

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

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

January 23, 2020

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 Meeting: January 9, 2020 **(3-6)**
- b. Approval of Checks **(7)**
- c. Report: Foundation **(8-10)**
- d. Minutes: Finance Committee **(11)**

4. Presentations:

- a. Medical Arts Center (MAC) Update: Michele Wurl, Community Relations Director, Ron Urlacher, Engineering Director and Carrie Barr, Chief of Clinic Operations
- b. Update on Grants: Mitchell Rhodes, Grant Writer **(12-13)**

5. Public Comment and Announcements

6. Reports and Dashboards

- a. Quality – Mandee Olsen, Director of Quality Improvement **(14-25)**
- b. Chief Executive Officer – Julie Petersen **(26-27)**
 - i. Staff Development Plan – Manda Scott **(28-31)**
- c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(32)**
 - ii. Chief Medical Officer, Kevin Martin MD **(33-39)**
- d. Finance – Chief Financial Officer – Scott Olander
 - i. Operations Report **(40-42)**
- e. Operations **(43-51)**
 - 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 – no additional information to add since last meeting

7. Education and Board Reports



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

8. Old Business

9. New Business

10. Executive Session

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

11. Adjournment

Future Meetings

February 27, 2020, Regular Meeting

March 26, 2020, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' SPECIAL MEETING

KVH Conference Room A & B

January 9, 2020

BOARD MEMBERS PRESENT: Bob Davis, Erica Libenow, Matt Altman, Jon Ward, Terry Clark

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

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

1. At 5:00 p.m., President Bob Davis called the regular board meeting to order. President Davis welcomed Terry Clark to the Board.

2. **Oath of Office:**

Bob Davis and Terry Clark took the oath of office.

3. **Approval of Agenda:**

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

4. **Consent Agenda:**

ACTION: On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved the consent agenda.

5. **Approval of Board Minutes:**

ACTION: On motion of Erica Libenow and second of Jon Ward, the Board members approved the minutes. Commissioner Clark recused himself from the vote due to not being on the Board during that meeting.

6. **Presentations:**

None.

7. **Public Comment/Announcements:**

None.

8. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that she was requesting Board approval of the 2020 Quality Assessment Performance Improvement Plan (QAPI) as recommended by the Quality Improvement (QI) Council. Olsen went over the process and timeline of the QAPI.

ACTION: On motion of Matt Altman and second of Erica Libenow, the Board members unanimously approved the 2020 Quality Assessment Performance Improvement Plan as presented.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that the Values Alignment Committee has been meeting for about a year now and compensation manuals for APC's and physicians will be rolled out in January, with contracts being updated no later than January of 2021. Petersen went over the draft work plan of the strategic refresh plan. The timeline would bring the new strategic plan for 2021-2023 to the Board for approval in July of 2020. Petersen stated that she wanted to congratulate Matt Altman for being appointed to the American Hospital Association Committee on Governance (COG) as the COG Region 9 Member.

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 Matt Altman, the Board members unanimously approved the initial appointment for Dr. Jonathan Meyer and the reappointments for Dr. Kevin Martin, Dr. Douglas Dixon, Dr. Thomas Ellingson, Dr. Dennis Glaskill, Dr. John Hwang, Dr. Richard Vaughan, Dr. Vanessa Wright, and Auren O'Connell, DNP 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 November. Olander noted that the month was solid and that they have made progress with patient receipts, resulting in a positive operating income for the month. Olander reviewed the 2020 budget narrative and discussed the changes of bringing other clinics under the Rural Health Clinic umbrella.

ACTION: On motion of Matt Altman and second of Erica Libenow, the Board members unanimously approved the 2020 budget.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Holden stated that we switched radiology groups on January 1 to OnRad. Holden stated that, since the switch, turnaround times have improved. OnRad has contracted with a fulltime Radiologist who should be on site by the beginning of April. Barr stated that a memorial for Mary Norton will be held at the Fairgrounds on January 25th.

The Board members reviewed the Community Relations report with Michele Wurl.

7. Education and Board Reports:

The Board members discussed the upcoming WSHA Hospital Advocacy Days in Olympia, AHA Rural Health Care Leadership Conference in Phoenix, and the AHA Annual Meeting in Washington, D.C.

8. Old Business:

None.

9. New Business:

None.

10. Executive Session:

At 7:02 pm, President Davis announced that there would be an 8-minute recess followed by a 20-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). No action was anticipated.

At 7:30 pm, the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 7:34 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motion passed to approve the minutes.
4. Motion passed to approve the 2020 Quality Assessment Performance Improvement Plan.

5. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.
6. Motion passed to approve the 2020 budget.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: January 23, 2020

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>259705-260439</u>	NET AMOUNT:	<u>\$7,764,349.31</u>
		SUB-TOTAL:		<u>\$7,764,349.31</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:


#1	PAYROLL CHECK NUMBERS	<u>81540-81548</u>	NET AMOUNT:	<u>\$10,271.13</u>
#2	PAYROLL CHECK NUMBERS	<u>81549-81558</u>	NET AMOUNT:	<u>\$15,895.94</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,199,863.34</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,159,122.39</u>
		SUB-TOTAL:		<u>\$2,385,152.80</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2018 \$2.9M LTGO REFUNDING BONDS - PRINCIPAL	NET AMOUNT:	<u>\$392,414.00</u>
#2	2018 \$2.9M LTGO REFUNDING BONDS - INTEREST	NET AMOUNT:	<u>\$38,620.90</u>
		SUB-TOTAL:	<u>\$431,034.90</u>

TOTAL CHECKS & EFTs: \$10,149,502.11

Prepared by


 Sharoll Cummins
 Staff Accountant



FOUNDATION ACTIVITIES

Annual Appeal – Our annual appeal to the community mailed mid-October. We have been receiving donations daily and have collected over \$12,000 to date. Funds from the annual appeal go towards our unrestricted fund.

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. Our fund-A-Need for the 2020 Gala will benefit local cardiac care with funds going towards the purchase of cardiac stress testing equipment and a 4th i-Stat Machine.

Gala "Save the Date" postcards are being mailed this week. See attached artwork.

Our popular "Pick Your Prize" raffle will include a wine cabinet courtesy of Fitterer's, a trip for four to Great Wolf Lodge and a Seattle getaway featuring club seats to the Mariners donated by Anderson Hay and Grain. Look for raffle tickets for sale in March.

Rural Grand Rounds – Funding has been authorized for the Rural Grand Rounds program for 2020.

Respectfully submitted,
Laura Bobovski
Foundation Assistant

05.16.20

dreams to fulfill
MAGICAL EVENING 2020

dinner | raffle | silent auction

THE
FOUNDATION
KVH

Mark your calendars for the 17th annual
Magical Evening spring gala!

SATURDAY May 16, 2020 5:30 p.m.
Kittitas Valley Event Center, Ellensburg, WA
semi-formal attire



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Presented by The Foundation at KVH.

Join us for an elegant evening with unique raffles,
silent auction, entertainment and dining. Proceeds
will directly support cardiac care at KVH with the
purchase of cardiac stress testing
equipment and an iStat machine.

For more information, including sponsorship
opportunities, contact the Foundation office at
509.933.8669 or foundation@kvhealthcare.org.

GALA CO-CHAIRS
Connie Dunnington & Cindy Smith

Learn more at kvhealthcare.org/gala

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
January 7, 2020

Members Present: Robert Davis, Jon Ward, Jerry Grebb, Julie Petersen, and Scott Olander

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

The meeting was called to order by Robert Davis at 7:30 a.m.

A motion was made to approve the agenda, after the analysis of the ENT service line was added as an agenda item, and the December 3, 2019 minutes. The motion carried.

Scott Olander presented the financial overview of November. Volume was less than budget for admissions, patient days, and deliveries. November surgeries were less than budget, yet overall are trending upward. GI procedures are steady with being two above budget for the month. Emergency Department visits are steady with being two less than budget for November. Urgent Care was above budget for November. Radiology exams were 193 less than budget for November. Clinic visits have picked up the previous few months. This contributes to the ancillary revenue like laboratory tests. Homecare visits are down and we think this is due to the Wound Care Clinic. Days in AR decreased by four to 86 days for November. Our payer mix is trending up as we have seen a decrease in self pay. This is due in part to checking identification, asking for insurance, and helping patients sign up for insurance, who present at the Emergency Department. The day's cash on hand has remained steady and we expect a decrease in December due to payments relating to the MAC remodel. November inpatient revenue is less than budget and aligns with inpatient volume. Outpatient revenue is ahead of budget and aligns with surgical and GI procedures for the month of November. Clinic revenue exceeded budget and aligns with clinic visits for November. Revenue deductions for November included adjustments for untimely billing. Other operating revenue exceeded budget and included 340b and GCACH payments. Except for salaries most expenses were less than budget. The results are operating income of \$160,984 for the month and \$2,079,401 year to date.

The 2020 budget will be presented to the Board of Commissioners. The budget is conservative and represents improved access to care. The ENT service line is not factored into the 2020 budget. The budget includes the maximization of Rural Health Clinic reimbursement. Volume for the 2020 budget is flat for patient days and ER visits, increases are planned for deliveries, surgery cases and GI procedures. Clinics have some increases in volumes. The current payer mix is maintained in the 2020 budget. Expense increases include rate increases for salaries. This results in \$2.5 million in net income for the 2020 budget.

An analysis of the new ENT service line was presented. The service is capital intensive and was at the top of the recruitment list. The committee acknowledged that KVH is moving ahead with this service line.

With no further business, the meeting was adjourned at 8:37 a.m.

Grant	Grantee/ Applicant	Funding Category	Funding Source	Amount	Status	Funds Leveraged/Complimented	Partnerships	Purpose
Opioid Resource Network Manager	KVH	Opioids	GCACH	\$100,000	Awarded	Opioid Planning and Implementation Grants	KCHN	Create a robust MAT program in Kittitas County - Provides funding for Dr. Asriel and RN Care Manager
Rural Mental Health Integration	KVH	PCMH	UW/AIMS	\$245,000	Awarded	GCACH	Greater Columbia	Provides training and education for integrated mental health at FMCE
Rural Health Systems Capacity	KVH via KVHF	Education/Staff Development	WSHA	\$5,000	Awarded	SoCentral Workforce Council Grant	Foundation	Provider coder education
Opioid Planning Grant	KVH	Opioids	HRSA	\$200,000	Awarded	Implementation Grant, Opioid Resource Network manager	KCHN	Create a robust plan to address opioid addiction in our county
Coder Training Grant	KVH	Education/Staff Development	SoCentral Workforce Council	\$3,800	Awarded	WSHA		Provides training for new coders
Opioid Implementation Grant	KCHN	Opioids	HRSA	\$1,000,000	Awarded	Opioid Planning and Opioid Resource Network Manager	KCHN Participants	Implement plan created in Opioid Planning Grant to address opioid addiction in our county
Safety Communications Equipment	KVH via KVHF	Facilities	PSEF	\$44,000	Applied		Foundation	Purchase emergency communications systems for KVH
Drill Grant	KVH via KVHF	Education/Staff Development	Coverys	\$49,000	WIP	PSEF, DOH Trauma	KVFR, Law Enforcement (likely included), Foundation	Create and implement clinical and non-clinical drill program
Behavioral Health Grant	KVH via KVHF	Facilities	Premiera	\$100,000	WIP	PSEF, Rural Mental Health Integration	ED, Foundation	Remodel ED and ICU rooms to be safe rooms for behavioral holds and training staff
Construction Grant	D2 via KVHF	Facilities	Sunderland		Researching	BNSF, Shoemaker, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	BNSF		Researching	Sunderland, Shoemaker, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	Shoemaker		Researching	Sunderland, BNSF, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	Suncadia		Researching	Sunderland, BNSF, Shoemaker	Foundation	Funding to supplement cost of new ambulance garage
Rural Health Network Development Grant	KCHN	Care Coordination	HRSA	\$900,000	Applied	HRSA Care Coordination, Implementation, GCACH	KCHN Participants	Funding to improve sustainability of the Health Network and create a community health workers program
Care Coordination	KCHN	Care Coordination	HRSA	\$750,000	WIP	HRSA Rural Health Network Development, GCACH	KCHN Participants	Funding to improve care coordination in our community
Community World of Difference	KCHN	Care Coordination	Cigna	\$100,000	WIP	HRSA Rural Health Network Development, GCACH, HRSA Care Coordination	KCH Participants	Funding to improve care coordination in our community
Breast Cancer Education	KVH via KVHF	Education/Staff Development	ASBSF	\$5,000	Awarded		Foundation	Provide community education on breast health
Blue Band Initiative	KVH via KVHF	Education/Staff Development	Shoemaker University of Washington	\$6,500	Awarded		Foundation	Provide community education on preeclampsia
EBM Sponsorship	KVH via KVHF	Sponsorship	Washington		Requested		Foundation	Funding for the Evidence-Based Practice Workshop

