KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

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

February 27, 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 23, 2020 **(3-6)**
   b. Approval of Checks **(7)**
   c. Report: Foundation **(8)**
   d. Minutes: Finance Committee **(9-10)**
   e. Minutes: Quality Council: February 10, 2020 **(11-13)**

4. **Presentations**
   a. Mandee Olsen, Director of Quality Improvement: Safe Catch Awards **(14-15)**

5. **Public Comment and Announcements**

6. **Reports and Dashboards**
   a. Quality - Mandee Olsen, Director of Quality Improvement **(16-31)**
   b. Chief Executive Officer – Julie Petersen **(32-34)**
      i. Dr. Hiersche Contract Negotiations
   c. Medical Staff
      i. Chief of Staff, Timothy O'Brien MD
         1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(35)**
      ii. Chief Medical Officer, Kevin Martin MD **(36-37)**
   d. Finance – Chief Financial Officer – Scott Olander
      i. Operations Report **(38-45)**
      ii. Capital Expenditure Request: Four Ultrasound Machines ** **(46)**
   e. Operations **(47-51)**
      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 **(52)**

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KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

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

7. **Education and Board Reports**
   a. AHA Annual Meeting

8. **Old Business**
   a. Update on Strategic Plan Refresh Process

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

March 26, 2020, Regular Meeting
April 23, 2020, Regular Meeting

Future Agenda Items

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B
January 23, 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, Ron Urlacher, Mitchel Rhodes, 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.
2. **Approval of Agenda:**

   Julie Petersen stated that she would like to add the WSNA contract as an action item. Commissioner Clark requested that Medical Executive Committee (MEC) files be discussed in Executive Session, with action taken in public session.

   ACTION: On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved the agenda as amended.
3. **Consent Agenda**:

   ACTION: On motion of Matt Altman and second of Terry Clark, the Board members unanimously approved the consent agenda.
4. **Presentations**:

   Julie Petersen went over the timeline of the MAC and stated that our current clinics are out of space. The MAC will allow us to increase that space in order to increase access for our patients. Carrie Barr discussed the providers who have been added. Ron Urlacher reviewed the Clinic Improvement Plan and move in dates. Julie Petersen stated that there have been weekly huddles in preparation for the move along with planning new workflows.

   Mitchell Rhodes gave a brief overview of his grant applications and the strategies he is using. Mitchell gave status updates and described the amounts we have received for grant funding.

5. **Public Comment/Announcements**:

Joan Bennett, KVH Medical Technologist, requested that the administration record and post employee forums on the intranet.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Mandee pointed out the improvements that have been made with restraints. Mandee stated that the surgical pack gowns had a recall that is affecting 9.1 million gowns, but the recall is voluntary while the investigation is being conducted.

Manda Scott shared the Staff Development Plan, stating that it is comprehensive enough to meet our needs and contains three components: 1. Master Job Skills, 2. Our Code of Excellence, and 3. Expanding My Potential. Manda stated that we are doing this because the employees are asking for it, that this is a progressive plan, and that it is adaptable.

The Board members reviewed the CEO report with Julie Petersen. Julie stated that work has begun with our consultant on the Strategic Work Plan and more dates and details will be coming soon to create a draft plan and to assign Board sponsors. Julie stated that WSNA has ratified the three-year contract and reviewed the specific changes to the contract.

ACTION: On motion of Erica Libenow and second of Matt Altman, the Board members unanimously approved the WSNA three-year contract.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that work is going on in our community to look at models for elder care.

Scott Olander reported on KVH's financial performance for December and stated that, overall, KVH had a good year. Scott stated that we continue to have some adjustments due to untimely billing but year-end we were over budget on revenue by a million dollars.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Rhonda stated that the impact of the twenty-four-hour pharmacy has greatly helped our hospice patients. Carrie stated that we are working on bringing flight physicals back in house.

7. **Education and Board Reports**:
Commissioner Altman stated that he and Julie will be attending WSHA Advocacy Days in Olympia on Jan. 29-30. President Davis stated that there is a Safety Summit on May 14.

8. **Old Business:**
None.

9. **New Business:**
None.

10. **Executive Session:**
At 7:02 pm, President Davis announced that there would be a 6-minute recess followed by a 30-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). Action was anticipated.

At 7:38 pm, the meeting was reconvened into open session.

ACTION: On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved the initial appointment for Dr. Suzanne Cleland-Zamudio and the reappointments for Dr. Byron Haney, Dr. Nathan Kemalyan, Dr. Thomas Penoyar, Dr. Andrew Peet, Dr. Richard Roux, and Jocelyn Judd, PA-C as recommended by the Medical Executive Committee.

11. **Adjournment:**
With no further action and business, the meeting was adjourned at 7:40 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.

2. Motion passed to approve the consent agenda.

3. Motion passed to approve the WSNA three-year contract.

4. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners

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DATE OF BOARD MEETING: February 27, 2020

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	260440-261278	NET AMOUNT:	$5,121,211.04
		SUB-TOTAL:	$5,121,211.04	

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	81559-81570	NET AMOUNT:	$14,144.50
#2	PAYROLL CHECK NUMBERS	81571-81579	NET AMOUNT:	$6,651.94
#3	PAYROLL DIRECT DEPOSIT	EFT	NET AMOUNT:	$1,161,460.85
#4	PAYROLL DIRECT DEPOSIT	EFT	NET AMOUNT:	$1,255,804.13
		SUB-TOTAL:	$2,438,061.42	

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2017 $1M REVENUE BOND - PRINCIPAL	NET AMOUNT:	$223,773.00
#2	2017 $1M REVENUE BOND - INTEREST	NET AMOUNT:	$14,498.64
#3	2017 $12.5M REVENUE BOND - PRINCIPAL	NET AMOUNT:	$201,156.00
#4	2017 $12.5M REVENUE BOND - INTEREST	NET AMOUNT:	$191,166.45
#5	2018 $6M REVENUE BOND - PRINCIPAL	NET AMOUNT:	$180,000.00
#6	2018 $6M REVENUE BOND - INTEREST	NET AMOUNT:	$100,367.51
	SUB-TOTAL:	$910,961.60	

TOTAL CHECKS & EFTs: $8,470,234.06

Prepared by

Sharoll Cummins

Sharoll Cummins
Staff Accountant

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THE FOUNDATION KVH

Foundation Activities
February 2020

Magical Evening
Work continues for the May 16, 2020 Magical Evening. Save the date postcards were mailed out to the community. Invitations are set to be printed and mailed by mid-March. Pick-your-prize raffles have been secured and dates for ticket sales will be announced shortly.

An online gala registration form has been created and is posted to our gala website www.kvhealthcare.org/gala. Guests are able to register and pay with a credit card starting February 21st.

Our annual fund-a-need campaign highlights cardiac care with a goal of raising $50,000 for cardiac stress testing equipment and a fourth i-Stat machine.

Annual Distribution
The annual distribution to KVH has been completed. This year the Foundation provided $92,849 funding birthing beds, 3 iStat machines and the cardiac & telemetry monitoring education and accreditation program.

Annual Appeal
The annual appeal is still underway with over $17,000 in donations currently.

Respectfully submitted,
Laura Bobovski
Foundation Assistant

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

February 25, 2020
Tuesday

Café Conference Room
7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: January 21, 2020**
- **January Financial Highlights**
- **Capital Expenditure Request**
    - **Four Ultrasound Machines**
        - **Women's Health x2**
        - **Family Medicine – Ellensburg**
        - **Family Medicine – Cle Elum**
- **Adjourn**

Next Meeting Scheduled: March 24, 2020 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
January 21, 2020

Members Present: Robert Davis, Jon Ward, 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 Robert Davis at 7:34 a.m.

A motion was made to approve the agenda and the January 7, 2020 minutes. The motion carried.

Scott Olander presented the financial overview of December 2019. Inpatient and outpatient gross revenue was above budget. Clinic gross revenue was under budget for the month. Surgery volume has increased with our three general surgeons. We were running less than budget, yet we had bigger cases producing more gross revenue and higher reimbursement. Deductions from revenue, which are a factor of gross revenue, included amounts to bring our Medicare payable up to $600,000. We have tried to be conservative with our Medicare estimates through the year since we are paid an average cost per Medicare patient and it varies for each clinic. Deductions from revenue line other deductions included amounts for untimely billing resulting from the Cerner conversion. Overall operating expenses were under budget $302 for the month. The negative variance in salaries was due mainly to volume. The overage in purchased services was due to large repairs of Internal Medicine building roof, Pediatric roof, and sidewalks. Supplies were less than budget due to adjusting to the inventory count. Interest expense was less than budget due to capitalizing interest related to the Medical Arts project. Year to date operating expenses were $44,818 above budget. The preliminary year to date financials net income was $3,290,637 and $632,239 above budget. The details are in the Chief Financial Officer Report.

Other financial topics shared were the clinics in the Medical Arts Center Clinic will be rolled into one Rural Health Clinic. The purpose is to maximize reimbursement. Days in Accounts Receivable increased 2 to 88 due to staff and payer vacations. Days cash on hand went from 152 to 138 due to payments on the MAC. The days cash on hand is within the debt covenant requirement of 75 days. Payer mix improved with commercial payers having increased from 32.73% in November to 32.81% for December year to date.

The statistical volume for December 2019 was the next discussion. Patient days, which drives gross revenue, was 1.7% above budget. Deliveries were two below budget. Outpatient surgery minutes were above budget .3% for the month and 2.0% under for the year. We were able to narrow the gap even with the retirement of an orthopedic surgeon. GI procedures remained strong for the month and year. December 2019 was busy for the ER and Urgent Care, with the ER being above budget 4.2% and the Urgent Care above budget 69.9%. The bulk of our admissions have come through the ER. Rehab visits have continued to do well and were 12.3% above expected for the year. Clinic visits really grew from year to year. This has generated increased ancillary revenue in laboratory and radiology. We increased access by adding providers and made more appointments available. This resulted in making 2019 a profitable year.

Other topics shared included ENT equipment of $400,000 has been ordered; the 2020 operating budget was approved; and current FME building usage to be reviewed when FME moves to the MAC.

With no further business, the meeting was adjourned at 8:15 a.m.

Quality Improvement Council	**MEETING MINUTES**	**February 10, 2020**
Present: Mandee Olsen, Scott Olander, Dr. O'Brien, Matt Altman, Julie Petersen, Vicky Machorro, Dr. Martin, Terry Clark, Carrie Barr, Rhonda Holden, Manda Scott, and Judy Love **Guests**: Stacy Olea **Recording Secretary:** Mandy Weed **Minutes Reviewed by:** Mandee Olsen		
ITEM	**DISCUSSION**	**ACTION ITEM/ RESPONSIBLE PARTY**
• Called to order	The meeting was called to order by Matt at 3:02 pm.	
• Agenda & Minutes	The minutes were approved as presented. Mandee stated she would like to add an update on the Coronavirus at the end of the meeting if time allows.	
Reports:		
• 2019 QI Council Dashboard Review	**Handouts:** QI Council Dashboards & Glossary **Discussion:** Mandee went over the QI dashboards stating that they are through the end of 2019 and that there will be a new dashboard at the next meeting with items approved by QI. Mandee stated that there was one sepsis failure and that order sets are being created for restraints to help meet that time requirement. Mandee stated that we did have one needle stick in December.	Add annual wellness visits to glossary.
• Patient Satisfaction Dashboard and Improvement update	**Handouts:** Patient Satisfaction Dashboards **Discussion:** Mandee reviewed the dashboards and noted that they are all now percent top box scores and overall we are doing really well.	

Policy Review:		
• Patient grievance policy and procedure	**Handouts:** Dealing with Patient Concerns Policy and Procedure **Discussion:** Mandee stated that this policy and procedure is required by CMS and it ties to governance and the Board. Mandee went over the minor changes that were made. The QI Council unanimously approved the Dealing with Patient Concerns Policy and Procedure as presented.	
Old Business:		
• Investigational Research at KVH	**Handouts:** Investigational Research at KVH Policy & Process Guidelines **Discussion:** Mandee questioned if the Ethics Committee was a better place for the Investigational Research to fall under rather than QI Council. It was agreed that review would move to Ethics Committee. QI would still be open to presentations of outcomes if available.	
New Business:		
• 4th Quarter Safe Catch Winner Selection	**Handouts:** SAFE Catch Nominations **Discussion:** The council reviewed all nominations and decided to award the following to be presented at the February Board meeting: 4th Quarter Clinical – Marissa Krager, RN, Medical/Surgical Unit for suspecting stroke symptoms and taking action 4th Quarter Non-Clinical – Renee Svendsen, Housekeeper, Environmental Services for notifying engineering when shocked while cleaning.	
• Improvement Outcomes - Lab	**Handouts:** None	

	Discussion: Stacy Olea went over the blood contamination rates and stated that the most common causes are inadequate skin preparation, staff turnover, and being in a fast paced environment; blood contamination leads to an increase in costs. Stacy stated that in 2018 they implemented the Kurin and they have been seeing a significant downward trend since implementation which as a results has led to cost savings.	
• STAR Network Participation	**Handouts:** STAR (Sepsis Treatment and Recovery) Network handout **Discussion:** Mandee stated that WSHA just started the Sepsis Treatment and Recovery (STAR) Network last July and we will be participating. The project goals of the STAR Network are to improve compliance with SEP 1 guidelines, as well as to reduce sepsis related readmissions and mortality rates in Washington State. Mandee stated that the project is for a period of one year and Dr. Hibbs and Vicky Machorro will be our KVH champions.	
• Other – Coronavirus Update	Mandee stated that we had a patient that came in on January 30th for novel Coronavirus testing and we pulled together an Incident Command to assess the situation. The patient was isolated here at KVH for 2 days and then self-isolated. We received the test results last Friday that the results were negative. Mandee stated that it was good to review policies and procedures, equipment storage etc. Julie further commented that everyone did a great job in their roles and with the conversations with the community.	
Closing:		
• Adjourned at 4:56 pm	Next meeting April 13, 2020 at 4:45 p.m.	

