KVH
Kittitas Valley Healthcare
Your Home for Health

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

Virtual Meeting hosted by Zoom

Call in by phone: 1-888-475-4499 Meeting ID: 917-0904-5881

May 28, 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: April 23, 2020 **(3-5)**
   b. Approval of Checks **(6)**
   c. Report: Foundation **(7)**
   d. Minutes: Finance Committee **(8-9)**

4. **Presentations**
   a. Tom Dingus, Dingus, Zarecor & Associates: Financial Audit
   b. Covid Response

5. **Public Comment and Announcements**
   Public comment suspended at this time due to virtual meeting.

6. **Reports and Dashboards**
   a. Quality - Mandee Olsen, Director of Quality Improvement **(10-20)**
   b. Chief Executive Officer – Julie Petersen **(21-25)**
      i. Prestige Medical Director Contract
   c. Medical Staff
      i. Chief Medical Officer, Kevin Martin MD **(26-27)**
   d. Finance – Chief Financial Officer – Scott Olander
      i. Operations Report **(28-37)**
      ii. Approval of Resolution No. 20-03: Authorization of Small Works Roster ** **(38-43)**
   e. Operations **(44-49)**
      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 **(50)**

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

Virtual Meeting hosted by Zoom

Call in by phone: 1-888-475-4499 Meeting ID: 917-0904-5881

& Marketing

7. Education and Board Reports

8. Old Business

9. New Business

10. Executive Session

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

11. Adjournment

Future Meetings

June 25, 2020, Regular Meeting
July 23, 2020, Regular Meeting

Future Agenda Items

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING
Virtual Zoom Meeting
April 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, Manda Scott, Michele Wurl, Jason Adler

MEDICAL STAFF PRESENT: None

1. At 5:02 p.m., President Bob Davis called the regular board meeting to order.
2. **Approval of Agenda:**

   ACTION: On motion of Terry Clark and second of Erica Libenow 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. **Public Comment/Announcements**:

   Suspended at this time.
5. **Reports and Dashboards:**

   The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that overall we are doing really well and that restraints were at 100% for the month of February, but we did have one sepsis failure. Olsen stated that the Quality Improvement Council meeting that was scheduled for April has been postponed to May.

   Scott Olander reported on KVH's financial performance for March and stated that the first three weeks of the month were pretty good. As COVID-19 restrictions were put in place, revenue dropped off significantly as the ED and clinic visits dropped along with elective surgeries. Olander stated that we are also seeing an increase in applications for financial assistance. Olander further stated that our balance sheet continues to be good and that we are in process of completing our annual audit with

DZA and we should see a presentation from them at our next board meeting. Olander commented that the capital request for the automatic door opener was pulled from the Finance Committee.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved the capital expenditure for the voice over internet protocol (VOIP) telephone system for Family Medicine – Cle Elum.

ACTION: On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved Resolution No. 20-02, authorizing a line of credit.

Julie Petersen stated that we are presenting a combined report this month on operations. Petersen stated that we are looking to extend security through the end of the year for twelve-hour-a-day coverage with Phoenix Security. Petersen stated that we held an electronic employee forum on Tuesday and we have had 527 employees view that forum. Petersen stated the forum was focused on a financial update and asked for volunteer reductions of leave without pay, PTO, defer retirement contributions etc. from May 10 – July 4.

Manda Scott stated that they are getting a lot of commitment from employees. Human Resources will be providing a packet at the Department Directors meeting on Monday. Scott stated that it is dependent on each person and their unique situation. Petersen stated we are looking for a two-million dollar savings. The Board members unanimously affirmed a 20% salary reduction for Julie Petersen for six pay periods that was requested from Julie Petersen by email.

Petersen stated that we are moving forward scheduling elective surgeries starting May 19. Petersen gave an update on funds that have come in as well as what we are anticipating.

Michele Wurl stated that we are working continuing the messaging of "stay safe" rather than "stay home" and expects to start getting more messaging out next week in coordination with the Kittitas County Public Health Department.

Dr. Kevin Martin stated that General Surgeon, Dr. Petty, and Radiologist, Dr. Jensen, have joined us and we have a pediatrician and an orthopedic PA who have accepted positions.

6. <u>Adjournment:</u>

With no further action and business, the meeting was adjourned at 6:38 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.

2. Motion passed to approve the consent agenda.

3. Motions passed to capital expenditure request for the VOIP telephone system.

4. Motion passed to approve Resolution No 20-02 Authorizing line of credit.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners

KVH
Kittitas Valley Healthcare
Your Home for Health

DATE OF BOARD MEETING: May 28, 2020

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	263013-263987	NET AMOUNT:	$4,805,369.69
		SUB-TOTAL:	$4,805,369.69	

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	81616-81622	NET AMOUNT:	$7,005.49
#2	PAYROLL CHECK NUMBERS	81623-81630	NET AMOUNT:	$9,613.20
#3	PAYROLL DIRECT DEPOSIT	EFT	NET AMOUNT:	$1,204,625.81
#4	PAYROLL DIRECT DEPOSIT	EFT	NET AMOUNT:	$1,197,848.56
		SUB-TOTAL:	$2,419,093.06	

TOTAL CHECKS & EFTs: $7,224,462.75

Prepared by

Sharoll Cummins

Sharoll Cummins
Staff Accountant

www.kvhealthcare.org
509.962.9841 • Fax: 509.962.7351
603 S. Chestnut Street • Ellensburg, WA 98926

THE FOUNDATION KVH

Foundation Activities

In light of the current impact on our fundraising events, The Foundation has been creating a stronger social media presence with an emphasis on online fundraising platforms. We will be launching a text-to-donate campaign on behalf of the Tough Enough To Wear pink breast cancer program this summer, an online auction option for the gala and a web based donation form for our 2020 Fund-a-Need to be promoted through Facebook.

Events

We are tentatively scheduled to hold the gala on October 10, at the Kittitas Valley Event Center.

Planning for the second annual Gobble Wobble 5K is underway. Mark your calendars for Saturday, November 14th at Rotary Park.

Funds

Our newly created COVID-19 fund has received over $13,000 in donations from area businesses and community members wishing to support KVH.

Respectfully submitted,

Laura Bobovski
Assistant, Foundation

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

May 26, 2020
Tuesday

7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: April 21, 2020**
- **2019 Audited Financial Statements**
    - **Dingus, Zarecor & Associates PLLC**
- **April Financial Highlights**
- **Capital Discussion-Infusion Pumps**
- **Resolution Discussion-Small Works Roster**
- **Adjourn**

Next Meeting Scheduled: June 23, 2020 (*Tuesday*)

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

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

Members Excused: None

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

The meeting was called to order by Bob Davis at 7:34 a.m.

A motion was made to approve the agenda and the March 24, 2020 minutes. The motion carried with the agenda being updated to include a laboratory equipment reagent lease agreement request.

Jeri Grebb and Kelli Goodian Delys joined the meeting at 7:36am.

Scott began with a review of the March 2020 financial results. The first three weeks of March 2020 were strong. Then the Covid-19 crisis impacted operations with the elimination of elective surgical procedures and GI procedures, as well as reducing many clinical services. This resulted in gross revenue being $1.8 million less than budget. Expenses were over budget $101,473 due to staffing the Covid-19 clinic. This resulted in an overall operating loss of $813,102 and net loss of $701,911 for the month of March 2020. Year to date is a $591,263 operating loss and a $348,100 net loss. Days cash on hand increased by two this month. April's collections are strong, so far. We anticipate a drop in cash collections sometime in May, June, and July due to the reduced clinical activity. AR days remain at 83. Actual AR is down $1.7 million. Our payer mix continues to improve with more commercial payers. The details are in the Chief Financial Officer Report.

KVH received $1.4 million in April from the Federal CARES Act Provider Relief Fund. These are grant funds. We anticipate the month of April will be ugly, yet we have a strong Balance Sheet to help us.

Several capital items were discussed with the committee recommending the VOIP Telephone System for Family Medicine Cle Elum and KVH Urgent Care Cle Elum, and a Laboratory reagent rental agreement with equipment be presented to the Board of Commissioners. The committee was given information about purchasing a bilirubin/jaundice meter for KVH Pediatrics, so babies do not need to come to the hospital for testing.

KVH has applied for a $5 million line of credit with Cashmere Valley Bank. The committee reviewed and accepted the Term Sheet.

KVH inquired into the Small Business Administration (SBA) Paycheck Protection Program.

With no further business, the meeting was adjourned at 8:16 a.m.

KVH
Kittitas Valley Healthcare
Your Home for Health

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

SARS-CoV-2/COVID-19

Anna Scarlett and I continue to take the lead with Infection Control for SARS-CoV-2/COVID-19. Julie Hiersche CIC is back from her leave of absence and is providing expert consultation to us on the work thus far, but the day-to-day work in supporting employee questions, PPE/isolation needs, exposure assessments and interpreting the most recent guidance and standards, far exceeds one person. We are very grateful for the partnership we have with Workplace Health in assessing return-to-work status and mask-fit testing.

Patient and Family Advisory Council (PFAC)

We are still looking for additional nominations to Patient and Family Advisory Council (PFAC), especially from our newest board members. 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. Please reach out to me if you have nominations.

New Member to the Quality Team!

Please welcome Toni Clayton, MA to KVH Quality. Toni is from Kittitas County, and after serving in the air force, has been an MA for over 20 years, most recently in KVH Internal Medicine.

We are finally getting Toni Clayton oriented to her role as Clinic Quality Service Coordinator. Although she has been part of Quality since March 2nd, by the end of her first week on the job she was sent over to help the "Flu" Clinic and had been there over a month. Monday April 13th she began orienting to areas she will be advancing:

- Exploring Patient Centered Medical Home (PCMH) accreditation
- Understanding clinic quality data (for PCMH, ACO, ACH)
- Improved clinic service
- Learning process improvement facilitation with our Process Improvement Facilitators (they have started back up working on clinic projects such as patient portal optimization, MAT process finalization, MOP pre-authorization, and Women's Health surgery checklists)

KVH
Kittitas Valley Healthcare
Your Home for Health

Quality Improvement Dashboard Data Summary – through March 2020

Summary of Areas Meeting Goal or Showing Improvement

- Median time to tPA not at goal. However, this patient required a delay due to increased blood pressure which would exclude them from the measure.
- Restraints doing well last two months. For March, we only missed one hour of documentation.
- Timely start for physical therapy of home health patients was 100%!
- Improvement in management of oral medications and pain interfering with activity for home health at goal. Continuing staff education about the patient assessments that are conducted at the start of care and at patient discharge.
- Hospice visits near end of life both well above target.
- No adverse medication events.
- Increased employee reports, with no increase in reports of occurrences that require additional monitoring or cause patient harm.

Summary of Improvement Opportunities

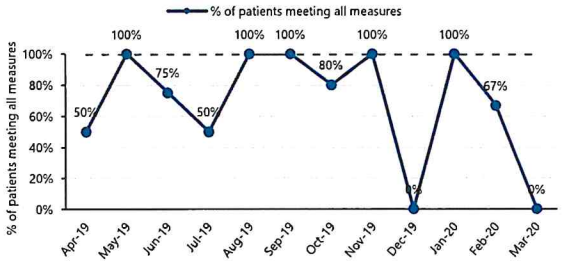
- One patient with sepsis did not receive a second antibiotic in the recommended timeline.
- Dr. Lindsey and Anna Scarlett are looking at the component times that are contributing to increased sepsis antibiotic timing (for example, time to recognize sepsis, time to order antibiotic, time to antibiotic delivery and time to antibiotic administration).
- Increased median time to CT or MRI results. Most of the long times appear to be after-hours. OnRad did receive a financial penalty for not meeting the contracted quality metrics.
- Two falls with injury (bruise/swelling).
- One surgical site infection.
- Would like to continue improvement work on documentation of pain reassessments.
- Medicare wellness visits down due to patients cancelling appointments (novel coronavirus).
- Working on improving workplace violence event data collection and reporting processes, including additional reports to QI Council/board, and selection of a target.

