

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL MEETING
KVH Conference Room A & B - 5:00 p.m.

December 5, 2019

- 1. Call Regular Meeting to Order**
- 2. Approval of Agenda ****
(Items to be pulled from the Consent Agenda) (1-2)
- 3. Consent Agenda ****
 - a. Minutes of Board Meetings: October 24, 2019 and November 8, 2019 (3-8)
 - b. Approval of Checks (9)
 - c. Report: Foundation (10)
 - d. Minutes: Finance Committee (11-12)
 - f. Minutes: Quality Council: October 21, 2019 (13-15)
- 4. Presentations:**
 - a. Mande Olsen, Director of Quality Improvement: Safe Catch Awards (16-18)
- 5. Public Comment and Announcements**
- 6. Reports and Dashboards**
 - a. Quality – Mande Olsen, Director of Quality Improvement (19-24)
 - b. Chief Executive Officer – Julie Petersen (25-27)
 - c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (28)
 - ii. Chief Medical Officer, Kevin Martin MD (29)
 - d. Finance – Chief Financial Officer - Scott Olander
 - i. Operations Report (30-39)
 - ii. Capital Expenditure Request: Fetal Monitors (3) ** (40)
 - iii. Capital Expenditure Request: Dell Tough Laptop Computer (25) ** (41)
 - e. Operations (42-45)
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations
 - f. Community Relations Report – Michele Wurl, Director of Communications & Marketing (46)

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL MEETING
KVH Conference Room A & B - 5:00 p.m.

7. Education and Board Reports

8. Old Business

9. New Business

- a. 2020 Board Committees (47)
- b. 2020 Board Calendar (48-49)

10. Executive Session

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

11. Adjournment

Future Meetings

January 9, 2020, Special Meeting
January 23, 2020, Regular Meeting
February 27, 2020, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B

October 24, 2019

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Vicky Machorro, Rhonda Holden, Lisa Potter, Dr. Kevin Martin, Mandee Olsen, Carrie Youngblood, Jason Adler

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

1. At 5:00 p.m., President Matt Altman called the Budget Hearing to order. The Board members reviewed the 2020 budget with Scott Olander.

ACTION: On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved Resolution No. 19-07 adopting the 2020 budget.

ACTION: On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved Resolution No. 19-08 authorizing the regular property tax levy.

President Altman adjourned the Budget Hearing at 5:05 p.m.

2. At 5:05 p.m., President Matt Altman called the regular board meeting to order.

3. Approval of Agenda:

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

4. Consent Agenda:

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

5. Presentations:

Bill Mannewitz and Marcus Jaffe of Rehab Visions gave an update now that they have been with KVH Physical Therapy for almost two years. Mannewitz stated that the renovated building has really helped them to meet the needs of their patients better. Jaffe stated that patient satisfaction scores are in the 95th percentile, they are

seeing most patients within a week of referral, and they have had a thirty-three percent growth in patient visits over the past eight quarters.

6. Public Comment/Announcements:

Dr. James Denisar-Green, a new provider at CHCW, introduced himself to the Board and the Senior Leadership Team.

7. Reports and Dashboards:

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that the employee flu vaccination rate is currently at eighty percent.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that she is pleased with the progress at the Medical Art Center (MAC). Petersen also stated that, since this meeting is the last regular Board meeting of year, we are required to elect Board officers for 2020.

The administration team members presented the 2019 year-to-date Business Plan, a quarterly progress report on the strategic plan. Petersen explained the new format.

Chief of Staff Dr. Timothy O'Brien presented the MEC's recommendations for initial appointments and reappointments to the Board.

ACTION: On motion of Erica Libenow and second of Liahna Armstrong, the Board members unanimously approved the initial appointment for Dr. James Denisar-Green, Dr. Pavani Adapa, Dr. Joseph Field and the reappointments for Dr. Tim O'Brien, Dr. David Jackson, Anna Parr, PA-C, and William Phillips, PA-C as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin.

Scott Olander reported on KVH's financial performance for September. Olander stated that KVH had a strong month and ended the month with a positive revenue variance.

ACTION: On motion of Erica Libenow and second of Roy Savoian, the Board members unanimously approved the capital expenditure request for the Sterrad Sterilization System.

The Board members reviewed the operations report with Vicky Machorro and Rhonda Holden. Holden stated that the group planning for the new ambulance garage in HD#2 is meeting weekly and making progress.

The Board members reviewed the Community Relations report.

7. Education and Board Reports:

President Altman stated that WSHA Hospital Advocacy Days will be held in Olympia in January.

8. Old Business:

President Altman stated that the current policy requires the Board Self-Evaluation to be done annually and asked Board members how they would like to proceed. The Board decided to schedule a special meeting to conduct the self-evaluation.

9. New Business:

ACTION: On motion of Roy Savoian and second of Liahna Armstrong, the Board members unanimously approved the 2020 Board Officers: Bob Davis as President, Erica Libenow as Vice-President, and Matt Altman as Secretary.

President Altman proposed that the Board President will review annually all Board policies with the Executive Assistant. If the Board President decides to recommend changes to any Board policies, they must be approved by the full Board at a public meeting to become official. President Altman stated that any Board member can recommend changes to existing policies at any time, and they also must be approved by the full Board at a public meeting. Board members unanimously agreed with the proposal.

ACTION: On motion of Liahna Armstrong and second of Erica Libenow, the Board members unanimously approved the proposed changes to the Annual Performance Review, Chief Executive Officer policy.

President Altman reviewed the process used last year for the CEO evaluation and stated that he will email the senior leadership team (SLT) a copy of the evaluation tool and, when he compiles a summary of their comments, he will meet with any SLT members who would like to provide further feedback.

ACTION: On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved amending the Annual Review, Board of Commissioners policy by replacing items 1-7 with 1-5 of the Board Responsibilities,

specifically General Oversight, Quality Assessment and Improvement, Financial Oversight Administrative Organization, and Board of Commissioners Organization.

10. Executive Session:

At 7:45 pm, President Altman announced that there would be a 10-minute recess followed by a 65-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). No action was anticipated.

At 9:00 pm, the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 9:01 pm.

CONCLUSIONS:

1. Motion passed approving Resolution No. 19-07 adopting the 2020 budget.
2. Motion passed approving Resolution No. 19-08 authorizing the regular property tax levy.
3. Motion passed to approve the board agenda.
4. Motion passed to approve the consent agenda.
5. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.
6. Motion passed authorizing the capital expenditure request for the Sterrad Sterilization System.
7. Motion passed approving 2020 Board Officers.
8. Motion passed approving the Annual Performance Review, Chief Executive Officer policy.
9. Motion passed approving Annual Review, Board of Commissioners policy.

Respectfully submitted,

Mandy Weed/Erica Libenow
Executive Assistant, Board of Commissioners



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

November 8, 2019

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

KVH STAFF PRESENT: Julie Petersen

The special meeting was called to order at 3:30 p.m. President Altman announced that the purpose of the special meeting was to conduct the Board Self-Evaluation.

With no further business and no action taken, the meeting was adjourned at 5:07 p.m.

Respectfully submitted,

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



DATE OF BOARD MEETING: December 5, 2019

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>257908-259018</u>	NET AMOUNT:	<u>\$5,007,480.66</u>
		SUB-TOTAL:		<u>\$5,007,480.66</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81500-81509</u>	NET AMOUNT:	<u>\$9,981.99</u>
#2	PAYROLL CHECK NUMBERS	<u>81510-81518</u>	NET AMOUNT:	<u>\$8,175.18</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,130,467.29</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,187,350.32</u>
		SUB-TOTAL:		<u>\$2,335,974.78</u>

TOTAL CHECKS & EFTs: \$7,343,455.44

Prepared by

Sharoll Cummins
 Sharoll Cummins
 Staff Accountant



FOUNDATION ACTIVITIES

Tough Enough to Wear Pink- The Foundation celebrated another successful Tough Enough to Wear Pink campaign, raising a record setting \$14,721. Money was raised through selling pink merchandise and accepting general donations on the TETWP day at the Ellensburg Rodeo. This year, \$7,179 was raised on rodeo Sunday. In addition to the funds raised at the rodeo, TETWP volunteers generated over \$6,500 through pick-your-prize raffle and merchandise sales at Kittitas Valley Healthcare. Gard Vintners also donated proceeds from their annual Gard Against Cancer event. Funds raised will continue to go towards our campaign to help prevent and fight breast cancer in Kittitas County.

Annual Appeal – Our annual appeal to the community mailed mid-October. We have been receiving donations daily and have collected almost \$6,000 to date. Funds from the annual appeal go towards our unrestricted fund.

Gobble Wobble 5K Run for Wellness – Our first annual 5K for Wellness was held Saturday, November 16, 2019 at the Rotary Park. The family friendly race featured a 5K run, 1K fun run for kids and a 100 yard dash for toddlers. We brought in over \$1,500 in registration fees and \$5,500 in sponsorships. Proceeds from the event will continue enhancing the programs that promote, encourage, and assist the advancement of wellness within the community.

Annual Distribution – The Foundation Board discussed this year's disbursement at the November board meeting and voted to fund 3 i-Stat Machines designated for Urgent Care Cle Elum, ED and Family Birthing Place. Additionally, funding will be made available for the Cardiac and Telemetry Monitoring and Education & Accreditation program.

17th Annual Magical Evening: Dreams to Fulfill - Save the date for **Saturday May 16, 2020 at the Kittitas Valley Event Center 5:30-9:30pm** for an evening of dinner and a silent auction. The Foundation Board voted to keep with the cardiac care theme and approved the Cardiac Stress Testing request their Fund-A-Need for the 2020 Gala. Funds raised above and beyond the cost of the Cardiac Stress Testing equipment will go towards funding the 4th i-State Machine that was requested for the KVH Lab.

Respectfully submitted,
Laura Bobovski
Foundation Assistant

**KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT #1
AUDIT & FINANCE COMMITTEE MEETING**

December 3, 2019
Tuesday

Café Conference Room
7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: October 22, 2019**
- **October Financial Highlights**
- **Capital Expenditure Requests**
 - **Fetal Monitors – Family Birthing Place**
 - **Laptops – Home Health and Hospice**
- **Adjourn**

Next Meeting Scheduled: December 31, 2019 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
October 22, 2019

Members Present: Liahna Armstrong, Roy Savoian, Jerry Grebb, and Scott Olander

Members Excused: Julie Petersen

Staff Present: Kelli Goodian Delys, Jason Adler, Lisa Potter

The meeting was called to order by Liahna Armstrong at 7:34am.

A motion was made to approve the agenda and the September 24, 2019 minutes. The motion carried.

Scott Olander presented the financial overview of September. The volume for September was above budget in many areas. Inpatient admissions, patient days, births, and surgery volumes had positive variances. Outpatient surgery saw more complex cases and newer surgeons taking more time. Other positive variances occurred with urgent care, emergency department, and rehab services. The areas with negative variances to budget were not "as negative" year to date. The clinics saw approximately 550 new patients in September and usually the new patient volume is approximately 350. The gross revenue tracks with the volume for September and year to date. We continue to see the shift of classifying patients from outpatient to inpatient that meet eligible criteria. Revenue deductions are above budget and are in line with gross revenue. We have not had swing bed patients for a couple months and we are looking for qualified candidates. Other operating revenue is composed of 340B income and an Intalare rebate. Expenses are mostly less than budget with the exception of professional fees for locum providers. The activity resulted in positive operating income of \$339,749 for the month and \$1,471,120 year to date and positive net income of \$420,959 for the month and \$2,121,318 year to date. Days in accounts receivable is at 94. We have hired additional staff for the business services to bring them up to 2015 staffing levels. We continue to fill open coding positions and we are improving. Days cash on hand increased and we have not had to move funds from the project account to pay for the MAC project.

The review of payer contract reimbursement terms to the actual contracts is on-going.

Rural health clinic data has been submitted to Washington State and we are waiting on the legislature. We have a payable on our books, if the legislature decides to re-coup funds.

The committee recommended the capital expenditure request for the sterilization system go to the Board of Commissioners for approval.

With no further business, the meeting was adjourned at 8:09am.