EBM Sponsorship	KVH via KVHF	Sponsorship	Washington State University Central	Requested		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Washington University	Requested		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Pacific Northwest University of Health Sciences	Requested		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Heritage University	Requested		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Yakima Valley College	Requested		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Washington Physician's Insurance	Requested		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Premiera Blue Cross	WIP		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Cerner	WIP		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Coverys	Researching		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Molina	Researching		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	American Medical Association	Researching		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	American Hospital Association	Researching		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Washington State Medical Association	Researching		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Washington State Hospital Association	Researching		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	American Academy of Family Physicians Foundation	Researching		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Washington Rural Health Association	Researching		Foundation	Funding for the Evidence-Based Practice Workshop
EBM Sponsorship	KVH via KVHF	Sponsorship	Inland Northwest Health Services	Researching		Foundation	Funding for the Evidence-Based Practice Workshop

* Grants under research are not yet assigned a request amount

** Sponsorships are asked to provide funding up to \$10,000

QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ
January 2020

Quality Improvement Dashboard Data Summary – through November 2019

Summary of Areas Meeting Goal or Showing Improvement

- No needlesticks or hospital acquired infections in November 2019.
- 100% compliance with sepsis guidelines.
- Dysphagia screening for patients after stroke at 100% over the past five months.
- Compliance with guidelines for patients with restraints was very good in the month of November; this was the highest number of patients we had in restraints during a single month in 2019.
- No adverse medication events reported.
- Low use of fluoroquinolones in hospital and clinics; there has been focused work this year regarding reduction in usage of this particular antibiotic. It is still the most appropriate antibiotic to be used in some cases so the goal is not zero usage.

Summary of Improvement Opportunities

- Median time to CT or MRI results increased in November 2019. We continue to work with our teleradiology group to improve timing.
- There was a decrease in the days to completion of referrals in our primary care clinics, but there is still improvement to be made at KVH Family Medicine – Ellensburg.
- No falls with injury, but there were four patient falls in the month of November.

Patient Stories

"I had my annual check up with Chelsea Newman recently and I wanted to say that she really is outstanding. I hadn't been to a doctor in a while (I know...) and my oldest daughter goes to her. So, in I go, really nervous and anxious. She was the perfect fit. Chelsea was thorough and explained everything so well. I thought she was just the right balance of caring, yet honest. [We] both go to the clinic in Cle Elum and the follow up was great. I felt very cared for. Carrie, thank you for your hand in placing great people in just the right place. You've always been exceptional."

–FM-CE patient to PA-C Chelsea Newman and Chief of Clinic Operations Carrie Barr

"I want to say a HUGE and inadequate THANK YOU to Juan, Dr. Larson, and his team for helping me out of a jam of my own design! I got a call from my son's school yesterday, letting me know that they didn't have a medication authorization form on file for his Epi Pens, and he couldn't go on the 4th grade field trip if they didn't get it by this morning. I thought I had already turned it in, so I scrambled to get a new form and get it dropped off. I called and spoke to Juan on Monday afternoon and he said he would make sure that Dr. Larson saw it first thing and that it would get filled out and faxed back to Lincoln. The school called me in the morning and said they didn't get it, so I called and thankfully Juan answered, checked on it and said it was already signed and faxed over. I thanked him and he said it was no big deal, but it was to me! I am so appreciative that everyone was willing to go the extra mile to turn that form around for my son when it was my fault that the school didn't have it! Everyone easily could have said 'Failure to plan on your part does not constitute an emergency on mine' but that wasn't the case at all. Thank you thank you thank you!"

-Mother of FM-E patient to PSR Juan Svendsen, Dr. Mark Larson and team

"This letter is a letter of sincere thanks. I visited your clinic for a pink eye condition. You certainly addressed that issue... More importantly, you expressed concern about my low pulse rate. I felt fine and kind of minimized your concern. The next day I went out and played golf. No big deal. But then I remembered your concern and decided to check in with my primary doctor. Two days later I had a pacemaker in my chest. I am very fit and never dreamed I would need a pacemaker. Before the procedure, my pulse was at 25. One doctor told me I was running on empty at that point. I am not trying to be dramatic, but the visit to your clinic for pink eye may well have saved my life! So thank you and my family thanks you as well."

-Visiting Cle Elum Urgent Care patient to staff

"Dear Tuesday ER Staff! Thanks for all your help getting my muscle cramp "uncramped". ...the pain left and has not returned."

-ED patient to ED staff

"Susan RN was quick and friendly. Our daughter (2) hit her head and needed help getting a laceration to close. Pat PA-C was professional and was able to explain why glue was our best option. He and Susan kept our daughter calm and brought her back to her singing and laughing self. Great job!!!"

-Father of ED patient to RN Susan Penick and PA-C Patrick Erley

"Thank you all so much for a wonderful stay in the birthing unit. We feel so blessed by all of the nurses and staff that took care of us and baby. You all truly are exceptional."

-Family and patient of FBP to FBP staff

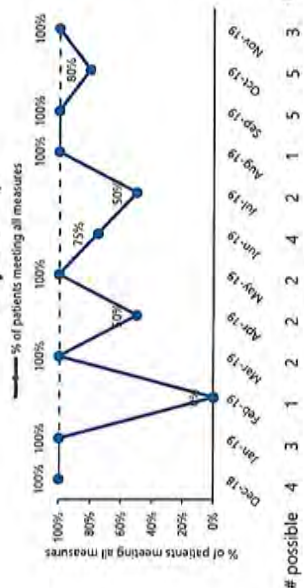


"It is difficult to adequately express the gratitude we feel for the stellar job that you did in orchestrating a care plan for [our loved one] in his last months. The immediacy with which you addressed each situation, navigated resources and encouraged contact "at any hour" made a difficult process manageable. I was so impressed with the TEAM approach and how you managed continuity and consistency even as caregivers changed. You never missed a beat and your respect and concern... ..was genuine and appreciated. We feel so fortunate for the excellent care he received and for the friends we made among you in our mutual endeavor."

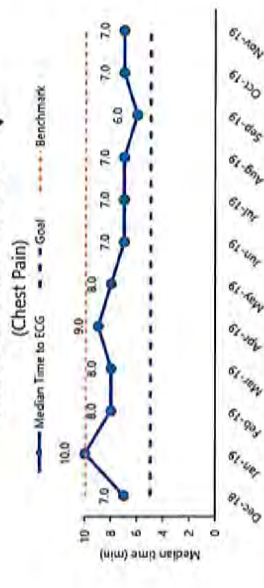
-Family of Hospice patient to the Hospice team

QI Council

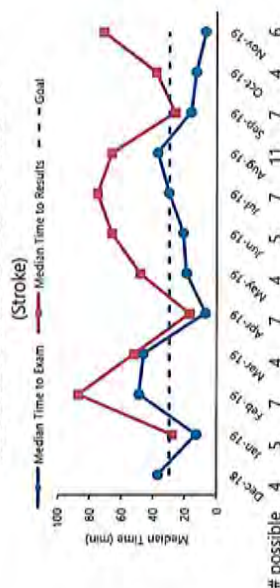
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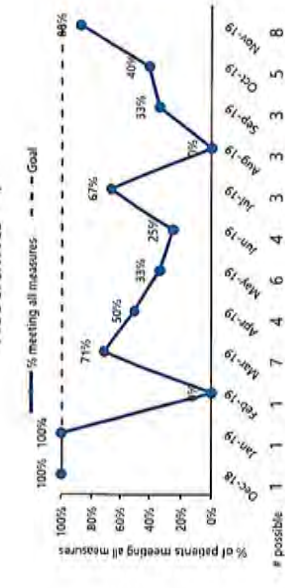
Median Time to ECG (Chest Pain)



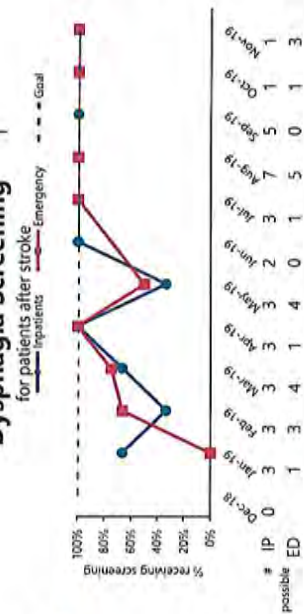
Median Time to CT or MRI (Stroke)



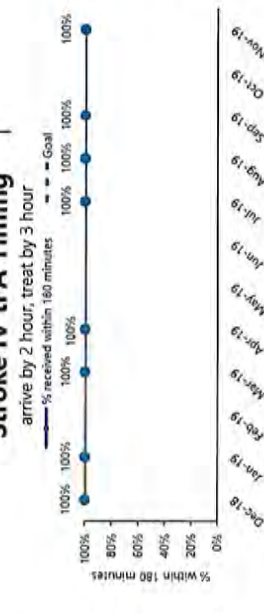
Restraints



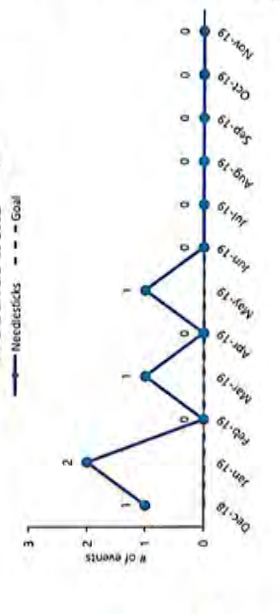
Dysphagia Screening for patients after stroke