SAFE Catch Awards and Nominations

4th Quarter 2019

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Clinical Award Nominations:

Nominees: Kayleen Gordon, MA-C, Family Medicine Cle Elum

Reason for Nomination: Identifying an issue with vaccine refrigerator temperature

Nominator: April Grant, RN, Nursing Director KVH Clinics

Event: Kayleen noticed that the vaccine refrigerator door was left slightly open. Right away she checked the temperature which was elevated. With the help of other staff, they turned the temp down and placed ice packs in the unit to help it cool faster. They continued to monitor the temperature of the fridge. They also contacted the vaccine manufacturers to verify the vaccine stability and only had to pull three vials from use. This was a great 'near-miss' catch and Kayleen's diligence prevented unsafe vaccines from reaching patients and avoided significant cost in replacing unsafe vaccine.

Nominees: Cordy Cooke, RN and Jocelyn Judd, PA-C, Urgent Care Center

Reason for Nomination: Expressing concern to patient and recommending further evaluation

Nominator: Dede Utley, Director-Emergency Department

Event: Patient presented the Urgent Care with his grandson for a concern of pink eye. Through his intake, staff pointed out a lower pulse rate. This was significant enough to require further work-up in the urgent care, but patient declined, so staff encouraged patient to see his primary care provider. The patient minimized the concerns until a few days later he thought more about what staff had said. He saw his primary care provider and two days later he had a pacemaker placed. The patient stated, "I am not trying to be dramatic, but the visit to your clinic for pink eye may have well saved my life!"

Nominee: Eric, RN, Krystal, RN and Hannah Hester, PCT, Emergency Department

Reason for Nomination: Being creative while caring for patients

Nominator: Dr. Monica Romanko, Emergency Department

Event: Eric created a game, with the help and creativity of Krystal and Hannah, for a 6 year old patient. This game evolved into a Halloween parade with one happy trick-or-treating patient that left the whole ER full of smiles.

This same shift there was an elderly patient with dementia, who in the past has required sedating medicine for interventions in the ER. Krystal and Hannah washed the patient's head wound, while the patient happily sang along to Gene Autry songs that Eric played for her on his

SAFE

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

phone. We all pretended that she was at the hair salon, and she was content. Eric later helped to calm and reassure the patient by singing Christmas carols with her while she waited awaited transportation back to her residence.
"These are examples of exceptional patient care. I am incredibly grateful to work with such an amazing group of people. Last night was emblematic of why we do what we do."

Nominee: Marissa Krager, RN, Medical/Surgical Unit
Reason for Nomination: Suspecting stroke symptoms and taking action
Nominators: Cody Staub on behalf of the Cardiac/Stroke Committee
Event: On taking over care of this patient, who had been in the ED for 45 minutes at that time, she assessed the patient's vertigo symptoms to be a central ataxia and not peripheral vertigo. She alerted the emergency physician who initiated an acute stroke workup. The workup revealed a left vertebral artery lesion and right vertebral artery dissection. She was sent to Virginia Mason Medical Center in Seattle as a result and, although the lesions were considered to be non-interventional, the patient was started on dual-platelet therapy and with regular neurology follow ups to follow these lesions. She was also started on home health services for occupational and physical therapy to help with her symptoms. Without Marissa's assessment skill and patient advocacy, it's likely her symptoms would likely have been attributed to chronic vertigo.

Non-Clinical Award Nominations:

Nominee: Rene Svendsen, Housekeeper, Environmental Services
Reason for Nomination: Notifying engineering when shocked while cleaning
Nominator: Linda Navarre, RN, CPHRM, Quality and Risk Management
Event: Rene alerted the Engineering Department that she felt a shock when she was wiping down the infant warmer in the Family Birthing Place operating room. Engineering staff acted promptly and had the manufacturer evaluate the equipment and called an electrician to assess the plug in. It was discovered that the outlet was not properly grounded. Engineering converted the outlet to a ground fault to mitigate the issue.

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

Novel Coronavirus

January 30th we were notified of a patient who may meet criteria for Novel Coronavirus testing. Although previous to this we had reviewed and shared pertinent guidance to our clinicians at the direction of the local public health jurisdiction, we had not yet had to exercise any of our processes specific to Novel Coronavirus. That afternoon, the CDC/ Washington Department of Health (DOH) approved testing of the patient. Incident Command was initiated, and policies and procedures were immediately reviewed for testing, isolation and personal protective equipment, and inter-agency communication and tracking. The patient was tested and isolated here at KVH for 2 days, and then self-isolated. Meanwhile, KVH continued to assess and plan for meeting the changing guidelines from the CDC and DOH. Until we received negative test results Friday, February 7th, we were meeting with CWU, Kittitas County Public Health Department, and as KVH incident command, keeping all staff updated along the way. This was an excellent exercise of our current processes and capabilities, as well as a clear demonstration of the calm composure and confidence of our staff. Everyone did a great job in their roles and with the conversations with the community.

Practice Transformation with Greater Columbia Accountable Community of Health (GCACH)

In 2019, KVH Hospital, Family Medicine – Ellensburg, and Family Medicine – Cle Elum were selected as Practice Transformation sites for the GCACH. At the most basic level, this initiative provides resources, including financial assistance, to become a Patient Centered Medical Home. We have completed fourth quarter reporting on achievement of milestones for the work, and expect to see disbursements over the next month. Notable improvements KVH has achieved as a result of this work:

- Design and implementation of chronic care management
- Design of further integrated behavioral health
- Education and improved documentation of coding
- Education and program development for population health management
- Development and implementation of selected patient self-management and shared decision-making tools
- Improved follow-up for patients in transitions of care
- Further integration of pharmacy with outpatient medication management
- In alignment with the Provider Value Alignment Committee, more specific quality and clinic-level data

KVH will continue to participate with GCACH Practice Transformation in 2020, with focus on sustaining previous efforts, further expanding behavioral health and MAT integration, increased patient follow-up, and advanced data abstraction and sharing. Expected funding offered in 2020 are significantly less than 2019.

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Patient and Family Advisory Council (PFAC)

Last year, our Board of Commissioners endorsed the creation of a Patient and Family Advisory Council (PFAC). Community members were nominated by our Board of Commissioners as a potential Patient and Family Advisor for this new endeavor. As a Patient and Family Advisors, their role would be to counsel KVH to create a patient- and family-centered environment of care, thereby advancing our strategic goals of access and of improving community trust and transparency. The role would entail participating in at least four meetings annually to review the patient and family experience and provide advice on areas such as customer service, signage, and patient print materials. In order to fulfill these activities, advisors would be brought on as volunteers and complete new employee orientation. Co-chair to the council, Carrie Barr, describes the work of our most recent meeting on February 18th in her report; another request of the BOC this year, especially with two new commissioners, will be to nominate additional Patient and Family Advisors to the PFAC.

Quality Improvement Dashboard Data Summary – through December 2019

Summary of Areas Meeting Goal or Showing Improvement

- Dysphagia screening for patients after stroke was at 100%.
- Median time to CT or MRI exam for patients with stroke was well below the goal; median time to results was lower than prior month.
- Timely start for physical therapy of home health patients was at one of the highest rates of the year.
- Days to referral completion in clinics is returning to the same time (or better) than before influx of patients from Family Healthcare of Ellensburg.
- No adverse medication events that required additional monitoring or caused harm in the past 3 months.
- Improvement in management of oral medications for home health has improved. Continuing staff education about the patient assessments that are conducted at the start of care and at patient discharge.

Summary of Improvement Opportunities

- One patient with an atypical presentation of sepsis did not receive a fluid bolus in the recommended timeline.
- Would like to continue improvement work on documentation of pain reassessments.
- One employee needlestick.
- One superficial hospital acquired infection (not reportable to National Health and Safety Network).

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Patient Stories

"I want to say how great Dr. Feng and his clinic staff are, they are very helpful and supportive. The lab staff are SUPER! Special compliments to Kim in the lab for being the BEST! Had a colonoscopy recently and compared to another hospital in Seattle area, KVH is very supportive to their patients and always go the extra mile. Also want registration (Yvette, Jill, and Jonika) to know how great their service is."

-KVH patient to multiple people and departments (Internal Medicine, Lab, SOP, and Registration)

"Thank you for providing us with a wonderful birthing experience. Everyone we interacted with was exceptionally kind and supportive. We couldn't have asked for a better way to welcome our child into the world. See you next time."

-Parents to KVH Family Birth Place nurses and staff

"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

"We cannot thank you enough for taking such good care of us throughout this crazy time. You are absolutely amazing! Having you there and with us each time made us feel so much more at ease and safe. Thank you for caring the way you do! We feel so blessed to know you and have you in our lives."

-Patient to KVH ED RN Jana White

"Thank you all so much for taking care of our sweet [child]. It is not the first time we have been in and it probably won't be the last. We so appreciate all that you do for our community!"

-Family of KVH ED patient

"My son was seen in the ER for abdominal pain that actually was appendicitis...His nurses in the PACU were extra kind to a worried 10 year old boy, they made conversation with him. Also in the PACU they watched my son like they knew him for a long time. He was transferred to Med Surg where the staff waited on my son every second he needed them, very prompt."

-Family of KVH Hospital patient

"Our deepest gratitude for your support, advice and kindness as we worked through [our loved one's] last few days with us. Lisa provided invaluable knowledge about what to expect and how to deal with any issues. We never felt alone during the time. And Kevin was at the house immediately after she passed to give support and answer our immediate concerns"

-Family of KVH Hospice patient to RNs Lisa Leonard and Kevin Yangas

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"Maybe you receive letters like this all the time, but I deemed it necessary to clearly communicate my thoughts relating to my mom's recent KVH/Hospice experience and allow further communication of such to those who need to know. I've learned over the decades of my career that an earned commendation letter from my management was particularly treasured over a verbal 'thank you.' It demonstrated that management took the time to ensure that its most prized staff were recognized and not simply taken for granted.

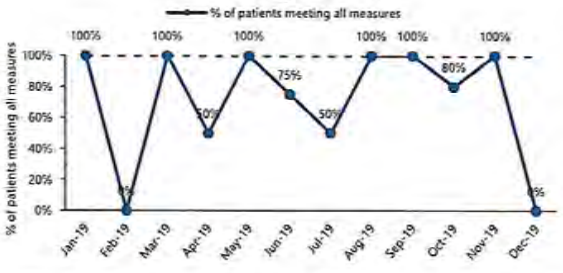
First, I want to thank you personally for doing the right (and humane) thing in diligently working with Dr. Jonathon Hibbs in the ER at KVH. I'm sure I know only 5 or 10% of the story, but what mattered was oxygen (and quality of life), providing equipment expeditiously delivered to my mom's home where family was gathered. In view of other hospital visits (where she was often discharged very soon after an 'event'), she did not want to die in the hospital, nor alone. Also, thank you for timely visiting my mom at home with your honest and professional approach.