Quality Improvement Council	MEETING MINUTES	October 21, 2019
<p>Present: Mandeel Olsen, Carrie Barr, Scott Olander, Dr. O'Brien, Matt Altman, Julie Petersen, Rhonda Holden, Liahna Armstrong, Vicky Machorro, and Carrie Youngblood</p> <p>Guests: Linda Navarre</p> <p>Recording Secretary: Mandy Weed</p> <p>Minutes Reviewed by: Mandeel Olsen</p>		
ITEM	DISCUSSION	ACTION ITEM/ RESPONSIBLE PARTY
<ul style="list-style-type: none"> Called to order 	The meeting was called to order by Matt at 3:00 pm.	
<ul style="list-style-type: none"> Agenda & Minutes 	The minutes were approved as presented. The agenda was approved with moving (3a) the report from the infection control committee to a later date.	
Reports:		
<ul style="list-style-type: none"> Risk Management Annual Review 	<p>Handouts: None</p> <p>Discussion: Linda went over the Risk Management Annual Review.</p> <ul style="list-style-type: none"> 394 Occurrence reports so far this year. 16 Workplace violence reports so far this year. 3 Falls with injury for patients reported so far this year. 137 Care & Service reports year to date. 5 Rural Grounds so far this year. 	
<ul style="list-style-type: none"> QI Council Dashboard Review 	<p>Handouts: QI Council Dashboards</p> <p>Discussion: Mandeel went over the QI dashboards; stating we met the sepsis and dysphagia measures at 100%. Mandeel stated that we have</p>	

	verified with Cerner and other organizations that this is all the ACO metrics that can be pulled and we may need to build some. Julie commented that the Provider Values Alignment Committee is working on quality metrics for providers and it will be part of their compensation.	
<ul style="list-style-type: none"> • Patient Satisfaction Dashboard 	<p>Handouts: Patient Satisfaction Dashboards</p> <p>Discussion: Mandee stated that these reports are coming out quarterly and that we left the percent top box at 75. Mandee also stated that the Urgent Care is doing amazing!</p>	
QAPI Planning:		
<ul style="list-style-type: none"> • Process/timeline review 	<p>Handouts: 2020 QAPI Planning Process and Timeline</p> <p>Discussion: Mandee went over the process and timelines for 2020 QAPI planning process and stated the admin team has also met and went over the draft plans to make sure they align with our strategies. Mandee stated that the final plans will be presented at QI and will then go to the Board. Julie stated that physicians have also participated in the plans for the first time.</p>	
<ul style="list-style-type: none"> • 2020 Organizational QAPI draft review 	<p>Handouts: 2020 Draft QAPI Plan Summary</p> <p>Discussion: Mandee, Julie, Carrie B, Rhonda, Vicky, Carrie Y, and Scott went over each of the departments draft QAPI plans in the summary document.</p>	
New Business:		
<ul style="list-style-type: none"> • 3rd Quarter SAFE Catch nominee review and selection 	<p>Handouts: SAFE Catch Nominations</p> <p>Discussion: The council reviewed all nominations and decided to award</p>	

	<p>the following to be presented at the November Board meeting which will be held on December 5th.</p> <p>3rd Quarter Clinical – Amy Crawford, Registered Nurse, Family Birthing Place for quickly assessing a changing patient condition and helping the team, even when not her home department.</p> <p>3rd Quarter Non-Clinical – Kristi Ridlon & Cassandra Herrick, Materials Management Techs, Rhonda Pruitt & Bonnie Vidonne, Materials Management Buyers and Morgan Anderson, Director of Materials Management for identifying debris inside the wrapping of surgical sterile packs.</p>	
<ul style="list-style-type: none"> • Closing: 		
<ul style="list-style-type: none"> • Adjourned at 4:56 pm 	Next meeting December 16, 2019 at 3:00 p.m.	

SAFE Catch Awards and Nominations

3rd Quarter, 2019



Clinical Award Nominations:

Nominee: Annie Stingley, RN-Surgical Outpatient

Reason for Nomination: Identifying an irregular heartbeat in a scope patient

Nominator: Andria Graham, RN-Surgical Outpatient

Event: Andria was admitting an upper endoscopy patient with a history of MI and cardiac stents when Annie came in to help. Andria was completing the computer admission, while Annie started an IV and completed the patient's assessment. As Annie listened to the patient's heart and lungs she noticed an irregular heartbeat but the patient denied any history of this. When placed on the 3 lead EKG monitor it showed the irregular heartbeat so a verbal order was obtained to perform an EKG. The patient was found to be in atrial flutter. This was communicated to the surgeon, who continued with the procedure, but then worked with the patient's primary care provider to determine a plan of care. The patient was sent home with discharge instructions, a new prescription and appointment with his PCP.

Nominee: Amy Crawford, RN-Family Birth Place

Reason for Nomination: Quickly assessing a changing patient condition and helping the team, even when not her home department

Nominator: Marissa Krager, RN-Medical/Surgical Unit

Event: Amy came to Marissa in the middle of shift change and reported that a patient was complaining of dyspnea. He didn't look super distressed at first glance, and it very easily could have been something she waited to pass on until after report was finished. Instead, Amy sat him up, got Marissa and grabbed a pulse oximeter which revealed that he had critically low blood oxygen. She anticipated Marissa's needs by getting a monitor in the room and set up, and quickly reacted to everything she asked of Amy during their scramble to place lines, draw blood, and set up various oxygen delivery systems. Amy stayed an hour late doing tasks and making sure this patient was successfully cared for and transferred over to critical care.

"I really appreciated how quickly and effectively she acted in this situation, and I believe the outcome would have been much worse if not for her. Amy is an asset to both of our teams."

Continued....



A SAFE Catch involves at least one of the following:

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

SAFE Catch Awards and Nominations

3rd Quarter, 2019



Nominee: Rhonda Ramm, ANRP-Urgent Care

Reason for Nomination: Assisting a co-worker in distress

Nominator: Rachel Coleman-Thompson, RN-Urgent Care

Event: Rhonda and Rachel were working together in Urgent Care. Rachel was at the desk eating a caramel when she was unable to swallow it and had a total airway blockage. She knocked on the door where Rhonda was with a patient and pointed to her neck. Rhonda immediately performed the Heimlich maneuver on Rachel who had started to pass out.

"She SAVED MY LIFE!!!! I am forever grateful!! To me this is the biggest SAFE CATCH!!!"

Non-Clinical Award Nominations:

**Nominees: Kristi Ridlon and Cassandra Herrick-Materials Management Techs
Rhonda Pruitt and Bonnie Vidonne-Buyers
Morgan Anderson-Director of Materials Management**

Reason for Nomination: Identifying debris inside the wrapping of surgical sterile packs

Nominator: Amy Krogstadt-Director of Surgical Services

Event: The Materials Management team recently noted some debris inside the wrappings of surgical sterile packs. They brought this to the attention of their team, removed packs from stock before taking them to the OR, and inspected packs that were already on the OR shelves. What they brought to light turned out to be a bigger problem that was not caught by quality inspection of our pack supplier. Kristy, Cassandra and Bonnie stopped the line and kept compromised packs from being used in our operating rooms. We ended up returning upwards of 165 sterile packs to the manufacturer, leaving our shelves close to bare. Morgan took this on as well and went toe to toe with the supplier until they found the cause of the contamination in their plant. Since this discovery Materials staff has worked tirelessly to fix the problem and make sure we have enough products to continue serving our surgical patients.

"I highly doubt there is a Materials team anywhere else that is as in tune with the needs of the surgical team. I applaud them for finding and reporting a problem that could lead to surgical site infection before it reached our patients. This is an AWESOME team!"



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- The catch led to front-line or just-in-time improvement

SAFE Catch Awards and Nominations

3rd Quarter, 2019

Continued...



Nominee: Jeanie Jennings, Receptionist-Imaging Services

Reason for Nomination: Recognizing a patient in distress and acting

Nominator: Jim Allen-Director of Cardiopulmonary Services

Event: Jeanie noticed a patient leaving the imaging department and noted that the patient was having some difficulty. She had the patient sit down and patient reported she felt weak and short of breath but that she wanted to just sit down for a minute and then go home. Jeanie had Jim Allen assess the patient where it was noted that the patient had irregular heart beat with a heart rate of 148, and potentially in need of urgent care. The patient was placed in a wheel chair and quickly taken to the ER where her ECG confirmed that she was in fact in cardiac distress.

"Jeanie's watchful eye and quick action saved this patient from a very possible adverse outcome or possible injury. Jeanie's action insured that this patient received timely appropriate care and displayed compassion and a caring attitude for our KVH patients."



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- The situation was high risk or had potential for greater patient harm, such as communication errors, surgical site infections, or falls
- The catch led to front-line or just-in-time improvement



QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

November 2019

Patient and Family Advisory Council

We are in the process of scheduling our second PFAC meeting. Topics queued up to receive input on: focus on service strategic initiative, patient portal optimization, telephone etiquette, billing transparency.

Employee Flu Vaccination

As of November 7th, 91% of staff had documented their flu status for the 2019-2020 influenza season. 12 people have declined vaccination, and 89% of staff are vaccinated. I will have updated numbers at the time of the board meeting, including an update on frequency of positive influenza testing we are seeing.

Survey on Patient Safety Culture

All KVH staff received a survey on patient safety starting November 13th. This is a national survey developed by the Agency for Healthcare Quality and Research, which is a division of the U.S. Department of Health and Human Services. The survey is sent to the individual employee's email address, but their responses are anonymous. The survey will be open until December 11th and all employees are encouraged to participate. This survey is part of our strategic focus on Community Engagement – Trust and Transparency. We will use the results to help plan our 2020 improvement work.

Quality Assessment Performance Improvement (QAPI) Planning for 2020

Per CMS requirements, KVH staff and leaders have initiated the process for annual review of services and improvement planning for 2020. September 30th, KVH leaders met to review their department's scope of services and progress towards 2019's QAPI plans. It was wonderful to hear all of the work we've achieved before the year is even over, and to learn more about all of the amazing care and services we provide to our community and each other. Throughout the month, leaders floated QAPI draft ideas with Administrators and Medical Staff leadership.

On October 7th, the leaders shared these drafts with one another. Some notable themes throughout the drafts:

- Sustained alignment and refinement to KVH mission, vision, values and strategy
- Focus on service – to our patients and internally in support of employees and other departments
- Continued attention and understanding of business needs in volumes and demand for services



On October 14th, KVH Admin team reviewed and further revised the drafted plan. QI Council and the Board have had the opportunity to review the drafts, providing further feedback and direction to KVH leadership prior to final approval of the QAPI plan by the board at the December Board of Commissioners meeting (January 9th).

Greater Columbia ACH Practice Transformation and Caravan ACO

As has mentioned in previous reports, we continue to work on Practice Transformation with the assistance of funding through the GCACH, which aligns with our ACO objectives. The GCACH provides funds quarterly to KVH when we meet milestones in achieving "Patient Centered Medical Home" status (Practice Transformation). Over the last quarter, the work has focused on measuring improvement in patient risk stratification, hospital follow-up, decision-making and self-management tool utilization. Beyond Practice Transformation, work the organization has endeavored in such as the Value Alignment Committee and the Promoting Interoperability team, help further attain the milestones of both the GCACH and the ACO. Most recently, we submitted our 3rd quarter milestones and have received some funds disbursement.

Quality Improvement Dashboard Data Summary – through September 2019

Summary of Areas Meeting Goal or Showing Improvement

- Sepsis measure at 100% two months in a row.
- Median time to ECG for patients with chest pain below benchmark of 10 minutes since January 2019.
- Median time to CT results for patient with stroke improved. We are continuing to work on streamlining processes with the new radiology group, especially for after-hours reads, and want to make sure we can continue improvement.
- Dysphagia Screening for stroke patients continues to be 100% for four months in a row.
- Stroke IV tPA Timing at 100%. This patient received tPA within 58 minutes.
- No staff needlesticks for the fourth month in a row.
- Hospice visits near end of life remains very high for third quarter in a row.
- Clinic ACO metrics all continue to trend in the right direction.

Summary of Improvement Opportunities

- Of the three patients with restraints in the month of September, one met standards for documentation. Nursing directors are working on building tools in the EMR to better cue the nurses to document.
- One surgical site infection of an ankle fracture with surgical repair. This type of surgical site infection is not reportable to the CDC, but we monitor internally.
- Pain Reassessment after Medication continues missing target. Nursing directors continue to work with staff to identify barriers to documentation.