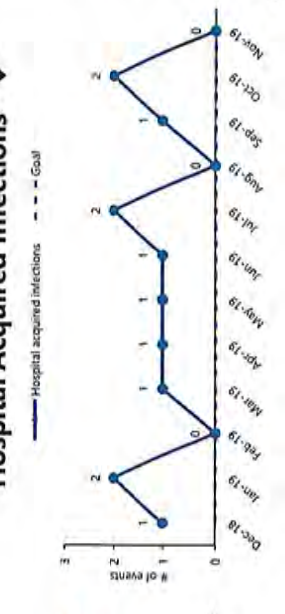
Stroke IV tPA Timing



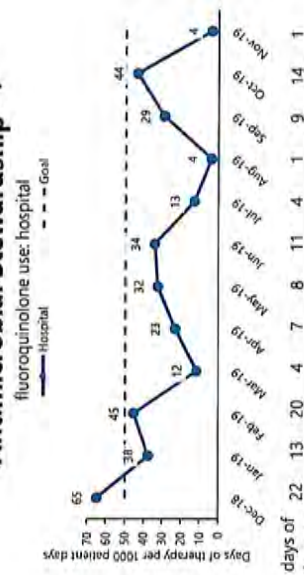
Needlesticks



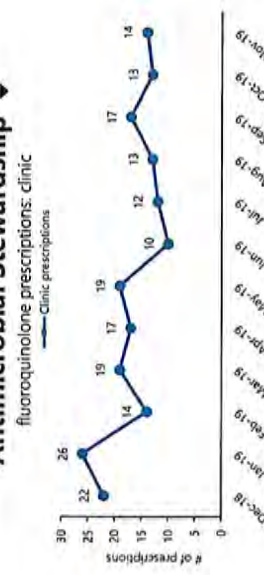
Hospital Acquired Infections



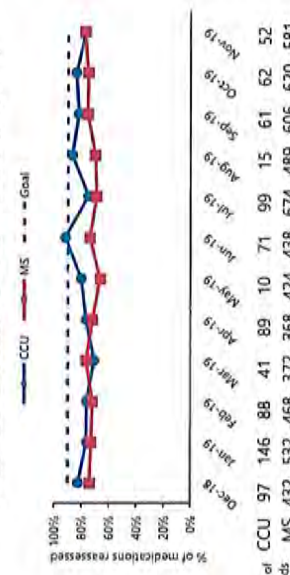
Antimicrobial Stewardship



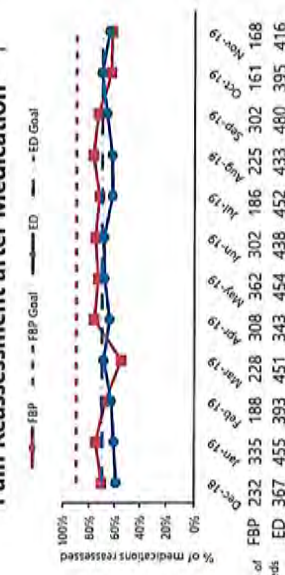
Antimicrobial Stewardship



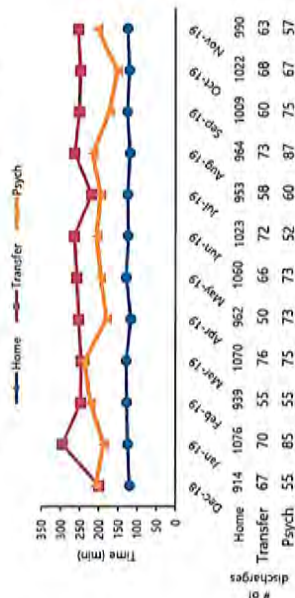
Pain Reassessment after Medication



Pain Reassessment after Medication

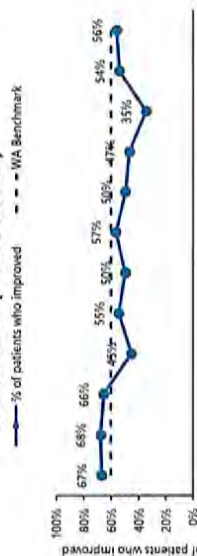


ED Admit to Discharge Time



Category	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Home	914	1076	939	1070	962	1060	1023	953	964	1009	1022	990
Transfer	67	70	55	76	50	66	72	58	73	60	68	63
Psych	55	85	55	75	73	73	52	60	87	75	67	57

Improvement in Management of Oral Medications (Home Health)



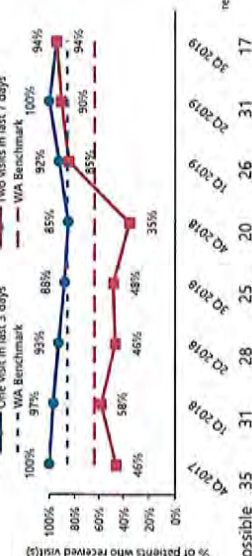
Month	% of patients who improved	WA Benchmark
Dec-18	67%	67%
Jan-19	68%	67%
Feb-19	66%	67%
Mar-19	66%	67%
Apr-19	66%	67%
May-19	66%	67%
Jun-19	66%	67%
Jul-19	66%	67%
Aug-19	66%	67%
Sep-19	66%	67%
Oct-19	66%	67%
Nov-19	66%	67%

Improvement in Pain Interfering with Activity (Home Health)



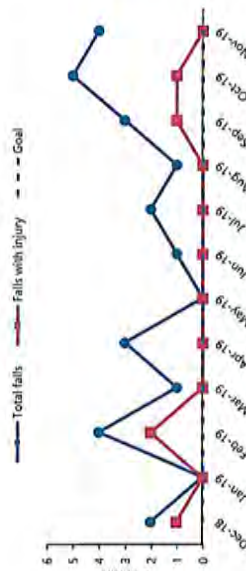
Month	% of patients who improved	WA Benchmark
Dec-18	73%	73%
Jan-19	73%	73%
Feb-19	73%	73%
Mar-19	73%	73%
Apr-19	73%	73%
May-19	73%	73%
Jun-19	73%	73%
Jul-19	73%	73%
Aug-19	73%	73%
Sep-19	73%	73%
Oct-19	73%	73%
Nov-19	73%	73%

Hospice Visits Near End of Life



Month	% of patients who received visits	WA Benchmark
Dec-17	46%	46%
Jan-18	46%	46%
Feb-18	46%	46%
Mar-18	46%	46%
Apr-18	46%	46%
May-18	46%	46%
Jun-18	46%	46%
Jul-18	46%	46%
Aug-18	46%	46%
Sep-18	46%	46%
Oct-18	46%	46%
Nov-18	46%	46%
Dec-18	46%	46%
Jan-19	46%	46%
Feb-19	46%	46%
Mar-19	46%	46%
Apr-19	46%	46%
May-19	46%	46%
Jun-19	46%	46%
Jul-19	46%	46%
Aug-19	46%	46%
Sep-19	46%	46%
Oct-19	46%	46%
Nov-19	46%	46%

Falls



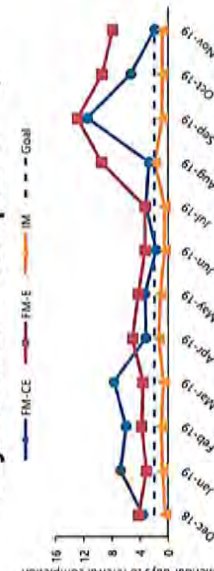
Month	# of falls	Goal
Dec-18	1	1
Jan-19	1	1
Feb-19	1	1
Mar-19	1	1
Apr-19	1	1
May-19	1	1
Jun-19	1	1
Jul-19	1	1
Aug-19	1	1
Sep-19	1	1
Oct-19	1	1
Nov-19	1	1

Timely Start for Physical Therapy (Home Health)



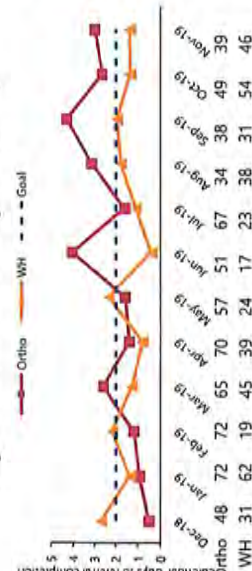
Month	% started within 48 hours of referral	Goal
Dec-18	53%	53%
Jan-19	53%	53%
Feb-19	53%	53%
Mar-19	53%	53%
Apr-19	53%	53%
May-19	53%	53%
Jun-19	53%	53%
Jul-19	53%	53%
Aug-19	53%	53%
Sep-19	53%	53%
Oct-19	53%	53%
Nov-19	53%	53%

Days to Referral Completion



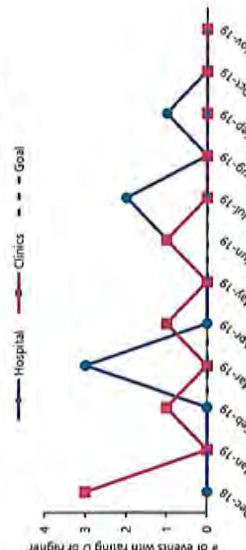
Month	# of days to referral completion	Goal
Dec-18	16	16
Jan-19	16	16
Feb-19	16	16
Mar-19	16	16
Apr-19	16	16
May-19	16	16
Jun-19	16	16
Jul-19	16	16
Aug-19	16	16
Sep-19	16	16
Oct-19	16	16
Nov-19	16	16

Days to Referral Completion



Month	# of days to referral completion	Goal
Dec-18	1	1
Jan-19	1	1
Feb-19	1	1
Mar-19	1	1
Apr-19	1	1
May-19	1	1
Jun-19	1	1
Jul-19	1	1
Aug-19	1	1
Sep-19	1	1
Oct-19	1	1
Nov-19	1	1

Adverse Medication Events



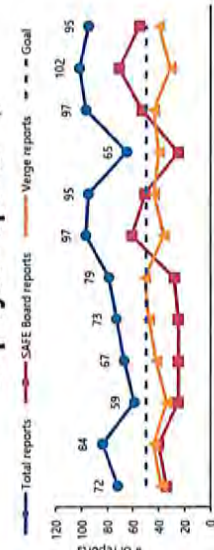
Month	# of events with rating D or higher	Goal
Dec-18	1	1
Jan-19	1	1
Feb-19	1	1
Mar-19	1	1
Apr-19	1	1
May-19	1	1
Jun-19	1	1
Jul-19	1	1
Aug-19	1	1
Sep-19	1	1
Oct-19	1	1
Nov-19	1	1

Care and Service Reports



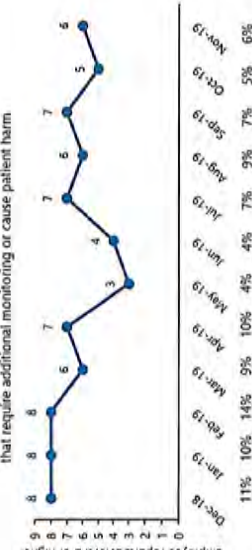
Month	# of reports	Goal
Dec-18	1	1
Jan-19	1	1
Feb-19	1	1
Mar-19	1	1
Apr-19	1	1
May-19	1	1
Jun-19	1	1
Jul-19	1	1
Aug-19	1	1
Sep-19	1	1
Oct-19	1	1
Nov-19	1	1

Employee Reports



Month	# of reports	Goal
Dec-18	1	1
Jan-19	1	1
Feb-19	1	1
Mar-19	1	1
Apr-19	1	1
May-19	1	1
Jun-19	1	1
Jul-19	1	1
Aug-19	1	1
Sep-19	1	1
Oct-19	1	1
Nov-19	1	1

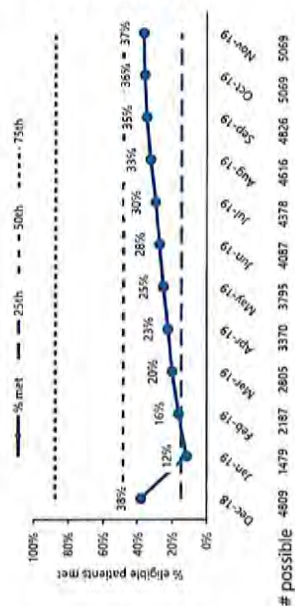
Reports of Occurrences



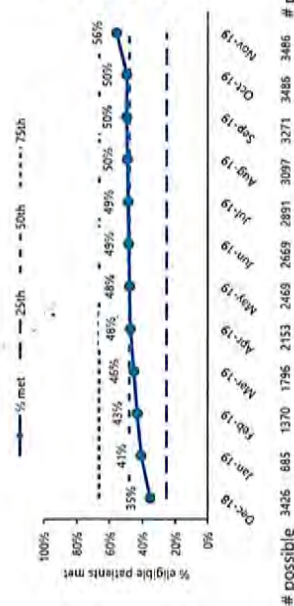
Month	# of reports	Goal
Dec-18	1	1
Jan-19	1	1
Feb-19	1	1
Mar-19	1	1
Apr-19	1	1
May-19	1	1
Jun-19	1	1
Jul-19	1	1
Aug-19	1	1
Sep-19	1	1
Oct-19	1	1
Nov-19	1	1