Patient Stories

We received no formal Care and Service Reports with positive feedback in the month of March. ☹

QI Council

Sepsis Bundle ↑

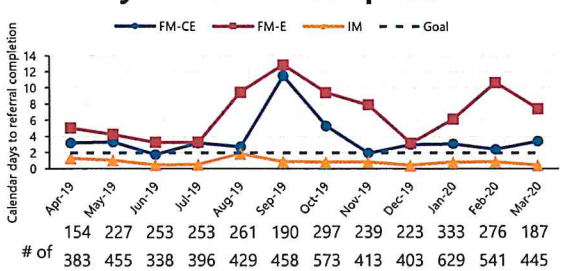


# possible	2	2	4	2	1	5	5	3	1	3	3	1

Restraints ↑

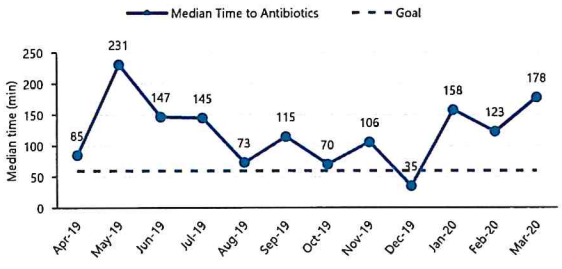
# possible	4	6	4	3	3	3	5	8	4	9	7	10

Days to Referral Completion ↓



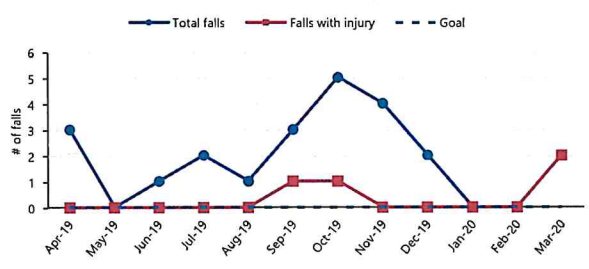
# of	154	227	253	253	261	190	297	239	223	333	276	187
	383	455	338	396	429	458	573	413	403	629	541	445
	68	120	65	65	89	75	160	166	165	230	197	138

Sepsis Antibiotic Timing ↓

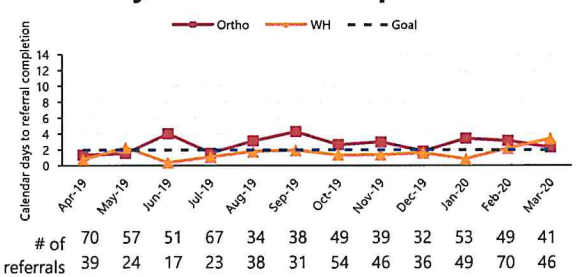


# possible	2	2	4	2	1	5	4	3	1	4	3	1

Falls ↓

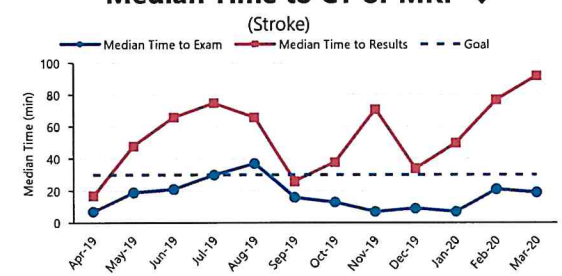


Days to Referral Completion ↓



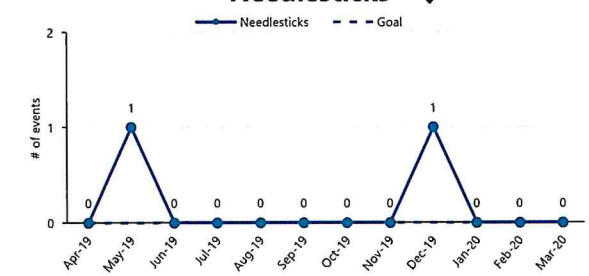
# of	70	57	51	67	34	38	49	39	32	53	49	41
referrals	39	24	17	23	38	31	54	46	36	49	70	46

Median Time to CT or MRI ↓

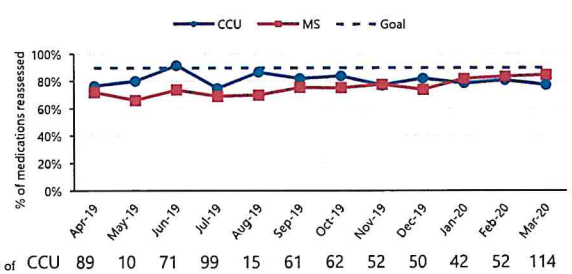


# possible	7	4	5	7	11	7	4	6	7	7	8	5

Needlesticks ↓

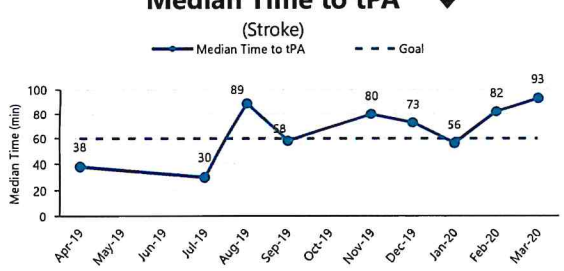


Pain Reassessment after Medication ↑



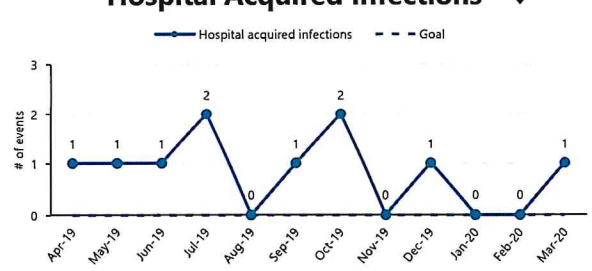
# of meds	CCU	89	10	71	99	15	61	62	52	50	42	52	114
	MS	368	424	438	674	489	606	620	581	506	503	445	464

Median Time to tPA ↓

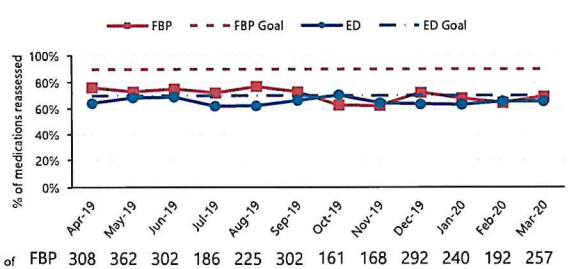


# possible	1	###	###	1	1	2	###	2	1	3	3	1

Hospital Acquired Infections ↓



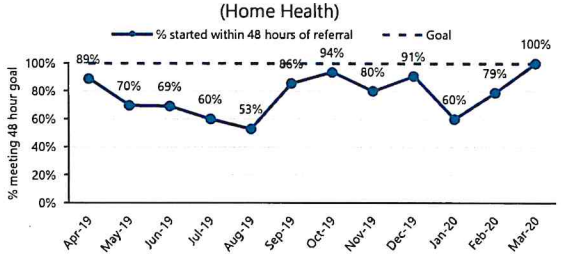
Pain Reassessment after Medication ↑



# of meds	FBP	308	362	302	186	225	302	161	168	292	240	192	257
	ED	343	454	438	452	433	480	395	416	484	450	469	389

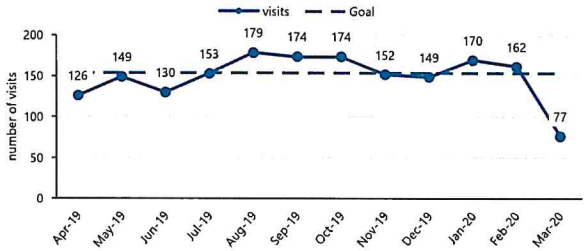
Timely Start for Physical Therapy ↑

(Home Health)

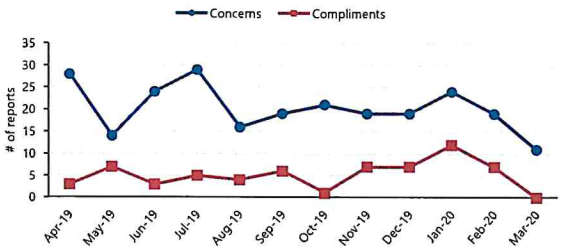


# possible	18	23	13	25	17	14	16	15	11	15	19	14

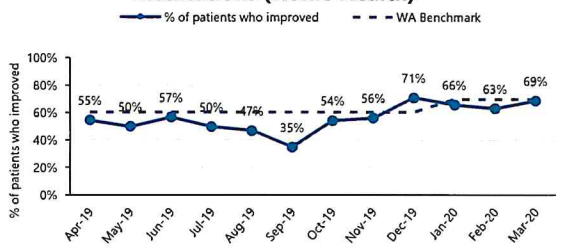
Medicare Wellness Visits ↑



Care and Service Reports ↓

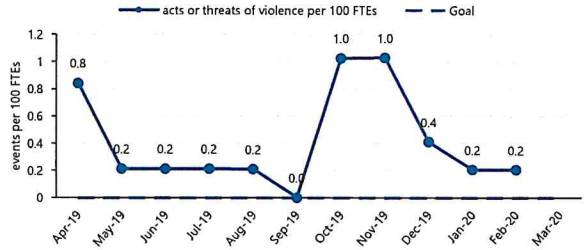


Improvement in Management of Oral Medications (Home Health) ↑

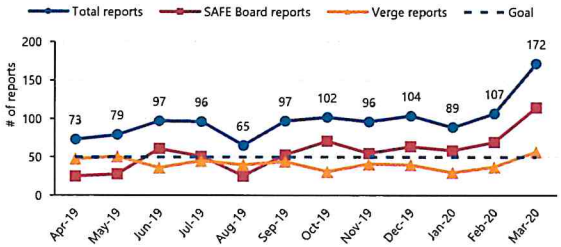


# possible	25	17	29	25	22	23	18	28	27	24	22	28

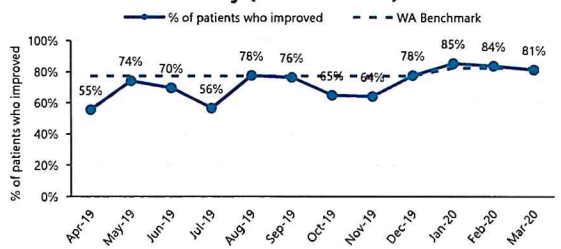
Workplace Violence Events ↓



Employee Reports ↑

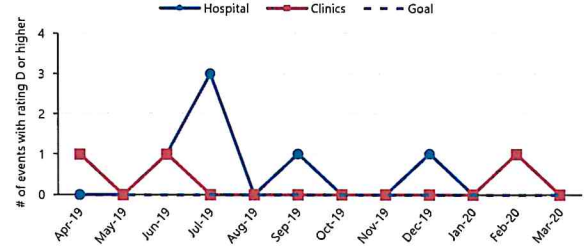


Improvement in Pain Interfering with Activity (Home Health) ↑



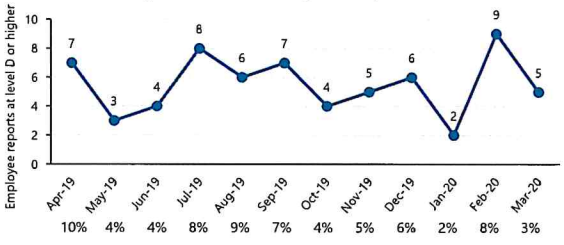
# possible	21	16	27	22	23	18	17	21	22	22	20	28

Adverse Medication Events ↓



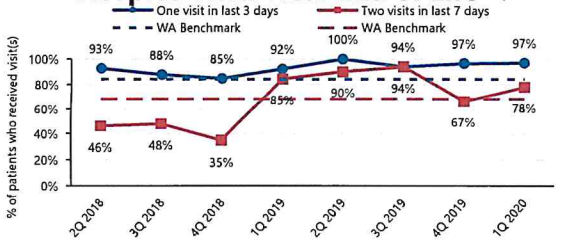
Reports of Occurrences ↓

that require additional monitoring or cause patient harm



10%	4%	4%	8%	9%	7%	4%	5%	6%	2%	8%	3%

Hospice Visits Near End of Life ↑



# possible	28	25	20	26	31	17	30	33

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Sepsis Bundle	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	
Sepsis Antibiotic Timing	Median time from arrival to administration of antibiotics	Sepsis is an infection. The first step in treating the condition is administration of antibiotics.	Timing begins at hospital arrival, which can be before sepsis is suspected.
Median Time to CT or MRI (Stroke)	Median time from arrival to CT or MRI exam and to result 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. Time measured to beginning of exam and to availability of result from radiologist.	
Median Time to tPA (Stroke)	Median time from arrival to administration of tPA for acute ischemic stroke patients who arrive at the hospital within 240 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 four 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
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 physician 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)	

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
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
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, which are not included in Washington State Hospital Association comparison reports.	CAUTI: Catheter-associated urinary tract infection CLABSI: Central line-associated bloodstream infection VAE: Ventilator-associated event SSI: Surgical site infection
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
Pain Reassessment after Medication	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
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	
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

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
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
Medicare Wellness Visits	Number of Medicare Wellness Visits billed by service date	Medicare Wellness Visits are an opportunity for patients with Medicare to develop or update a personalized prevention plan with their care team. This might include: ►A review of medical and family history ►Developing or updating a list of current medications ►Height, weight, blood pressure, and other routine measurements ►Cognitive impairment screening ►Personalized health advice ►A screening schedule (checklist) for appropriate preventive services like cancer screenings	Visits can only cover preventive care. They cannot address current medical concerns. Most recent month may be an undercount due to timing of billing.
Workplace Violence Events	Number of harm events related to workplace violence per 100 FTEs	As defined by the Occupational Safety and Health Administration, workplace violence includes any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site.	Threats and verbal abuse are included as events.
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 did not results in harm to the patient and/or required intervention to preclude harm	Unanticipated medication allergies can be included in Category D or greater medication events