Second, the entire family's experience with RN Kevin [Yangas] of KVH Hospice was unsurpassed, we couldn't have asked for anything more in helping to honor our mom with love and dignity. Outside of family, I have never appreciated anything more than RN Kevin's knowledge, counsel, tact, professionalism, understanding, honesty, and compassion during this difficult time. Yes, he has years of experience to help distance himself from the emotional aspects of this work, but I always saw humanity in his eyes where such work must still have an impact. ***RN Kevin, keep doing what you're doing, you do great work, and people need you; thank you for being there from the deepest part of my heart."***

-Family of KVH Hospital and Hospice patient

QI Council

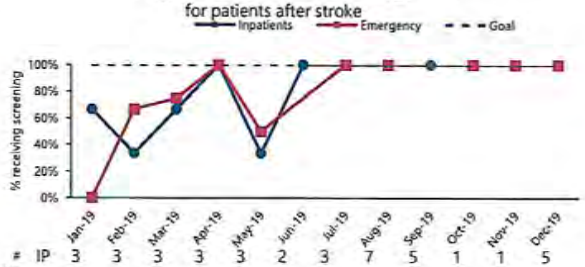
Sepsis ↑



# possible	3	1	2	2	2	4	2	1	5	5	3	1

Dysphagia Screening ↑

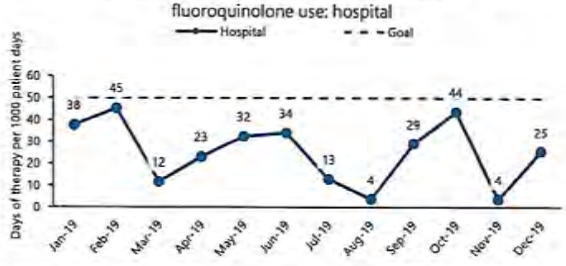
for patients after stroke



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

Antimicrobial Stewardship ↓

fluoroquinolone use: hospital



days of therapy	13	20	4	7	8	11	4	1	9	14	1	8

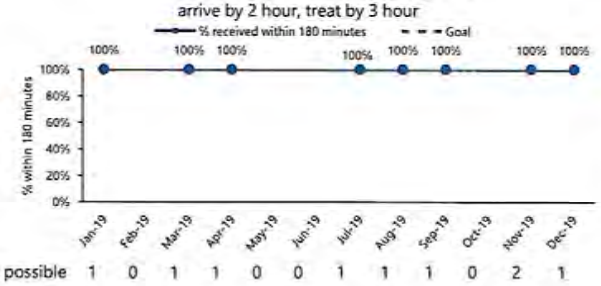
Median Time to ECG ↓

(Chest Pain)

# possible	3	5	13	9	9	12	13	13	8	11	9	6

Stroke IV tPA Timing ↑

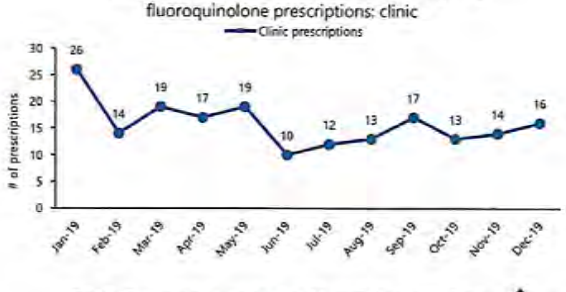
arrive by 2 hour, treat by 3 hour



# possible	1	0	1	1	0	0	1	1	1	0	2	1

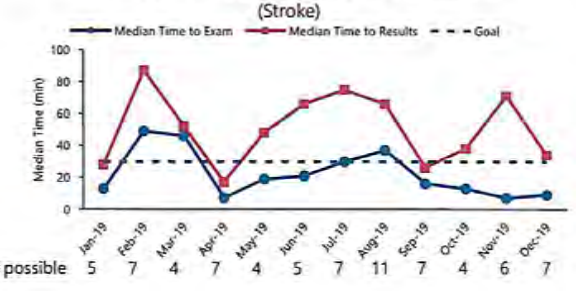
Antimicrobial Stewardship ↓

fluoroquinolone prescriptions: clinic



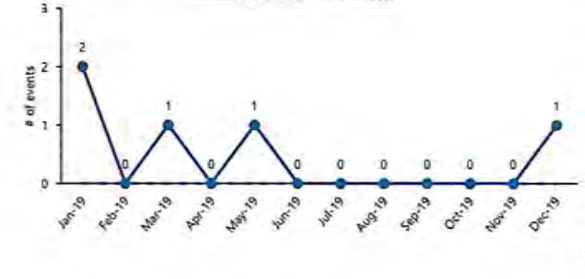
Median Time to CT or MRI ↓

(Stroke)

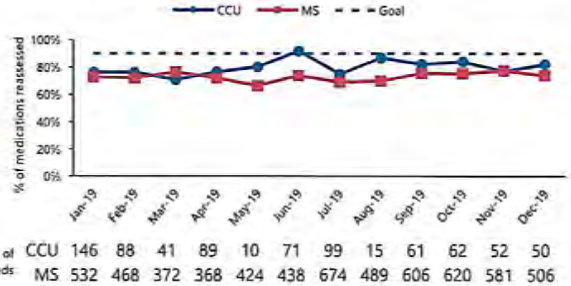


# possible	5	7	4	7	4	5	7	11	7	4	6	7

Needlesticks ↓



Pain Reassessment after Medication ↑

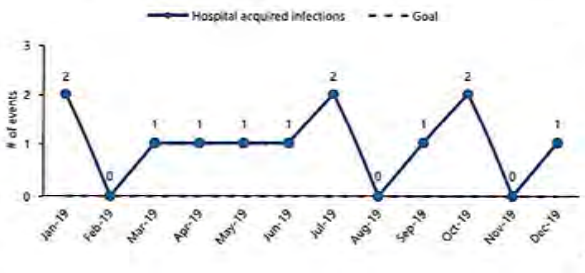


# of meds CCU	146	88	41	89	10	71	99	15	61	62	52	50
# of meds MS	532	468	372	368	424	438	674	489	606	620	581	506

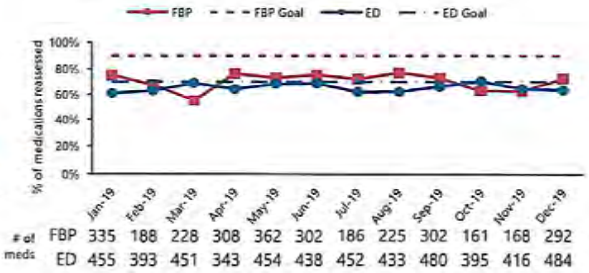
Restraints ↑

# possible	1	1	7	4	6	4	3	3	3	5	8	4

Hospital Acquired Infections ↓

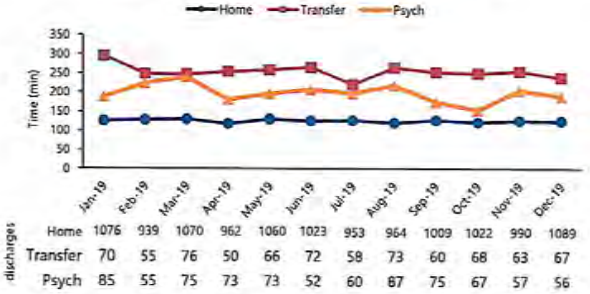


Pain Reassessment after Medication ↑



# of meds FBP	335	188	228	308	362	302	186	225	302	161	168	292
# of meds ED	455	393	451	343	454	438	452	433	480	395	416	484

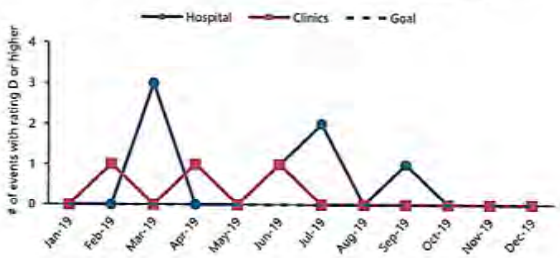
ED Admit to Discharge Time ↓



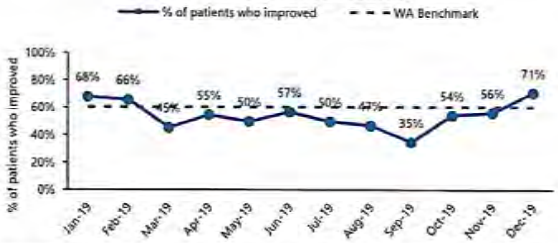
# of discharges	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Home	1076	939	1070	962	1060	1023	953	964	1009	1022	990	1089
Transfer	70	55	76	50	66	72	58	73	60	68	63	67
Psych	85	55	75	73	73	52	60	87	75	67	57	56

Falls ↓

Adverse Medication Events ↓



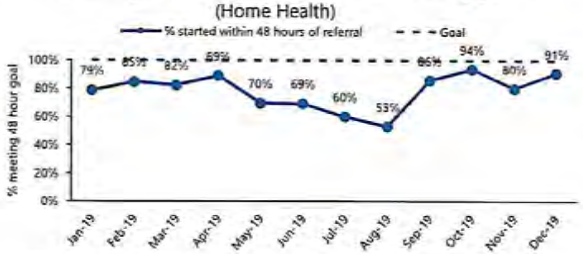
Improvement in Management of Oral Medications (Home Health) ↑



# possible	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
	31	14	18	25	17	29	25	22	23	18	28	27

Timely Start for Physical Therapy ↑

(Home Health)



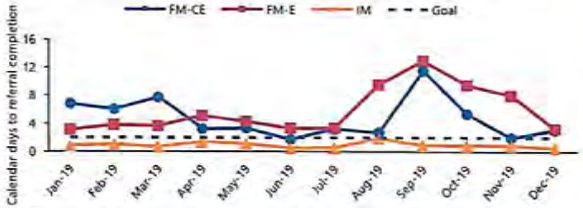
# of patients	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
	13	17	18	23	13	25	17	14	16	15	11	

Care and Service Reports ↓

Improvement in Pain Interfering with Activity (Home Health) ↑

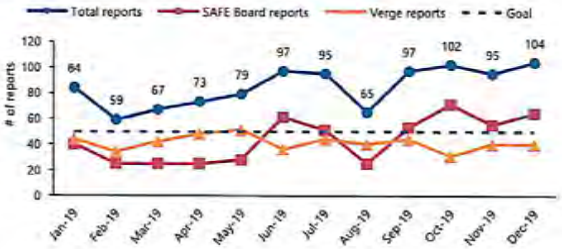
# possible	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
	26	18	22	21	16	27	22	23	18	17	21	22

Days to Referral Completion ↓

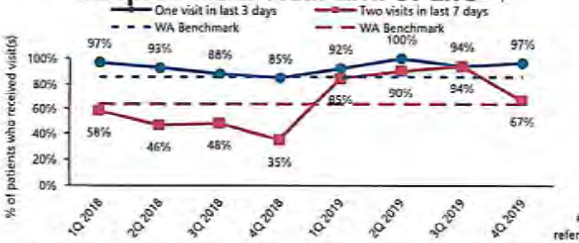


# of referrals	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
FM-CE	288	243	244	154	227	253	253	261	190	297	239	223
FM-E	470	354	385	383	455	338	396	429	458	573	413	403
IM	228	206	209	68	120	65	65	89	75	160	166	165

Employee Reports ↑

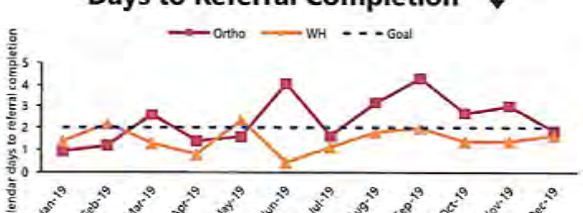


Hospice Visits Near End of Life ↑



# possible	1Q 2018	2Q 2018	3Q 2018	4Q 2018	1Q 2019	2Q 2019	3Q 2019	4Q 2019
	31	28	25	20	26	31	17	30

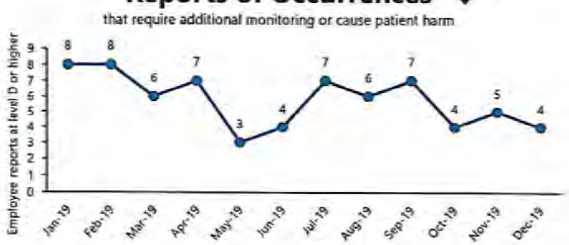
Days to Referral Completion ↓



# of referrals	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Ortho	72	72	65	70	57	51	67	34	38	49	39	32
WH	62	19	45	39	24	17	23	38	31	54	46	36

Reports of Occurrences ↓

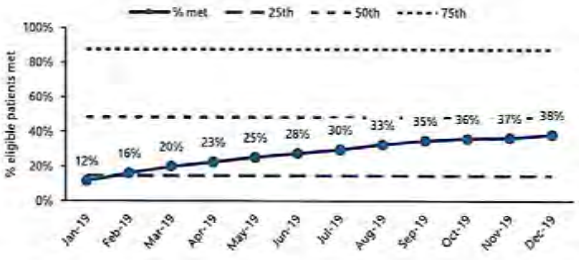
that require additional monitoring or cause patient harm



	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
	10%	14%	9%	10%	4%	4%	7%	9%	7%	4%	5%	4%