ACO Quality Measures: Clinics

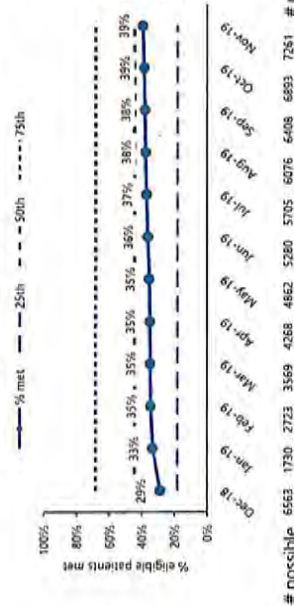
Screening for Future Fall Risk ↑



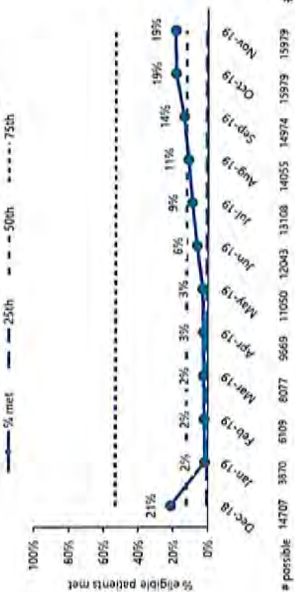
Screening for Breast Cancer ↑



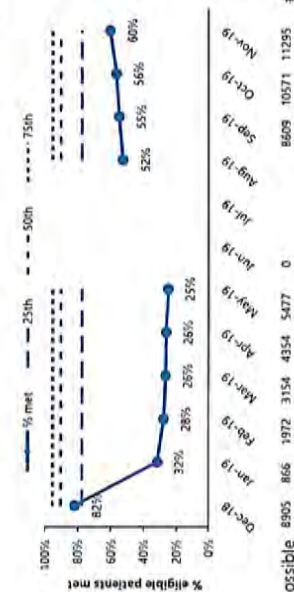
Screening for Colorectal Cancer ↑



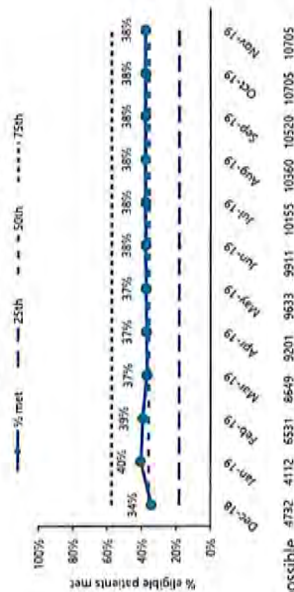
Screening for Depression ↑



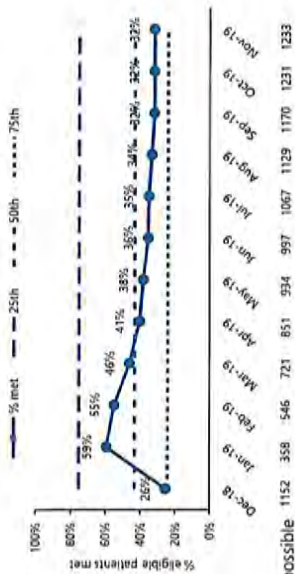
Tobacco Use Screening and Intervention ↑



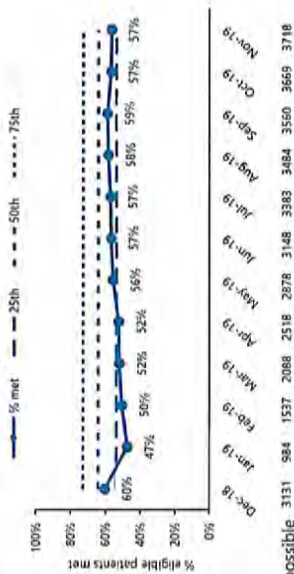
Influenza Immunization ↑



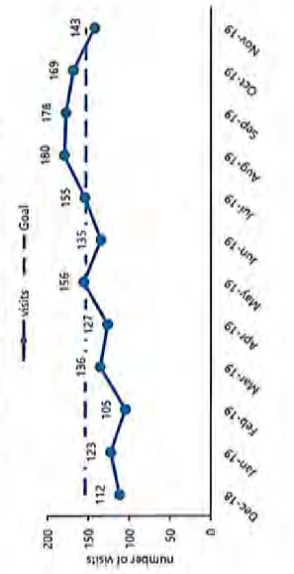
Diabetes: Poor Control ↓



Controlling High Blood Pressure ↑



Medicare Wellness Visits ↑



KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Sepsis	Percentage of patients who received all applicable components of the sepsis bundle	<ol style="list-style-type: none"> 1. Received within three hours: initial lactate level measurement, broad spectrum or other antibiotics, blood cultures drawn prior to antibiotics; 2. Received within six hours: repeat lactate level measurement if initial lactate level was elevated; 3. Received within three hours crystalloid fluid bolus if indicated; 4. Received within six hours vasopressors if indicated 	
Median Time to ECG (Chest Pain)	The median time in minutes from arrival to completion of an Electrocardiogram (ECG) for patients experiencing chest pain	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry.	Times of zero are possible if ambulance staff administered an ECG before arrival at the hospital
Median Time to CT or MRI (Stroke)	Median time from arrival to CT or MRI result availability for patients with acute ischemic stroke or hemorrhagic stroke	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry.	
Restraints	<p>Numerator: Number of patients who met all possible measures for restraints</p> <p>Denominator: Total number of patients in restraints</p>	<p>Measures for restraint use include:</p> <ul style="list-style-type: none"> ▶ Initial restraint order written ▶ Restraint problem added to care plan ▶ Restraint orders continued/signed by MD every 24 hours or sooner ▶ Restraint charting/assessment done as frequently as appropriate for the reason for restraint (behavioral: every 15 min, medical: every 60 min) 	
Dysphagia Screen for Patients with Stroke	Percentage of patients with stroke who undergo screening for dysphagia with an evidence based testing protocol before being given an food, fluids, or medication by mouth.	Dysphagia, or difficulty swallowing, can occur after a patient experiences a stroke. Items given by mouth when a patient is experiencing dysphagia may cause coughing, choking, or even lead to aspiration pneumonia.	

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Stroke IV tPA Timing	Percentage of acute ischemic stroke patients who arrive at the hospital within 120 minutes of time last known well and for whom IV tPA was initiated at the hospital within 180 minutes of time last known well.	Tissue plasminogen activator (tPA) is a medication that dissolves blood clots. Some patients will experience a major improvement in their stroke symptoms if they receive tPA within three hours of symptom onset.	tPA is not used for patients experiencing hemorrhagic stroke; it can increase bleeding and potentially cause more damage to the brain
Needlesticks	Total number of staff who experience a sharps injury during the month	Dependent on reporting by staff.	
Hospital Acquired Infections (HAIs)	Total number of infections contracted by an inpatient as a result of care or treatment provided during their hospital stay. Includes CAUTIs, CLABSIs, VAEs, and SSIs.	Inpatient infections from urinary catheters, certain types of intravascular devices, ventilators or surgeries. Based on criteria from the National Health and Safety Network (a division of the Centers for Disease Control and Prevention). Includes superficial surgical site infections.	CAUTI: Catheter-associated urinary tract infection CLABSI: Central line-associated bloodstream infection VAE: Ventilator-associated event SSI: Surgical site infection
Antimicrobial Stewardship - Fluoroquinolone Use: Hospital	Days of fluoroquinolone therapy per 1000 patient days	Fluoroquinolones are a class of antibiotic that are appropriate for use in some cases, but should not be the first choice antibiotic for some infections. They can cause sudden, serious, and potentially permanent nerve damage called peripheral neuropathy. Fluoroquinolones are also associated with tendon damage and rupture, C. diff, or other serious side effects.	
Antimicrobial Stewardship - Fluoroquinolone Use: Clinic	Number of prescriptions for fluoroquinolones in KVH clinics	By prescription order date	Patient adherence to medication is not considered for this measure

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Pain Medication Reassessment	Percentage of patients in certain hospital units who had a documented follow up assessment of their pain level after receiving pain medications	Patients should be followed up with to assess whether administered medications are reducing their pain. Follow-up should occur within 60 minutes of medication administration, <i>except</i> oral medications in the Emergency Department should be followed up within 90 minutes.	IV Tylenol is currently excluded from this measure
Improvement in Management of Oral Medications (Home Health)	The percentage of home health patients who got better at taking their drugs correctly by mouth	Improvement is measured from the beginning of the home health episode of care to the end of the episode of care.	Tracked by the month of patient discharge from service
Improvement in Pain Interfering with Activity (Home Health)	The percentage of home health patients who had less pain when moving around	Improvement is measured from the beginning of the home health episode of care to the end of the episode of care.	Tracked by the month of patient discharge from service
Hospice Visits Near End of Life	The percentage of hospice patients who receive at least one visit in the last three days or life and the percentage who receive at least two visits in the last seven days of life.	Within the last three days: at least one visit from a registered nurse, physician, nurse practitioner, or physician assistant. Within the last seven days: at least two visits from medical social workers, chaplains or spiritual counselors, licensed practical nurses, or hospice aides	Tracked by the month of patient discharge from service
Falls	Blue line (circles): The total number of patient falls anywhere in the organization Red line (squares): The number of patient falls that results in any injury	Injuries are defined as anything that requires the application of a dressing or bandage, ice, cleaning of a wound, limb elevation, or topical medication	Non-patient falls are not included (employee falls, visitor falls, parking lot falls), near misses are not included
Timely Start for Physical Therapy (Home Health)	Percentage of new home health patients with a physical therapy referral who are seen by physical therapy staff within 48 hours	Patients who have referrals for specialty care while receiving home health services should be assessed and have therapy started promptly	
Days to Referral Completion	The number of calendar days to referral completion for KVH clinic patients.	Based on month of referral order date. Only completed referrals are included in data (accounting for >90% of all referral orders).	General Surgery and Workplace Health are excluded due to small number of referrals

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Adverse Medication Events	The number of medication events that are Category D or greater, separated by setting of clinics or hospital	A Category D error is an error that reaches the patient and requires monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm	Unanticipated medication allergies can be included in Category D or greater medication events
Care and Service Reports	The number of care and service patient reports submitted to the Quality Department, separated by concerns and compliments	CMS' conditions of participation in the Medicare program include certain policies and procedures regarding the receipt of and response to grievances	
Employee Reports	The number of employee reports submitted through Verge or on department SAFE Boards	Verge is the electronic occurrence reporting system used at KVH. SAFE Boards are also used for reporting, but typically contain items of lower severity.	
Reports of Occurrences	Percentage of employee reports of a Category D or higher	A Category D error is an error that reaches the patient and requires monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm	
Screening for Future Fall Risk	Percentage of patients age 65 years and older who were screened for future fall risk	Can only be reported as year-to-date progress	Excludes patients who are non-ambulatory
Screening for Breast Cancer	Percentage of women age 50 to 74 who had a mammogram to screen for breast cancer	Patients are considered to meet the measure if they had a mammogram during the measurement period or the 15 months prior to the measurement period	Excludes women who have had a bilateral mastectomy or a left and a right unilateral mastectomy
Screening for Colorectal Cancer	Percentage of adults age 50 to 75 who had appropriate screening for colorectal cancer	Patients are considered to meet the measure if they had any of the following: <ul style="list-style-type: none"> ▶ Fecal occult blood test during the measurement period ▶ Flexible sigmoidoscopy up to four years prior ▶ Colonoscopy up to nine years prior ▶ FIT-DNA up to two years prior ▶ CT colonography up to four years prior 	Excludes patients with a history of total colectomy or colorectal cancer

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Screening for Depression	Percentage of patients age 12 and older who are screened for depression using an age appropriate standardized depression screening tool AND, if positive, have a follow-up plan documented on the date of the positive screening	<p>Several standardized screening tools exist for use in adolescents, adults, and perinatal patients. The most commonly used at KVH is the Patient Health Questionnaire (PHQ-9).</p> <p>If a screening is positive, the follow-up plan must include one or more of the following:</p> <ul style="list-style-type: none"> ▶ Additional evaluation or assessment for depression ▶ Suicide risk assessment ▶ Referral to a practitioner who is qualified to diagnose and treat depression ▶ Pharmacological interventions ▶ Other interventions or follow-up 	Excludes patients with an active diagnosis of depression or bipolar disorder, patients who refuse to participate in screening, and patients in an urgent or emergent situation
Tobacco Use Screening and Intervention	Percentage of patients age 18 and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user	Tobacco cessation intervention includes brief counseling (3 minutes or less) and/or pharmacotherapy.	E-cigarette use is not considered tobacco use. Excludes patients with documentation of a medical reason for not screening for tobacco use OR for not providing cessation intervention (eg, limited life expectancy).
Influenza Immunization	Percentage of patients age 6 months or older seen between October 31 of the prior year and March 31 of the current year who received or reported an influenza immunization		Excludes patients with documentation of a medical, personal, or system (vaccine not available, etc.) reason for not receiving immunization
Diabetes: Poor Control	Percentage of patients age 18 to 75 with diabetes whose most recent HbA1c result is >9% or did not have an HbA1c test during the measurement period	Can only be reported as year-to-date progress. This is a reverse measure, with lower performance indicating better quality of care.	Excludes diagnoses of diabetes secondary to another condition

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Controlling High Blood Pressure	Percentage of patients age 18 to 85 with hypertension whose blood pressure was adequately controlled (<140/90 mmHg)	Patients are considered to have adequately controlled hypertension if their blood pressure at their most recent visit is <140/90.	Excludes patients with end stage renal disease, dialysis, renal transplant, and patients who are pregnant

Chief Executive Report January 2020

WSNA: The bargaining unit membership will be voting on the proposed three year contract on Friday, January 17th. If all goes well I will be requesting that the Board approve the agreement. I have included the same notes regarding the contract that appeared in my last CEO Report for easy reference.