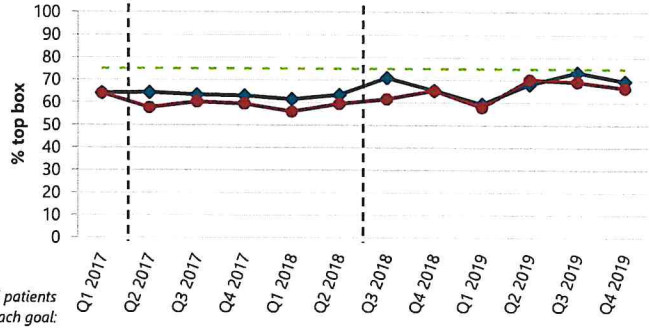
KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
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 did not result in harm to the patient and/or required intervention to preclude harm	

Patient Satisfaction Dashboard

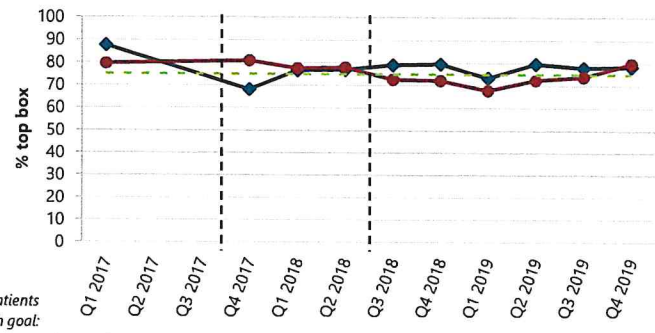
Updated 2/5/2020

Emergency Department



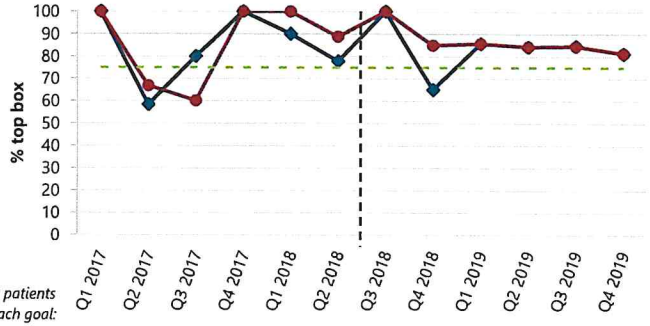
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	11	11	13	16	18	15	5	10	17	8	3	8
Recommend	11	17	16	21	25	20	16	10	19	6	9	12
Total respondents	100	98	109	132	127	128	117	101	108	113	143	134

Outpatient Surgery



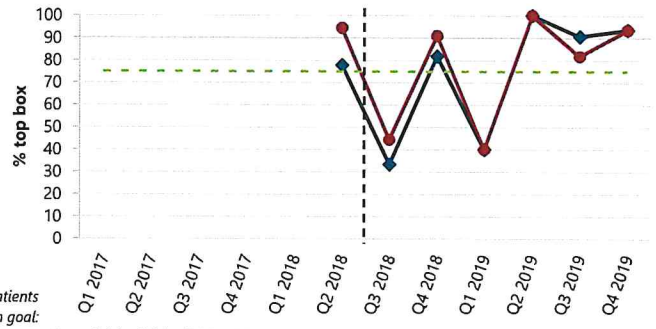
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	0	###	###	4	0	0	0	0	3	0	0	0
Recommend	0	###	###	0	0	0	3	6	13	6	3	0
Total respondents	40	###	###	47	85	69	124	199	176	215	203	180

Family Birthing



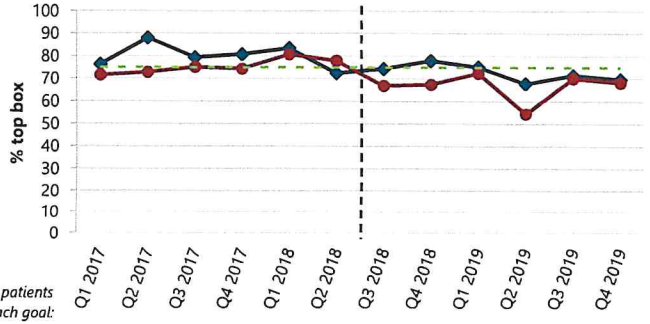
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	0	3	0	0	0	0	0	2	0	0	0	0
Recommend	0	1	2	0	0	0	0	0	0	0	0	0
Total respondents	11	12	10	8	10	9	7	20	18	19	13	16

Outpatient Rehab



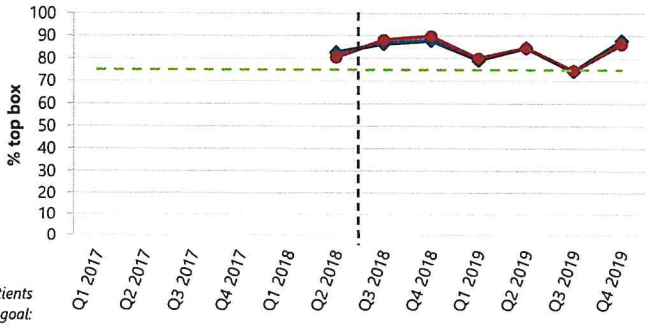
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	4	0	2	0	0	0
Recommend	###	###	###	###	###	0	3	0	2	0	0	0
Total respondents	###	###	###	###	###	18	9	12	5	2	43	47

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

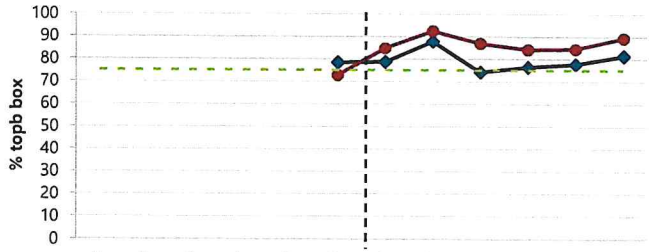


Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	0	0	0	0	1	0
Recommend	###	###	###	###	###	0	0	0	0	0	1	0
Total respondents	###	###	###	###	###	46	44	49	48	52	70	57

Patient Satisfaction Dashboard

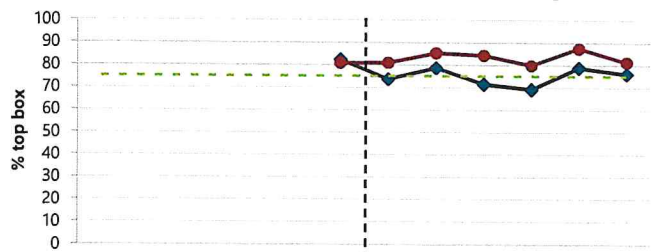
Updated 2/5/2020

Family Medicine - Cle Elum



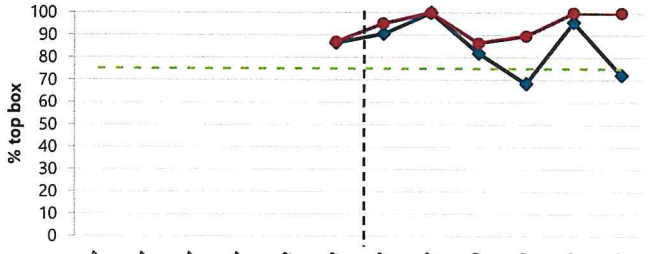
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	0	0	2	0	0	0
Recommend	###	###	###	###	###	6	0	0	0	0	0	0
Total respondents	###	###	###	###	###	258	117	130	154	135	156	150

Family Medicine - Ellensburg



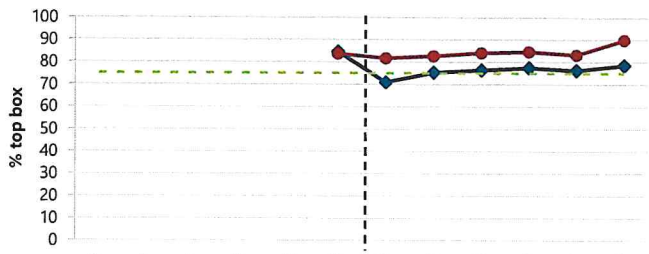
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	2	0	7	13	0	0
Recommend	###	###	###	###	###	0	0	0	0	0	0	0
Total respondents	###	###	###	###	###	402	132	186	181	210	324	282

General Surgery



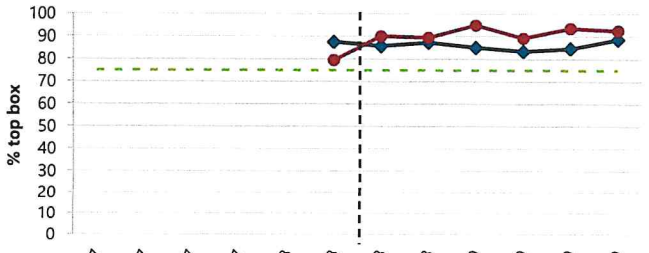
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	0	0	0	2	0	1
Recommend	###	###	###	###	###	0	0	0	0	0	0	0
Total respondents	###	###	###	###	###	37	21	17	22	19	24	18

Internal Medicine



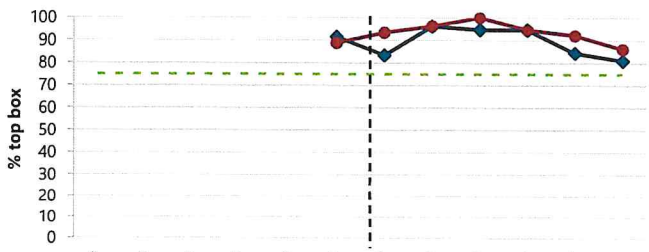
Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	7	0	0	0	0	0
Recommend	###	###	###	###	###	0	0	0	0	0	0	0
Total respondents	###	###	###	###	###	285	151	153	194	238	223	228

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

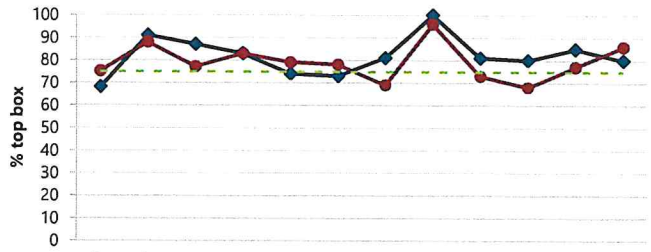


Additional patients needed to reach goal:	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Overall	###	###	###	###	###	0	0	0	0	0	0	0
Recommend	###	###	###	###	###	0	0	0	0	0	0	0
Total respondents	###	###	###	###	###	106	30	26	19	37	64	58

Patient Satisfaction Dashboard

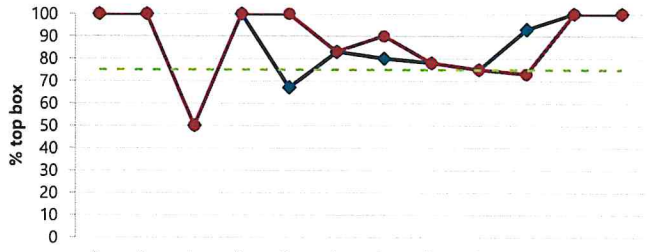
Updated 2/5/2020

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
Kittitas Valley Healthcare
Your Home for Health

Chief Executive Report
May 2020

COVID-19 Response – The COVID Clinic is up and running still. Staffing has been adjusted to reflect standing orders which results in a reduced need for MDs. The clinic has now supported three separate businesses and one clinic provider through testing associated with specific exposures. So volume is a feast or famine for the COVID Clinic staff.

I have attached WSHA's overview of the Governor's proclamation regarding the expansion of non-urgent medical and dental procedures. KVH meets the standards required to resume most scheduled procedures and visits but we will continue to monitor our PPE and capacity situation daily.

Our ambulatory clinics are addressing infection control and screening in a variety of different ways. Some of the variances are due to the site or the demographics of the populations they serve. Some clinics are taking patient temperatures upon arrival and before rooming while others are waiting until the patient is roomed. Some allow a companion, others do not. Some have patients wait in their car to be called which will become problematic as the weather warms up. This has resulted in some patients moving through our various clinics to express skepticism regarding our efforts. Carrie Barr is currently working with the clinic managers and leads to understand their various processes and create a more standardized KVH experience.

Medical Director Contract - KVH has provided a number of services to Prestige Post-Acute and Rehab Center here in Ellensburg. We currently provide the Medical Director to the facility under a contract that dates from February 2016. Given the current situation in nursing homes, I am concerned that this relationship has the potential to leave gaps and generate ambiguity regarding accountability and in the process shifts an unacceptable degree of risk to the Hospital District. Hospitals are responding to an entirely new set of challenges in the face of the COVID – 19 outbreak. Nursing homes are adapting to these challenges and mandates in very different ways. I know from participation in drills and EOC calls that our area nursing homes and assisted livings have designed and implemented their own infection control and exposure mitigation protocols. Prestige policies, by and large, have come down from their corporate offices and have been designed and implemented with little input from the KVH provided Medical Director; Dr. Stone.

