	30 th 5pm	21 st 5pm
Standing Items	Swearing in of New Board Conflict of Interest Annual CEO Evaluation	Compliance Plan and Policies Orientation of New Board Members Update Board Ed/Dev Plan			Acceptance of Financial Audit	Annual update of Strategic Plan		Approve Budget Assumptions (Operating & Capital)	Board Self-Evaluation Approve Annual Strategic Plan Update	Plan Board Retreat	Approve 2018 Operating and Capital Budgets Approve 2018 Board Committee Charters	Update 2017 Operating Budget Election of 2018 Officers
Presentation Subject to Change	Emerging Topic	Emerging Topic	Emerging Topic	Emerging Topic	Financial Audit & Cost Report DZA Emerging Topic	SBIRT Communication Dr. Merrill-Steskal Emerging Topic	Kittitas County Health Dept.- Rankings & Roadmap Emerging Topic	Physician Compliance Foster Pepper or Risk Management Emerging Topic	PHD & Legislative Update AWP/PHD Emerging Topic	Patient Satisfaction Health Streams Emerging Topic	Federal Reform WSHA Emerging Topic	Emerging Topic
EDUCAIOTN AND CONFERENCES		AHA Health Forum Rural Conference Phoenix, AZ	15th-16th WRHA Conf. Spokane 2018-IHI San Francisco		6 th – 10 th AHA Annual Meeting WA DC 15-16th CEO/Trustee Summit Seattle	25 th – 28 th Rural Conference Chelan	27 th – 29 th AHA Leadership Summit San Diego 19 – 20 th AHA Rural Hospital Forum Wash., D.C.		22 nd - Board Risk Man. Education-Spokane 25 th – 27 th WSHA Rural Advocacy Days WA DC State of Reform	12 th – 13 th WSHA Annual Meeting Seattle		
		6 th – 9 th 2018 NRHA Rural Health Policy Institute Washington DC							10 th – 13 th Gov. Institute Leadership CO Springs 27 th – 29 th NRHA CAH Conf. Kansas City, MO			

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Events			3 rd Round- table 29 th Provider Apprec. Dinner 3/28/18: Provider Dinner	Tastes to Treasure Dinner	8 th -12 th Hospital Week & Meal Service CWU Athletic Hall of Fame Boots & Bling	6 th Round- table	18 th Tentative Upper County Roundtable	23 rd KVH BBQ 5 th Kids Grow Farmers' Market	12 th Roundtable TETWP Rodeo Event		11 th Veterans' Day Lunch	11-15 th Tentative Holiday Week Meal Service
Board Finance	24 th 7:30am	21 st 7:30am	28 th 7:30am	25 th 7:30am	23 rd 7:30am	20 th 7:30am	25 th 7:30am	22 nd 7:30am	26 th 7:30am	24 th 7:30am	28 th 7:30am	19 th 7:30am
MEC	18 th 12:30P	15 th 12:30P	15 th 12:30P	19 th 12:30P	17 th 12:30P	21 st 12:30P	19 th 12:30P	16 th 12:30P	20 th 12:30P	18 th 12:30P	15 th 12:30P	20 th 12:30P
QI Council		9 th			15 th		17			TBD		
Foundation Board	24 th 5:30P		28 th 5:30P		23 rd 5:30P		25 th 5:30P		26 th 5:30P		28 th 5:30P	
Compliance		TBD										
Strategic Planning	TBD											
Joint Districts			TBD				TBD				TBD	
Master Facilities	TBD											
HD #2	16 th 6:30pm	20 th 6:30 pm	20 th 6:30pm	17 th 6:30p	15 th 6:30pm	19 th 6:30pm	17 th 6:30pm	21 st 6:30pm	18 th 6:30pm	16 th 6:30pm	20 th 6:30pm	18 th 6:30pm

Emerging Topics:

Compliance & Regulatory Environment

Insurance and Reimbursement

Enterprise Risk

Healthcare Transformation (e.g. population health, IT)

Quality and Safety

Workforce

Board Effectiveness

Community Engagement

Philanthropy (in concert w/KVH Foundation)

Market Developments

Privacy/Security

Consumerism

Medical Staff Relations