WSNA represents 142 fulltime, part time and per diem KVH nurses. The agreement that is going before the membership for ratification incorporates a lot of new language to address regulatory changes around membership and leaves. We agreed that the market indicated the need to increase a number of our premiums like weekend, night, evening, call and preceptor as well as a 3% annual adjustment to the wage matrix. WSNA wages accounted for approximately \$8.2 million dollars in wages in 2019. The first year cost of the market adjustments is anticipated to be slightly less than \$250,000. The increases have been anticipated in the 2020 operating budget.

Other adjustments in the contract that are more specific to KVH include a new premium for our Sexual Assault Nurse Examiners (SANE) nurses, an increase in the education stipend from \$300 to \$500 per fulltime nurse and a reemphasis on working with staff to mitigate workplace violence.

This will be the first increase in the education stipend in many years and reflects the increased cost of continuing education for our professional staff. This increase is also consistent with our strategy of staff development. While we anticipate some budget impact it will be minimal.

Ellensburg, unlike many rural communities, has access to an amazing staff of specially trained nurses who are skilled, not only at working with victims of sexual assault but also in handling crucial evidence. The SANE nurses will begin receiving a per exam stipend.

Our safety and security committee will include WSNA members and other staff to help us address this industry wide issue.

Astria Regional Closure: The leadership team has been discussing the possible impact of the hospital closure on KVH, our patients and our markets.

- We will be participating in a job fair that is being organized for effected Astria employees.
- We have taken the opportunity to post some hard to fill positions (Echo Tech, Ultra Sound Tech) a little earlier than we might otherwise.
- Possible impact on ambulatory, clinic and hospital services.

I will be meeting in mid-February with the clinic leadership team from VM-M to revitalize our partnership discussion. The meeting scheduled for last week was understandably canceled.

HR Dashboard

Measurement

Available workforce

19-Dec 19-Nov 19-Oct 19-Sep 19-Aug 19-Jul 19-Jun 19-May 19-Apr 19-Mar 19-Feb 19-Jan 18-Dec

Rolling 12

Variance

Full-time	19	387	383	382	378	373	368	369	369	366	370	364	370	368
Part-time	-7	128	129	130	132	131	131	128	129	133	131	133	132	135
Per Diem	-3	100	99	99	99	95	95	97	99	96	101	104	104	103
Total Employees	9	615	611	611	609	599	594	594	597	595	602	601	606	606

Quality of recruitment and retention

Rolling 12

Total

Voluntary (excludes pd terms, includes reduction of FTE to pd)	121	13	5	8	10	16	10	9	13	5	6	8	6	12
Involuntary (excludes pd terms)	11	0	0	2	1	1	2	1	0	1	1	0	0	2
Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	21.90%	2.11%	0.82%	1.64%	1.81%	2.84%	2.02%	1.68%	2.18%	1.01%	1.15%	1.33%	0.99%	2.31%
Total All Employees Separated	139	13	9	12	8	17	13	12	12	11	8	7	7	10

Efficiency of sourcing, selecting and placing talent

Rolling 12

Total

Open Postings	177	7	20	15	18	20	15	14	16	8	6	11	10	17
Unique Applications Received	2765	185	219	221	263	310	231	296	315	184	161	167	99	174
Employees Hired	147	12	9	14	21	21	14	10	12	3	10	3	11	7
Time to Fill (Median)	28.22	33.00	27.22	32.00	29.00	28.00	26.5	23.5	25.0	24.2	25	26.5	28.5	38.5
Time to Fill (Average)	28.47	32.52	27.00	30.38	29.69	28.70	27.3	23.8	21.0	22.3	23.4	30.3	31.9	41.8

Efficiency of sourcing, selecting and placing talent

Rolling 12

Total

Open Postings	43	6	6	5	5	4	3	3	2	1	1	1	3	3
Open Slots	46	7	7	6	5	4	3	3	2	1	1	1	3	3
Unique Applications Received	21	2	3	5	0	1	0	1	4	3	0	0	1	1
Candidates Interviewed	17	2	1	2	1	1	0	0	1	3	0	3	2	1
Employees Hired	8	0	0	0	0	2	1	1	1	1	0	1	0	1
Time to Fill (Average)	275	214	214	214	214	214	62	202	377	416	486	486	238	238

Financial impact of adding talent

Rolling 12

Total

Workers Comp Claims	41	5	0	2	3	1	2	2	5	3	7	4	6	1
Time Loss Days	261	0	0	0	10	31	31	13	8	24	25	6	51	62
Employee Population on Medical Benefits (Average)	66.8%	68.7%	69.0%	65.0%	63.8%	67.3%	68.0%	68.2%	66.8%	67.2%	65.8%	67.2%	66.3%	65.2%
Total cost in benefits per FTE - welfare (Average)	\$ 853.49	\$ 875.97	\$ 868.34	\$ 848.45	\$ 838.85	\$ 839.52	\$ 877.94	\$ 843.51	\$ 874.38	\$ 845.20	\$ 864.76	\$ 824.54	\$ 817.34	\$ 876.60
Total cost in benefits per FTE - total (Average)	\$ 1,843.96	\$ 1,877.05	\$ 1,815.38	\$ 1,803.25	\$ 1,796.72	\$ 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

Providing timely feedback to employee

Total

Percentage

Percentage of employees with completed annual evaluation	86.9%	70.6%	81.4%	79.4%	78.1%	79.5%	84.3%	89.0%	90.4%	88.5%	88.9%	88.5%	85.8%	87.7%
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Staff Development Strategic Plan 2020-2022

Theme	Description	Focus Areas
Strategy 1: Mastering my Skills and Service	<i>Helping team members feel confident in their basic job functions and build their expertise in providing excellent patient care.</i>	<p> <i>Biz Library training access</i> <i>Research for skills training</i> <i>Workplace violence</i> <i>Customer Service</i> <i>Other organizational topics</i> <i>Job competency</i> <i>Dept specific skills training</i> </p>
Strategy 2: Our Code of Excellence	<i>Taking skills and service to the next level to help make our teams and organization more effective. A deeper dive into the behaviors that help us thrive together as a team and communicate effectively.</i>	<p> <i>Respect in the workplace</i> <i>Civil work environment</i> <i>Communication skills</i> <i>Customer Service Part 2</i> <i>Teamwork</i> <i>Conflict Resolution</i> <i>Understanding my strengths</i> <i>Personality traits</i> </p>
Strategy 3: Expanding my Potential	<i>Encouraging team members to expand their skills and knowledge, continue the learning cycle, and develop themselves to have a happy and healthy career at KVH.</i>	<p> <i>Goal setting</i> <i>Career Development</i> <i>Continuing Education</i> <i>Skills Mastery</i> <i>Career Coaching</i> <i>Job shadow</i> <i>Strength and Talent</i> <i>Performance Excellence</i> </p>

Purpose:

Training and Development are critical areas that drive employee engagement and experience. It is found through research on top organizations that high employee engagement drives higher profitability, productivity and retention. Most importantly, in healthcare, employee engagement is linked to better patient outcomes and experience.

The Gallup organization suggests that highly engaged business units realize a 41% reduction in absenteeism, 17% increase in productivity, 10% increase in customer ratings, and a 20% increase in sales.

(Gallup, 2017), (Forbes, 2019)

Tools and Outcomes

Tools and Outcomes		
Data	Communication systems	Outcomes
Employee Engagement <i>Safety Survey</i> <i>Exit Interviews</i> Quality Risk Assessment Security Risk Assessment <i>Training survey- 2019</i> <i>Focus Group- 2020</i> Training participant feedback Other Feedback Performance measures	<i>Bliz Library</i> Announcements CEO communications Manager communication HR communication <i>Intranet</i> <i>Staff Forum</i> Announcement board Staff Meetings and Huddles Leader Rounding <i>Tiny Pulse</i>	Increased employee engagement Decreased turnover Increased Patient Experience rating Decreased Risk and Safety events Positive reputation within community Increased financial sustainability Increased productivity

Notes:

This plan is progressive and each year reinforces the previous learnings.

This is a fluid model that allows us to adapt to our changing needs.

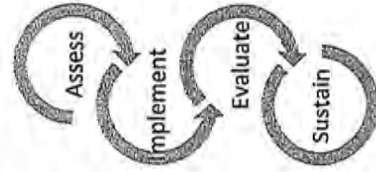
Although this is presented in a linear plan, it is cyclical with emphasis on sustainability.

We can communicate to the extent needed or appropriate.

We will use our communication systems to reinforce this focus through consistent messaging.

Engagement, Training, and Development initiatives are all integrated through this model.

Each year will have a project cycle of Assessment, Implementation, Evaluation, and Sustainability



3 year Staff Development - Tactical

2020	2021	2022
<p>Finalize 3 year Staff Development Plan</p> <p>Determine Initial Baseline Data</p> <p>Focus groups and dialogue: Training and Staff Development needs</p> <p>Customer Service Training</p> <p>Research and Implementation</p> <p>Workplace Violence</p> <p>Implementation</p> <p>Partner with managers for compliance effectiveness</p> <p>Skills and competency tools</p> <p>Provide teamwork and communication tools as needed</p> <p>Sweep and update LMS System</p> <p>Communication</p>	<p>Review and modify 3 year Staff Development Plan</p>	<p>Evaluate outcomes of 3 year Staff Development plan</p>
Progress:	Progress:	Progress:

2020 Quarter 1- Staff Development Action Plan items

January	February	March
Data Review and Dialogue Finalize 3 year staff development plan Review Data Dialogue with teams Schedule Focus Groups Discussions with vendors Discussions with Managers Schedule Customer Service training Pilot Leadership approval Communication	Feedback, Pilot, and Implement Hold Focus Groups Disney Pilot Group-TBD Discussion with leaders Research skills based training options Workplace violence plan- Avade training Targeted survey questions- Tiny Pulse Finalize Plan for Customer Service training PFAC Communication	Review, Adjust, Sustain Review Tiny Pulse feedback Review feedback of customer service Training Finalize Proposal Schedule additional customer service classes Plan for Biz Library improvement Finalize 2020 training schedule Department specific training Competency review Communication

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date January 14, 2020

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>
Suzanne Cleland-Zamudio, MD	Provisional/Active	Apt	ENT
Byron Haney, MD	Active	ReApt	FHCOE
Nathan Kemalyan, MD	Active	ReApt	General Surgery
Thomas Penoyar, MD	Active	ReApt	General Surgery
Andrew Peet, MD	Associate	ReApt	KVH ED
Richard Roux, MD	Associate	ReApt	Orthopedics Northwest
Jocelyn Judd, PA-C	AHP	Reapt	KVH ED/KVH Urgent Care

CHIEF MEDICAL OFFICER – Kevin Martin, MD

January 2020

Medical Staff Services:

- Recruiting: Mitch Engel reports.
 - We interviewed a pediatrician in December and an orthopedic surgeon in January.
 - We currently have postings for an orthopedic surgeon, an orthopedic physician assistant, a per diem hospitalist position, a pediatrician, an internist, and a family physician.
 - Dr. Asriel has started at Family Medicine – Cle Elum and will be doing program development work around addiction medicine and Medications for Opioid Use Disorder (MOUD, formerly MAT).
- Business development: Lisa Potter has her usual full plate of projects. These include:
 - **Primary Projects:**
 - **MOUD 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. Dr. John Asriel has joined our team as of the first of the year and will be spearheading this work.
 - **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. Met with our team and again with athletic department leadership earlier in January.
 - **Home Health and Hospice Outreach**
 - Continuing efforts to further our outreach for home health and hospice services and working on developing a plan we can move forward with to determine referral patterns, identify strategic referral partners to focus direct outreach efforts, as well as relevant community and surrounding community events where we can increase KVH presence.
 - **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
 - Expanded pediatric services
 - Palliative Care
- Medical staff: Kyle West reports that we have 1 initial appointments for January and 6 reappointments.
 - We have 4 students and one resident currently rotating here. Kyle is working on an addition 5 student rotations.
- **CMO activities:**
 - **Community & Regional Partnerships**
 - Greater Columbia Accountable Community of Health was fairly quiet through the holidays. Attached is their annual report.
 - The Washington Rural Health Collaborative Physician Leadership Committee met 12/16. The group is nearing completion of pilot work to become a delegated credentialing service for all Washington payers. Currently, we submit information on each of our providers to each payer who then adds the provider to their panel. Delegated credentialing would allow the WRHC to act as a single entity for all payers, giving us a streamlined and more responsive process. We expect this should allow the credentialing process to shrink from 60-90 days to 30 or less.
 - The Values Alignment Committee continues to have very interesting, sometimes challenging meetings and is wrapping up around primary care compensation model.
 - We continue work on a third Evidence-Based Medicine workshop March 13 & 14.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer



Our Mission

To advance the health of our population by decreasing health disparities, improving efficiency of health care delivery, and empowering individuals and communities through collaboration, innovation, and engagement.