My first thought was to request more deliberate indemnification language but, upon reflection, I believe it is in the best interest of the District, the community, our patients and their residents for Prestige to provide their own Medical Director. Our providers, MDs and GNPs, may continue to provide primary care services to residents of our area nursing homes and assisted living facilities but only in the capacity of medical provider. Dr. Stone assumed these responsibilities in 2019. Prior to that she was fulltime in Family Medicine Ellensburg. I know she will be warmly welcomed back.

Prestige is a for profit organization with headquarters in Vancouver, Washington but many of their facilities are located in Oregon. Prestige will have Medical Directors in their other facilities in both Washington and Oregon so the hope is that this transition will not be too disruptive. I am prepared to be criticized for the timing of this decision so I wanted to provide the Commissioners with my reasoning. The contract provides a 90 day cancellation notice which will be effective no later than Augusts 30th.

Public Meeting Waiver and Medical Staff Credentialing - The waivers that allow for the virtual public meeting format and amended credentialing requirements expire May 31st. We anticipate that they will need to be extended in some form and we will bring the latest updates to the Board meeting.

Washington State Hospital Association

Date:	May 19, 2020
To:	WSHA Members
From:	Taya Briley, RN, MN, JD, Executive Vice President and General Counsel Darcy Jaffe, MN, ARNP, FACHE Senior Vice President, Safety and Quality Zosia Stanley, JD, MHA, Associate General Counsel
Re:	**Overview of Governor Proclamation 20.24.1: Reducing Restrictions on, and Safe Expansion of, Non-Urgent Medical and Dental Procedures**

On May 18, 2020 Governor Inslee issued Proclamation 20.24.1[1], which provides updated direction on expansion of non-urgent medical and dental procedures. The Proclamation is the latest in a progression of Proclamations and Interpretive Statements that direct levels of clinical care that may be provided during the COVID-19 Declaration of Emergency. The Proclamation is intended to be in place for the duration of the emergency or until it is amended or rescinded, whichever occurs first.

WSHA is pleased with the direction provided in this proclamation, which recognizes and relies on the expertise of a wide range of health care community leaders in determining level of procedures that can be performed. WSHA chair-elect Bill Robertson, CEO of MultiCare Health System and Sally Watkins, Executive Director of Washington State Nurses Association, led this work and WSHA expresses its deep appreciation to them for their leadership.

The proclamation allows medical, dental and dental specialty facilities, practices and practitioners in Washington State to provide non-urgent health care and dental services, procedures and surgeries provided they act in good faith and with reasonable clinical judgment to meet and follow the procedures and criteria in the proclamation.

Here are key parts of the proclamation, summarized:

COVID-19 Assessment: Local Health Jurisdictions[2] are charged with assessing COVID-19 status in their communities and that assessment should be updated on a regular basis. A link is provided to the DOH dashboard relevant to the assessment.[3]

Expansion/Contraction of Care Plan: Each facility or practitioner is required to develop an expansion/contraction of care plan that is:

- Congruent with the COVID-19 assessment described above
- Consistent with clinical and operational capacity of the organization and

---

[1] Proclamation: https://www.governor.wa.gov/sites/default/files/20-24.1%20-%20COVID-19%20Non-Urgent%20Medical%20Procedures%20Ext%20.pdf
Press release: https://medium.com/wagovernor/medical-services-resume-in-wa-4f7e578a820c

[2] Contact information for Local Health Jurisdictions:
https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions

[3] DOH Data Dashboard:
https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/DataDashboard

- Responsive to standards of care in effect in the facility, practice or relevant geography as determined by the region's emergency health care coalition.

We believe most hospitals already have such a plan in place through their surge or emergency operations plans.

Care Phases – A Key Concept: The proclamation directs that the standards of care determined by the area emergency health care coalition[4] govern what level of care can be provided. Understanding that these care phases are a key driver of what levels of care can be provided is important. The phases are below:

- ***Conventional Care Phase.*** All appropriate clinical care can be provided.
- ***Contingency Care Phase.*** All appropriate clinical care can be provided so long as there is sufficient access to PPE and, for hospitals, surge capacity is at least 20%.
- ***Crisis Care Phase.*** All emergent and urgent care shall be provided; elective care, that the postponement of which for more than 90 days would, in the judgement of the clinician, cause harm; the full suite of family planning services and procedures, newborn care, infant and pediatric vaccinations, and other preventive care, such as annual flu vaccinations, can continue.

Currently, the Department of Health has specified that the state, as a whole, is in the Contingency Care Phase, meaning all appropriate clinical care can be provided so long as there is sufficient access to PPE and, for hospitals, surge capacity is at least 20%.

Definition of Harm[5]: Evaluation of patient harm has been an important consideration in what care may be provided under prior proclamations. In contrast, our understanding of the current proclamation is the consideration of harm (as defined in the prior proclamations) is only necessary when in the Crisis Care Phase.

Criteria for Resuming Non-Urgent Procedures: Recognizing the state has not yet normalized health care operations, the proclamation states hospitals and health jurisdictions will work together to maintain surge capacity and prudently use PPE to keep workers safe and provide needed care to the community. The proclamation also includes an extensive list of requirements that must be met by health care, dental and dental specialty facilities, practices, and practitioners. We will not provide the entire list here but

---

[4] Regional Healthcare Coalitions by counties, with contact information: https://www.doh.wa.gov/AboutUs/ProgramsandServices/EmergencyPreparednessandResponse/EmergencyPreparednessRegions/RegionalHealthcareCoalitionLeads

[5] Per the proclamation (page 5): "...evaluation of 'harm' is the same as described in the May 7, 2020, Updated Interpretive Statement related to Proclamation 20-24, and is repeated here:
The decision to perform any surgery or procedure in hospitals, ambulatory surgical facilities, dental, orthodontic, and endodontic offices, including examples of those that could be delayed should be weighed against the following criteria when considering potential harm to a patient's health and well-being: • Expected advancement of disease process • Possibility that delay results in more complex future surgery or treatment • Increased loss of function • Continuing or worsening of significant or severe pain • Deterioration of the patient's condition or overall health • Delay would be expected to result in a less-positive ultimate medical or surgical outcome • Leaving a condition untreated could render the patient more vulnerable to COVID-19 contraction, or resultant disease morbidity and/or mortality • Non-surgical alternatives are not available or appropriate per current standards of care • Patient's co-morbidities or risk factors for morbidity or mortality, if inflicted with COVID-19 after procedure is performed. Furthermore, diagnostic imaging, diagnostic procedures or testing should continue in all settings based on clinical judgement that uses the same definition of harm and criteria as listed above."

will identify a few where we believe additional consideration or collaborative efforts by WSHA members to standardize practice may be necessary.

- Requirement: "Exercise clinical judgment to determine the need to deliver a health care service, in the context of the broader health care and dental needs of patients and communities and in the context of the pandemic, and within the parameters of operation provided by the health care, dental or dental specialty facility, practice or practitioner setting in which they are providing services."
    - WSHA comment: WSHA strongly encourages hospitals to support clinicians in standardizing documentation of their clinical decision-making that reflects not just the patient need for care but also the broader context in which they are providing the care, including their organizational setting. To this end, WSHA has developed informed consent language that can be incorporated into existing consent forms or as a standalone consent form.[6]

- Requirement: "Develop a formal employee feedback process to obtain direct input regarding care delivery processes, PPE, and technology availability related to expansion of care."
    - WSHA comment: Recognizing many hospitals may have existing employee feedback channels they wish to leverage for this process, WSHA will convene members to discuss avenues to ensure this requirement is met.

- Requirement: "Use on-site fever screening and self-reporting of COVID-19 symptom screening for all patients, visitors and staff prior to (the preferred approach), or immediately upon, entering a facility or practice."
    - WSHA comment: Some member hospitals have expressed confusion about whether this requirement allows a self-reported temperature by staff or visitors or if actual screening at the facility is the only way to meet the requirements. Members have also shared that the efficacy of on-site fever screening has not been established. The Governor's Office and DOH have indicated they are open to clarification on this element. WSHA will ask to convene the group that worked to develop the proclamation language to discuss interpretation of this element and how it is being met.

- Requirement: "For clinical procedures and surgeries, develop and implement setting-appropriate, pre-procedure COVID-19 testing protocols that are based on availability, DOH guidance, if any, and/or relevant and reputable professional clinical sources and research."
    - WSHA comment: WSHA intends to dialogue with hospitals, clinicians and the Department of Health on this requirement with the goal of providing further guidance. WSHA will also be working to acquire testing supplies for our members' use.

- Requirement: "Limit visitors to those essential for the patient's well-being and care. Visitors should be screened for symptoms prior to entering a health care facility and ideally telephonically prior to arriving. Visitors who are able, should wear a mask or other appropriate face covering at all times while in the health care facility as part of universal source control."

[6] WSHA has created two model consent forms for use during the COVID-19 pandemic: The **Model Short Form** is drafted to be insert into a hospital admission form. The **Model Long Form** is drafted to respond to interest from some hospitals to have a separate COVID-19 consent form.

- WSHA comment: WSHA is working with clinicians and hospital legal staff to develop universal masking policy and updated visitor policy guidance.

Additional Considerations. Hospitals making capacity decisions are directed to take into consideration:

- Level and trending of COVID-19 infections in the relevant geography,
- Availability of appropriate PPE,
- Collaborative activities with relevant emergency preparedness organizations and/or LHJ,
- Surge capacity of the hospital/care setting, and
- Availability of appropriate post-discharge options addressing transitions of care.

The proclamation also acknowledges that given the geographic diversity of the state and variation in system capacity and varying levels of COVID-19 disease burden, it is impossible to have a uniform approach. It encourages participants to act with good judgment, within the context of patients' needs, their environment, their capabilities and capacity.

Penalties. The proclamation states violations of the order may be subject to penalties pursuant to RCW 43.06.220(5), which makes willful violation of the proclamation a gross misdemeanor. WSHA believes the prospect of these penalties, along with the highly restrictive approach of the prior proclamations led to a dramatic drop in the amount of care being provided to patients. While the penalties are a part of any proclamation from the Governor, it is our hope the additional clarifications made in this proclamation, along with the emphasis on clinical judgment will lead to less clinician concern.

For Further Information:

- **Taya Briley:** tayab@wsha.org, (206) 605-7437
- **Darcy Jaffe:** darcyj@wsha.org, (206) 216-2501
- **Zosia Stanley:** zosias@wsha.org, (206) 216-2511

KVH
Kittitas Valley Healthcare
Your Home for Health

CHIEF MEDICAL OFFICER – Kevin Martin, MD

May 2020

Medical Staff Services:

- Recruiting: Mitch Engel reports.
  - We interviewed candidates for positions in hospital medicine and pediatrics 20 May.
  - We are currently receiving applications for positions in orthopedics (both surgeons and PAs), pediatrics, family medicine, internal medicine, and hospital medicine.
- Business development: Lisa Potter has her usual full plate of projects. These include:
  - **Primary Projects:**
    - **Vascular Surgery**
      - We are currently looking at options for increasing access for the community to vascular services, both consults and procedures. An operational analysis, assessment of demand, and financial feasibility are the focus at this time.
    - **Neurology**
      - We are assessing the need for this specialty and how it might serve patients in our community who are currently traveling to Yakima or Seattle to obtain these services, as well as how this specialty would serve as a resource to our ED and primary care practices.
    - **Audiology**
      - Lisa is gathering data on the need for audiology in Kittitas County, given that we now have a full time ENT on staff who relies on this service. A comparison of operational and financial models is the focus for consideration of how to bring greater and timelier access to audiology services.
    - **Dialysis Services**
      - Lisa is in the process of researching options for inpatient dialysis at KVH, including reaching out to nephrologists in Yakima and Northwest Kidney Center.
    - **MOUD/Addiction Medicine Program**
      - Lisa is working with the clinic manager of KVH Family Medicine-Cle Elum, our new Nurse Care Coordinator and Dr. John Asriel, to increase outreach efforts for our new addiction medicine program. The current focus is on provider and staff education of both Medications for Opioid Use Disorder, and the referral process for guiding patients to the program.
    - **CWU – Athletes**
      - The athletics department at CWU has expressed interest in picking up the planning process for athlete health screenings in the fall, as well as introducing efficiencies to the process of providing primary care to the athletes throughout the academic year. We are working with our CCO to plan how we might meet the upcoming needs of CWU student athletes.
  - **Projects in Queue:**
    - Continuum Housing
    - Palliative Care
    - Workplace Health Ergonomic Assessment and Work Test development
    - Pulmonary Rehab
- Medical staff: Kyle West reports that we have 1 initial appointments for May and 6 reappointments.
  - We have 1 student currently rotating here. Kyle is working on an addition 5 student rotations.