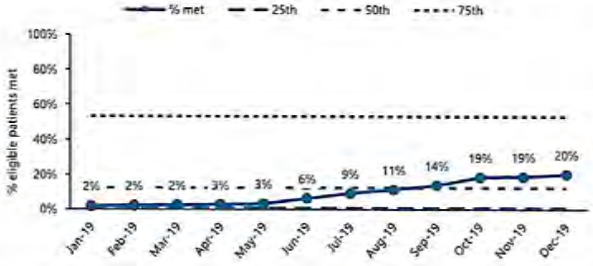
ACO Quality Measures: Clinics

Screening for Future Fall Risk ↑



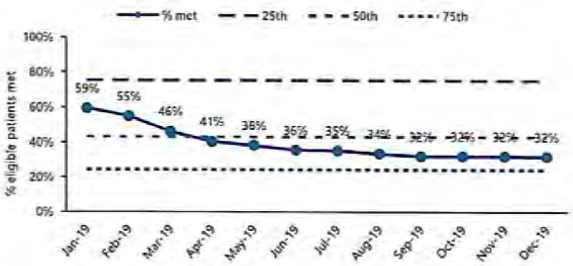
# possible	1479	2187	2805	3370	3795	4087	4378	4616	4826	5069	5069	5191

Screening for Depression ↑



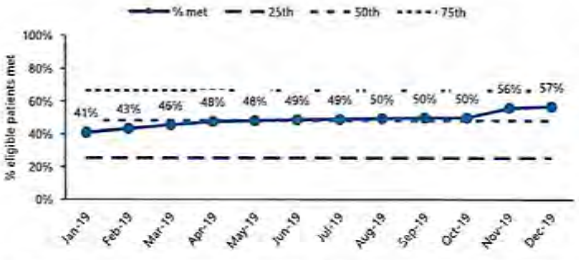
# possible	3870	6109	8077	9669	11050	12043	13108	14055	14974	15979	15979	16615

Diabetes: Poor Control ↓



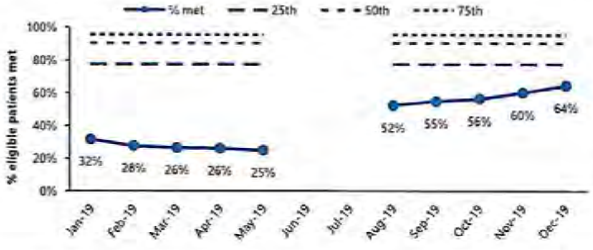
# possible	358	546	721	851	934	997	1067	1129	1170	1231	1233	1276

Screening for Breast Cancer ↑



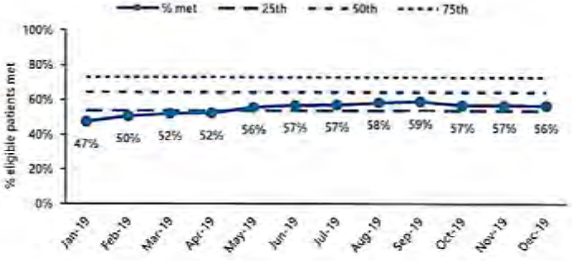
# possible	885	1370	1796	2153	2469	2669	2891	3097	3271	3486	3486	3596

Tobacco Use Screening and Intervention ↑



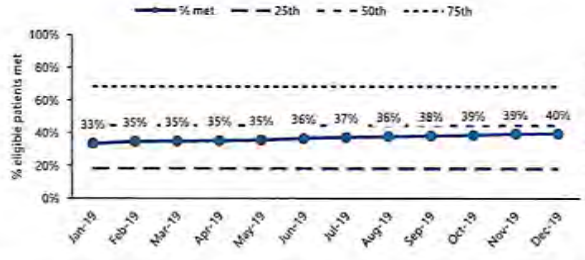
# possible	866	1972	3154	4354	5477	0	0	10571	11295	11906

Controlling High Blood Pressure ↑



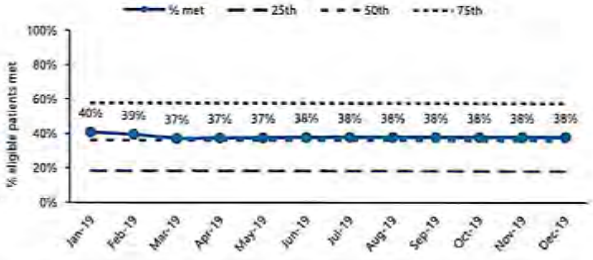
# possible	984	1537	2086	2518	2876	3148	3383	3484	3560	3669	3718	3764

Screening for Colorectal Cancer ↑



# possible	1730	2723	3569	4268	4862	5280	5705	6076	6408	6893	7261	7541

Influenza Immunization ↑



# possible	4112	6531	8649	9201	9633	9911	10155	10360	10520	10705	10705	10811

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	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	Numerator: Number of patients who met all possible measures for restraints Denominator: Total number of patients in restraints	Measures for restraint use include: ►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, *except* 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: ►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 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	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). If a screening is positive, the follow-up plan must include one or more of the following: ►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

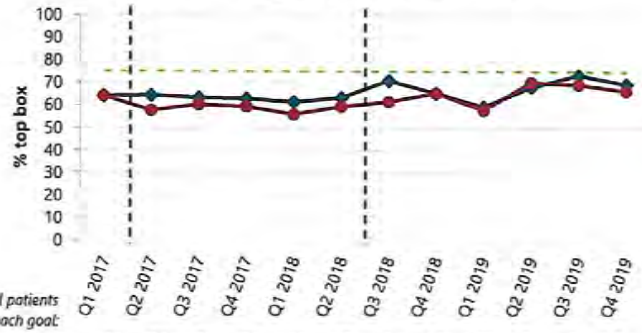
KVH Quality Improvement Council Dashboard Glossary

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

Patient Satisfaction Dashboard

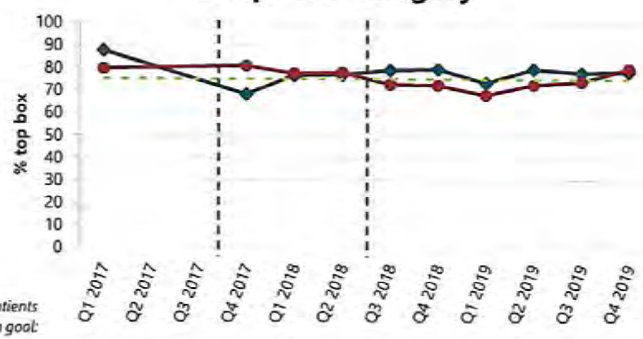
Updated 2/5/2020

Emergency Department



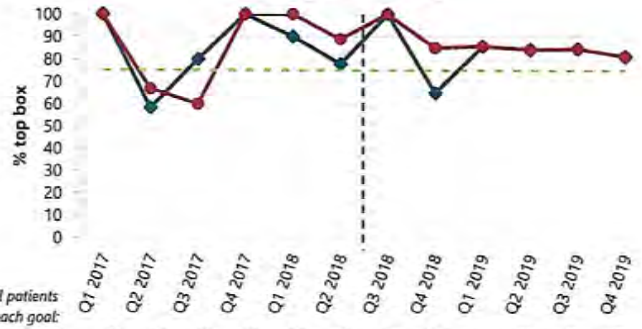
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	11	11	13	16	18	15	5	10	17	8	3	8
Recommend	11	17	16	21	25	20	16	10	19	6	9	12
Total respondents	100	98	109	132	127	128	117	101	108	113	143	134

Outpatient Surgery



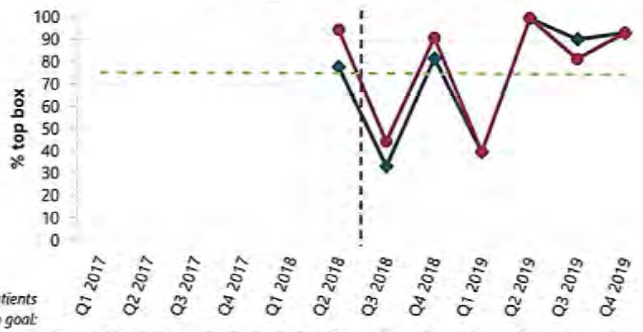
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	0	###	###	4	0	0	0	0	3	0	0	0
Recommend	0	###	###	0	0	0	3	6	13	6	3	0
Total respondents	40	###	###	47	85	69	124	199	176	215	203	180

Family Birthing



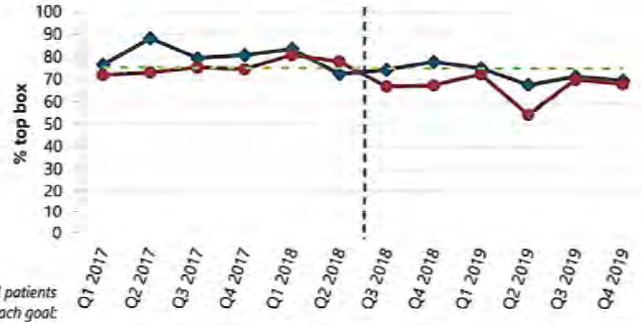
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	0	3	0	0	0	0	0	2	0	0	0	0
Recommend	0	1	2	0	0	0	0	0	0	0	0	0
Total respondents	11	12	10	8	10	9	7	20	18	19	13	16

Outpatient Rehab



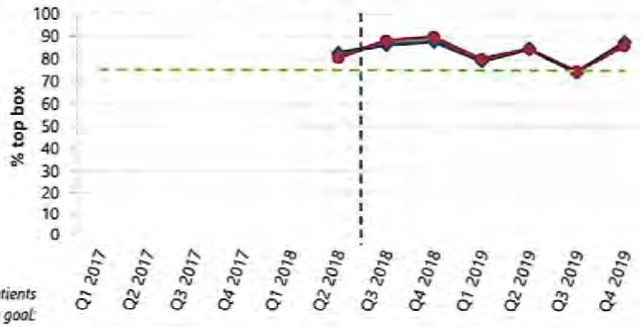
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	4	0	2	0	0	0
Recommend	###	###	###	###	###	0	3	0	2	0	0	0
Total respondents	###	###	###	###	###	18	9	12	5	2	43	47

MedSurg/CCU



Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	0	0	0	0	0	1	1	0	0	3	2	3
Recommend	1	1	0	1	0	0	3	5	2	8	3	4
Total respondents	21	33	24	31	36	18	31	54	56	34	49	46

Urgent Care - Cle Elum

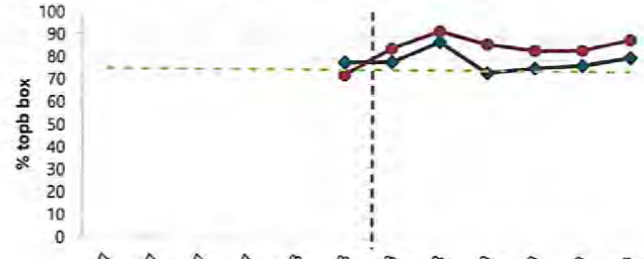


Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	0	0	0	0	1	0
Recommend	###	###	###	###	###	0	0	0	0	0	1	0
Total respondents	###	###	###	###	###	46	44	49	48	52	70	57

Patient Satisfaction Dashboard

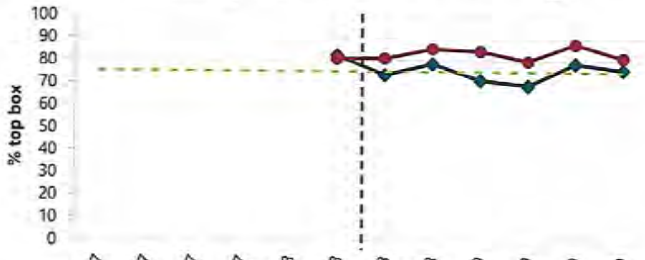
Updated 2/5/2020

Family Medicine - Cle Elum



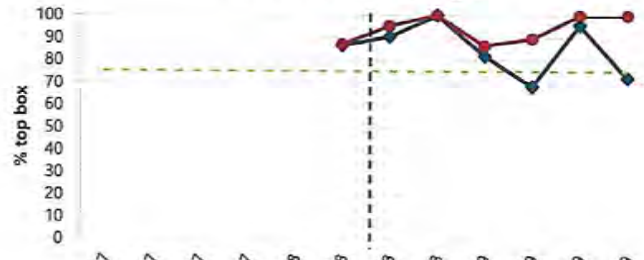
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	0	0	2	0	0	0
Recommend	###	###	###	###	###	6	0	0	0	0	0	0
Total respondents	###	###	###	###	###	258	117	130	154	135	156	150