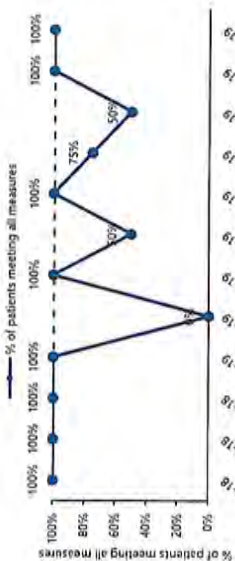
- Improvement in Management of Oral Medication not at target. Home Health and Hospice Quality RN has been providing clinical education about verbiage definitions.
- Days to Referral Completion show a bump up for August at FM-E and Ortho.

Patient Stories

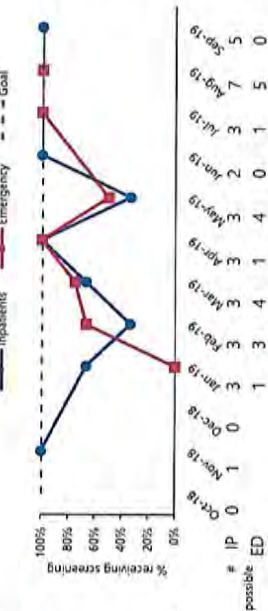
- *"Thank you for your excellent assistance during my Afib ER experience, I'm forever grateful."*
- KVH Emergency Department patient to Dr. Ken Lindsey
- *"Madeline in ER goes way above with what she has to do with her job. She's very, very good, takes very good care of people and cares about all of them like they are family. My wife and I can't thank her enough."*
- KVH Emergency Department patient to RN Madeline Majsterek
- *"We so appreciated staff sharing with us in such a way that we feel at ease and prepared for this last phase of life."*
- Family of KVH Hospice patient to RNs Chad Bearup and Kevin Yangas
- *"I started experience severe abdominal pain and my daughter called Chad. He arrived quickly, did an exam, and concurring with Dr. Martin it was decided I had an issue that required emergency surgery. I would like you to know how much we appreciate his professionalism, knowledge, and care. Dr. Penoyar told me it was a good thing I was brought in when I was because it could have turned out a lot different. The OR staff were great, as well as Med-Surg."*
- KVH Hospice patient to RN Chad Bearup, OR and Med-Surg staff
- *"I wanted to recognize Desirae Bloomquist for her professionalism, warm demeanor, and excellent patient care. My entire experience coming to see her today was great- from calling yesterday and getting an appointment today, to the nurse who checked me into my exam room (Marisol) to Desirae's sensitive and knowledgeable handling of my health concerns. She listened well the entire time, including when I shared concerns about how women's issues handled in general – given the prevalence of sexual trauma among women – even asking if there are thing she could do differently. She seemed professional, competent, knowledgeable, concerned, kind and receptive throughout the appointment. She took the time and listened. It was everything I could ask for from a healthcare provider and I wanted to know I noticed and I appreciate her."*
- Patient to ARNP Desirae Bloomquist, MA-C Marisol Flores, and staff of KVH Family Medicine – Ellensburg

QI Council

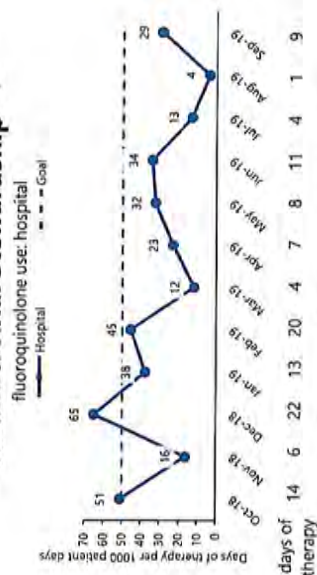
Sepsis



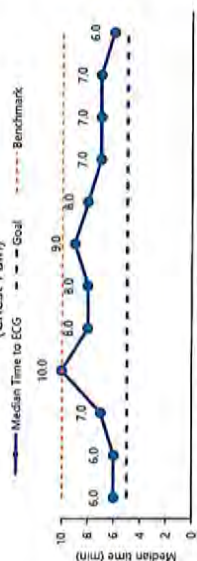
Dysphagia Screening for patients after stroke



Antimicrobial Stewardship



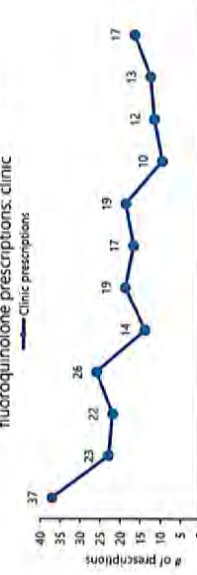
Median Time to ECG (Chest Pain)



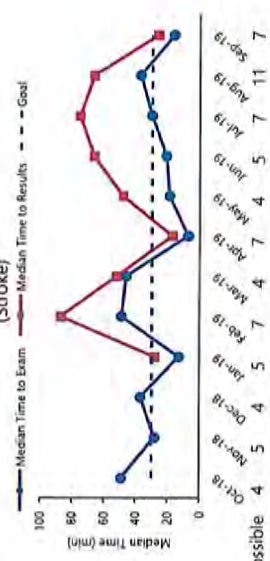
Stroke IV tPA Timing



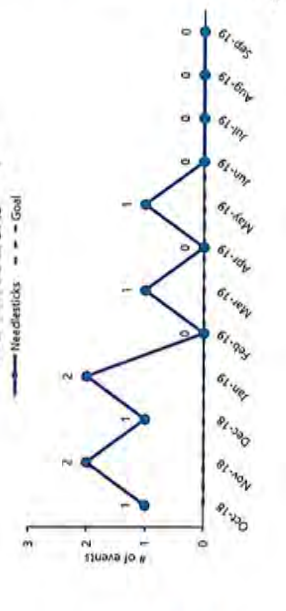
Antimicrobial Stewardship



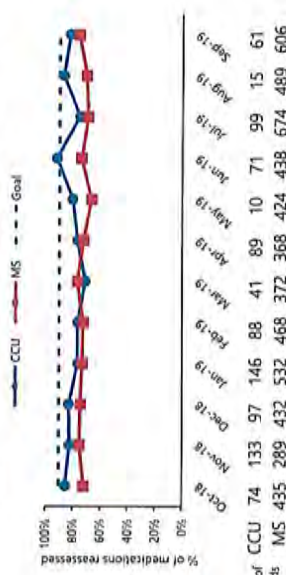
Median Time to CT or MRI (Stroke)



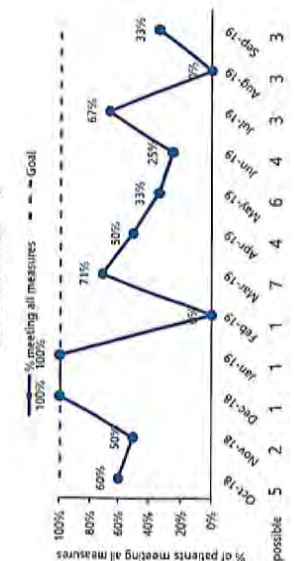
Needlesticks



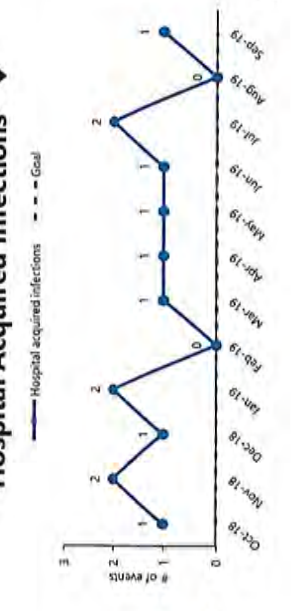
Pain Reassessment after Medication



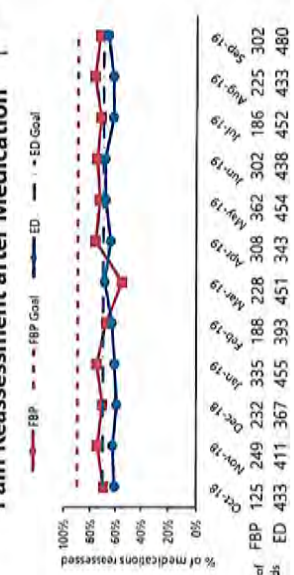
Restraints



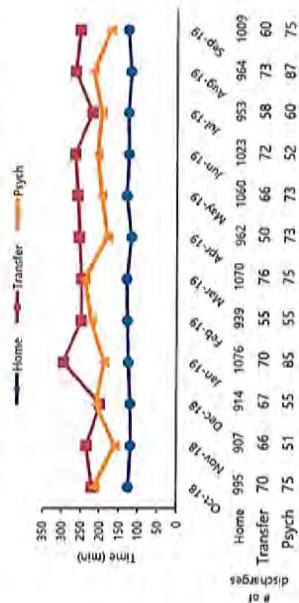
Hospital Acquired Infections



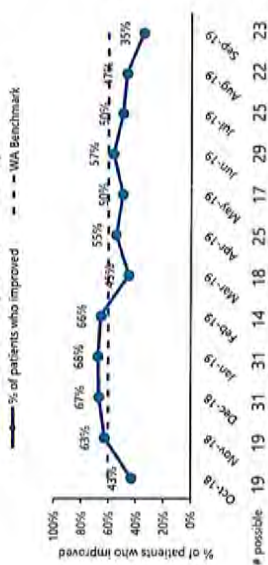
Pain Reassessment after Medication



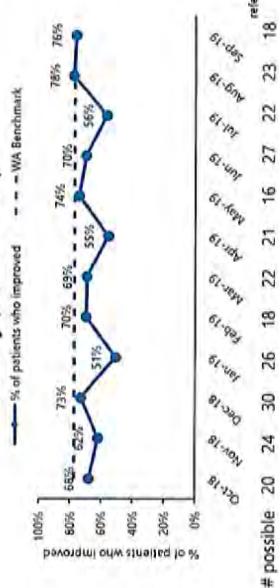
ED Admit to Discharge Time



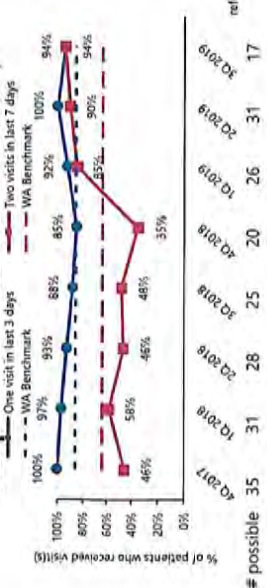
Improvement in Management of Oral Medications (Home Health)



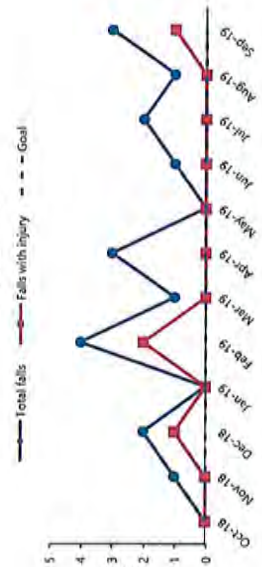
Improvement in Pain Interfering with Activity (Home Health)



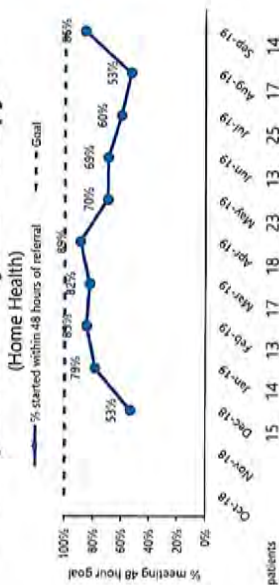
Hospice Visits Near End of Life



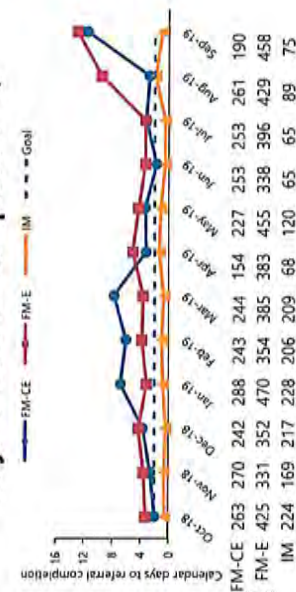
Falls



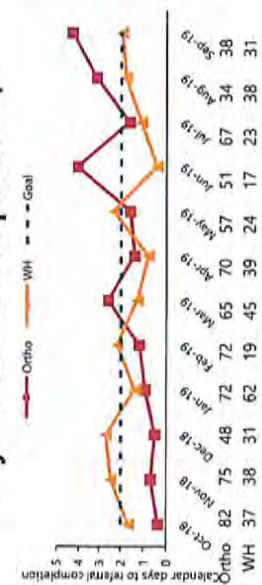
Timely Start for Physical Therapy (Home Health)