- **CMO activities:**
  - **Community & Regional Partnerships**
    - Greater Columbia Accountable Community of Health has transitioned to virtual meeting platforms. Leadership Council May meeting is scheduled after my submission of this report, and I will be happy to brief the board on that meeting.

  - The Washington Rural Health Collaborative Physician Leadership Committee met 5/18. The group is nearing completion of pilot work to become a delegated credentialing service for all Washington payers. Currently, we submit information on each of our providers to each payer who then adds the provider to their panel. Delegated credentialing would allow the WRHC to act as a single entity for all payers, giving us a streamlined and more responsive process. We expect this should allow the credentialing process to shrink from 60-90 days to 30 or less. At this time, however, WRHC is only able to provide delegated credentialing for a very small subset of the plans we participate in, and submitting our candidates to them is a duplication of effort until they increase their footprint.
- The Values Alignment Committee is at the point of providing contract language for our primary care providers. Several physicians and PA-Cs have indicated their eagerness to move to the new compensation model.
- I have been active with REDi and in communication with Virginia Mason Memorial around the response to COVID-19 in Central and Eastern Washington.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer

KVH
Kittitas Valley Healthcare
Your Home for Health

CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

April Operating Results

- The state and community's response to the Governor's stay-at-home orders due to the Covid-19 pandemic hit KVH's April operations and finances very hard. ER visits were nearly 40% below budget. Surgery cases were 63% below budget. GI procedures were 83% below budget. Clinic visits were nearly 40% below budget. With the decrease in ER and Clinic visits the number of diagnostic imaging scans were 37% below budget and lab tests were 25% below budge. In summary, KVH was significantly below budget in nearly every statistical measurement that the organizations tracks. That said, there are a few bright spots in April's Balance Sheet and the Revenue and Expense report.

- Gross revenue of $8,725,863 was below budget by $5,131,567; this was little better than expected. We projected a revenue shortfall of from $5.5 to $6 million for the month. Inpatient revenue had a negative variance of $863,325; outpatient revenue had a negative variance of $3,650,622 and clinic revenue was below budget by $617,620.

- Deductions from revenue tracked with the revenue variance and was below budget by $2,790,223 for the month. Contractual adjustments were below budget by $2,859,726 due to lower gross revenue. The bad debt deductions were below budget by $154,706. Financial assistance exceeded budget by $48,232. The number of requests for financial assistance are starting to increase as the financial impact of the pandemic begins to impact community members. KVH is working with patients to help them obtain coverage from Medicaid or Health Exchange Insurance plans. In April KVH wrote-off of $127,809 for untimely billing and a hospice adjustment of $67,354.

- April other operating revenue exceeded budget by $1,504,998 due to receipt of Federal Government CARES funds in the amount of $1,517,165. Were it not for theses CARES funds, KVH's operating loss for April would have been nearly $2.1 million compared to the actual loss of $576,998.

- Overall operating expenses exceeded budget by $147,592. Salaries were over budget by $63,423 and temporary labor was over budget by $68,272. Salaries to operate the Covid-19 pop-up clinic made up $126,367 of this variance and salaries of $48,994 associated with the unbudgeted ENT Clinic also contributed to the negative variance. Many other departments had positive salary variances as they flexed their staffing to adjust for lower patient volumes. Temporary labor exceeded budget because of needed contract employees in ICU and Family Birthplace. Benefits exceeded budget due to how the benefits were spread in the budget. Professional fees were over budget by $11,443 due to a full expense accrual of $105,000 for radiology professional services without the expected radiology professional fee receipts to offset the expense. Purchased services

were over budget mainly due to additional IT related expenses due to licensing for telehealth and for a security officer at the hospital. KVH has submitted a grant application to be reimbursed for these costs. KVH was below budget in nearly all of the other expense categories.

- April operations resulted in an operating loss of $576,998 compared to budgeted operating gain of $406,939; a negative variance of $983,937. As noted previously, were it not for the CARES funds the operating loss would have been $2,081,996. YTD KVH has posted an operating loss of $1,168,261 compared to budgeted operating income of $955,278, a negative variance of $2,123,538.

- Non-operating revenue/expense were below budget by $46,966 mainly due to month-to-month change in the bond investment values. YTD non-operating revenue/expense is only $5,298.

- April Days in Accounts Receivable decreased 3 days to 81 days. Gross Accounts Receivable decreased by $4,371,641 from $37,030,019 in March to $32,658,378 in April. Total cash receipts including the CARES grant of $1,504,998 were $9,717,723. If CARES funds were excluded, total receipts were $8,212,725. April was a record collection month for the Revenue Cycle team.

- Days Cash on Hand increased 10.4 days to 134.6 days in April from 124.2 days in March. Significant expenditures in April that impacted cash were $312k spent on the Medical Arts Building and $61k on equipment.

- Average daily cash collections (excluding CARES funds) increased to $373,306 in April from $360,020 per working day in March. If CARES funds are included, average collections per working day were $441,715.

Financial and Operating Indicators
April 2020 - Key Statistics and Indicators

L	Measure	2020 YTD	2020 Budget	2020 Annualize	2019	2018	2017	2016	2015	2014
1	Total Charges	46,905,858	162,287,212	141,492,877	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699
2	Net Revenue	27,416,408	87,947,737	82,702,389	83,127,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460
3	Operating Income	(1,168,261)	1,720,871	(3,524,092)	2,501,969	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	-4.3%	2.0%	-4.3%	3.0%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Cash	30,350,098	28,724,206	NA	29,218,516	27,408,625	33,213,447	29,859,717	32,816,113	29,641,010
6	Days Cash on Hand	134.6	127.6	NA	138.6	133.5	178.7	156.0	189.4	175.8
7										
8	Surgeries	376	1,547	1,134	1,305	1,461	1,396	1,510	1,578	1,675
9	Gastrointestinal Procedures	335	1,596	1,011	1,416	1,250	1,383	1,396		
10	Emergency Visits	4,050	13,807	12,217	13,861	13,930	13,162	13,789	13,618	12,250
11	% ED visits To Bed	10.1%	0	10.1%	9.5%	n/a	n/a	n/a	n/a	n/a
12	Diagnostic Imaging Visits	9,231	31,692	27,846	30,397	30,843	33,836	33,471		
13	Laboratory Tests	68,476	213,227	206,560	209,144	207,040	190,587	181,082		
14	Clinic Visits	97,623	77,747	294,483	72,711	59,241	50,917	48,525		
15	IP & Obs Days (no swing)	1,164	4,074	3,512	3,805	3,999	3,440	3,937	3,740	4,976
16	Deliveries	97	340	293	309	342	322	312	368	334
17	Admits	273	969	824	941	984	899	1,043	1,299	1,433
18										
19	FTEs	492.5	506.6	NA	477.4	469.4	457.6	449.1	437.9	437.7
20	AR Days	81.4	60.0	NA	88.1	92.0	50.8	47.5	45.0	49.5

Normalize charges across years by adjusting for charge master increases:

Normalized Charges to 2020	162,287,212	141,492,877	154,965,188	146,941,008	143,149,491	141,514,697	143,021,342	151,108,818
Operations Growth	4.72%	-8.69%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%

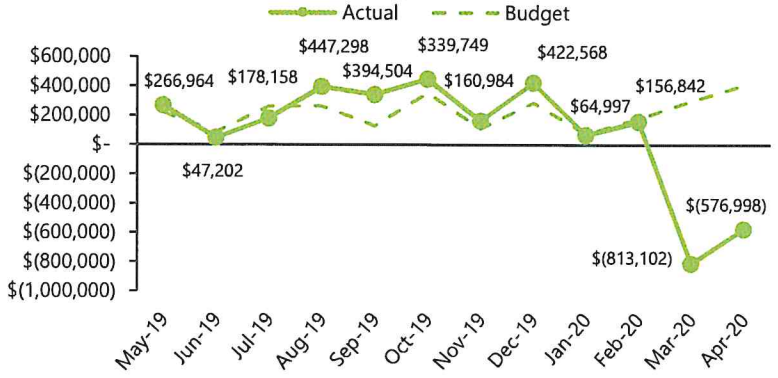
Kittitas Valley Healthcare

April 2020 - Key Statistics and Indicators

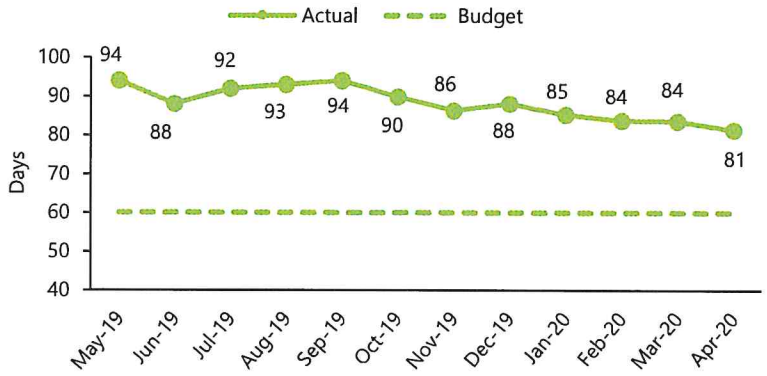
		Current Month			Year to Date			Prior YTD		
	Activity Measures	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01	Admissions w/Swingbed	54	84	-35.4%	273	328	-16.8%	315	-13.3%	01
02	Patient Days - W/O Newborn	159	234	-32.1%	790	916	-13.8%	953	-17.2%	02
03	Patient Days - Swingbed	37	14	164.3%	66	56	17.9%	NA	NA	03
04	Avg Daily IP Census w/Swingbed	6.5	8.3	-21.0%	7.1	8.0	-12.0%	7.9	-11.0%	04
05	Average Length of Stay	2.9	2.8	5.1%	2.9	2.8	3.6%	3.0	-4.4%	05
06	Average Length of Stay w/Swingbed	3.6	3.0	22.3%	3.1	3.0	5.8%	3.0	3.6%	06
07	Deliveries	18	28	-35.5%	97	112	-13.1%	105	-7.6%	07
08	Case Mix Inpatient	1.03	1.00	2.6%	1.02	1.00	2.3%	1.17	-12.6%	08
09	Surgery Minutes - Inpatient	1,030	2,892	-64.4%	7,205	11,324	-36.4%	11,592	-37.8%	09
10	Surgery Minutes - Outpatient	3,402	7,438	-54.3%	20,658	29,293	-29.5%	23,171	-10.8%	10
11	Surgery Procedures - Inpatient	9	22	-58.7%	66	85	-22.6%	89	-25.8%	11
12	Surgery Procedures - Outpatient	39	109	-64.2%	310	429	-27.8%	335	-7.5%	12
11	Gastrointestinal Procedures	23	135	-83.0%	335	532	-37.0%	466	-28.1%	11
12	ER Visits	713	1,175	-39.3%	4,050	4,606	-12.1%	4,624	-12.4%	12
13	Urgent Care Cle Elum Visits	158	465	-66.0%	1,439	1,825	-21.1%	1,544	-6.8%	13
14	Laboratory	13,542	18,134	-25.3%	68,476	71,117	-3.7%	70,683	-3.1%	14
15	Radiology Exams	1,701	2,693	-36.8%	9,231	10,565	-12.6%	10,091	-8.5%	15
16	Rehab Visit	470	1,644	-71.4%	4,702	6,448	-27.1%	6,229	-24.5%	16
17	Outpatient Percent of Total Revenue	88.4%	86.5%	2.2%	88.5%	86.4%	2.3%	84.9%	4.2%	17
18	Clinic Visits	4,072	6,768	-39.8%	97,623	26,081	274.3%	23,935	307.9%	18
19	Adjusted Patient Days	1,368	1,726	-20.8%	6,849	6,761	1.3%	6,299	8.7%	19
20	Equivalent Observation Days	74	113	-34.2%	375	442	-15.2%	476	-21.3%	20
21	Avg Daily Obs Census	2.5	3.8	-34.2%	3.1	3.7	-15.2%	3.9	-21.3%	21
22	Home Care Visits	527	581	-9.3%	1,949	2,278	-14.4%	2,144	-9.1%	22
23	Hospice Days	600	890	-32.6%	2,895	3,561.5	-18.7%	3,478	-16.8%	23
	Financial Measures									
24	Salaries as % of Operating Revenue	54.5%	47.6%	-14.5%	53.7%	48.7%	-10.3%	50.4%	6.5%	24
25	Total Labor as % of Operating Revenue	68.4%	59.0%	-15.9%	67.0%	60.4%	-11.0%	62.9%	6.6%	25
26	Revenue Deduction %	44.7%	48.3%	7.4%	47.8%	48.4%	1.1%	48.6%	-1.5%	26
27	Operating Margin	-8.6%	5.4%	-259.5%	-4.3%	3.2%	-231.1%	0.9%	-569.8%	27
	Operating Measures									
28	Productive FTE's	450.5	452.1	0.4%	438.5	452.1	3.0%	419.0	4.7%	28
29	Non-Productive FTE's	47.4	54.4	13.0%	54.0	54.4	0.7%	58.4	-7.6%	29
27	Paid FTE's	497.9	506.6	1.7%	492.5	506.6	2.8%	477.4	3.2%	27
28	Operating Expense per Adj Pat Day	$ 5,308	$ 4,120	-28.8%	$ 4,174	$ 4,207	0.8%	$ 4,242	-1.6%	28
29	Operating Revenue per Adj Pat Day	$ 4,886	$ 4,356	12.2%	$ 4,003	$ 4,348	-7.9%	$ 4,280	-6.5%	29
30	A/R Days	81.4	60.0	-35.7%	81.4	60.0	-35.7%	90.0	-9.6%	30
31	Days Cash on Hand	134.6	127.6	5.5%	134.6	127.6	5.5%	128.1	5.1%	31