Family Medicine - Ellensburg



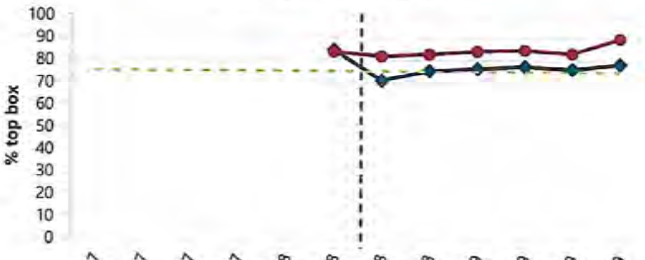
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	2	0	7	13	0	0
Recommend	###	###	###	###	###	0	0	0	0	0	0	0
Total respondents	###	###	###	###	###	402	132	186	181	210	324	282

General Surgery



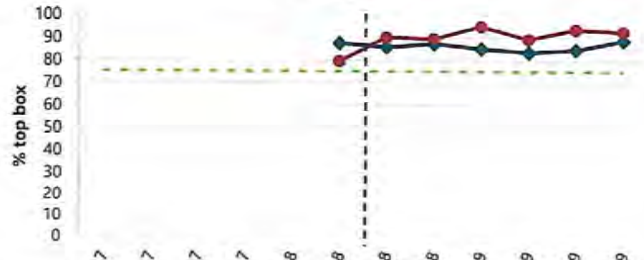
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	0	0	0	2	0	1
Recommend	###	###	###	###	###	0	0	0	0	0	0	0
Total respondents	###	###	###	###	###	37	21	17	22	19	24	18

Internal Medicine



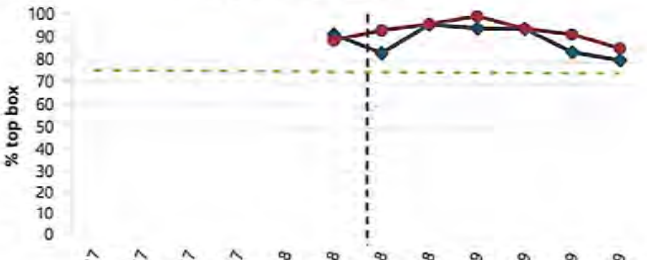
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	7	0	0	0	0	0
Recommend	###	###	###	###	###	0	0	0	0	0	0	0
Total respondents	###	###	###	###	###	285	151	153	194	238	223	228

Orthopedics



Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	0	0	0	0	0	0
Recommend	###	###	###	###	###	0	0	0	0	0	0	0
Total respondents	###	###	###	###	###	96	49	47	40	66	78	70

Women's Health

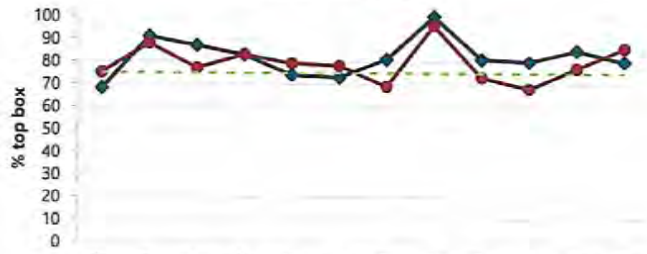


Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	0	0	0	0	0	0
Recommend	###	###	###	###	###	0	0	0	0	0	0	0
Total respondents	###	###	###	###	###	106	30	26	19	37	64	58

Patient Satisfaction Dashboard

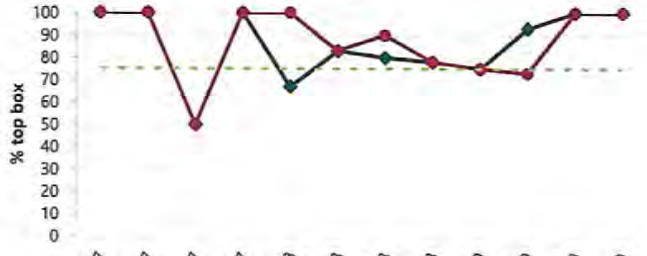
Updated 2/5/2020

Home Health



Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	3	0	0	0	1	1	0	0	0	0	0	0
Recommend	0	0	0	0	0	0	2	0	1	2	0	0
Total respondents	40	23	30	23	19	26	26	23	27	20	26	15

Hospice



Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	0	0	1	0	1	0	0	0	0	0	0	0
Recommend	0	0	1	0	0	0	0	0	0	1	0	0
Total respondents	2	3	2	4	9	6	10	9	4	15	13	5

KVH
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Chief Executive Report
February 2020

Hospital Advocacy Days – Olympia: This was the first time that I have attended Hospital Advocacy days in Olympia. Hospitals were well represented and there was a lot to talk about. Commissioner Altman and I met with Representatives Ybarra and Dent as well as Senator Warnick. We also met with Senator Honeyford from the 15th District (Yakima). Of particular interest was active legislation to a) establish a process to standardize insurance company's prior authorization requirements b) expedite the DSHS process to place difficult to discharge patients (borders) and c) a requirement that Medicaid managed care organizations mirror the Medicare programs provider credentialing process. All three of these pieces of legislation were voted out of the respective committees so they are still "alive". On Friday morning I had an opportunity to testify before the Senate Committee on Health and Long Term Care. The cut off for floor votes is 5:00 this evening so I will update the Board on the progress of these initiatives at the meeting.

AHA Rural Leadership Conference: In other travel news, The Rural Leadership conference was the first week of February. I understand that there were more than 40 attendees from Washington State and a number of Washington PHDs presented. Overall it was a great conference.

Virginia Mason Memorial Meetings: I met with Carole Peet, incoming CEO of VMM and Russ Myers, outgoing CEO of VMM in mid-February. VMM continues to struggle with capacity issues following the closure of Astria Regional. The Yakima market previously had three cath labs, three at Astria and two at VMM. VMM will delay replacing their older equipment while they solve their capacity issues. Ground transport to the next nearest cath lab, Issaquah or Wenatchee is considerably longer than to Yakima. Air transport resources are scarce, expensive and not always available.

More transfers from the ED are going to Confluence and Seattle as a result of the Astria closure which led to a meeting with the two transport agencies in Kittitas County; KVFR and Medic 1. Turnaround time for an ambulance from Ellensburg to Yakima is a little more than two hours. To either Wenatchee or Seattle, in good weather, the out of county trip is double that. In my experience EMS agencies are anxious to keep their resources available in their district. At any given time Kittitas County has between five and six ambulances available to respond. When Medic 1 has an ambulance on a transport to Seattle and KVFR is in Wenatchee, resources are stretched thin. We will continue to meet and coordinate between our ED and the two agencies.

Orthopedics: We were unable to reach an agreement to extend our orthopedic call coverage beyond the 18 days that our own, employed surgeons, provide to the community. While the hunt for a general orthopod continues we will be without fulltime coverage. Three weekends each month will be covered and this will not affect our trauma designation but we will experience gaps until the position is filled.

State Auditor Finding: Scott Olander, Kelli Goodian Delys and I met by phone with the SAO yesterday. We will have a finding for the 2018 audit year. The finding relates to our failure to designate an architect of record and the manner in which we have maintained our small works roster. I left the call unclear exactly what resolutions or language the auditors were actually looking for and, to date they have not been able to provide us with an example of best practice. Hopefully we will have clarity by the meeting date.

Move In Day: So far 2020 has been an amazing year of change. We are establishing a new ENT program, relocating clinics and rolling out a new provider compensation program/philosophy, in addition to dealing with a hospital closure and generally taking care of our community in their homes, our clinics and hospital. This KVH team is world class.

Human Resources & Staff Development- February 2020

Employee Population				
	20-Jan	*19-Dec*	*19-Nov*	*19-Oct*
Full-time	387	387	383	382
Part-time	130	128	129	130
Total Employees	617	615	611	611

Turnover			
	YTD	*20-Jan*	*2019 Year End*
Turnover (People)	11	11	138
Turnover (Percentage)	1.78%	1.78%	22.44%
Voluntary	10	10	109
Involuntary	1	1	9

General Recruitment				
	20-Jan	*19-Dec*	*19-Nov*	*19-Oct*
Open Postings	21	7	20	15
Unique Applications Received	299	185	219	221
Employees Hired	15	12	9	14
Time to Fill (Median)	40.90	33.00	27.22	32.00
Time to Fill (Average)	42	32.52	27.00	30.38

Annual Evaluations	
	YTD
Percent complete	88.60%
Total evaluations over due	75
# of employee evals over due	36
# of provider evals over due	39

Provider Evaluation process alignment currently being reviewed by Kevin Martin, Chief Medical Officer.

Last updated 2/17/2020

Recruitment: Currently have 46 openings with 14 of them being open more than 45 days. Of those 14 that are open; 8 have an FTE and 6 are per diem. Current "hard-to-fill" positions with an FTE are Clinic Medical Assistants, Behavioral Health Care Manager (LICSW), Occupational Therapist for Home Health, and an Athletic Trainer.

We participated in the Healthcare specific Career Fair in January. Received numerous resumes and a handful of applications. So far we've hired a handful of displaced Astria employees in nursing, cardiopulmonary, and pharmacy.

Benefits and Wellness: KVH now offers Roth 457b after tax contributions into employee deferred compensation accounts, expanding employee choice when it comes to their retirement.

We met with AIG in January to review our retirement plans documents. Our retirements options that we offer our employees are still very competitive based on the market, and we are still in regulatory compliance. AIG offered some suggestions for administration of our Plan Document that we plan to discuss internally in our Benefits Advisory Committee, as well as within the leadership team.

The Washington State Paid Family Medical Leave (PFML) became available for employees January 1, 2020. As of yet, KVH has not received any approvals or denials from the state. HR has been reviewing policies, communicating with employees and leaders, and planning for continued training. New developments continue leaving challenges for employers across the state.

Student and Volunteer Services: Volunteer Role Descriptions completed for all volunteers. Currently, we have 48 active volunteers and 7 active students.

After assistance from Marketing, we recruited (3) new Bereavement Volunteers for our March 11 training.

Medical Staff Services and Volunteer/Student Services met to review the total number of annual Learners rotating through KVH; to determine KVH placement capacity and continue partnership discussions with learning institutions.

Staff Development: Staff development plan presented to Board and department directors in January. We are continuing research and negotiations for customer service training. We anticipate bringing an update and proposal to the board in March.

Staff Feedback and Engagement: We are re-launching our Tiny Pulse engagement survey program to focus questions on our key strategic initiatives, such as Staff Development. We are reducing the frequency of questions to provide more focus and we hope for increased usage in 2020.

HR Operations: New WSNA contract in effect January 1, 2020. HR has processed all rate changes and differentials.

Other Projects or information: HR is presenting a new monthly board report format for 2020 after receiving feedback on the previous dashboard. Our goal is to provide key metrics and updates on new projects and initiatives. At the end of the year, we will provide a more extensive report on key metrics that were on the previous dashboard to demonstrative annual trends.

If you have feedback or questions, please contact Manda Scott or Julie Peterson.

Last updated 2/17/2020

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date February 20, 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.

PRACTITIONER	STATUS	APT/REAPT	SITE
Steven Richards, MD	Provisional/Active	Apt	Hospitalist
Noureldin Abdelhamid, MD	Associate	ReApt	Tele-Stroke
Lawrence Lareau, MD	Associate	ReApt	Locums Radiologist

The following practitioners have requested additional privileges. The Medical Executive Committee recommend to the Board that these practitioners be granted privileges as noted in each file.

PRACTITIONER	STATUS	SITE
Desirae Bloomquist, ARNP	Allied Health Professional	KVH FME
Anna Parr, PA-C	Allied Health Professional	KVH FME

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CHIEF MEDICAL OFFICER – Kevin Martin, MD

February 2020

Medical Staff Services:

- Recruiting: Mitch Engel reports.
  - We have interviewed 2 orthopedic surgeons, and expect 1 will accept a position with us to start summer 2021.
  - Dr. Suzanne Cleland-Zamudio started with us, and will begin seeing patients in March.
- Business development: Lisa Potter has her usual full plate of projects. These include:
  - **Primary Projects:**
    - **Medications for Opioid Use Disorder (MOUD, formerly MAT) Program**
      - We are discussing potential partnerships with Kittitas County Corrections and Merit Resources to facilitate integration of MOUD referrals into their programs.
      - We will be reaching out to Dr. Asriel regarding teaching a Suboxone waiver class to providers (as requested by Kittitas County Medical Society).
    - **Continuum Housing**
      - We are working with key partners and interested community member to explore different models of continuum housing and how they might fit with the needs of Kittitas County. We are in process of developing a master vision plan to help guide and inform decision points and planning efforts.
    - **Pain Management**
      - We are in process of collecting data to review both demand and feasibility for this service in Kittitas County.
    - **CWU – Athletes**
      - We are in process of establishing processes and protocols with CWU athletic trainers for post-concussion return-to-play assessments, as well as primary care and injury care and follow up.
    - **CWU – SMACC**
      - Coordinating assistance for the SMACC around their revenue cycle processes, quality measures and transitions of care with KVH.
    - **Workplace Health**
      - Establishing new customer accounts and assisting in pricing and revenue cycle reviews.
      - In early stages of partnering with KVH PT to establish functional and ergonomic assessments for employers and drafting an outreach plan for the new service.
    - **ENT**
      - In process of introducing Dr. Cleland-Zamudio to local providers, as well as identifying other referral sources and sources of need for ENT services (including FBP, school district resource nurses, etc.)