ANNUAL REPORT 2019

Letter from the Executive Director

2019, the Opportunity for Sustainability

If I were to create a word cloud from the most commonly talked about topics during 2019, I bet the word **'incentives'** would be prominently featured in the center! GCACH pushed out a lot of incentive funding as shown below.

While the work of Greater Columbia Accountable Community of Health was about transforming the healthcare delivery system, we were also busy transforming our organization and using the opportunity of the Medicaid waiver to strengthen our capacities. GCACH staff attended conferences, webinars, trainings, and classes to advance our abilities to better meet the needs of our stakeholders, providers, and communities. We also changed office locations to increase the productivity and visibility of our organization, added a marketing department, and developed a quality improvement strategy for the Medicaid Transformation project and for GCACH staff.

We ended 2019 on a high note. With the support of a great Board of Directors, GCACH has committed \$50,000 in backstop funding for Pasco Haven, a planned Permanent Supportive Housing project for chronically homeless individuals; \$490,000 to support provider organizations willing to precept, supervise, or train professionals seeking careers in behavioral health; and contracted with Field Group, a marketing and advertising company that is helping launch a pilot campaign to promote community resilience in Yakima.

While incentive payments were the outcome measure of transformation success in 2019, GCACH is busy identifying and pursuing opportunities for a sustainable future during 2020.

Carol Moser, Executive Director



Provider Incentives	75.82%	\$11,100,000
Social Determinants of Health	9.56%	\$1,400,000
Project Administration	6.76%	\$989,768
Other	2.5%	Portal \$97,000 / Referrals \$66,274 / Learning Collaboratives \$51,489 Local Sponsorships \$27,500 / Professional Services \$123,973
Opioid Resource Networks / Practice Transformation Reporting	2.31%	\$265,808
Operations	1.82%	\$265,808
Health Improvement Networks / Kittitas County Health Network	1.23%	\$180,000



FY18/FY19 Integration Incentives	40.04%	\$6,393,858
Provider Engagement, Participation, Implementation	35.03%	\$5,593,384
Health Systems, Building Community Capacity	16.22%	\$2,590,667
Provider Performance and Quality Incentives	8.71%	\$1,390,539



Workforce

- \$490,000 Behavioral Health Internship and Training Fund
- Fund supports organizations willing to precept, supervise, or train Behavioral Health professionals needing clinical experience to complete education or certification requirements



Practice Transformation

The tables below outline the incentive dollars distributed to Cohort 1 and Cohort 2 Practice Transformation organizations and the types of Practice Transformation sites funded.

2019 PRACTICE TRANSFORMATION DISTRIBUTIONS				
Counties	Cohort 1	Cohort 2	Total	Percentage
Asotin	\$499,398	\$113,320	\$612,718	5.50%
Benton	\$1,282,638	\$566,599	\$1,849,237	16.61%
Columbia	\$387,354	\$113,320	\$500,673	4.50%
Franklin	\$1,246,055	\$99,938	\$1,345,993	12.09%
Garfield	\$439,605	\$0	\$439,605	3.95%
Kittitas	\$768,154	\$0	\$768,154	6.90%
Walla Walla	\$1,473,431	\$113,320	\$1,586,751	14.25%
Whitman	\$746,907	\$113,320	\$860,227	7.73%
Yakima	\$2,377,534	\$793,238	\$3,170,772	28.48%
Totals	\$9,221,076	\$1,913,054	\$11,134,130	100.00%

2019 PRACTICE TRANSFORMATION SITES			
Type	Cohort 1	Cohort 2	Total
Behavioral Health	6	15	21
Dental	1	–	1
Hospitals	11	–	11
Primary Care	26	0	26
Residential Treatment Facility	–	2	2
Urgent Care Center	1	–	1
Totals	45	17	62

CSI Implementation

- GCACH implemented the CSI Healthcare Community platform, a landing page for Practice Transformation organizations and activities.
- Includes Reporting Portal where 62 practice sites upload Practice Transformation Milestone data and information.

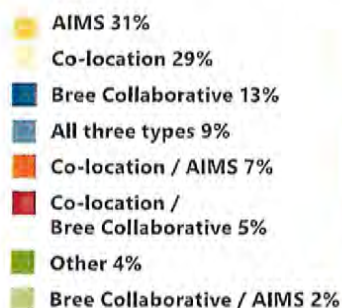
Success Story, Walla Walla

Due to Transitional Care Management efforts at Providence St. Mary's Medical Center, there was a reduction in the 30-day hospital readmission rate by 0.41%, which yielded \$152,731 in reimbursement.



Integrated Managed Care

- Integrated Managed Care (IMC) Incentive Funding for Behavioral Health - \$6,400,000
- Behavioral Health Integration – The most extraordinary Practice Transformation Milestone success is the accomplishment of Behavioral Health Integration by all of our Cohort 1 organizations. Providers have had flexibility in adopting different models of Behavioral Health Integration especially for providers in Cohort 2.





Social Determinants of Health

Community Resilience Campaign: Resilient Communities Raise Resilient Children

The Community Resilience Campaign's goal is to build resilience at the community level, targeting the societal systems that bear the responsibility of providing protective factors to raise resilient individuals. To determine the key messaging, GCACH has convened a Community Resilience Campaign Task Force comprised of 23 subject-matter experts. The campaign's focus is to raise awareness of trauma-informed practices as well as the N.E.A.R science, as it pertains to child brain development. For more information, please visit buildingresiliencewa.org.



Permanent Supportive Housing

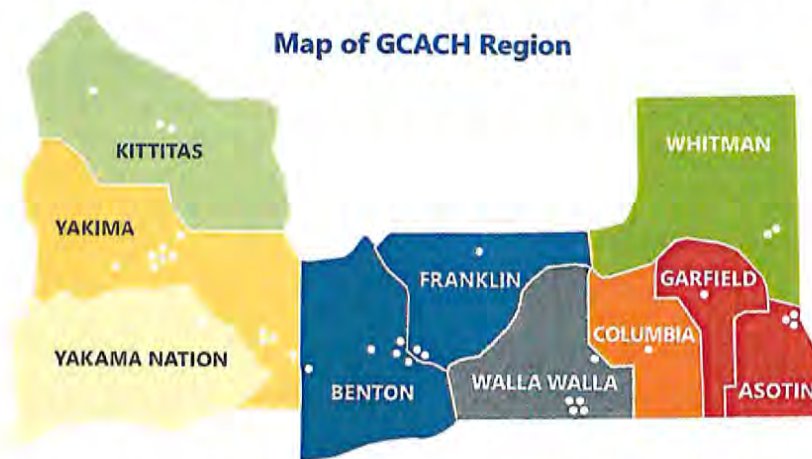
During GCACH's March 2019 Supportive Housing Summit, community members identified a need for Permanent Supportive Housing for the chronically homeless in Benton and Franklin Counties. GCACH has been working with the Catholic Charities Diocese of Spokane to develop a 52-unit facility in Pasco.

LHIN Funding

Each Local Health Improvement Network has the potential to earn \$30,000 per year during the Medicaid Transformation. In 2018-2019, \$180,000 was distributed to the LHINs.

Community Health Fund

A Community Health Fund in the amount of \$1,400,000 was established to address the Social Determinants of Health (SDOH) in GCACH counties. All funding was released to third-party administrators across the region to address the SDOH identified by each Local Health Improvement Network (LHIN). This created 39 new Community Partnerships.



o PARTNERING PROVIDERS*

Asotin County - 6 Partners
Benton County - 19 Partners
Columbia County - 3 Partners
Franklin County - 7 Partners
Garfield County - 2 Partners
Kittitas County - 5 Partners
Walla Walla County - 9 Partners
Whitman County - 4 Partners
Yakima County - 23 Partners

*Dots indicate approximate locations of partnering providers

LOCAL HEALTH IMPROVEMENT NETWORKS

Kittitas County Health Network
Whitman County Health Network
Benton Franklin Community Health Alliance

Blue Mt Region Community Health Partnership

Southeast WA Rural Health Network

Yakima County Health Care Coalition

Yakama Nation (contract to be finalized in 2020)



Reporting

This table outlines the funds earned by GCACH in 2019 for completion of reporting.

Project Incentives (DSHP)	\$14,602,916
Project Incentives (IGT)	\$2,455,466
Shared Domain Incentives (IGT)	\$5,626,834
Value Based Payment Incentive Funds	\$300,000
Total Incentives	\$22,985,216

2019 in Review

PAY-FOR-PERFORMANCE MEASURES TREND REPORT (Q1 2017 – Q4 2018)		
Measure Name	Goal	Trend
Antidepressant Medication Management	↑	
Asthma Medication Management 1	↑	
Asthma Medication Management 2	↑	
Child & Adolescent Visits to Primary Care	↑	
Diabetes Care: Blood Sugar Testing	↑	
Diabetes Care: Eye Exams	↑	
Diabetes Care: Kidney Check	↑	
ED Follow-up: Alcohol & Drug Dependence	↑	
ED Follow-up: Mental Illness	↑	
Emergency Department (ED) Visits	↓	
Heart Disease Medication Management	↑	
Hospital Follow-up: Mental Illness	↑	
Hospital Readmissions	↓	
Hospital Utilization	↓	
Mental Health Treatment Penetration	↑	
Patients Prescribed High-dose Opioids	↓	
Patients Prescribed Opioids & Sedatives	↓	
Percent Homeless	↓	
Substance Use Disorder Treatment Penetration	↑	
Substance Use Disorder Treatment Penetration (Opioids)	↑	

- **Kittitas County Health Network (KCHN) implemented the Health Commons, a community health information exchange** to coordinate complex cases with co-occurring behavioral health disorders and integrate wraparound services for these clients.
- **GCACH partnered with Kennewick Fire Department to pilot ImageTrend community paramedicine software** through mobile community health, also known as Community Paramedicine. The pilot will monitor changes in 911 calls, ED transports, and ED utilization.
- **The Yakima County Health Care Coalition (YCHCC) is piloting a Patient Activation Measurement (PAM) tool** across five provider organizations. The goal is to activate patients to engage in better health management.
- **Managed Care Organizations (MCOs) in the Greater Columbia region have been sponsoring GCACH providers to allow access to the Collective Platform Emergency Department Information Exchange (EDIE) tool.** The goal of this project is to improve care coordination by informing providers when their clients visit the emergency department or are hospitalized.
- **GCACH contracted with four Opioid Resource Networks (ORNs) to coordinate a systemic response to the complex issues of opioid addiction among the Medicaid and low-income populations, focusing specifically on Medication Assisted Treatment (MAT) for individuals with Opioid Use Disorder (OUD).**



The money received from the GCACH Community Health Fund has made it possible for **Columbia County Health System** to purchase a new, modern, and flexible transport van that can accommodate vehicle chair, wheelchair, and gurney patients.



GCACH moved to a **new location in October 2019** to be more centrally located and visible to our current and future stakeholders as part of our sustainability plan.



On September 26, 2019, the Yakama Nation hosted GCACH staff and Directors from its Board, as well as staff from the tribal behavioral health services department, for a **Cultural Competency Training**. The training was conducted by Arlen Washines, Deputy Director for the Yakama Nation Department of Human Services, and Emily Washines, an author and poet.

GCACH has developed a Quality Improvement Strategy with two components:

1. Addressing the process in which organizations are chosen and mentored for sites working toward becoming a Patient-Centered Medical Home.
2. Improving their processes to ensure that providers are getting the technical assistance needed to transform their delivery system.