Financial Sustainability

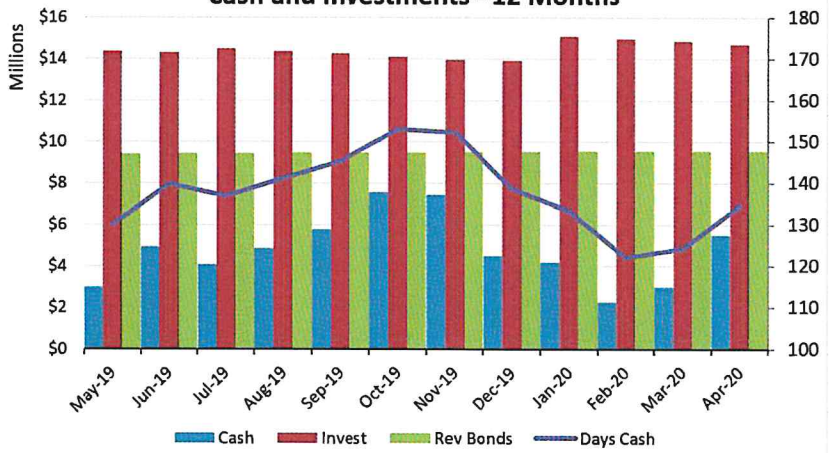
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2018	CY 2019	YTD 2020
Medicare	41.85%	41.97%	39.68%
Medicaid	18.45%	18.72%	19.83%
Commercial	32.03%	32.81%	34.38%
Self Pay	3.52%	2.21%	2.64%
Other	4.15%	4.30%	3.47%

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	1,011,640	1,874,964	(863,325)	5,408,573	7,348,122	(1,939,549)	7,529,094
OUTPATIENT REVENUE	6,317,564	9,968,186	(3,650,622)	34,218,376	39,081,045	(4,862,669)	35,106,829
CLINIC REVENUE	1,396,660	2,014,280	(617,620)	7,278,910	7,791,677	(512,768)	7,114,363
REVENUE	**8,725,863**	**13,857,430**	**(5,131,567)**	**46,905,858**	**54,220,844**	**(7,314,986)**	**49,750,286**
CONTRACTUALS	3,411,174	6,270,901	(2,859,726)	20,193,661	24,582,549	(4,388,888)	22,815,656
PROVISION FOR BAD DEBTS	138,359	293,065	(154,706)	1,008,326	1,136,792	(128,466)	1,019,029
FINANCIAL ASSISTANCE	91,872	43,639	48,232	261,798	168,920	92,878	21,583
OTHER DEDUCTIONS	261,048	85,071	175,977	968,693	331,374	637,319	308,670
DEDUCTIONS FROM REVENUE	**3,902,453**	**6,692,677**	**(2,790,223)**	**22,432,478**	**26,219,635**	**(3,787,157)**	**24,164,939**
NET PATIENT SERVICE REVENUE	4,823,410	7,164,753	(2,341,343)	24,473,379	28,001,209	(3,527,829)	25,585,348
OTHER OPERATING REVENUE	1,859,345	354,347	1,504,998	2,943,029	1,398,283	1,544,746	1,376,323
TOTAL OPERATING REVENUE	**6,682,755**	**7,519,101**	**(836,345)**	**27,416,408**	**29,399,491**	**(1,983,083)**	**26,961,670**
SALARIES	3,640,888	3,577,466	63,423	14,715,455	14,309,863	405,592	13,585,696
TEMPORARY LABOR	110,058	41,786	68,272	186,889	167,145	19,744	127,086
BENEFITS	932,202	861,418	70,783	3,659,511	3,445,673	213,839	3,369,967
PROFESSIONAL FEES	122,804	111,362	11,443	609,692	445,447	164,245	225,221
SUPPLIES	713,538	785,433	(71,895)	3,014,813	3,099,391	(84,578)	2,855,797
UTILITIES	79,078	73,180	5,898	361,885	340,903	20,982	341,808
PURCHASED SERVICES	943,387	901,305	42,083	3,329,858	3,604,971	(275,113)	3,432,903
DEPRECIATION	337,727	336,899	828	1,302,366	1,347,597	(45,231)	1,251,268
RENTS AND LEASES	107,028	132,089	(25,061)	450,672	528,356	(77,684)	499,671
INSURANCE	50,882	56,848	(5,966)	177,576	227,390	(49,814)	220,834
LICENSES & TAXES	83,168	82,065	1,103	283,605	322,558	(38,952)	287,616
INTEREST	54,349	57,150	(2,801)	217,395	228,600	(11,205)	230,286
TRAVEL & EDUCATION	32,930	42,307	(9,378)	124,619	164,903	(40,284)	102,287
OTHER DIRECT	35,596	52,854	(17,259)	134,214	211,418	(77,204)	186,690
EXPENSES	**7,259,753**	**7,112,162**	**147,592**	**28,584,669**	**28,444,214**	**140,455**	**26,717,128**
OPERATING INCOME (LOSS)	**(576,998)**	**406,939**	**(983,937)**	**(1,168,261)**	**955,278**	**(2,123,538)**	**244,542**
OPERATING MARGIN	-8.63%	5.41%	117.65%	-4.26%	3.25%	107.08%	0.91%
NON-OPERATING REV/EXP	20,710	67,676	(46,966)	263,872	269,170	(5,298)	285,147
NET INCOME (LOSS)	(556,288)	474,615	(1,030,904)	(904,389)	1,224,448	(2,128,836)	529,689
UNIT OPERATING INCOME							
HOSPITAL	(33,350)	452,634	(485,984)	15,760	1,360,983	(1,345,223)	561,279
URGENT CARE	(37,510)	(25,394)	(12,115)	(28,829)	(107,179)	78,351	(184,013)
CLINICS	(523,240)	(71,805)	(451,436)	(1,225,466)	(484,455)	(741,011)	(303,327)
HOME CARE COMBINED	18,322	51,506	(33,184)	71,493	185,930	(114,436)	170,742
OPERATING INCOME	**(575,778)**	**406,941**	**(982,719)**	**(1,167,041)**	**955,278**	**(2,122,319)**	**244,680**

Kittitas Valley Healthcare
Balance Sheet

April 2020

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	5,479,555	4,488,811	990,743
ACCOUNTS RECEIVABLE	32,658,378	40,613,365	(7,954,987)
ALLOWANCE FOR CONTRACTUAL	(19,409,733)	(22,382,150)	2,972,417
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	176,755	588,166	(411,411)
INVENTORY	2,022,634	1,894,491	128,143
PREPAIDS	1,015,646	776,900	238,746
INVESTMENT FOR DEBT SVC	598,170	950,100	(351,930)
CURRENT ASSETS	**22,541,705**	**26,929,983**	**(4,388,278)**
INVESTMENTS	24,272,373	23,779,605	492,767
PLANT PROPERTY AND EQUIPMENT	86,131,257	83,068,141	3,063,116
ACCUMULATED DEPRECIATION	43,947,735	42,573,102	1,374,633
NET PROPERTY, PLANT, & EQUIP	**42,183,522**	**40,495,039**	**1,688,483**
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	**42,183,522**	**40,495,039**	**1,688,483**
ASSETS	**88,997,600**	**91,204,627**	**(2,207,027)**
ACCOUNTS PAYABLE	560,663	1,395,147	(834,484)
ACCRUED PAYROLL	569,694	1,263,533	(693,839)
ACCRUED BENEFITS	793,894	268,613	525,281
ACCRUED VACATION PAYABLE	2,012,132	1,764,089	248,043
THIRD PARTY PAYABLES	2,373,721	2,142,630	231,091
CURRENT PORTION OF LONG TERM DEBT	1,024,910	1,629,839	(604,929)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	**7,335,014**	**8,463,851**	**(1,128,837)**
ACCRUED INTEREST	222,838	311,475	(88,637)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	6,187	0	6,187
DEFERRED REVENUE HOME HEALTH	45,603	136,954	(91,352)
DEFERRED OTHER	**0**	**0**	**0**
DEFERRED LIABILITIES	274,628	448,430	(173,802)
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	19,603,063	19,776,865	(173,802)
LIABILITIES	26,938,077	28,240,716	(1,302,639)
FUND BALANCE	62,963,912	62,963,912	0
NET REVENUE OVER EXPENSES	**(904,389)**	**0**	**(904,389)**
FUND BALANCE	**62,059,523**	**62,963,912**	**(904,389)**
TOTAL LIABILITIES & FUND BALANCE	88,997,600	91,204,627	(2,207,027)

Statement of Cash Flow

	CASH
NET BOOK INCOME	(904,389)
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	1,374,633
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	470,244
CHANGE IN CURRENT ASSETS ($)	
PATIENT ACCOUNTS	4,982,570
OTHER RECEIVABLES	411,411
INVENTORIES	(128,143)
PREPAID EXPENSES & DEPOSITS	(238,746)
INVESTMENT FOR DEBT SVC	351,930
TOTAL CURRENT ASSETS	**5,379,021**
INVESTMENTS	(492,767)
PROPERTY, PLANT, & EQUIP.	(3,063,116)
OTHER ASSETS	0
TOTAL ASSETS	**2,293,382**
CHANGE IN CURRENT LIABILITIES ($)	
ACCOUNTS PAYABLE	(834,484)
ACCRUED SALARIES	(693,839)
ACCRUED EMPLOYEE BENEFITS	525,281
ACCRUED VACATIONS	248,043
COST REIMBURSEMENT PAYABLE	231,091
CURRENT MATURITIES OF LONG-TERM DEBT	(604,929)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	**(1,128,837)**
CHANGE IN OTHER LIABILITIES ($)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(88,637)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	6,187
DEFERRED REVENUE - HOME HEALTH	(91,352)
TOTAL OTHER LIABILITIES	**(173,802)**
CHANGE IN LT DEBT & CAPITAL LEASES ($)	
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	**(1,302,639)**
NET CHANGE IN CASH	990,743
BEGINNING CASH ON HAND	4,488,811
ENDING CASH ON HAND	5,479,555

Grant	Grantee/ Applicant	Funding Category	Funding Source	Amount	Status	Funds Leveraged/Complimented	Partnerships	Purpose
Construction Grant	D2 via KVHF	Facilities	Sunderland	[redacted]	Researching	BNSF, Shoemaker, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	BNSF		Researching	Sunderland, Shoemaker, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	Shoemaker		Researching	Sunderland, BNSF, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	Suncadia		Researching	Sunderland, BNSF, Shoemaker	Foundation	Funding to supplement cost of new ambulance garage
Opioid Implementation Grant	KCHN	Opioids	HRSA	$1,000,000	Awarded	Opioid Planning and Opioid Resource Network Manager	KCHN Participants	Implement plan created in Opioid Planning Grant to address opioid addiction in our county
Care Coordination	KCHN	Care Coordination	HRSA	$750,000	Applied	HRSA Rural Health Network Development, GCACH	KCHN Participants	Funding to improve care coordination in our community
Community World of Difference	KCHN	Care Coordination	Cigna	$100,000	WIP	HRSA Rural Health Network Development, GCACH, HRSA Care Coordination	KCH Participants	Funding to improve care coordination in our community
Opioid Resource Network Manager	KVH	Opioids	GCACH	$100,000	Awarded	Opioid Planning and Implementation Grants	KCHN	Create a robust MAT program in Kittitas County - Provides funding for Dr. Asriel and RN Care Manager
Rural Mental Health Integration	KVH	PCMH	UW/AIMS	$245,000	Awarded	GCACH	Greater Columbia	Provides training and education for integrated mental health at FMCE
Opioid Planning Grant	KVH	Opioids	HRSA	$200,000	Closed	Implementation Grant, Opioid Resource Network manager	KCHN	Create a robust plan to address opioid addiction in our county
Rural Health Network Development Grant	KCHN	Care Coordination	HRSA	$900,000	Denied Application	HRSA Care Coordination, Implementation, GCACH	KCHN Participants	The application scored very high with only one criticism about the Networks plan to move from a .5 FTE director to a 1.0 FTE
Safety Communications Equipment	KVH via KVHF	Facilities	PSEF	$44,000	Denied Application		Foundation	KVH can reapply for this opportunity this summer.
Coder Training Grant	KVH	Education/Staff Development	SoCentral Workforce Council	$3,800	Awarded	WSHA		Provides training for new coders
Rural Health Systems Capacity	KVH via KVHF	Education/Staff Development	WSHA	$5,000	Awarded	SoCentral Workforce Council Grant	Foundation	Provider coder education
Drill Grant	KVH via KVHF	Education/Staff Development	Coverys	$49,000	WIP	PSEF, DOH Trauma	KVFR, Law Enforcement (likely included), Foundation	Create and implement clinical and non-clinical drill program
Behavioral Health Grant	KVH via KVHF	Facilities	Premera	$100,000	WIP	PSEF, Rural Mental Health Integration	ED, Foundation	Remodel ED and ICU rooms to be safe rooms for behavioral holds and training staff
Breast Cancer Education	KVH via KVHF	Education/Staff Development	ASBSF	$5,000	Awarded		Foundation	Provide community education on breast health
Blue Band Initiative	KVH via KVHF	Education/Staff Development	Shoemaker	$6,500	Awarded		Foundation	Provide community education on preeclampsia