- **KCHN**
  - Working with the behavioral health team on next steps for the sales and use tax proposal, as well as future efforts the team will focus on.
- **Home Health and Hospice Outreach**
  - Continuing efforts to further our outreach for home health and hospice services. She is 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**
  - Will be facilitating a discussion around ancillary procedures and services there is potential to bring back into the community, including exercise treadmill tests, sleep studies, echocardiograms, pulmonary procedures, and more.

- **Projects in Queue:**
  - Palliative Care
  - Pulmonary Rehab Program/Cardiopulmonary Rehab Option
  - Expanded Pediatric Services

- Medical staff: Kyle West reports that we have 1 initial appointment and 2 reappointments. We currently have 4 learners rotating at KVH. A 5th learner is starting on 2/17. We are working on developing a system with Central Washington Family Medicine Residency Program to better track the learners at KVH and our capacity to take learners.

- **CMO activities:**
  - **Community & Regional Partnerships**
    - The Washington Rural Health Collaborative Physician Leadership Committee met 2/17. The group is nearing completion of pilot work to become a delegated credentialing service for all Washington payers. They have been certified by 3 payers to date, including Molina. 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.
  - We continue work on a third Evidence-Based Medicine workshop March 13 & 14.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer

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CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

January Operating Results

- The mix of services provided by KVH is shifting to more clinic revenue than inpatient revenue. January clinic revenue of $2,172,654 was greater than January inpatient revenue of $1,251,373 by $921,281. January inpatient volumes were unusually low. Admissions, patient days, inpatient surgery minutes and inpatient surgery cases were below budget. Deliveries were one delivery below their budget target. Outpatient volumes were much stronger. ER, Urgent Care, laboratory, radiology exams and clinic visits exceeded their budget target. Of special note, laboratory and clinic visits exceeded their budget target by over 8%. Outpatient surgery minutes and cases, GI procedures and rehab visits were slightly below their budget target and with the exception of rehab visits exceeded prior year levels.

- Gross revenue of $13,299,004 was below budget by $320,032. Inpatient revenue had a negative variance of $598,248; outpatient revenue had a positive variance of $32,849 and clinic revenue exceeded budget by $245,367.

- Deductions from revenue were below budget by $247,607 for the month. Contractual adjustments were below budget by $513,105. In January KVH wrote-off of $181k for untimely billing; up from December's write-off amount of $173k but down from October's $255k and November's $288k amounts. The hospital also had a write-off of $124k because the hospital did not obtain prior authorization for infusion services provided from March 2018 to June 2019. KVH has filed two unsuccessful appeals that were rejected by the payer.

- January other operating revenue was below budget by $197,283 due to 340B receipts. At year end the hospital accrues for 340B earned in 2019 but not received. The effect of the accrual reversal is the reason for the January's negative other operating variance.

- Overall operating expenses were below budget by $258,503. Salaries were below budget by $54,132 mainly due to the step increases KVH budgeted that occur throughout the year. Benefits were greater than budget due to additional FICA expenses that KVH matches early in the calendar year. This variance will normalize as highly compensated staff exceed the annual FICA threshold. Professional fees exceeded budget because our new radiology group has not yet received professional fees receipts to offset the monthly guarantee amount. KVH was below budget in nearly all of the other expense categories.

- January operations resulted in an operating gain of $64,997 compared to budgeted operating gain of $76,202; a negative variance of $11,205.

- Non-operating revenue/expense was below budget by $5,426.

- January Days in Accounts Receivable decreased 3 days from 88 to 85 days. Gross Accounts Receivable decreased by $1,810,690 from $40,613,365 in December to $38,802,675 in January. Total cash receipts were $7,920,237; the second best monthly total since January 2019. The Revenue Cycle team is fully staffed and working hard to bill and collect. They are also working closely with Cerner on a revenue cycle optimization project that began in December 2019.

- Days Cash on Hand decreased 5.3 days to 133.3 days in January from 138.6 in December. Significant expenditures in January that impacted cash were $243k spent on the Medical Arts Building and KVH made debt principal payments of $605k.

- Average daily cash collections (all cash) increased in January to $377,154 per working day from $341,130 in December. The hospital averaged $346,094 in collections per working day in 2019.

Kittitas Valley Healthcare

Financial and Operating Indicators

January 2020 - Key Statistics and Indicators

L	Measure	2020 YTD	2020 Budget	2020 Annualize	2019	2018	2017	2016
1	Total Charges	13,299,004	162,287,212	159,588,048	152,675,062	140,104,003	130,611,388	124,153,636
2	Net Revenue	7,107,737	87,947,737	85,292,841	83,127,969	78,753,810	71,490,964	71,506,819
3	Operating Income	64,997	1,720,871	779,966	2,501,969	474,120	885,655	(5,893)
4	Operating Margin %	0.9%	2.0%	0.9%	3.0%	0.6%	1.2%	0.0%
5	Cash	28,942,303	28,724,206	NA	NA	27,408,625	33,213,447	29,859,717
6	Days Cash on Hand	133.3	127.6	NA	NA	133.5	178.7	156.0
7								
8	Surgeries	117	1,547	1,404	1,305	1,461	1,396	1,510
9	Gastrointestinal Procedures	132	1,596	1,584	1,416	1,250	1,383	1,396
10	Emergency Visits	1,177	13,807	14,124	13,861	13,930	13,162	13,789
11	% ED visits To Bed	9.5%	0	9.5%	9.5%	n/a	n/a	n/a
12	Diagnostic Imaging Visits	2,697	31,692	32,364	30,397	30,843	33,836	33,471
13	Laboratory Tests	19,475	213,227	233,700	209,144	207,040	190,587	181,082
14	Clinic Visits	6,967	77,747	83,604	72,711	59,241	50,917	48,525
15	IP & Obs Days (no swing)	302	4,074	3,619	3,805	3,999	3,440	3,937
16	Deliveries	28	340	336	309	342	322	312
17	Admits	70	969	840	941	984	899	1,043
18								
19	FTEs	483.8	506.6	NA	NA	469.4	457.6	449.1
20	AR Days	85.3	60.0	NA	NA	92.0	50.8	47.5

Kittitas Valley Healthcare

January 2020 - Key Statistics and Indicators

		Current Month			Year to Date			Prior YTD		
	Activity Measures	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01	Admissions w/Swingbed	70	83	-15.4%	70	83	-15.4%	93	-24.7%	01
02	Patient Days - W/O Newborn	203	231	-12.1%	203	231	-12.1%	253	-19.7%	02
03	Patient Days - Swingbed	-	14	-100.0%	-	14	-100.0%	NA	NA	03
04	Avg Daily IP Census w/Swingbed	6.5	7.9	-17.2%	6.5	7.9	-17.2%	8.1	-19.7%	04
05	Average Length of Stay	2.9	2.8	3.8%	2.9	2.8	3.8%	2.7	6.7%	05
06	Average Length of Stay w/Swingbed	2.9	3.0	-2.1%	2.9	3.0	-2.1%	2.7	6.7%	06
07	Deliveries	28	29	-2.9%	28	29	-2.9%	37	-24.3%	07
08	Case Mix Inpatient	1.08	1.00	7.6%	1.08	1.00	7.6%	1.31	-17.9%	08
09	Surgery Minutes - Inpatient	1,468	2,847	-48.4%	1,468	2,847	-48.4%	4,333	-66.1%	09
10	Surgery Minutes - Outpatient	6,990	7,420	-5.8%	6,990	7,420	-5.8%	5,851	19.5%	10
11	Surgery Procedures - Inpatient	14	21	-34.7%	14	21	-34.7%	34	-58.8%	11
12	Surgery Procedures - Outpatient	103	109	-5.2%	103	109	-5.2%	84	22.6%	12
11	Gastrointestinal Procedures	132	134	-1.6%	132	134	-1.6%	106	24.5%	11
12	ER Visits	1,177	1,160	1.5%	1,177	1,160	1.5%	1,230	-4.3%	12
13	Urgent Care Cle Elum Visits	485	460	5.4%	485	460	5.4%	413	17.4%	13
14	Laboratory	19,475	17,917	8.7%	19,475	17,917	8.7%	18,840	3.4%	14
15	Radiology Exams	2,697	2,663	1.3%	2,697	2,663	1.3%	2,716	-0.7%	15
16	Rehab Visit	1,585	1,625	-2.4%	1,585	1,625	-2.4%	1,643	-3.5%	16
17	Outpatient Percent of Total Revenue	90.6%	86.4%	4.8%	90.6%	86.4%	4.8%	81.9%	10.6%	17
18	Clinic Visits	6,967	6,448	8.1%	6,967	6,448	8.1%	6,161	13.1%	18
19	Adjusted Patient Days	2,156	1,700	26.8%	2,156	1,700	26.8%	1,397	54.4%	19
20	Equivalent Observation Days	99	112	-11.5%	99	112	-11.5%	93	6.7%	20
21	Avg Daily Obs Census	3.2	3.6	-11.5%	3.2	3.6	-11.5%	3.0	6.7%	21
22	Home Care Visits	418	574	-27.1%	418	574	-27.1%	606	-31.0%	22
23	Hospice Days	774	920	-15.9%	774	920.1	-15.9%	893	-13.3%	23
	Financial Measures									
24	Salaries as % of Operating Revenue	51.2%	50.1%	-2.3%	51.2%	50.1%	-2.3%	48.8%	5.1%	24
25	Total Labor as % of Operating Revenue	64.6%	62.0%	-4.3%	64.6%	62.0%	-4.3%	61.0%	6.0%	25
26	Revenue Deduction %	47.7%	48.4%	1.4%	47.7%	48.4%	1.4%	48.5%	-1.5%	26
27	Operating Margin	0.9%	1.0%	-11.5%	0.9%	1.0%	-11.5%	3.9%	-76.7%	27
	Operating Measures									
28	Productive FTE's	398.7	452.1	11.8%	398.7	452.1	11.8%	419.0	-4.8%	28
29	Non-Productive FTE's	85.1	54.4	-56.3%	85.1	54.4	-56.3%	58.4	45.5%	29
27	Paid FTE's	483.8	506.6	4.5%	483.8	506.6	4.5%	477.4	1.3%	27
28	Operating Expense per Adj Pat Day	$ 3,266	$ 4,294	23.9%	$ 3,266	$ 4,294	23.9%	$ 4,917	-33.6%	28
29	Operating Revenue per Adj Pat Day	$ 3,296	$ 4,339	-24.0%	$ 3,296	$ 4,339	-24.0%	$ 5,118	-35.6%	29
30	A/R Days	85.3	60.0	-42.1%	85.3	60.0	-42.1%	89.0	-4.2%	30
31	Days Cash on Hand	133.3	175.0	-23.8%	133.3	175.0	-23.8%	129.5	3.0%	31

KVH

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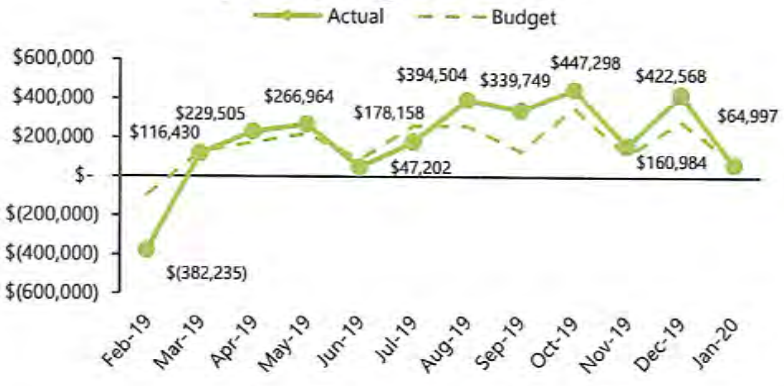
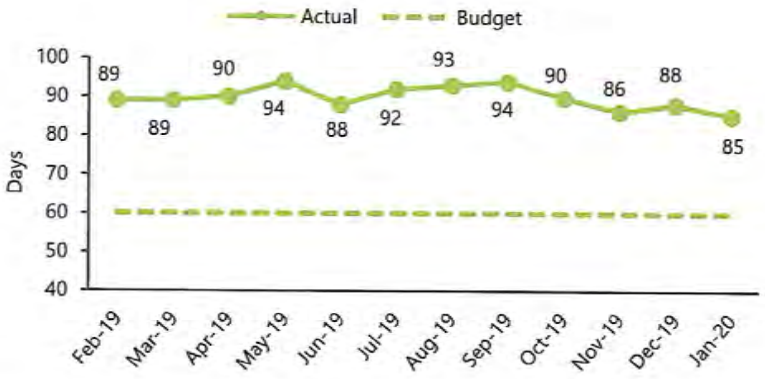
Financial Sustainability