GCACH's company vehicles logged 31,702 miles to deliver technical assistance and attend meetings.



GCACH staff attended conferences, trainings, and webinars to better meet the needs of our stakeholders, providers, and communities. GCACH staff also participated on state-wide panels to share population health management strategies.



GCACH added a Marketing Department managed by Lauren Noble.



GCACH hosted over 100 meetings including: Board, Leadership Council, Practice Transformation Workgroup, Learning Collaborative, Summit and Committee meetings.



GCACH has 11 full-time employees

Board of Directors (Representing 17 different sectors)

Brian Gibbons
Astria Sunnyside Hospital
Healthcare Provider

Carrie Green
Senior Life Resources
Philanthropy

Dan Ferguson
Yakima Valley College
Workforce

Darlene Darnell
Catholic Charities
Community/Faith Based

Dana Oatis
Lourdes Health Network
Behavioral Health

Eric Nilson
Kennewick Fire Department
Public Safety

Jorge Arturo Rivera
Molina Healthcare
Managed Care Organizations

Julie Petersen
Kittitas Valley Healthcare
Hospital

Les Stahlnecker
ESD 123
Education

Lottie Sam
Yakama Nation
Tribes

Madelyn Carlson
People for People
Transportation

Martha Lanman
Columbia County Public Health Dept. /
Grant County Health District
Public Health

Rhonda Batchelor
Lourdes Health Network
Consumer

Rhonda Hauff
Yakima Neighborhood Health Services
Housing

Ruben Alvarado
City of Pasco
Local Government

Sandra Suarez
Yakima Valley Farm Workers Clinic
Federally Qualified Health Centers

Susan Grindle
HopeSource
Social Services

GRANTS – Mitchell Rhodes

January 2020

Hospital District 1

- Recently Awarded
 - GCACH - \$100,000 – Opioid Resource Network Manager and Expand Medication Assisted Treatment at KVH
 - First installment received (\$50,000)
 - First quarter report completed
 - UW/Premera Rural Mental Health Integration - \$245,000 per clinic – Training and ongoing support to integrate mental health initiatives into Family Medicine Cle Elum
 - Waiting for response to receive our first installment
- Received Awards (Funds received in full)
 - WSHA – Rural Health Systems Capacity - \$5,000 – Provider Coder Education
 - HRSA Opioid Planning Grant - \$200,000
 - Final reporting stage
 - American Society of Breast Surgeons Foundation - \$5,000 – Breast Cancer Education – via KVH Foundation
 - Shoemaker Foundation - \$6,500 – Blue Band Initiative – via KVH Foundation
 - DOH Trauma Grant - \$10,503 – Trauma Coordinator
 - SoCentral Workforce Council - \$3,800 – Coder Training
- Recently Completed/Closed Grants
 - DOH Coverdell Stroke Quality Improvement
- Waiting Determination
 - Puget Sound Energy Safety Grant – up to \$44,000 – Purchase emergency communication systems for KVH – via KVH Foundation
 - Expected Determination December 2019
- Works in Progress
 - Coverys Foundation Grant – \$49,000 – Rolling – Develop and Implement both Clinical and Non-Clinical Drill Program – via KVH Foundation
 - 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 – via KVH Foundation

Hospital District 2

Seeking grant funding to assist in the building of the new ambulance garage

- Researching
 - Sunderland Foundation Grant
 - Burlington Northern Foundation Grant
 - Shoemaker Foundation Grant
 - Suncadia Foundation Grant

KCHN

- Recently Awarded
 - *HRSA – \$1,000,000 - Opioid Implementation grant*
 - *KVH should be receiving its first installment for the work we are doing for the grant*
- Waiting Determination
 - HRSA Rural Health Network Development Program - \$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
- Recently Not-Funded
 - Bureau of Justice Assistance Grant - \$750,000 over 2 years – Opioid Implementation Grant Supplement
 - Molina Community Grants – Up to \$100,000 – October 18 – Grant will hire staff to coordinate and increase the capabilities of care coordination platform and the A-Team
- Works in Progress
 - HRSA Care Coordination - \$250,000/year – Due March 12– Funding to improve network care coordination with a 3 year implementation
 - Cigna Community Grant – Grant will hire staff to coordinate and increase the capabilities of care coordination platform and the A-Team

Evidence-Based Practice Workshop Sponsorships

Seeking event sponsorship up to \$10,000 for the Evidence-Based Practice Workshop in March 2020

- Requests Sent
 - University of Washington School of Medicine
 - Washington State University School of Medicine
 - Central Washington University Department of Health Sciences

- Pacific Northwest University of Health Sciences
- Heritage University Physician's Assistant Program
- Yakima Valley College Nursing Program
- Washington Physician's Insurance
- Works in Progress
 - Premera Blue Cross
 - Cerner
- Researching
 - Coverys
 - Molina
 - American Medical Association
 - American Hospital Association
 - Washington State Medical Association
 - Washington State Hospital Association
 - American Academy of Family Physicians Foundation
 - Washington rural Health Association
 - Inland Northwest Health Services



OPERATIONS REPORT

January 2020

PATIENT CARE OPERATIONS

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

The Urgent Care Center in Cle Elum continues to see a steady growth of volume. The staff have been able to adequately service this patient population with intermittent assistance from the Registration staff.

- **Surgical Services:**

The surgery staff and Director have been working very hard in preparation for the new ENT service line. Topics impacted are Cerner, special equipment and training for procedures, and developing processes and education specific to pediatrics. We are excited to be able to offer these services to our patients.

- **Clinical Education:**

The Medical/Surgical Certification Class has started and there are 12 Registered Nurses enrolled from KVH. This is a 12 week on-line course, sponsored through the University of Washington. Upon completion of the course, the RN has the option of testing for the National Certification of Medical/Surgical Nursing. Attendees attending represent the HHH/ MS/CCU and clinics.

- **Telemetry Accreditation:**

Ongoing efforts continue for this project. The Nurse Practice Committee has agreed to assist the managers with developing standard Work, education, and implementing policies and procedures for the accreditation.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services:**

Dr. Sheldon Jensen, formerly employed by Yakima Valley Radiology, has signed a contract with OnRad to be the fulltime onsite radiologist at KVH. Kyle West has sent Dr. Jensen a credentialing packet and his start date has been set for mid-April. MDIG is assisting in the transition of service to OnRad as it a complex process for KVH IT, MDIG and OnRad to create new interfaces with our PACS system. Everyone involved is committed to ensuring our patients and providers receive high quality service during this transition.

Our patient satisfaction scores for lab, imaging and cardiopulmonary services have been quite good. We've been handing out paper surveys since August 2019 in the departments and patients drop off a completed survey in a locked box in the waiting area. The survey results from August-December 2019 are attached.

- **340 B Program:**

As the covered entity, KVH is responsible for ensuring compliance with HRSA's requirements of all aspects of the 340B program. Recent internal audits have discovered the following issues:

- * Prescriptions were filled under this program for providers who no longer are employed by KVH. This has resulted in KVH notifying the drug manufacturers of the error and pay-back of the cost of the medication at wholesale cost (\$220).
- *One third party administrator was inadvertently including Medicaid prescriptions in the 340B program and this error will likely result in a payback to Medicaid.

With each finding, the pharmacy puts a corrective action in place to prevent the issue and continues to monitor for errors. We report the audit findings to the Compliance Committee. We are planning to have an external firm audit our program in the 3rd quarter of 2020 and will be hiring an additional pharmacy technician to assist with ongoing internal program audits.

- **Hospice:**

In 2019 we developed medication algorithms and set up a Collaborative Practice Agreement with Dr. Kevin Martin to allow us to fill our Hospice patient prescriptions at KVH rather than a contracted pharmacy. This has provided wonderful customer service to our patients as the medications are available 24/7 rather than by mail order, and our pharmacist attends the IDG meeting to make recommendations on medication use for our patients. Making this switch has also resulted in us saving \$145,432 in medication expenses for the Hospice program and also supported our 340B program.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Immigration Visits:**

Dr. John Merrill-Steskal has just received his civil surgeon approval. This means he will be able to conduct immigration exams for anyone who is applying for permanent US residency. This designation is from the United States Citizenship and Immigration Services.

- **SBI Program:**

Dr. John Merrill-Steskal is working on a project for Screening Brief Intervention with a focus on risky alcohol use with women of childbearing age which may lead to fetal alcohol spectrum disorders. We were only one of 25 clinics nationwide in this champion program. This is a 3 year program and so far Dr. Merrill-Steskal has introduced the program to the other clinics. We have also adjusted our patient health form to follow the screening needed to inform the provider.

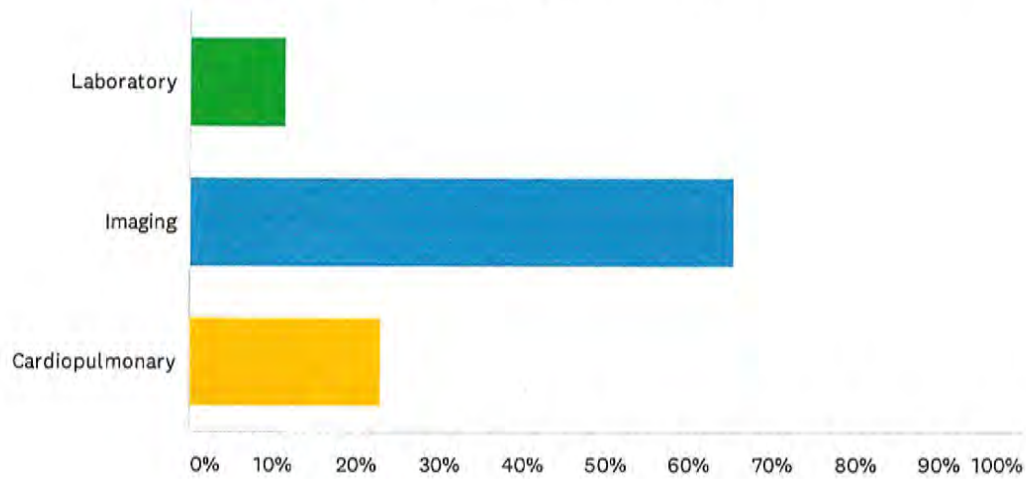
- **Dr. Herman/Debbie Perry:**

A successful retirement party was held on January 12th at Hal Holmes for this dynamic duo. We miss them already but are thrilled they will be sleeping through the night and enjoying the next life's chapter.

Thank you, Carrie Barr, Chief of Clinic Operations

Q1 Services Used Today (check all that apply):

Answered: 87 Skipped: 5



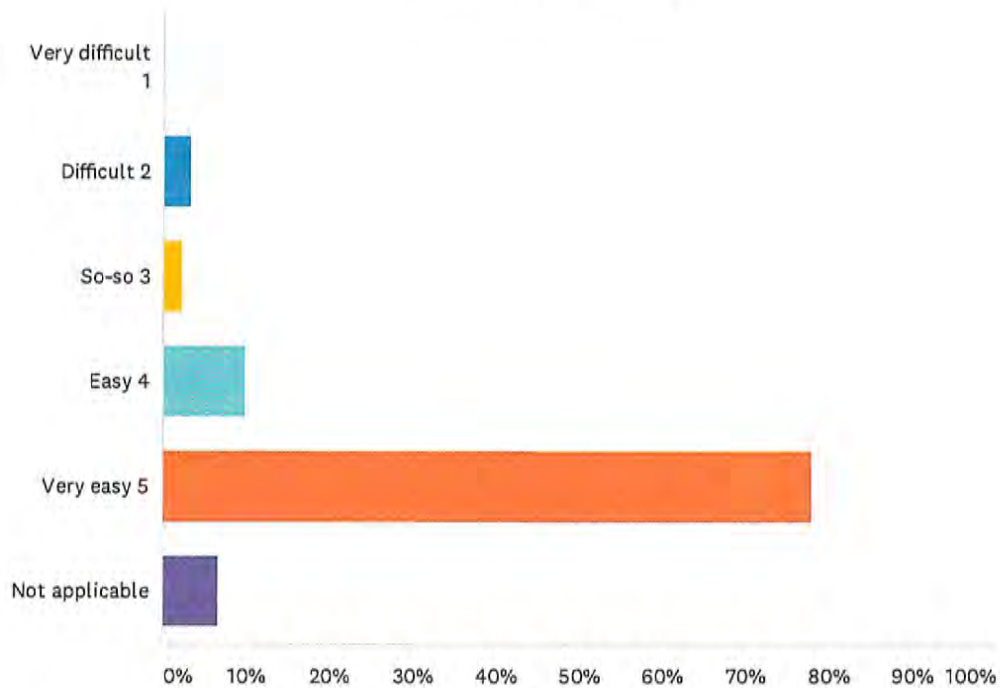
ANSWER CHOICES

RESPONSES

Laboratory	11.49%	10
Imaging	65.52%	57
Cardiopulmonary	22.99%	20
Total Respondents: 87		

Q3 How easy was it to schedule your test at a time that was convenient to you?