Rural Development Grants	KVH, D2, KCHN	Development or Construction	USDA		Researching			Provides funding for development of community identified needs
Emergency/ Lifesaving Equipment	D2 via KVHF	Development or Construction	Firehouse Subs Foundation Grant	$25,000	WIP		Foundation	Provides funding for the purchasing of lifesaving equipment.
COVID19 Telehealth Grant	KVH	Technology/ Support	FCC	$26,156.83	Applied			Provides funding to offset cost of the purchase of technology to provide telehealth due to COVID

* Grants under research are not yet assigned a request amount

** Bold and larger fonts are new opportunities

***Denied Applications

KITTITAS VALLEY HEALTHCARE

RESOLUTION NO. 20-03

Small Works Roster

A RESOLUTION OF THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO. 1, KITTITAS COUNTY, WASHINGTON, ON THE SUBJECTS OF ESTABLISHING A SMALL WORKS ROSTER.

WHEREAS, An updated RCW 39.04.155 allows the use of a Small Works Roster in order for advertisement and competitive bidding to be dispensed with as for projects on the hospital roster with an estimated value of $350,000; and

WHEREAS, The Small Works Roster procedure is provided for under RCW 39.04.155;

WHEREAS, In order to be able to implement the small works roster processes, the hospital district is required by law to adopt a resolution establishing specific procedures;

NOW THEREFORE BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO. 1, KITTITAS COUNTY, WASHINGTON, after due consideration and in the best interest of the public, does hereby permit and establish a Small Works Roster as follows:

Section 1. Small Works Roster
The following small works roster procedures are established for use by the hospital district pursuant to RCW 39.04.155:

1. **Cost.** The hospital district need not comply with formal sealed bidding procedures for the construction, building, renovation, design, engineering, remodeling, alteration, repair, or improvement of real property where the estimated cost does not exceed Three Hundred Fifty Thousand Dollars ($350,000). The breaking of any project into units or accomplishing any projects by phases is prohibited if it is done for the purpose of avoiding the maximum dollar amount of a contract that may be let using the small works process. subsequent to the adoption of the Resolution, which includes the costs of labor, material, equipment and sales; and
2. **Publication**. At least once a year, on behalf of the hospital district, Kittitas Public Hospital District No. 1 shall publish in a newspaper of general circulation within the jurisdiction a notice of the existence of the rosters and solicit the names of contractors for such roster. Responsible contractors shall be added to the hospital roster.

ADOPTED AND APPROVED by the Commission of Public Hospital District No. 1, Kittitas County, Washington, at an open public meeting thereof this 28th day of May, 2020.

Bob Davis, President

Matthew Altman, Secretary

Erica Libenow, Vice-President

Jon Ward, Commissioner

Terry Clark, Commissioner

Service/Contractor	Contractor #	Phone	Email	Date Invitation Sent	Date Implimented	Notes
Architect						
KDA		(509) 930-2980	Brian.Andringa@KDAArchitecture.com	1/10/2020	1/10/2020	
Asbestos Abatement						
Tri-Valley	TRIVACI055KP	509-452-4098		1/13/2020	1/21/2020	
Boiler Service						
Proctor Sales factory authorized service agent for Aerco			sbader@GoPSi.com	1/2/2020		Aerco boilers and old boiler 2018
Yakima Mechanical		509-469-2773	jessetristate@gmail.com	1/2/2020	1/3/2020	old boiler and hot water heaters
Ceiling Systems						
Dennis Clark Acoustical	DENNICA101KA	509-945-2616	dennisscacs@gmail.com	1/2/2020		
Chemical Treatment Systems						
CH2O	CH2OII*918ML	509-961-8729	djefferis@ch2o.com	1/2/2020	1/3/2020	Derry Jefferis
Demolition						
Skycorp	*SKYCOL*899DD*	360-926-8989	skycorpltd@yahoo.com		1/31/2018	
VK Powell	VKPOWCL007QT	509-248-8148	bob@vkpowell.com	1/2/2020	1/2/2020	Bob Elkey
Duct and Airhandler Cleaning						
Adler Ventalation		(206) 423-6970	chad@adlervent.com	1/2/2020		
Prevent		925-570-4310	SteveT@prevent-lss.com	1/2/2020		
Patchman Custon Drywall		509-607-4596	patchmancustomdrywall@gmail.com			
Electrical						
Cabin Creek Electric		509-656-3049		5/19/2020		
Catlin Electric		509-925-4460	katiecatlin85@gmail.com	1/2/2020		
Knobels	KNOBEEI445RU	509-452-9157	knobelselectric@msn.com	1/2/2020		Steve cell 945-3460
Picatti Bros	PICATB*820DR	509-658-7367	info@picatti.com	1/2/2020	2/7/2020	
T&M Electric		509-304-9053		5/19/2020		Ross 509-304-9053
Fire Alarm						
Johnson Controls	JOHNSC*272OS	800-826-6676	Terry.L.Winzenburg@jci.com	1/2/2020	1/3/2020	Johnson Controls Metasys system is our HVAC control system. Control additions must be this system. Johnson is also Simplex fire alarm systems.
Mansfield/Guardian Security	UBI: 600189667	509-941-8090	randerson@guardiansecurity.com	1/2/2020	1/6/2020	Monitoring and contracting

ATS Facility Systems	WA-603150325	509-228-3700	cthompson@atsfsi.com	1/2/2020	5/31/2019	Used on MAC project. Was very dissatisfied. Did not include system design. Had to add power supplies that sales missed. Was hard to cordinate with Aaron.
Fire Suppression						
Inland Fire Protection	INLANFP161ML	509-248-4471	chelsea@inlandfireprotection.com	1/2/2020	1/2/2020	Troy Sevigny small project lead C 509-728-2506
General Contractors						
Castos Inland Construction		509-674-0841	inlandconstgroup@gmail.com	5/19/2020		
VK Powell	VKPOWCL007QT	509-248-8148	bob@vkpowell.com	1/2/2020	1/31/2018	Bob Elkey
Generators						
Cummings NW factory authorized cummings service agent		509-248-9033	bryan.burke@cummins.com	1/2/2020		
Grounds Care and Landscape						
Central Landscaping		509-925-4553	centralnurseryh2o@fairpoint.net	1/2/2020	Not 2018	Does not have spray licence, does not have large equipment for landscaping or tree trimming.
Elevation Landscaping	ELEVACI915B6	509-968-4024	elevation@etreellc.com	1/2/2020	1/17/2020	
McGuires Landscaping	MCGUIL897G	509-304-4161	mcguires.landscaping@yahoo.com	5/19/2020	5/19/2020	
Russell's Nursey (Roots)	ROOTSNL832C4	(509) 966-0698	bryan@rootsyakima.com	1/2/2020	1/2/2020	
Wilderness Ridge Tree Service		509-674-8161	wildernessridgellc@hotmail.com	5/19/2020	5/21/2020	
HVAC						
All Seasons	AL-LS-EH-A 265Q2	509-248-6380	russf@allseasonsheating.com	1/2/2020	1/2/2020	Russ Frenzel
Yakima Mechanical		509-469-2773	jessetristate@gmail.com	1/2/2020		
HVAC Controls						
Automated Controls	AUTOMBC984QK	425-823-6200	Dan Compton <DanC@automatedbcs.com>	1/2/2020	1/6/2020	Johnson Controls Metasys system is our HVAC control system. Control additions must be this system. Automated is a certified Metasys contractor

Johnson Controls	JOHNSC*272OS	800-826-6676	Terry.L.Winzenburg@jci.com	1/2/2020	1/3/2020	Johnson Controls Metasys system is our HVAC control system. Control additions must be this system. Johnson is also Simplex fire alarm systems.
lift						
Knutson Crane		509-925-5438	Knutsoncrane@yahoo.com	1/2/2020	1/31/2018	
Russel Crane	RUSSEI*21204	509-457-6341		1/13/2020	1/21/2020	
Monitoring Company						
Mansfield/Guardian Security	UBI: 600189667	509-941-8090	randerson@guardiansecurity.com	1/2/2020	2/18/2019	Monitoring and contracting
Nurse Call System						
Evco	EVCOSEI151BM	888-535-3826	dmurphy@evcosound.com	1/2/2020	1/3/2020	Nurse call and cameras
Cabling and technology Systems (CTS)	**CTS**TS881BK**	253-2985463	michaelb@cablects.com	1/2/2020		Nurse call and security
Office Cubicals and Wall systems						
Harris Office		509-248-2980	angie@harrisoffice.com	1/2/2020		
Painting						
JJ's Painting & Home Projects	45WB082807	509-853-7481	Jjspainting.projects@gmail.com	1/2/2020	1/31/2018	
PA Systems						
Sousley Sound and Communication						
Paving/asphault repair/Strtiping						
Central Paving	CENTRPL856RJ	509-929-1044	team@centralpavingllc.com	1/2/2020	1/2/2020	
Northwest Asphalt Striping and Sealing		509-452-0170	chase@northweststripingco.com	1/2/2020		
CM Custom Service	CMCUSCS885RE	509-929-2554	mabbuttc@gmail.com	1/2/2020	1/31/2018	
Paver Installation						
All Seasons	ALLSEC1009B6	509-968-9310	rodney@aschardscape.com	1/2/2020	1/2/2020	They just do pavers, no concrete. Recommended by Bill of VKP
Plumbing/Mech						
Apollo	APOLLMC864JQ	509-727-0298	lmueller@apollosolutionsgroup.com	1/2/2020	1/16/2020	Lance operations manager
McKinstry	MCKINCL942DW	509-728-3042	RodM@McKinstry.com	1/2/2020	1/2/2020	Rod Mathes
Roofing						
Flynn	FLYNNBL820JE	509-455-4043	Kasi.Smith@flynncompanies.com	3/6/2020	3/6/2020	

M.G. Wagner Roofing	MG-WA-GCI 141QG	509-575-0934	ric@mgwagnerroofing.com cindy@mgwagnerroofing.com	3/6/2020	3/6/2020	
TFC Roofing & Construction	TFCRORC820OJ	509-929-4119	f_cooper@live.com	1/2/2020	1/7/2020	
Security						
ATS Facility Systems	603150325	509-228-3700	cthompson@atsfsi.com	1/2/2020	1/2/2020	
Evco	EVCOSEI151BM	888-535-3826	dmurphy@evcosound.com	1/2/2020		Nurse call and cameras
Mansfield/Guardian Security	UBI: 600189667	509-941-8090	randerson@guardiansecurity.com	1/2/2020	2/18/2019	Monitoring and contracting
NW Cable	EC NWCABL885D6	509-731-4955	colin@nwcabling.com	1/2/2020	1/6/2020	Access control and security. For access control the system must be Salto
Cabling and technology Systems (CTS)	**CTS**TS881BK**	253-2985463	michaelb@cablects.com	1/2/2020		Nurse call and security

KVH
Kittitas Valley Healthcare
Your Home for Health

OPERATIONS REPORT
May 2020

PATIENT CARE OPERATIONS

- **Patient Care Services:**
  Yakima Community College and Heritage nursing students have returned and will be completing their clinical rotations in the ED, SOP, FBP, MS and CCU.

  Managers in the clinical areas are closely monitoring the staffing in their departments. MS/CCU has 2 night shift vacant positions and FBP has 2 night shift RN positions that are filled but require extensive training. We have had to utilize agency contract RNs for the night shift in FBP and CCU. The inpatient departments have maintained a steady census including two "swing bed" patients.