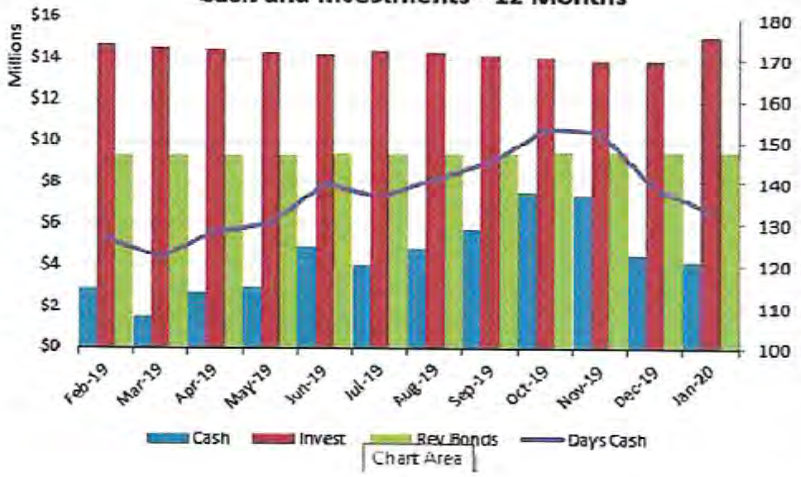
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2018	CY 2019	YTD 2020
Medicare	41.85%	41.97%	41.37%
Medicaid	18.45%	18.72%	18.19%
Commercial	32.03%	32.81%	33.76%
Self Pay	3.52%	2.21%	2.43%
Other	4.15%	4.30%	4.25%

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	1,251,373	1,849,620	(598,248)	1,251,373	1,849,620	(598,248)	2,444,079
OUTPATIENT REVENUE	9,874,977	9,842,128	32,849	9,874,977	9,842,128	32,849	9,265,689
CLINIC REVENUE	2,172,654	1,927,288	245,367	2,172,654	1,927,288	245,367	1,809,177
REVENUE	**13,299,004**	**13,619,036**	**(320,032)**	**13,299,004**	**13,619,036**	**(320,032)**	**13,518,944**
CONTRACTUALS	5,676,648	6,189,752	(513,105)	5,676,648	6,189,752	(513,105)	6,113,870
PROVISION FOR BAD DEBTS	309,193	282,341	26,852	309,193	282,341	26,852	343,497
FINANCIAL ASSISTANCE	43,735	41,837	1,898	43,735	41,837	1,898	57,632
OTHER DEDUCTIONS	319,506	82,759	236,748	319,506	82,759	236,748	38,747
DEDUCTIONS FROM REVENUE	**6,349,081**	**6,596,689**	**(247,607)**	**6,349,081**	**6,596,689**	**(247,607)**	**6,553,746**
NET PATIENT SERVICE REVENUE	6,949,922	7,022,347	(72,425)	6,949,922	7,022,347	(72,425)	6,965,199
OTHER OPERATING REVENUE	157,814	355,098	(197,283)	157,814	355,098	(197,283)	185,084
TOTAL OPERATING REVENUE	**7,107,737**	**7,377,445**	**(269,708)**	**7,107,737**	**7,377,445**	**(269,708)**	**7,150,282**
SALARIES	3,642,582	3,696,715	(54,132)	3,642,582	3,696,715	(54,132)	3,486,048
TEMPORARY LABOR	11,452	43,179	(31,727)	11,452	43,179	(31,727)	19,296
BENEFITS	952,477	877,616	74,861	952,477	877,616	74,861	875,123
PROFESSIONAL FEES	152,182	115,074	37,108	152,182	115,074	37,108	44,323
SUPPLIES	713,902	787,102	(73,200)	713,902	787,102	(73,200)	809,775
UTILITIES	80,793	92,644	(11,851)	80,793	92,644	(11,851)	76,985
PURCHASED SERVICES	831,273	927,439	(96,166)	831,273	927,439	(96,166)	834,481
DEPRECIATION	313,197	337,721	(24,524)	313,197	337,721	(24,524)	325,034
RENTS AND LEASES	120,379	132,395	(12,016)	120,379	132,395	(12,016)	71,103
INSURANCE	45,183	56,873	(11,690)	45,183	56,873	(11,690)	111,479
LICENSES & TAXES	59,647	81,499	(21,853)	59,647	81,499	(21,853)	106,434
INTEREST	54,349	57,150	(2,801)	54,349	57,150	(2,801)	58,805
TRAVEL & EDUCATION	28,482	41,218	(12,736)	28,482	41,218	(12,736)	20,096
OTHER DIRECT	36,842	54,616	(17,775)	36,842	54,616	(17,775)	30,457
EXPENSES	**7,042,740**	**7,301,243**	**(258,503)**	**7,042,740**	**7,301,243**	**(258,503)**	**6,869,439**
OPERATING INCOME (LOSS)	**64,997**	**76,202**	**(11,205)**	**64,997**	**76,202**	**(11,205)**	**280,843**
OPERATING MARGIN	0.91%	1.03%	4.15%	0.91%	1.03%	4.15%	3.93%
NON-OPERATING REV/EXP	61,586	67,012	(5,426)	61,586	67,012	(5,426)	91,065
NET INCOME (LOSS)	126,583	143,214	(16,632)	126,583	143,214	(16,632)	371,908
UNIT OPERATING INCOME							
HOSPITAL	48,265	244,582	(196,317)	48,265	244,582	(196,317)	465,940
URGENT CARE	(30,897)	(28,995)	(1,902)	(30,897)	(28,995)	(1,902)	(31,854)
CLINICS	(6,424)	(181,906)	175,482	(6,424)	(181,906)	175,482	(170,937)
HOME CARE COMBINED	54,053	42,521	11,532	54,053	42,521	11,532	17,694
OPERATING INCOME	**64,997**	**76,202**	**(11,204)**	**64,997**	**76,202**	**(11,204)**	**280,843**

Kittitas Valley Healthcare
Balance Sheet

January 2020

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	4,163,302	4,488,811	(325,510)
ACCOUNTS RECEIVABLE	38,802,675	40,613,365	(1,810,690)
ALLOWANCE FOR CONTRACTUAL	(21,407,770)	(22,382,150)	974,379
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	419,712	588,166	(168,454)
INVENTORY	1,868,657	1,894,491	(25,834)
PREPAIDS	794,213	776,900	17,313
INVESTMENT FOR DEBT SVC	178,896	950,100	(771,204)
CURRENT ASSETS	**24,819,985**	**26,929,983**	**(2,109,999)**
INVESTMENTS	24,600,105	23,779,605	820,499
PLANT PROPERTY AND EQUIPMENT	83,310,828	83,068,141	242,687
ACCUMULATED DEPRECIATION	42,904,814	42,573,102	331,712
NET PROPERTY, PLANT, & EQUIP	**40,406,014**	**40,495,039**	**(89,024)**
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	**40,406,014**	**40,495,039**	**(89,024)**
ASSETS	**89,826,104**	**91,204,627**	**(1,378,524)**
ACCOUNTS PAYABLE	604,381	1,395,147	(790,766)
ACCRUED PAYROLL	1,409,940	1,263,533	146,407
ACCRUED BENEFITS	370,873	268,613	102,260
ACCRUED VACATION PAYABLE	1,738,224	1,764,089	(25,865)
THIRD PARTY PAYABLES	2,142,630	2,142,630	0
CURRENT PORTION OF LONG TERM DEBT	1,024,910	1,629,839	(604,929)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	**7,290,959**	**8,463,851**	**(1,172,893)**
ACCRUED INTEREST	59,791	311,475	(251,684)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	8,507	0	8,507
DEFERRED REVENUE HOME HEALTH	47,917	136,954	(89,037)
DEFERRED LIABILITIES	**116,216**	**448,430**	**(332,214)**
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,564,910	12,989,839	(424,929)
LTD - 2018 REVENUE BOND	5,640,000	5,820,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,148,435	2,148,435	0
LTD - ENERGY PROJECT	0	0	0
CURRENT PORTION OF LONG TERM DEBT CONT	(1,024,910)	(1,629,839)	604,929
LTD - PACS SYSTEM	0	0	0
LONG TERM DEBT	**19,328,435**	**19,328,435**	**0**
NONCURRENT LIABILITIES	**19,444,651**	**19,776,865**	**(332,214)**
LIABILITIES	**26,735,609**	**28,240,716**	**(1,505,106)**
FUND BALANCE	62,963,912	62,963,912	0
NET REVENUE OVER EXPENSES	126,583	0	126,583
FUND BALANCE	**63,090,494**	**62,963,912**	**126,583**
TOTAL LIABILITIES & FUND BALANCE	**89,826,104**	**91,204,627**	**(1,378,524)**

Statement of Cash Flow

	CASH
NET BOOK INCOME	126,583
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	331,712
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	458,294
CHANGE IN CURRENT ASSETS ($)	
PATIENT ACCOUNTS	836,310
OTHER RECEIVABLES	168,454
INVENTORIES	25,834
PREPAID EXPENSES & DEPOSITS	(17,313)
INVESTMENT FOR DEBT SVC	771,204
TOTAL CURRENT ASSETS	**1,784,489**
INVESTMENTS	(820,499)
PROPERTY, PLANT, & EQUIP.	(242,687)
OTHER ASSETS	0
TOTAL ASSETS	**1,179,597**
CHANGE IN CURRENT LIABILITIES ($)	
ACCOUNTS PAYABLE	(790,766)
ACCRUED SALARIES	146,407
ACCRUED EMPLOYEE BENEFITS	102,260
ACCRUED VACATIONS	(25,865)
COST REIMBURSEMENT PAYABLE	0
CURRENT MATURITIES OF LONG-TERM DEBT	(604,929)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	**(1,172,893)**
CHANGE IN OTHER LIABILITIES ($)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(251,684)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	8,507
DEFERRED REVENUE - HOME HEALTH	(89,037)
TOTAL OTHER LIABILITIES	**(332,214)**
CHANGE IN LT DEBT & CAPITAL LEASES ($)	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(424,929)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	604,929
TOTAL LONG-TERM DEBT & LEASES	**0**
TOTAL LIABILITIES	**(1,505,106)**
NET CHANGE IN CASH	(325,510)
BEGINNING CASH ON HAND	4,488,811
ENDING CASH ON HAND	4,163,302

KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative

Requesting Department:	Women's Health x2, Family Medicine Ellensburg, Family Medicine Cle Elum
Capital Item Requested:	Four Ultrasound Machines
Function of Project:	Ultrasound machines for Women's Health, Family Medicine Ellensburg, Family Medicine Cle Elum to improve image quality, reimbursement, patient safety and satisfaction.
Reason Requested:	Women's Health: We are looking to replace the current ultrasound and add a second one to increase the availability to the provider/patient. Family Medicine Ellensburg: We are looking to replace the current ultrasound. Family Medicine Cle Elum: We are looking to add an ultrasound in this clinic for Dr. Thomas and visiting OB's.

Budget: $242,271 **Actual Cost:** $242,271

Submitted By: Carrie Barr, Chief of Clinic Operations **Date:** 02/27/2020

KVH
Kittitas Valley Healthcare
Your Home for Health

OPERATIONS REPORT
February 2020

PATIENT CARE OPERATIONS

- **Emergency Department/Urgent Care Clinic:**
  Staff in both departments continue to be busy-volumes are holding steady, with UCC continuing to see a steady flow of patients.

  We are in the process of hiring nursing staff for the ED and look forward to bringing on nurses with ED experience to our team.

  The Emergency Department's Best Practice Committee is working on cardiac monitoring in the ED. This will include updating policies and education for staff to ensure we are providing correct monitoring for our patients.

  The ED February staff meeting will focus on care of the behavioral health patient and workplace violence topics. The ED is trialing a new restraint system which we will begin training on. Case studies will be discussed, policies reviewed and discussion will include how we can best care for this group.

  KVH will be hosting the Washington Rural Healthcare Stroke Conference on Feb. 26th. This one day event will be an opportunity for organization to share data, learn from each other through lectures, panel discussion and mock drills. KVH, along with partner, Virginia Mason (Seattle) will be sharing much of the great work we have done to improve our processes in caring for stroke patients. Many thanks to Cody Staub, Special Programs Coordinator and Anna Scarlett, Quality and Risk Management RN for all their work on this conference.

- **Surgical Services**
  The OR continues to work on preparations for our ENT service. The staff of Materials Management has been an incredible help and we appreciate their work. We are beginning to receive equipment and supplies, education and in-services are being scheduled to help staff become familiar with new items.