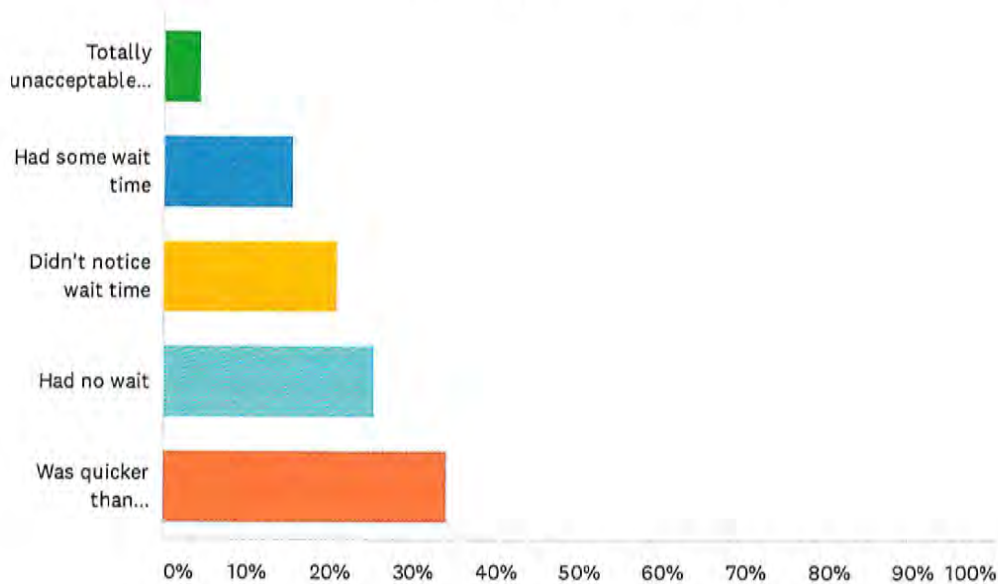
Answered: 91 Skipped: 1



ANSWER CHOICES	RESPONSES	
Very difficult 1	0.00%	0
Difficult 2	3.30%	3
So-so 3	2.20%	2
Easy 4	9.89%	9
Very easy 5	78.02%	71
Not applicable	6.59%	6
TOTAL		91

Q4 How quickly did you receive care?

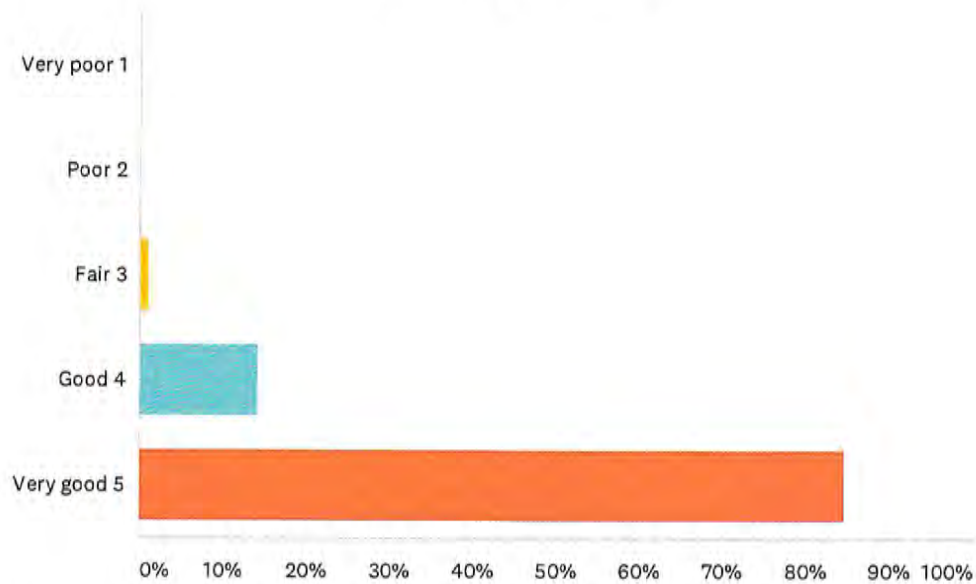
Answered: 91 Skipped: 1



ANSWER CHOICES	RESPONSES	
Totally unacceptable wait	4.40%	4
Had some wait time	15.38%	14
Didn't notice wait time	20.88%	19
Had no wait	25.27%	23
Was quicker than anticipated	34.07%	31
TOTAL		91

Q5 Please rate the cleanliness of the facility:

Answered: 92 Skipped: 0



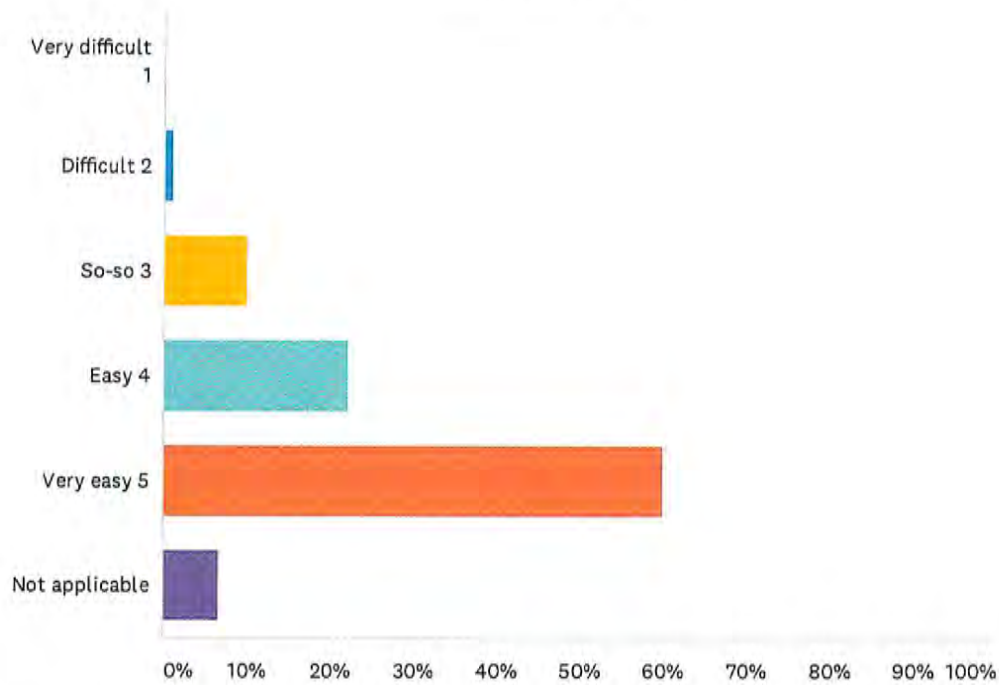
ANSWER CHOICES

RESPONSES

Very poor 1	0.00%	0
Poor 2	0.00%	0
Fair 3	1.09%	1
Good 4	14.13%	13
Very good 5	84.78%	78
TOTAL		92

Q6 With previous tests, have you encountered any difficulty with your doctor/clinician receiving results?

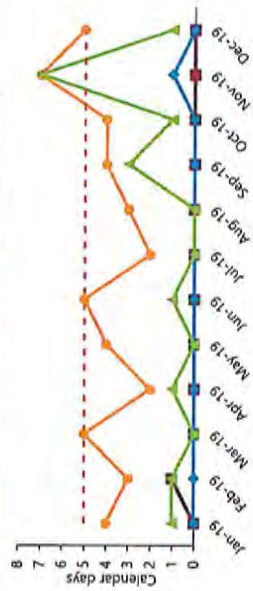
Answered: 90 Skipped: 2



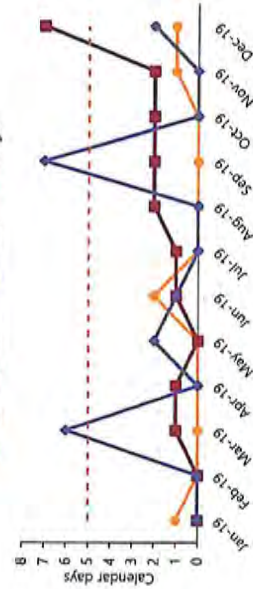
ANSWER CHOICES	RESPONSES	
Very difficult 1	0.00%	0
Difficult 2	1.11%	1
So-so 3	10.00%	9
Easy 4	22.22%	20
Very easy 5	60.00%	54
Not applicable	6.67%	6
TOTAL		90

Clinic Operations Dashboard

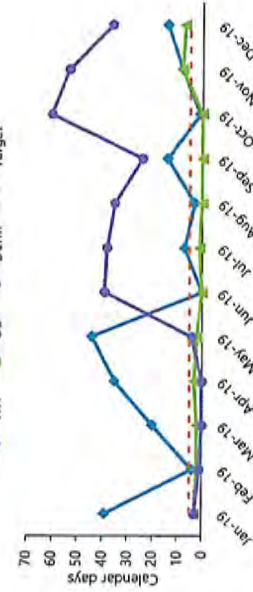
Third available appointment for established patients



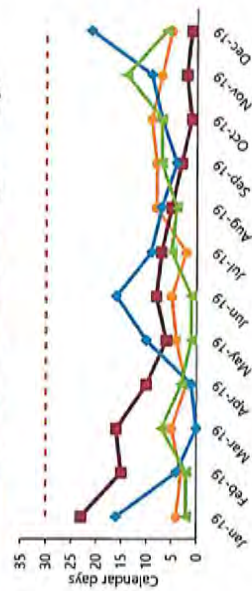
Third available appointment for established patients



Third available appointment for established patients



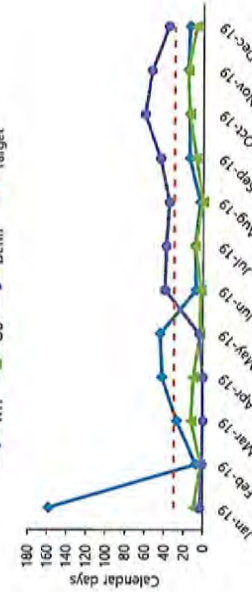
Third available appointment for new patients



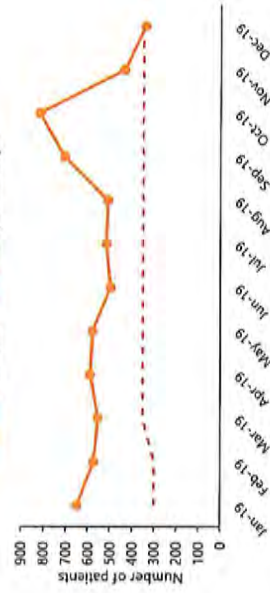
Third available appointment for new patients



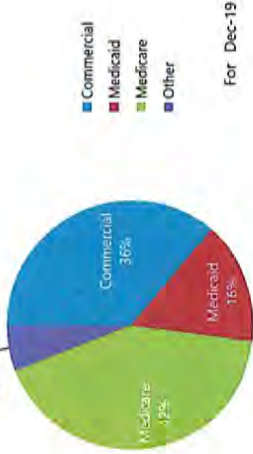
Third available appointment for new patients



New patients



Payor Mix



Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2020

	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 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	NW Rural Health Conference Spokane, WA 3/23-3/25	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	WSHA Rural Conference Chelan, WA 6/21-6/24	AHA Leadership Summit San Diego, CA 7/19-7/21			WSHA Annual Meeting Renton, WA 10/7-10/8		

	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		13 3:00pm		15 3:00pm		17 3:00pm		19 3:00pm		14 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