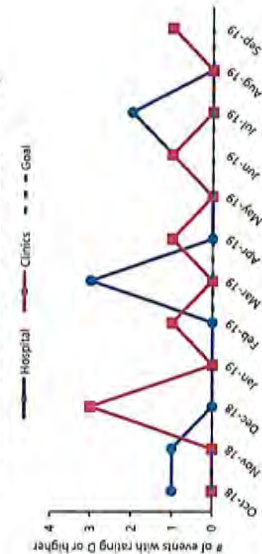
Days to Referral Completion



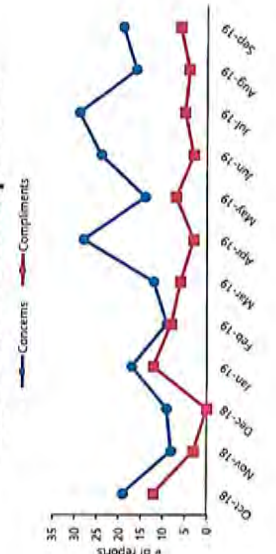
Days to Referral Completion



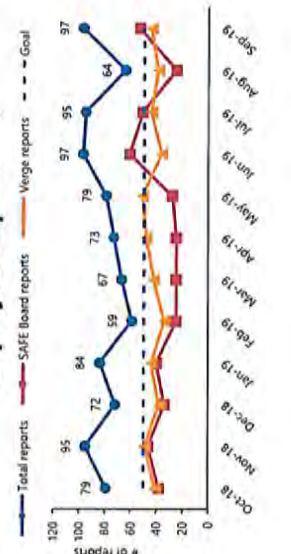
Adverse Medication Events



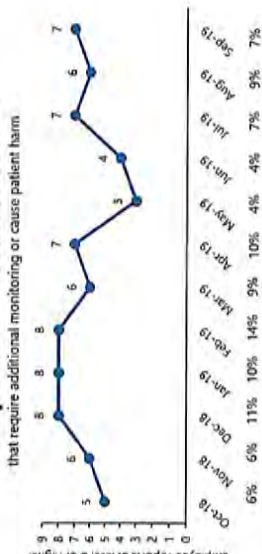
Care and Service Reports



Employee Reports

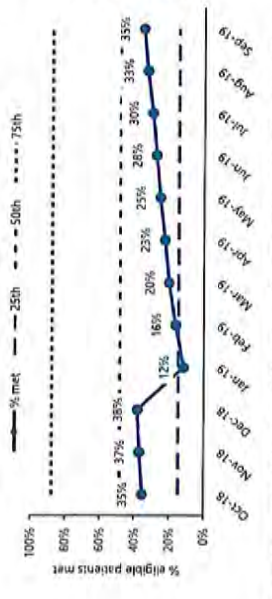


Reports of Occurrences

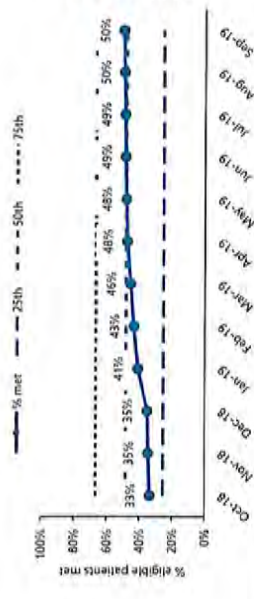


ACO Quality Measures: Clinics

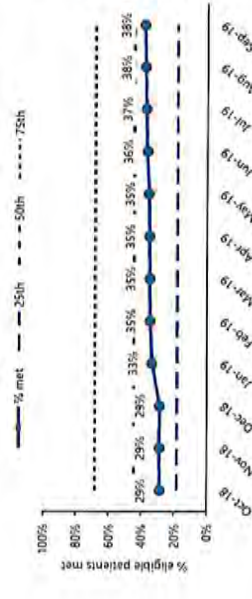
Screening for Future Fall Risk ↑



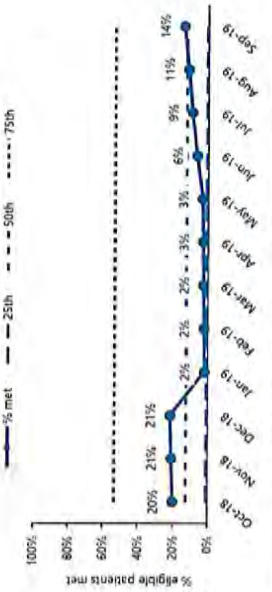
Screening for Breast Cancer ↑



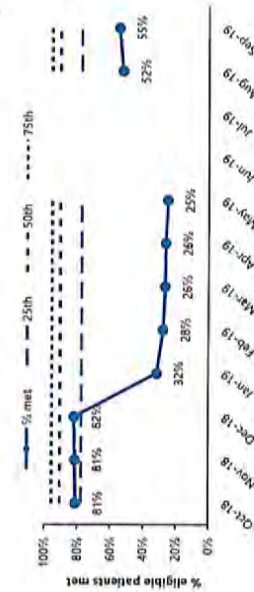
Screening for Colorectal Cancer ↑



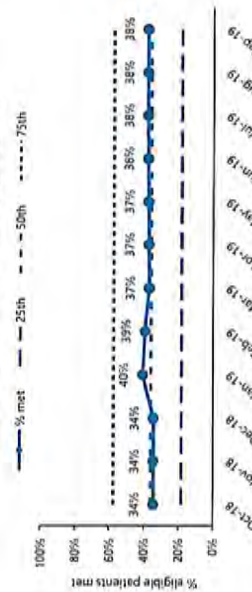
Screening for Depression ↑



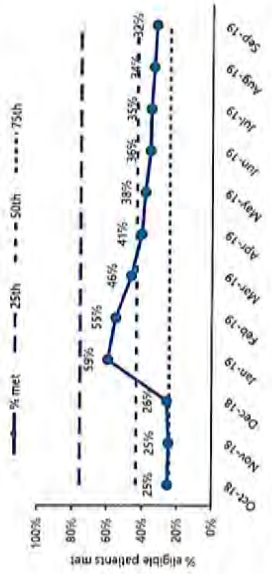
Tobacco Use Screening and Intervention ↑



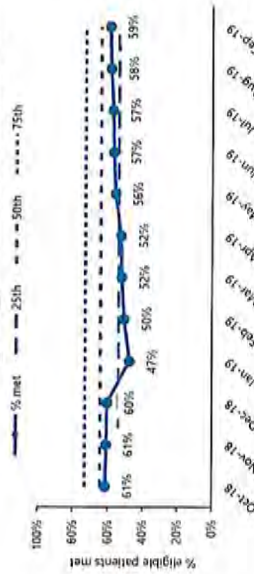
Influenza Immunization ↑



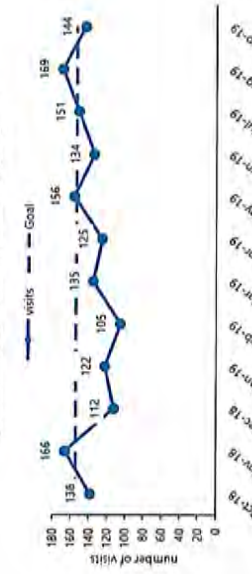
Diabetes: Poor Control ↓



Controlling High Blood Pressure ↑



Medicare Wellness Visits ↑



CHIEF EXECUTIVE REPORT – Julie Petersen

November 2019

Medical Arts Center: Plans for relocation to the Medical Arts Center are moving ahead on budget and only slightly behind schedule. The existing canopy is due to be demolished soon and construction on the new vestibule and canopy will begin shortly thereafter. An alternative entrance will be necessary while the new structure is under construction. Patients will enter at the side of the building and travel through what will be the pediatrics clinic.

The third floor, in many respects, already looks and feels like the clinic it will soon become. Walls are painted, flooring and casework is installed. Second and third floor suites are, by design, slightly behind the third floor and rapid access, on the first floor, is just underway.

Materials Management is working with the contractor, facilities department and clinic managers to organize the "day of" activities. Furnishing and equipment is being carefully palletized upon arrival to help facilitate the eventual moves.

Rural Health Clinic Status: The relocation of our primary care clinics (Family Medicine, Pediatrics, Rapid Access and Women's Health) to a single location is allowing us to create a single Rural Health Clinic for Medicare and Medicaid purposes. We will need to pay special attention to signage but system wide we should experience enhanced reimbursement.

WSNA: We have had one opportunity to meet with the WSNA negotiating team with two more sessions scheduled. We had a lengthy and valuable discussion about workplace violence and security in the context of the bargaining agreement.

Director of Human Resources: We have begun the interview process for the Director of Human Resources position being vacated by Carrie Youngblood. We described the position as focusing on staff development in 2020 and we were pleased with the pool of candidates who presented with those skills.

2020 Operating Budget and QAPI: You should have received, via email, the Draft QAPI Plan for 2020. There have been a few minor additions since the initial distribution. I encourage you to reach out to Mande Olsen if you have any questions about the plan. Scott will be distributing the draft 2020 operating budget and three year capital plan at the December 5th Board of Commissioners meeting. Scott will acquaint you with the underlying assumptions of the budget at that time. Both of these important planning documents will be presented for approval at the January 9th Board of Commissioners meeting.

1/10 of 1% Coalition: I have included in your packet a draft letter of support addressed to the Kittitas County Board of Commissioners. The letter asks for their consideration of a 1/10th of 1% sales tax to support county wide mental health initiatives. The coalition to support this initiative is working in collaboration with the members of the Kittitas County Health Network. I have included material supporting the initiative. Hospital District #2 has authorized a similar letter of support.

Hospital District #2: The BOC of PHD#2 is moving forward with the ambulance garage. The current schedule is fluid but would have HD#2 going to bid in June of 2020.

Happy Thanksgiving!



November 26, 2019

Kittitas County Board of Commissioners
205 W 5th Ave Suite #108
Ellensburg, WA 98926

Re: Letter of Support, One Tenth of One Percent Mental Health Sales and Use Tax

Dear Commissioners:

On behalf of Kittitas Valley Healthcare please accept this letter of support for the 1/10th of 1% Mental Health Sales and Use Tax for Kittitas County.

Currently, due to a lack of appropriate resources in our community, Behavioral/Mental Health patients are being seen in our Emergency Department and in our primary care clinics which are not the appropriate settings.

The impact this tax would have in the community is that it would allow the county to take a more community focus and holistic approach to behavioral health, recognizing that the impact of the gaps in our mental health and behavioral health, have both an upstream and downstream effect throughout our communities.

Kittitas Valley Healthcare is pleased to support this critical initiative to support behavioral and mental health in this community. Please feel free to contact me if you have any questions, or if I can provide you with additional information.