  The process improvement team has met with OR staff and completed some process walks in our Cataract room. They will have another day of observation/process walk as we work toward improving efficiencies in that room.

Food and Nutrition Services

- **Food Service:**

- Staffing – We've filled the per diem diet aide position that has been open since the middle of October. We expect resignation of three employees this summer due to school and retirement.
- Micro Market has been installed at the Medical Art Center.
- Significant update of the patient Cardiac menu. We are updating all patient diets one at a time.
- Optimizing/standardizing diet orders in Cerner. Resolved difficulties with automatic report printing of diet orders three times per day.
- New design of patient menu artwork (menu jackets) has been created and we are waiting delivery from the printer.
- Continue to modify Café menu to keep it revolving and fresh for customers.
- Planning activities for equipment replacement and small remodel.
- QAPI: Goal is to grow Café sales and revenue through specific analysis of menu items. We have tracked specific category sales in January to establish a baseline. Currently targeting breakfast items and grab & go items as the staff determined these being the largest areas for improvement.

- **Clinical:**
  Further refinement of the Shared Decision Making tool for hypertension and diabetes.

- **Diabetes and Nutrition Education:**
  - The first Diabetes 101 class took place in February. We had six enroll and four people attend. The two hour class reviews most all important topics for people with diabetes. Participants are referred by their provider. We hope to have ten participants per class. Classes are the second Wednesday of every month from 2 to 4 PM.
  - Hoping to have our first Diabetes Support Group meeting in March. Curriculum and scheduled events for the year has been created.
  - Updating the Diabetes and Nutrition content for the KVH website.
  - QAPI: Grow class participation.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services:**
  We have opened up positions in echocardiograms, ultrasounds and mammography to take advantage of the opportunity to expand services in the community and hopefully have qualified applicants for these hard to fill positions from Astria Regional.

  On February 18 we completely transitioned away from MDIG and are sending images directly to OnRad. This will result in a reduced turnaround time for reporting results and improved quality of service.

Lab will be opening a draw station in the Medical Arts Center on 2/21/20.

- **Rehab Services:**
  Staff have received additional training in treating tempo-mandibular disorders, speech therapy for Parkinson's disease and in conducting ergonomic assessments. We are continuing to research a partnership with CWU for providing PT on campus and working with Lisa Potter to offer Industrial Ergonomic Evaluations.

  Easton School District has reached out to KVH to provide ST to their students and we are negotiating a contract for those services.

  Cle Elum PT continues to have more patients than we have staffing or space to accommodate. I am continuing to work with Carrie Barr on finding a solution within FMC.

- **Home Health &Hospice:**
  Our two front office staff will be attending courses to become coders for Home Health and Hospice, work that is currently outsourced to a company in Springfield, Missouri. The coursework is being paid for by donations from the KVH Foundation Hospice account and we are delighted to assist these staff in their career development.

- **Cardiopulmonary:**
  We've been working closely with IT to have our EKG carts interfaced with Cerner and this should be completed in February. Jocelyn Judd, PA-C is no longer attending our cardiac stress tests, leaving a large void and patients being referred to Yakima for services. We are redesigning the program to have an exercise physiologist perform these tests in conjunction with our certified respiratory therapists, with physician oversight and presence for high risk cases. We have interviewed an excellent candidate from Astria Regional and are excited to bring these services back to KVH. We also have 2 strong candidates for our vacant part time respiratory position from Astria.

- **340B:**
  Our Pharmacy team has completed an audit of 384 provider files, audits of each of our Third Party Administrators and 360 prescriptions (some from each contracted pharmacy), as well as196 different drug categories. In all, 42 claims failed the audit, the majority of which were due to a provider who left KVH but was still on the list as being active with one of our Third Party Administrators. The total payback to the manufacturer's of these drugs has been less than $10,000. This report was shared with the Compliance Committee meeting on February 13. We have added an additional pharmacy technician to assist with these internal audits and Nasser is reviewing the provider file weekly to be sure it is accurate and avoid this in the future.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Ear, Nose, Throat & Allergy:**
  Dr. Suzanne Cleland-Zamudio has been working with the clinic manager, Rachael Scott to finalize the details of the new clinic opening on March 2nd. We have most of the staff hired. We have been conducting weekly huddles with a team of KVH staff to assist in getting the clinic operational.

- **Medical Arts Center Clinics:**
  Women's Health and Family Medicine Ellensburg will be officially all moved in by the time of this report. On February 14th, Women's Health spent 1 ½ hours moving the clinic up to the 2nd floor. The rest of the time was spent on nestling into our new location and confirming phones and computers were operational. On February 20th, Family Medicine Ellensburg will have moved as well. At the time of writing this report, we are still days away. However, each move has a timed out choreographed schedule.

  On March 2nd, the Ear, Nose, Throat & Allergy clinic will open to patients. Then we move the last clinic, Pediatrics, on March 12th with a schedule of patients on March 13th.

- **Project List for Clinics**:
  We worked closely with the Process Improvement team in January to sketch out and prioritize the work for the clinics. The work is derived from the QAPI plan and the direction of the Provider Value Based Committee meetings.

- **MA Apprenticeship:** We will kick off the first cohort of 2020 at the end of February with an application process. We open this up to all KVH employees, who have been with the organization for 6 months and are in good standing with their current department/role. We will then begin interviewing in March for an official kick off of the program in April. There will be 2 applicants accepted during this process and we will open for an additional 2 applicants this summer.

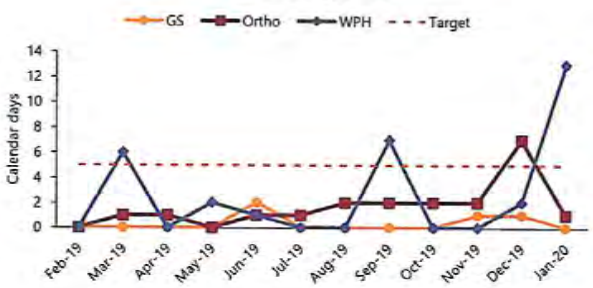
- **PFAC:**
  Our Patient Family Advisory Council (PFAC) met for the second time on February 18th. Our first meeting last year, was an introduction of the charter, edit the charter and discuss the direction of the council. This meeting in February was the time to begin working. After reviewing the KVH services, we began discussion around patient billing. Each issue was tied to a KVH core value – Respect, Transparency, Collaboration, Quality and Service. An incredible meeting with engaged participants.

Thank you, Carrie Barr, Chief of Clinic Operations

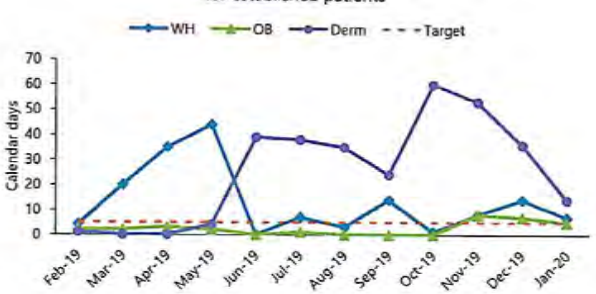
Clinic Operations Dashboard

Third available appointment
for established patients

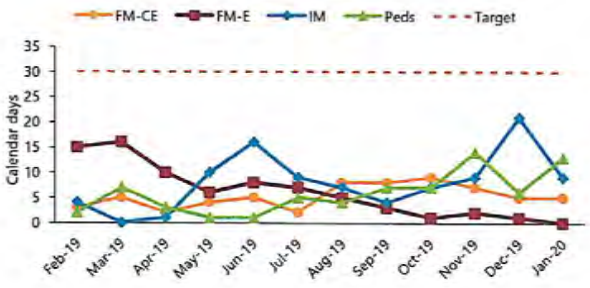
Third available appointment
for established patients



Third available appointment
for established patients



Third available appointment
for new patients



Third available appointment
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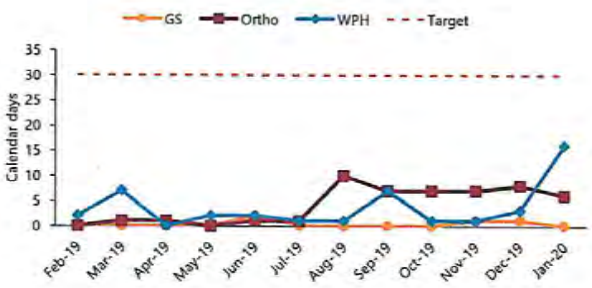

Third available appointment
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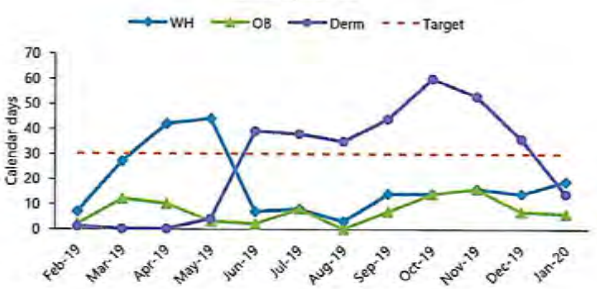
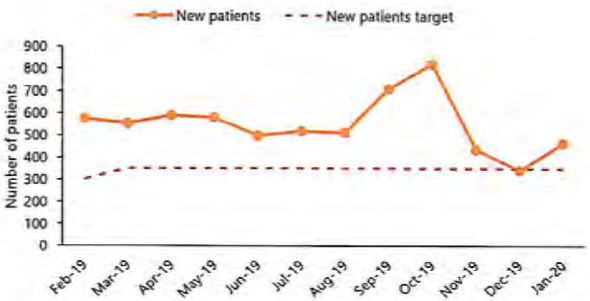
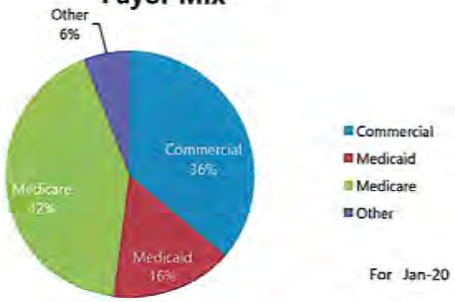


New patients



Payor Mix



KVH
Kittitas Valley Healthcare
Your Home for Health

COMMUNITY RELATIONS – Michele Wurl

January 10 – February 27, 2020

Marketing Plan Focus:

- Medical Arts Center – patient notifications, signage, polices, move-in, etc.
- Medical Arts Center artwork - selection and placement
- Continued work on Website transition and updates
- ENT & Allergy – development of all marketing materials, print ads, radio ads, website, etc.

External Outreach activities:

- 1st baby of the year
- National Wear Blue Date – awareness of sex trafficking (1/11)
- Job for Astria employees in Yakima (1/23)
- Meditation and Mindfulness with Anita Schiltz (1/29 & 2/26)
- Sponsorship of CWU men's basketball game (1/30)
- National Wear Red Day – recognizing heart health (2/7)

Internal Outreach activities:

- Bruce Herman retirement celebration (1/12)
- Deb Bruner retirement (1/14)

Collaborations & Partnerships:

- Level 1 Swim safety classes through the City of Ellensburg – 538 people to date
- Joint meeting between KVH & Kittitas County Medical Society Collaboration – (Provider engagement) 2/11/20
- Logo design work for Rural Grand Rounds – a collaboration between CHCW and KVH
- Foundation gala invite and video develop
- Foundation promotional pictures
- PFAC meeting (2/18)
- New ACO signage for all clinics

Stories/Letters to the Editor/Press Release:

- First baby of the year – Daily Record and Kittitas County Tribune 1/8/20
- Healing comes in many forms – Daily Record 1/28/20
- WSHA picked up 1/28 DR article and shared as "KVH's Medical Art Center one party doctor's office, one part art gallery"
- Press release submitted re: Matt Altman's appointment to the AHD's Committee on Governance

Other:

- We have been assisting various departments in the areas below:
  - ✓ Redoing all marketing materials for clinics moving to the MAC
  - ✓ Created and distributed messaging through KVH on Quiet Hours and No Tolerance for aggressive behavior
  - ✓ Patient education materials for Dr. Merrill-Steskal and Family Medicine Ellensburg
  - ✓ Women's Health move to the MAC
  - ✓ Family Medicine move to the MAC
  - ✓ Novel Coronovirus response
  - ✓ New exterior signage in Cle Elum with the departure of Swedish

On the horizon:

- ENT & Allergy opens on the 1st floor of the MAC – 3/2
- MAC Strategic Partner Open House – 3/10 – 5:30-7:00pm
- MAC Public Open house and Chamber Business After Hours – 4/16 starting at 3pm

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 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	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			3rd Annual EBM Workshop 3/13-3/14	Provider Appreciation Dinner 4/1 KVH host Chamber Business After Hours 4/16	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		31 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