Sincerely,

Julie Petersen, CEO
Kittitas Valley Healthcare

Measurement		19-Sep	19-Aug	19-Jul	19-Jun	19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep
Employee Population	Available workforce	Rolling 12 Variance												
		17	378	373	368	369	369	366	370	364	370	368	366	365
	Full-time													
	Part-time	-3	132	131	131	128	129	133	131	133	132	135	130	133
	Per Diem	2	99	95	95	97	99	96	101	104	104	103	104	100
	Total Employees	16	609	599	594	594	597	595	602	601	606	606	600	598
Turnover	Quality of recruitment and retention	Rolling 12 Total												
		115	10	16	10	9	13	5	6	8	6	12	7	9
	Voluntary (excludes pd terms, includes reduction of FTE to pd)													
	Involuntary (excludes pd terms)	14	1	1	2	1	0	1	1	0	0	2	2	1
	Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	21.51%	1.81%	2.84%	2.02%	1.68%	2.18%	1.01%	1.16%	1.33%	0.99%	2.31%	1.50%	1.01%
	Total All Employees Separated	132	8	17	13	12	12	11	8	7	7	10	7	13
General Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total												
		176	18	20	15	14	16	8	6	11	10	17	12	14
	Open Postings													
	Unique Applications Received	2809	263	310	231	236	315	184	161	167	99	174	179	242
	Employees Hired	167	21	21	14	10	12	3	10	3	11	7	16	18
	Time to Fill (Median)	31.40	29.00	28.00	26.5	23.5	25.0	24.2	25	26.5	28.5	38.5	43.5	45
	Time to Fill (Average)	31.99	29.69	28.70	27.3	23.8	21.0	22.3	23.4	30.3	31.9	41.8	43.0	45.7
Provider Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total												
		41	5	4	3	3	2	1	1	1	3	3	5	4
	Open Postings													
	Open Slots	41	5	4	3	3	2	1	1	1	3	3	5	4
	Unique Applications Received	20	0	1	0	1	4	3	0	0	1	1	1	3
	Candidates Interviewed	22	1	1	0	0	1	3	0	3	2	1	2	6
	Employees Hired	11	0	2	1	1	1	1	0	1	0	1	2	0
	Time to Fill (Average)	262	214	214	62	202	377	416	486	486	238	238	210	132
Benefits	Financial impact of adding talent	Rolling 12 Total												
		40	1	2	2	2	5	3	7	4	6	1	3	3
	Workers Comp Claims													
	Time Loss Days	309	31	31	13	13	8	24	25	6	51	62	30	9
	Employee Population on Medical Benefits (Average)	66.6%	67.3%	68.0%	68.2%	68.2%	66.8%	67.2%	65.8%	67.2%	66.3%	65.2%	66.0%	65.7%
	Total cost in benefits per FTE - welfare (Average)	#####	#####	#####	#####	#####	\$874.38	\$845.20	\$864.76	\$824.54	\$ 817.34	\$ 876.60	\$ 972.83	\$ 881.21
	Total cost in benefits per FTE - total (Average)	\$ 1,833.16	\$ 1,824.89	\$ 1,546.29	\$ 1,805.61	\$ 1,881.98	\$ 1,868.97	\$ 1,931.69	\$ 1,902.52	\$ 1,855.42	\$ 2,061.65	\$ 1,884.46	\$ 1,665.97	\$ 1,768.48
Evaluations	Providing timely feedback to employee	Total Percentage												
		78.1%	78.1%	79.5%	84.3%	89.0%	90.4%	88.5%	88.9%	88.5%	85.8%	87.7%	90.0%	84.3%
	Percentage of employees with completed annual evaluation													

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date November 25, 2019

TO: Board of Commissioners
Kevin Martin, MD

FROM: Kyle West
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 as noted in each file. Please stop by Mandy's office prior to the next Board meeting if you wish to review these files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Robert Wageneck, DO	Provisional Active	Apt	CHCW-E
Ari Plosker, MD	Provisional Associate	Apt	MDIG
Daniel Hiersche, MD	Active	ReApt	Orthopedics
Jamin Feng, MD	Active	ReApt	KVH-IM
Pushapdeep Brar, MD	Associate	ReApt	Per Diem Hospitalist
Vicky Jones, MD	Associate	ReApt	NorthStar Lodge
Shawn Summers, DPM	Associate	ReApt	Cascade Foot&Ankle
Desirae Bloomquist, ARNP	Allied Health Professional	ReApt	KVH-FME
Cassandra Gavin, ARNP	Allied Health Professional	ReApt	Per Diem KVH-ED
Randy McGee, CRNA	Allied Health Professional	ReApt	CRNA
Brett White, PA-C	Allied Health Professional	ReApt	KVH-FME

CHIEF MEDICAL OFFICER – Kevin Martin, MD

November 2019

Medical Staff Services:

- Mitch Engel reports that no providers started in September. We interviewed 2 physicians in October, including a pediatrician who we hope will start next October. In light of new demand, we have postings in pediatrics, family medicine, ENT and orthopedics.
- Lisa Potter is, as always, working on a number of primary and ongoing. These include:
 - **Primary Projects:**
 - **MAT (Medication Assisted Treatment) Program**
 - We are exploring how a program like this might work in Kittitas County, how it might help meet the growing need for addiction medicine services, and what the delivery model might look like within our clinic system.
 - **Central Washington University**
 - Continuing efforts to build infrastructure that will allow us to provide primary healthcare to CWU athletes, including clinic access, phone consultations and triage.
 - **Orthopedics**
 - Continued analysis of provider scheduling models to reflect clinic access, surgical days and call coverage. We are now able to provide surgeon coverage 24/7.
 - **Palliative Care**
 - Working towards outlining an operations model and corresponding reimbursement analysis for consideration.
 - **Home Health and Hospice Outreach**
 - Continuing efforts to further our outreach for home health and hospice services, develop stronger referral partners and deliver education to community and neighboring community partners.
 - **ENT**
 - Exploring options for bringing this service line to the community.
 - **Ancillary Procedures and Services**
 - Reviewing ancillary procedures and services that we have potential to bring back into the community or increase access for the community, including exercise treadmill tests, sleep studies and pulmonary procedures.
 - **Ongoing Projects:**
 - Specialty Services Access
 - Pulmonary Rehab Program/Cardiopulmonary Rehab Option
 - Pulmonary Procedures and Sleep Medicine
- Kyle West reports that we have 2 initial appointments in November and 9 reappointments.
 - We have 5 students and one resident currently rotating here. We are in the process of setting up affiliation agreements to take students from WSU School of Medicine, Yale online PA school, Creighton University (NP program), and Walden University (NP program). Dr. Lindsey is supportive of taking additional resident rotations. If the other ED providers agree we will offer additional ED rotations to the Yakima based residents at CWFMR.
- **CMO activities:**
 - **Community & Regional Partnerships**
 - Greater Columbia Accountable Community of Health: I continue as facilitator of the Transition Care Project (Project 2C). We are receiving payments from GCACH to support our transformation work in our family medicine clinics and inpatient services
 - I continue to participate in volunteer training activities for Hospice Friends, most recently in a general volunteer training October 17.
 - The Values Alignment Committee continues to have very interesting, sometimes challenging meetings every other week. We are nearing the point of draft contract language.
 - We continue work on a third Evidence-Based Medicine workshop next spring.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer



CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

October Operating Results

- Patient volume in many of KVH's service lines met or exceeded budget in October. Admissions met budget. Patient days, GI procedures, Urgent Care visits, laboratory services, diagnostic imaging and rehab visits all exceeded their October budget target. KVH admitted a swing bed patient near the end of October. Surgery cases were below budget, however, the new surgeons are beginning to increase the number of cases that they perform so we expect significant growth in the surgery department in the coming months and year. Patient volumes through the clinics was very strong. The increased volume through the clinic appears to be related to Family Healthcare of Ellensburg's decision to change to a direct patient care service model. YTD actual to budget variances show that the hospital is tracking very close to the expected budget. Revenue from the ER facility fee charge leveling initiative has provided additional unbudgeted revenue of approximately \$615k for the hospital.
- Gross revenue of \$13,892,660 exceeded budget by \$831,437 and aligns with statics. Inpatient revenue had a positive variance of \$236,084; outpatient revenue had a positive variance of \$631,552 and clinic revenue was just \$36,200 below budget.
- Deductions from revenue exceeded budget by \$478,300 for the month. This tracked with the positive revenue variance. In October we reevaluated our bad debt reserves and concluded that KVH is well reserved so we did not increase the bad debt reserve over budgeted levels in October. KVH worked with our auditors to prepare an interim Medicare Cost report. The cost report estimated that KVH was overpaid in 2019 by Medicare by \$752,000. We increased our payable from the \$704,000 interim settlement KVH received in August by \$48,000. We accrued another \$130,000 estimated settlement for half of September and for October based on the interim cost report estimate.
- Other operating revenue for October exceeded budget by \$75,704 due to the receipt of \$50,000 in grant revenue from GCACH. The balance of the positive variance was due to additional 340b revenue.
- Overall operating expenses exceeded budget by \$334,740 in October. Salaries were over budget by \$99,387. \$30k of the negative salary variance was due to a performance accrual for four APCs. The balance of the variance was spread throughout nearly all of the other hospital departments and was related to high October patient volumes. Professional fees exceeded budget due to a \$44k accrual to buyout the locum contract of general surgeon Dr. Kemalyan who became an employee of KVH the first of October. Supplies were over budget by \$90,945 due to patient volumes. \$40k of the excess was in the clinic cost centers and was volume related. IT accounted for \$43k of the remaining

variance due to the purchase of replacement computers. Purchased services exceeded budget by \$145,384. \$59k of the variance related to recent parking lot repairs and stripping. A Nextgen licensing fee of \$69k charged to IT contributed to the remaining variance. YTD expenses are \$54,708 below budget. When variances exist they are explainable.

- October operations resulted in an operating gain of \$447,298 compared to budgeted operating gain of \$353,197. YTD KVH operating income exceeds budget by \$300,647.
- Non-operating revenue/expense was below budget by \$8,647 but has a YTD positive variance of \$160,803.
- In spite of strong October Revenue, Days in Accounts Receivable decreased 4 days from 94 to 90 days. Gross Accounts Receivable decreased by \$649,193 from \$40,578,599 in September to \$39,929,406 in October. The Revenue Cycle team has now hired replacements for the two individuals who resigned in July. The new payer denial management position was filled by one of our experienced registers who started work in Revenue Cycle on 10/22. One HRG staff member started on 9/16, one started on 11/01 and the third will start after completing work at a different hospital. Revenue Cycle staff have been putting in extra hours to keep up with the additional revenue. With November being a short month with regards to working days we may not see further A/R decreases in November but the additional staff are making an impact which was reflected in the October results.
- Days Cash on Hand increased 7.7 days to 153.0 days in October from 145.3 in September. Total cash receipts in October were \$7,993,818, the best month of the year if unusual items such as cost report settlements are excluded. Overall, days cash on hand has been stable. As we start to spend funds on the Medical Arts Clinic project the days cash on hand will decline.
- Average daily cash collections (all cash) in October increased to \$363,355 per working day from \$332,747 in September. The hospital has averaged \$346,540 in collections per working day for the first 10 months of the year.

Kittitas Valley Healthcare

Financial and Operating Indicators

October 2019 - Key Statistics and Indicators

L	Measure	2019 YTD	2019 Budget	2019 Annualize	2018	2017	2016
1	Total Charges	126,138,818	151,556,153	151,366,582	140,104,003	130,611,388	124,153,636
2	Net Revenue	69,016,717	82,594,255	82,820,060	78,753,810	71,490,964	71,506,819
3	Operating Income	1,918,417	2,013,073	2,302,101	474,120	885,655	(5,893)
4	Operating Margin %	2.8%	2.4%	2.8%	0.6%	1.2%	0.0%
5	Cash	32,224,206	31,428,600	32,224,206	27,408,625	33,213,447	29,859,717
6	Days Cash on Hand	153.0	150.0	153.0	133.5	178.7	156.0
7							
8	Surgeries	1,067	1,478	1,280	1,461	1,396	1,510
9	Gastrointestinal Procedures	1,191	1,250	1,429	1,250	1,383	1,396
10	Emergency Visits	11,514	13,760	13,817	13,930	13,162	13,789
11	% ED visits To Bed	9.6%	n/a	9.6%	n/a	n/a	n/a
12	Diagnostic Imaging	25,338	31,664	30,406	29,474	33,836	33,471
13	Laboratory	174,715	218,157	209,658	207,040	190,587	181,082
14	Clinic Visits	60,380	75,644	72,456	58,500	50,917	48,525
15	IP & Obs Days (no swing)	3,210	3,801	3,851	3,829	3,440	3,937
16	Deliveries	260	332	312	332	322	312
17	Admits	790	952	948	944	899	1,043
18							
19	FTEs	475.8	485.4	475.8	469.4	457.6	449.1
20	AR Days	89.9	60.0	89.9	92.0	50.8	47.5

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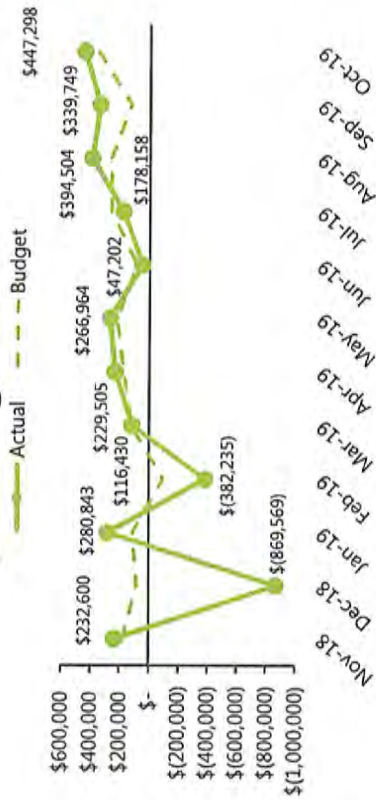
Kittitas Valley Healthcare **October 2019 - Key Statistics and Indicators**

Activity Measures	Current Month			Year to Date			Prior YTD	
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01 Admissions w/Swingbed	84	84	0.2%	790	803	-1.6%	828	-4.6% 01
02 Patient Days - W/O Newborn	240	226	6.5%	2,224	2,212	0.5%	2,296	-3.1% 02
03 Patient Days - Swingbed	6	42	-85.7%	37	140	-73.8%	NA	NA 03
04 Avg Daily IP Census w/Swingbed	7.9	8.6	-8.0%	7.4	7.7	-3.9%	7.6	-1.5% 04
05 Average Length of Stay	2.9	2.7	6.3%	2.8	2.8	2.2%	2.8	1.5% 05
06 Average Length of Stay w/Swingbed	2.9	3.2	-8.1%	2.9	2.9	-2.3%	2.8	3.2% 06
07 Deliveries	23	28	-18.4%	260	277	-6.0%	279	-6.8% 07
08 Case Mix Inpatient	1.04	1.00	4.3%	1.12	1.00	12.0%	1.14	-1.8% 08
09 Surgery Minutes - Inpatient	2,508	3,018	-16.9%	29,762	29,593	0.6%	31,655	-6.0% 09
10 Surgery Minutes - Outpatient	6,207	6,759	-8.2%	58,005	66,277	-12.5%	70,947	-18.2% 10
11 Surgery Procedures - Inpatient	18	23	-22.5%	227	228	-0.3%	229	-0.9% 11
12 Surgery Procedures - Outpatient	94	102	-8.2%	840	1,004	-16.3%	1,007	-16.6% 12
11 Gastrointestinal Procedures	125	113	10.6%	1,191	1,099	8.4%	1,071	11.2% 11
12 ER Visits	1,156	1,169	-1.1%	11,514	11,460	0.5%	11,758	-2.1% 12
13 Urgent Care Cle Elum Visits	401	362	10.8%	4,212	3,554	18.5%	3,599	17.0% 13
14 Laboratory	18,627	18,528	0.5%	174,715	181,698	-3.8%	187,054	-6.6% 14
15 Radiology Exams	2,735	2,689	1.7%	25,338	26,373	-3.9%	26,113	-3.0% 15
16 Rehab Visit	1,715	1,416	21.1%	15,694	13,884	13.0%	12,052	30.2% 16
17 Outpatient Percent of Total Revenue	85.4%	86.3%	-1.0%	85.2%	86.1%	-1.1%	84.9%	0.4% 17
18 Clinic Visits	7,132	6,918	3.1%	60,380	62,884	-4.0%	48,005	25.8% 18
19 Adjusted Patient Days	1,650	1,650	0.0%	15,043	15,942	-5.6%	15,219	-1.2% 19
20 Equivalent Observation Days	81	97	-16.6%	986	954	3.4%	1,000	-1.5% 20
21 Avg Daily Obs Census	2.6	3.1	-16.6%	3.2	3.1	3.4%	3.3	-1.5% 21
22 Home Care Visits	546	738	-26.0%	5,652	7,234	-21.9%	7,358	-23.2% 22
23 Hospice Days	800	930	-14.0%	8,270	9,121.7	-9.3%	10,341	-20.0% 23
Financial Measures								
24 Salaries as % of Operating Revenue	47.9%	49.3%	3.0%	49.9%	50.5%	1.1%	51.8%	3.7% 24
25 Total Labor as % of Operating Revenue	58.4%	60.7%	3.7%	61.5%	62.0%	0.9%	63.6%	3.4% 25
26 Revenue Deduction %	47.5%	46.9%	-1.4%	47.8%	47.3%	-1.0%	46.7%	-2.5% 26
27 Operating Margin	5.9%	4.9%	19.5%	2.8%	2.4%	18.2%	-0.2%	-1655.1% 27
Operating Measures								
28 Productive FTE's	434.3	432.9	-0.3%	417.5	432.9	3.6%	417.0	-0.1% 28
29 Non-Productive FTE's	54.6	52.5	-4.0%	58.3	52.5	-11.2%	52.4	-11.3% 29
27 Paid FTE's	488.9	485.4	-0.7%	475.8	485.4	2.0%	469.4	-1.4% 27
28 Operating Expense per Adj Pat Day	\$ 4,336	\$ 4,135	-4.9%	\$ 4,460	\$ 4,212	-5.9%	\$ 4,238	-5.3% 28
29 Operating Revenue per Adj Pat Day	\$ 4,608	\$ 4,349	5.9%	\$ 4,588	\$ 4,314	6.4%	\$ 4,230	8.5% 29
30 A/R Days	89.9	60.0	-49.8%	89.9	60.0	-49.8%	112.0	19.8% 30
31 Days Cash on Hand	153.0	175.0	-12.5%	153.0	175.0	-12.5%	138.9	10.2% 31

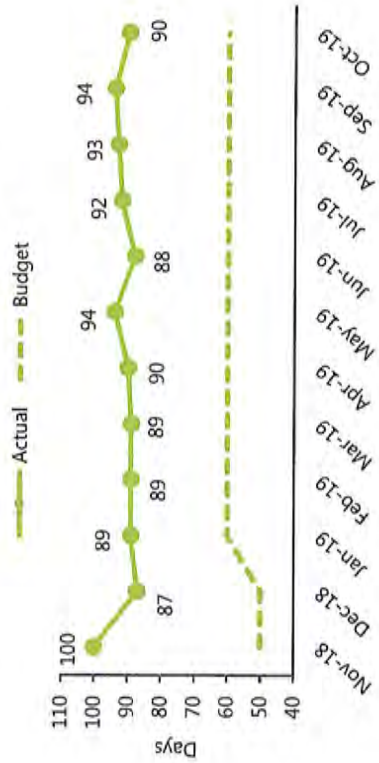
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Financial Sustainability

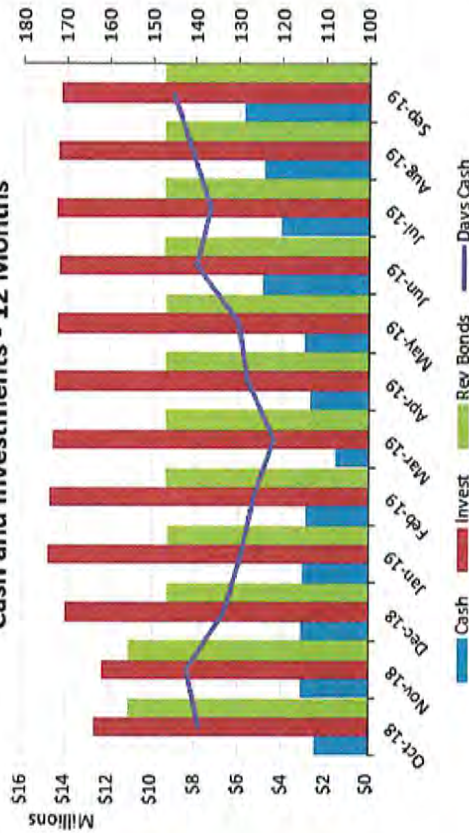
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2017	CY 2018	YTD 2019
Medicare	40.47%	41.85%	42.47%
Medicaid	18.90%	18.45%	18.58%
Commercial	33.14%	32.03%	32.70%
Self Pay	4.31%	3.52%	2.01%
Other	3.18%	4.15%	4.24%

10/31/2019

Kittitas County Public Hospital District #1

Kittitas Valley Healthcare

Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	2,021,999	1,785,915	236,084	18,646,972	17,513,490	1,133,481	17,556,392
OUTPATIENT REVENUE	9,789,855	9,158,303	631,552	89,603,341	89,810,452	(207,111)	84,633,321
CLINIC REVENUE	2,080,805	2,117,005	(36,200)	17,888,506	18,885,020	(996,514)	14,190,673
REVENUE	13,892,660	13,061,223	831,437	126,138,818	126,208,962	(70,143)	116,380,386
CONTRACTUALS	6,043,834	5,707,841	335,993	56,422,949	55,727,556	695,393	50,326,324
PROVISION FOR BAD DEBTS	254,281	257,181	(2,900)	2,601,521	2,523,663	77,859	2,557,437
FINANCIAL ASSISTANCE	21,399	92,100	(70,700)	390,771	903,172	(512,400)	865,008
OTHER DEDUCTIONS	280,229	64,322	215,907	908,847	598,446	310,401	544,806
DEDUCTIONS FROM REVENUE	6,599,744	6,121,444	478,300	60,324,089	59,752,837	571,252	54,293,575
NET PATIENT SERVICE REVENUE	7,292,916	6,939,779	353,137	65,814,730	66,456,125	(641,395)	62,086,811
OTHER OPERATING REVENUE	311,737	236,034	75,704	3,201,987	2,314,653	887,334	2,292,798
TOTAL OPERATING REVENUE	7,604,653	7,175,813	428,840	69,016,717	68,770,778	245,939	64,379,609
SALARIES	3,638,956	3,539,569	99,387	34,436,138	34,710,609	(274,471)	33,341,075
TEMPORARY LABOR	16,735	13,343	3,392	285,988	104,242	181,746	430,496
BENEFITS	805,110	814,949	(9,839)	7,992,826	7,934,454	58,372	7,634,496
PROFESSIONAL FEES	95,078	55,541	39,537	808,686	544,600	264,086	535,974
SUPPLIES	876,039	785,094	90,945	7,276,666	7,705,368	(428,702)	7,502,092
UTILITIES	90,427	75,463	14,964	805,727	782,728	22,999	787,664
PURCHASED SERVICES	970,573	825,189	145,384	8,692,640	8,251,890	440,749	8,372,810
DEPRECIATION	302,288	342,061	(39,773)	3,092,034	3,420,613	(328,578)	2,339,073
RENTS AND LEASES	114,386	127,932	(13,546)	1,211,598	1,279,317	(67,718)	1,164,825
INSURANCE	38,606	39,575	(969)	453,118	395,750	57,368	383,611
LICENSES & TAXES	73,022	67,783	5,239	701,718	677,833	23,885	647,022
INTEREST	57,160	56,913	247	571,558	569,133	2,425	585,268
TRAVEL & EDUCATION	42,087	36,314	5,772	297,573	357,788	(60,215)	280,317
OTHER DIRECT	36,889	42,890	(6,001)	472,027	418,683	53,345	489,961
EXPENSES	7,157,356	6,822,616	334,740	67,098,300	67,153,007	(54,708)	64,494,685
OPERATING INCOME (LOSS)	447,298	353,197	94,101	1,918,417	1,617,770	300,647	(115,076)
OPERATING MARGIN	5.88%	4.92%	21.94%	2.78%	2.35%	122.24%	-0.18%
NON-OPERATING REV/EXP	47,654	56,301	(8,647)	697,852	537,050	160,803	1,622,344
NET INCOME (LOSS)	494,951	409,498	85,453	2,616,270	2,154,820	461,450	1,507,267
UNIT OPERATING INCOME							
HOSPITAL	151,885	334,222	(182,337)	2,835,083	2,985,609	(150,526)	1,947,794
URGENT CARE	(15,263)	(5,518)	(9,745)	(285,588)	(60,369)	(225,219)	(169,020)
CLINICS	191,287	(23,924)	215,211	(1,079,883)	(1,787,069)	707,186	(2,321,962)
HOME CARE COMBINED	119,388	48,417	70,972	448,898	479,599	(30,701)	428,112
OPERATING INCOME	447,298	353,197	94,101	1,918,510	1,617,770	300,740	(115,076)

10/31/2019

Kittitas Valley Healthcare
Balance SheetKittitas Valley Healthcare
Balance Sheet and Cash Flow

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	7,530,484	3,268,227	4,262,258
ACCOUNTS RECEIVABLE	39,929,406	36,648,852	3,280,554
ALLOWANCE FOR CONTRACTUAL	(21,754,061)	(18,507,689)	(3,246,372)
THIRD PARTY RECEIVABLE	300	1,889,004	(1,888,704)
OTHER RECEIVABLES	506,355	788,227	(281,872)
INVENTORY	1,619,991	1,526,115	93,876
PREPAIDS	646,551	591,940	54,611
INVESTMENT FOR DEBT SVC	1,100,649	945,710	154,938
CURRENT ASSETS	29,579,675	27,150,386	2,429,290
INVESTMENTS	23,593,073	23,320,485	272,588
PLANT PROPERTY AND EQUIPMENT	80,098,626	79,180,803	917,823
ACCUMULATED DEPRECIATION	41,925,117	40,721,063	1,204,054
NET PROPERTY, PLANT, & EQUIP	38,173,509	38,459,739	(286,230)
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	38,173,509	38,459,739	(286,230)
ASSETS	91,346,257	88,930,610	2,415,647
ACCOUNTS PAYABLE	689,427	2,234,706	(1,545,280)
ACCRUED PAYROLL	1,784,623	1,046,722	737,901
ACCRUED BENEFITS	711,172	209,608	501,564
ACCRUED VACATION PAYABLE	1,667,445	1,678,465	(11,021)
THIRD PARTY PAYABLES	2,523,300	1,708,504	814,796
CURRENT PORTION OF LONG TERM DEBT	997,343	1,587,202	(589,859)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	8,373,309	8,465,208	(91,899)
ACCRUED INTEREST	236,257	322,579	(86,322)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	1,497	0	1,497
DEFERRED REVENUE HOME HEALTH	92,306	116,204	(23,898)
DEFERRED LIABILITIES	330,059	438,783	(108,723)
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,989,839	13,399,698	(409,859)
LTD - 2018 REVENUE BOND	5,820,000	6,000,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,540,849	2,540,849	0
CURRENT PORTION OF LONG TERM DEBT CONTF	(997,343)	(1,587,202)	589,859
LONG TERM DEBT	20,353,345	20,353,345	0
NONCURRENT LIABILITIES	20,683,404	20,792,128	(108,723)
FUND BALANCE	59,673,274	59,673,274	0
NET REVENUE OVER EXPENSES	2,616,270	0	2,616,270
FUND BALANCE	62,289,544	59,673,274	2,616,270
TOTAL LIABILITIES & FUND BALANCE	91,346,257	88,930,610	2,415,647

10/31/2019

Kittitas Valley Healthcare

Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	2,616,270
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	1,204,054
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	3,820,323
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(34,182)
OTHER RECEIVABLES	2,170,575
INVENTORIES	(93,876)
PREPAID EXPENSES & DEPOSITS	(54,611)
INVESTMENT FOR DEBT SVC	(154,938)
TOTAL CURRENT ASSETS	1,832,968
INVESTMENTS	(272,588)
PROPERTY, PLANT, & EQUIP.	(917,823)
OTHER ASSETS	0
TOTAL ASSETS	4,462,880
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(1,545,280)
ACCRUED SALARIES	737,901
ACCRUED EMPLOYEE BENEFITS	501,564
ACCRUED VACATIONS	(11,021)
COST REIMBURSEMENT PAYABLE	814,796
CURRENT MATURITIES OF LONG-TERM DEBT	(589,859)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(91,899)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(86,322)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	1,497
DEFERRED REVENUE - HOME HEALTH	(23,898)
TOTAL OTHER LIABILITIES	(108,723)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(409,859)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	589,859
TOTAL LONG-TERM DEBT & LEASES	0
TOTAL LIABILITIES	(200,622)
NET CHANGE IN CASH	4,262,258
BEGINNING CASH ON HAND	3,268,227
ENDING CASH ON HAND	7,530,484

GRANTS – Mitchell Rhodes

November 2019

Awarded

- HRSA (KCHN) – \$1,000,000 - *Opioid Implementation grant*
 - *Award Began September 1, 2019*
- GCACH - \$100,000 – Opioid Resource Network Manager and Expand Medication Assisted Treatment at KVH
 - Contract received, first installment is coming
- Department of Health FLEX Grant - \$5,000 – Interactive Trauma Training
 - Contract is received, planning is moving forward

Waiting Determination

- Bureau of Justice Assistance Grant (KCHN) - \$750,000 over 2 years – Opioid Implementation Grant Supplement
 - Expected Determination October/November
- Puget Sound Energy Safety Grant – up to \$40,000 – Purchase emergency communication systems for KVH
 - Expected Determination December 2019
- UW/Premera Rural Mental Health Integration - \$245,000 per clinic – Due September 29 - Training and ongoing support to integrate mental health initiatives into Family Medicine Cle Elum
 - Expected Determination December 2019
- Molina Community Grants (KCHN) – Up to \$100,000 – October 18 – Grant will hire staff to coordinate and increase the capabilities of care coordination platform and the A-Team
 - Expected Determination December 2019
- HRSA Rural Health Network Development Program (KCHN) - \$900,000 – Improve sustainability of the Health Network and create a community health workers program
 - \$300,000 per year for 3 years
 - Expected Determination June/July 2020

Works in Progress

- Coverys Foundation Grant (KVH) – \$49,000 – Rolling – Develop and Implement both Clinical and Non-Clinical Drill Program
- Premera Behavioral Health - \$100,000 – Rolling - Grant to remodel 2 Emergency and 2 ICU rooms to be safe rooms for behavioral holds, and training for staff

Not Awarded

- Pride Foundation Community Grant (KVH Foundation) - \$15,000 – Provider education on LGBTQ health concerns
 - Expected determination November 2019

Current Awarded Grants

- *WSHA – Rural Health Systems Capacity - \$5,000 – Provider Coder Education*
- *HRSA Opioid Planning Grant - \$200,000*
- *American Society of Breast Surgeons Foundation - \$5,000 – Breast Cancer Education*
- *Shoemaker Foundation - \$6,500 – Blue Band Initiative*
- *DOH SHIP- \$12,000 – Quality Improvement*
- *DOH Trauma Grant - \$10,503 – Trauma Coordinator*
- *SoCentral Workforce Council - \$3,800 – Coder Training*

Recently Completed

- *DOH Coverdell Stroke Quality Improvement*
- *DOH FLEX Mental Health Training*

***Italicized grants were submitted prior to my hire at KVH*

KITTITAS VALLEY HEALTHCARE Capital Expenditure Board Narrative

Requesting Department: Family Birthing Place

Capital Item Requested: Fetal Monitors (3)

Function of Project: Fetal monitors provide comprehensive perinatal monitoring and the flexibility and convenience that give you instant access to the detailed information you need during labor and delivery. Having that information readily available helps provide a safe positive birthing experience for mother and baby.

GE/CORO 259CX Fetal Monitor Series maternal/fetal monitoring system is a full antepartum/intrapartum fetal monitor that includes innovative features that helps you deliver a high quality birthing experience and enhanced patient care.

It monitors uterine and fetal activity including fetal heart rate, and has enhanced maternal monitoring features including temperature, oxygen saturation, ECG and non-invasive blood pressure.

Reason Requested: Replace aging equipment.

Budget: \$55,000

Actual Cost: \$61,308

Submitted By: Stacy Botten, Director – Family Birthing Place

Date: 12/05/19

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Home Health and Hospice

Capital Item Requested: Dell Tough Laptop Computers (25)

Function of Project: Daily documentation by staff for home health and hospice patient visits.

Reason Requested: Our current laptops are at the end of their useful life and are dying.
We've had to replace batteries, which are approximately \$300 each.
They are now beginning to be non-repairable.
We budgeted \$59,000 for laptops in 2021, but need to replace sooner.

Budget: \$59,000 in 2021 **Actual Cost:** \$53,407

Submitted By: Rhonda Holden, Chief Ancillary Officer **Date:** 12/05/19



OPERATIONS REPORT

November 2019

PATIENT CARE OPERATIONS

- **Emergency Department/Urgent Care Clinic:**

Staff in both departments continues to be busy-volumes are holding steady, with UC continuing to see above budget patient numbers.

The Emergency Department's Best Practice Committee provided another round of competencies to ED staff this month. One of our next projects is to revamp our Multi Causality Incident/Patient Surge cart. This cart will hold the tools we would need if we have a large number of patients present to the ED.

In early December, we will hold a staff meeting with an educational opportunity from LifeNet Health, LifeCenter Northwest, and Sightlife. This education will cover the referral process for organs, tissue and corneas.

- **Surgical Services:**

Volumes in the Surgical Services department have escalated during the last month as patients are utilizing year end deductibles. This is a normal trend for the end of the year. The Wound Care clinic remains steady with patients graduating out of the program and new ones coming aboard.

- **Telemetry Accreditation:**

The directors from ED, Surgical Services and MS/CCU have been continuing the work for the Telemetry accreditation program. This includes research and policy development on best practice for the care of the patient on cardiac or telemetry monitors.

- **WSNA Contract Negotiations:**

The contract negotiations for the Registered Nurses were initiated last week. Our first session was productive. We look forward to coming to a fair contract for both parties.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Home Health & Hospice:**

The laptops for HHH field staff were approved as an emergency purchase by the Capital Committee, as we can no longer get parts for them when they fail. We will be budgeting to replace them every three years moving into the future.

- **Hospice Friends:**

I completed a review of the volunteer files at Hospice Friends to ensure they are meeting all CMS requirements. The audit showed 100% compliance.

- **Rehab Services:**

We hosted an open house for occupational therapy and speech therapy on November 12 and 14 aimed at allowing clinicians to view the space and services provided.

- **Diagnostic Services:**

Lab had a successful survey by the Joint Commission October 29-31 and is now accredited by them. We celebrated by serving ice cream sundaes to the staff on November 12. We are continuing to meet with KDA on the expansion for the laboratory.

We are continuing to monitor quality and TAT concerns with MDIG.

- **Hospital District 2:**

District 2 is continuing with the design work on Medic One Station 99. All Commissioners who were up for re-election will retain their position on the Board.

- **Pharmacy:**

We have had a difficult time with our flu vaccine, receiving only 100 doses every few weeks. We now have a full supply of vaccine, over 900 doses. As of November 15, we are "live" with our split billing software to allow us to include outpatient medications in our 340B program.

- **EMS and Trauma Assessment:**

The final public forum to give input on the EMS and Trauma Assessment will be held on December 12th in Wenatchee. Secretary of Health Weisman has asked the steering committee members for their input on the top priorities in the report and finding funding for the entire emergency care system, including cardiac and stroke, was our top recommendation.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Cerner postponement:**

We will be postponing the implementation of Cerner with the Pediatric team. In evaluating our timeline, we were giving ourselves about 8 weeks to implement prior to moving into the MAC. This was not a lot of time. We also noted there would need to be a rebuild of the Cerner system once they moved to the MAC because of their shift to a Rural Health Clinic. This rework and lack of time assisted in making the decision. Staff is appreciative of the breathing room this provides.

- **Clinic Manager leveling:**

Over the years as additional clinics were added, we would tack these on as extra duties to existing managers. We now have an opportunity to evaluate the current clinics and the management. Here is our structure going forward:

Stephanie Walker – Family Medicine Cle Elum

Angela Bennett – Family Medicine Ellensburg

Rachael Scott – Women's Health, Pediatrics and Workplace Health (offsite clinics)

New manager – KVH Specialty Clinics (Orthopedics, General Surgery, Internal Medicine and Dermatology)

- **AIMS Model Grant:**

We had a site visit with 3 representatives from University of Washington. They were evaluating our readiness for Collaborative Care Model (CoCM) in Behavioral Health in Cle Elum. We have applied for a Premera grant for \$245,000 in AIMS model education. The AIMS model is a the model of care which brings the primary care provider, psychiatric provider and a social worker together to works in conjunction on the patients care. Not only is the actual care defined but also a major component of the program is to create and maintain a registry. This registry will assist in not only tracking patient compliance to the program and appointments but also tracks the progress of their condition(s). This goes nicely into the Behavioral Health business model in Cle Elum as Auren O'Connell (Behavioral Health Nurse Practitioner in Cle Elum) is currently working on his fellowship with UW and the AIMS model.

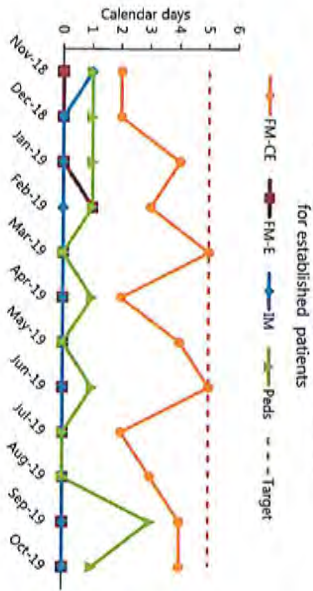
- **Medicare Wellness Visits:**

We continue to improve our processes to standardize Medicare Wellness Visits. This strategic focus was to, in end, create access for patients as these visits are nurse visits. Brett White, PA from Family Medicine Ellensburg, attended Internal Medicine and Family Medicine Cle Elum provider meetings to review the full process. This has assisted overall understanding around how the nursing staff conducts these visits primarily.

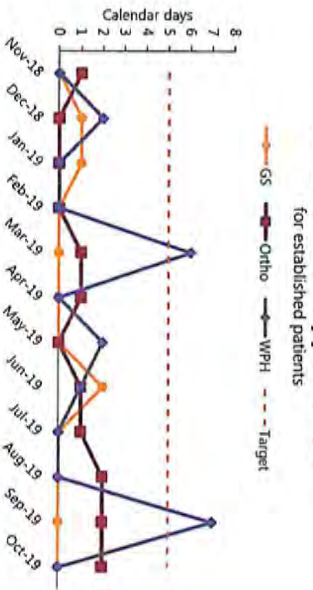
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

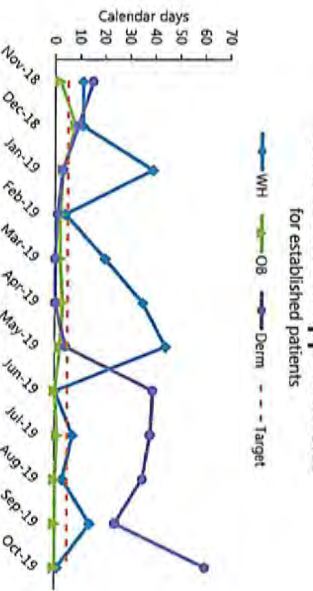
Third available appointment for established patients



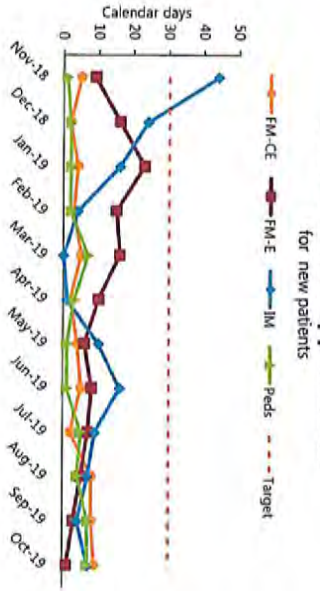
Third available appointment for established patients



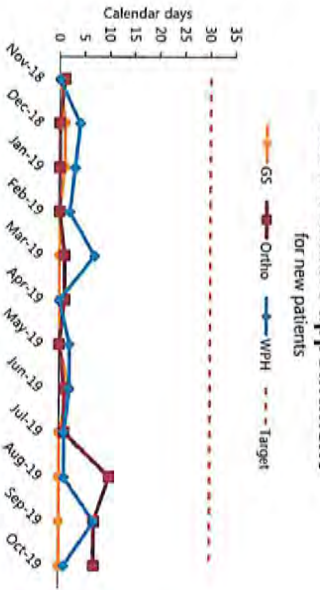
Third available appointment for established patients



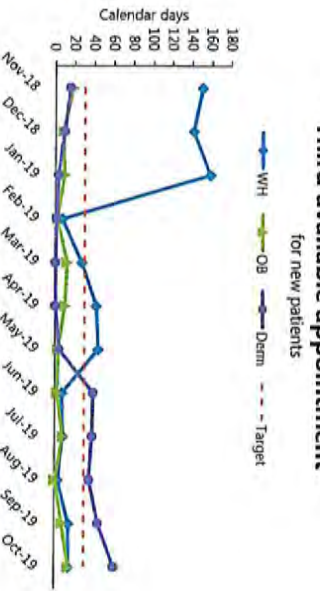
Third available appointment for new patients



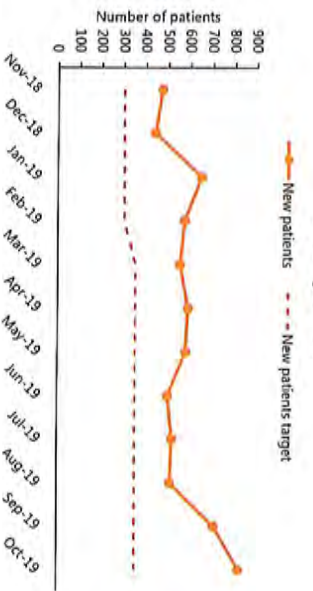
Third available appointment for new patients



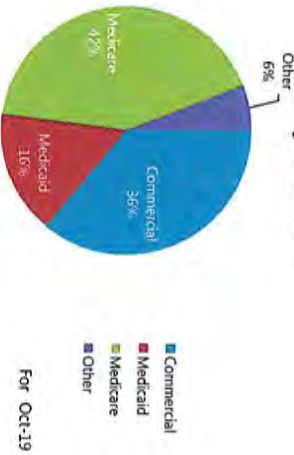
Third available appointment for new patients



New patients



Payor Mix



COMMUNITY RELATIONS – Michele Wurl

October 24, 2019-December 5, 2019

Marketing Plan Focus:

- Guided Patient Services (August-November)
- KVH Strategies – Service

External Outreach activities:

- Kittitas County Benefits Fair (10/29)
- Meditation and Mindfulness (10/30)
- Trick or Treating Downtown Ellensburg (10/31)
- Boo Elum (10/31)
- OT/ST Provider Open House (11/12 & 11/14)
- CWU Benefits Fair (11/15)
- Explore Ellensburg (12/4)

Internal Outreach activities:

- KVH Benefits Fair – Community Relations Survey (11/06)
- Free CWU basketball game tickets (11/18)

Collaborations & Partnerships:

- Level 1 Swim safety classes through the City of Ellensburg
- Upper County drive thru flu clinic – partnering with HD2 – (10/26)
- KVH partnered with KVFR to serve desserts at their Annual Veteran's Day Lunch (11/11)
- The Foundation at KVH's Gobble Wobble (11/16)
- KVH was a sponsor for CASA's Celebration of Hope (12/3)

Stories/Letters to the Editor:

- KVH blog – Holiday Eating by Nicole Norton
- Behind the Scenes – The Foundation at KVH
- Behind the Scenes – Food & Nutrition Services

Other:

- We have been assisting various departments in the areas below:
 - ✓ MAC Call for artists – Art has started to be delivered.
 - ✓ New website roll out
 - ✓ HR Recruitment Documents

On the horizon:

- Employee Forums (12/10, 12/12, 12/18)
- Dr. Bos' Retirement (12/11 from 4-6 p.m.)
- Girls Night Out – MAC Art Preview (12/12)
- KVH Sponsorship of CWU Women's Basketball Game (12/14 @ 7:15 p.m.)
- Collaborative Winter Gathering (12/17 from 5:30-7:30 p.m.)
- Provider Engagement & Kittitas County Medical Society Collaboration (January 2020)

KITTITAS VALLEY HEALTHCARE BOARD OF COMMISSIONERS 2020 COMMITTEES & MEETINGS

Standing Board Committee	Meeting Schedule	2019 Members	2020 Members	Alternates
Quality Improvement Council	Quarterly	Chair: Matt Altman Liahna Armstrong	Chair: Matt Altman Terry Clark	<i>Erica Libenow</i>
Finance Committee	Monthly – Tuesday preceding Board Meeting at 7:30 a.m.	Chair: Liahna Armstrong Roy Savoian	Chair: Bob Davis Jon Ward	<i>Matt Altman</i>
Strategic Planning Committee	Schedule to be determined	Bob Davis Matt Altman	Bob Davis Erica Libenow	<i>Matt Altman</i>
Joint Districts Committee: Hospital Districts #1 & #2	Schedule to be determined	Erica Libenow Bob Davis	Erica Libenow Bob Davis	<i>Matt Altman</i>

Special Purpose Committees and/or Responsibilities	Meeting Schedule	2019 Members	2020 Members	Alternates
Medical Executive Committee – Board of Commissioners Liaison	Monthly – 2nd Wednesday at 5:15 p.m.	Liahna Armstrong Bob Davis	Matt Altman Bob Davis	<i>Erica Libenow</i>
The Foundation at KVH – Liaisons to Foundation's Board	Bi-Monthly – 4 th Tuesday at 5:30 p.m.	Roy Savoian	Terry Clark	<i>Erica Libenow</i>
Compliance Committee	Monthly - 2 nd Monday at 3:30 p.m.	Bob Davis	Bob Davis	<i>Matt Altman</i>
Provider Values Alignment Committee	Schedule to be determined	Bob Davis Matt Altman	Bob Davis Matt Altman	<i>N/A</i>
CEO Evaluation Sub-Committee (within 60 days of June 28)	Varies	Matt Altman Bob Davis	Bob Davis Erica Libenow	<i>N/A</i>
Patient Family Advisory Committee (PFAC)	Quarterly	Erica Libenow	Erica Libenow	Jon Ward

Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2020

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	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Regular Meeting	23 5pm	27 5pm	26 5pm	23 5pm	28 5pm	25 5pm	23 5pm	27 5pm	24 5pm	22 5pm	12/3 5pm Special meeting	TBD 5pm Special Meeting
Standing Items	Strategic Plan Refresh	Update Board Ed/Dev Plan	Compliance Plan and Policies		Acceptance of Financial Audit			Approve Budget Assumptions (Operating & Capital)	Board Self-Evaluation	Plan Board Retreat Budget Hearing Annual CEO Evaluation Election of 2021 Officers Approve 2021 Board Committees & 2021 Board Calendar	Approve 2021 Operating and Capital Budgets	Update 2020 Operating Budget 2021 QAPI Approval
Presentation Subject to Change												
EDUCATION, CONFERENCES & SPECIAL MEETINGS	WSHA Hospital Advocacy Days Olympia, WA 1/29-1/30	AHA Rural Health Care Leadership Conference Phoenix, AZ 2/2-2/5 NRHA Rural Health Policy Institute Washington, D.C 2/11-2/13		IHI Annual Summit San Diego CA 4/26-4/28 AHA Annual Meeting WA DC 4/19-4/22	NRHA Annual Rural Health Conference San Diego, CA 5/18-5/22		AHA Leadership Summit San Diego, CA 7/19-7/21					

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Events		KVH host Chamber Business After Hours 2/20	3 rd Annual EBM Workshop 3/13-3/14	Provider Appreciation Dinner 4/1	CWU Hall of Fame Banquet 5/2 Foundation Gala 5/16							
Board Finance	21 7:30am	25 7:30am	24 7:30am	21 7:30am	26 3:00pm	23 7:30am	21 7:30am	25 7:30am	22 7:30am	20 7:30am	TBD 7:30am	TBD 7:30am
MEC	8 5:15pm	12 5:15pm	11 5:15pm	8 5:15pm	13 5:15pm	10 5:15pm	8 5:15pm	12 5:15pm	9 5:15pm	14 5:15pm	11 5:15pm	9 5:15pm
QI Council		10 3:00pm		20 3:00pm		15 3:00pm		17 3:00pm		19 3:00pm		21 3:00pm
Foundation Board	28 5:30pm		24 5:30pm		26 5:30pm		28 5:30pm		22 5:30pm		17 5:30pm	
Compliance	9 3:30pm	13 3:30pm	12 3:30pm	9 3:30pm	14 3:30pm	11 3:30pm	9 3:30pm	13 3:30pm	10 3:30pm	8 3:30pm	12 3:30pm	10 3:30pm
Strategic Planning												
Joint Districts												
HD #2	20 6:30pm	17 6:30pm	16 6:30pm	20 6:30pm	18 6:30pm	15 6:30pm	20 6:30pm	17 6:30pm	21 6:30pm	19 6:30pm	16 6:30pm	21 6:30pm

Emerging Topics:

WRHC Initiatives
 Kittitas County Health Department
 WRHA
 ACO
 WSHA/AWPHD