  Upcoming education includes:
  1. Safe Patient Handling
  2. Cardiac lead placement
  3. Avade training - addressing workplace violence

- **Surgical Services:**
  - We are working through a list of surgical patients that were postponed at the start of our COVID crisis.
  - We are testing every surgical patient for COVID-19.
  - We evaluate and modify patient arrival times to help with social distancing.
  - Patients/families are receiving post-operative education by phone to reduce traffic in the hospital.
  - We are scheduling surgical patients 2 weeks in advance in the event our resources are needed to care for COVID patients.

  Non COVID
  - We have purchased and received the bulk of items and equipment for ENT, and are starting to see a variety of ENT cases on the schedule.
  - Dr. Petty has started with us and has done some laparoscopic bowel resections.

- **Food and Nutrition Services:**
  Foodservice - We have hired a 0.4 FTE dietetic technician. She will begin training on May 26. Primarily will be working on the weekends.

  Supply Chain - We are experiencing difficulties with procuring certain food items typical to our food service operation. This is due to our primary food service vendor, US Foods,

reduction of items inventoried in their warehouse because of reduced restaurant demand.

Labor Reduction - Attempting to reduce labor by approximately 100 hours per pay period. This is being accomplish through several routes: 1) staff voluntarily taking 8 hours off without pay or with use of PTO; 2) not filling certain shifts during scheduled PTO or when an employee calls off; 3) elimination of a weekend dietary aide shift by not backfilling a vacancy at this time. The staff are handling the changes fairly well, some more so than others. Biggest challenge has been staff performing tasks that are foreign to their daily routines. The reduction has been working due to the volume of the Café being down. The volunteer labor reduction involves primarily Café services. We continue to use our standard staffing with patient care.

The plumbing is in process of being replaced in the dish room of the kitchen as it has been leaking for several years.

- **QAPI:**
  Goal is to grow Café sales and revenue through analysis of specific menu items. Declines have occurred due to staff move to MAC and Café closed with reduction in offerings. February was used as the projects baseline. This past month, the slope of decline has flattened to a degree.

- **Clinical Inpatient:**
  Working on pre-surgical nutrition protocol as part the enhanced surgical recovery program.

- **Diabetes Education:**
  The majority of outpatient nutrition and diabetes education appointments have been occurring via telehealth. CMS is providing payment for the nutrition and diabetes appointments. Attempting to keep monthly volume as high as possible, although a decline is inevitable due to less clinic volume with medical providers.

  Diabetes Prevention Program - Instructor training for the DPP has begun last week. The web based training last six weeks and includes KVH's three dietitians. We hope to be prepared to initiate the program once group events can occur.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services:**
  Lab continues to ensure adequate Covid-19 testing kits are on hand, especially as we prepare to do pre-op testing on scheduled surgery cases. We are also working with Dr.

Larson and Dr. Sandquist to offer antibody testing for Covid-19 and creating handouts for patients and providers on interpreting the results. Lab volumes are returning to a normal level. We are very busy at the MAC lab, where we have relocated most of our phlebotomy services. We plan to keep the bulk of the lab draws at the MAC moving forward.
We have hired a part time ultrasound tech and completed cross training one of our radiology technicians to perform CT's.

- **Rehab Services:**
  OT and ST have resumed services at the 309 Annex. Volumes are building and Rehab Visions is returning PT staff incrementally as referrals come in. Cle Elum PT is nearly at capacity again and we are interviewing applicants for a second physical therapist in Cle Elum. We have been purchasing the necessary equipment to open a second PT room at FMC.

- **Home Health &Hospice:**
  Volumes continue to be below budget in both departments. As patients resume seeing their PCP and routine surgery is opened up, we are hoping to see more referrals. Staff have been taking voluntary low census when able.

- **Cardiopulmonary:**
  We have resumed all services in Cardiopulmonary except cardiac stress tests and Pulmonary Function Tests (PFT). We will resume PFT's on June 1.

- **340B:**
  Our pharmacy technicians that perform internal audits of the 340B Program discovered that we have been processing claims for Managed Medicaid in our Retail Pharmacy. KVH as an entity is "carved out" of Medicaid with HRSA, meaning we have agreed we will not process claims for Medicaid or Managed Medicaid. This was due to an error in the claim file being sent to our Third Party Administrator. We have reported this to KVH Compliance and have assembled a team to work on next steps, which will likely be changing our status with HRSA to "carve in" Medicaid across the 340B Program or to rebuild the file we send to our Third Party Administrator to include financial class and suppress the Medicaid and Managed Medicaid claims.

- **Ellensburg School District:**
  We have hired an Athletic Trainer to work with Ellensburg School District, who will start work in July. KVH and ESD are very excited to work together and build this program.

- **Hospital District 2:**
  They are moving ahead with the Ambulance Garage for Medic One Station 99. Despite Covid-19, they are on target with the timeline for the project and should be able to clear the trees and prepare the site for construction this summer. Ron Urlacher has been very helpful with the required permits and applications.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **GNP Optimization:**
  We have a team of folks who have been reviewing the current workflow with the Geriatric Nurse Practitioners. We are looking for ways to streamline their scheduling to capture revenue for the work they are doing.

- **AIMS Model/Grant:**
  We continue to work with UW to achieve the AIMS model (a model of integrated behavioral health). Training for the team took place at the end of April. We have also hired a Licensed Social Worker which completes the care model for integrated behavior health.

- **Chart Abstraction:**
  Abstracting all new patients who are scheduled and also patients who have been seen (going back to August 2019). Having social history, family history, surgical history, updated medications, immunizations and allergies are essential for a starting point for our providers.

- **Chronic Care Management**:
  This work is continuing as it can be primarily completed over the phone and will be a helpful service to our patients who are stuck at home. Family Medicine Ellensburg has increased from 4 patients to 9, Internal Medicine has increased from 1 patient to 17, Family Medicine Cle Elum from 6 patients to 8.

- **Tracking No Shows/Cancelations** :
  We have created a standard process in all clinics to track this. We are contacting these patients starting the week of April 13th. We have 2700 plus patients we are calling.

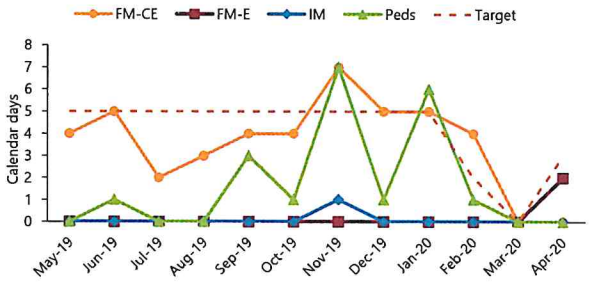
- **Management Development:**
  Manda Scott and I have been meeting with the Clinic Managers for a 5 session series. The sessions have ranged from skills on communication based on personalities, skills on disciplinary conversations and skills on coaching. Manda has done a great job crafting these sessions for the group.

- **Pediatric Conversion to Cerner:**
  We are already starting on the prep work of scanning and shifting data over to Cerner. We conducted integrated testing and training at the end of April. We have a go-live of June 8th.
- **ENT Conversion to Cerner:**
  This clinic is currently under the FME clinic and we will shift this to their own clinic on June 8th.

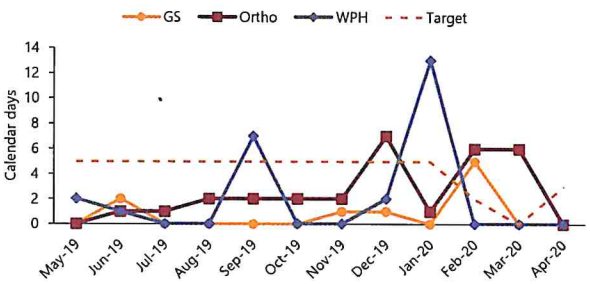
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

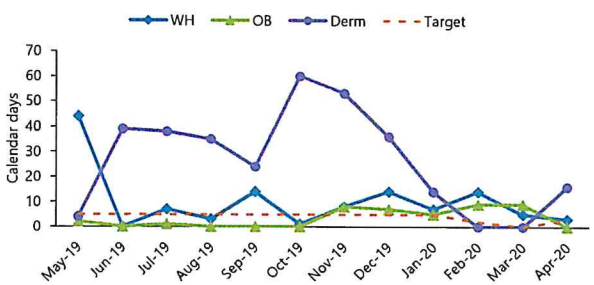
Third available appointment
for established patients



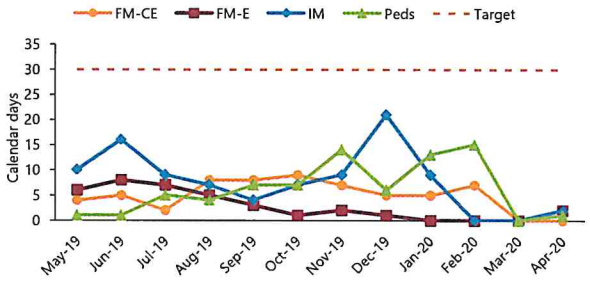
Third available appointment
for established patients



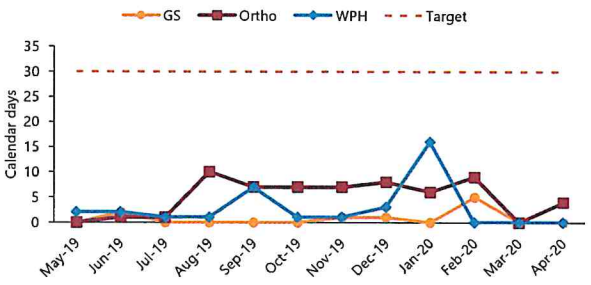
Third available appointment
for established patients



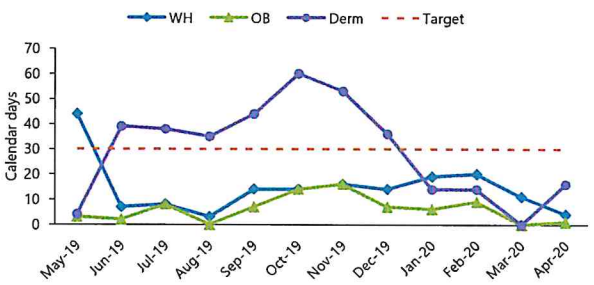
Third available appointment
for new patients



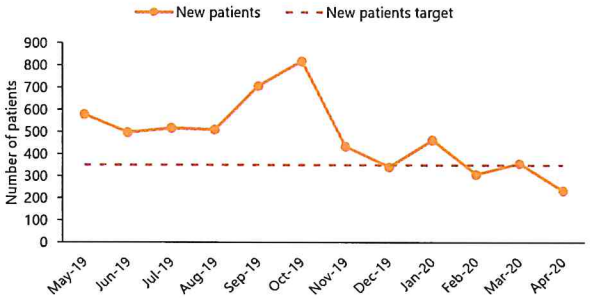
Third available appointment
for new patients



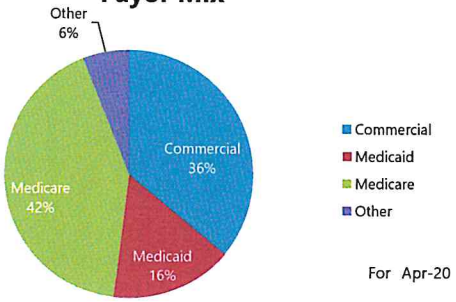
Third available appointment
for new patients



New patients



Payor Mix



For Apr-20

KVH
Kittitas Valley Healthcare
Your Home for Health

COMMUNITY RELATIONS – Michele Wurl

March 2 – May 28, 2020

As you can imagine, a very large portion of our work since activating our COVID-19 Incident Command team on March 2 has been surrounding internal and external communication regarding the pandemic. As Emergency Preparedness Coordinator, I have also been knee deep in all the COVID meetings, planning and reporting. Below are some of the items we have been working on outside of the "immediate" COVID response. I continue to be impressed and appreciative of my team's flexibility and perseverance over the last 12+ weeks. Together, we've got this.

External Outreach activities:

- Stroke Awareness materials for National Stroke month - May
- Mother's Day baby 5/12
- National Nurses Week 5/6-5/12
- Family birthing and childhood classes have gone virtual. We created on the online registration process and updated our marketing materials
- Hospital Week awareness to the public
- Launch of the MAT/MOUD program with Dr. Asriel – late May
- Multiple videos of KVH operations and gratitude throughout the pandemic

Internal Outreach activities:

- KVH Pharmacy benefit postcard mailed to all employees – mid-May
- Mental Health check-in boards
- KVH COVID Chronicles – interviews with staff chronicling their experiences through the COVID pandemic

Collaborations & Partnerships:

- Virtual PFAC meeting
- Kittitas County Public Health and EOC -
- WSHA Safe Hospital awareness campaign – 5/14 through 6/13

Cancelled Collaborations and Partnerships:

- Level 1 Swim safety classes through the City of Ellensburg – 538 people to date – on hold due to COVID
- CWU Expanding your Horizons – 3/7
- MAC Strategic Partner Open House 3/10
- Evidenced Based Medicine Workshop – 3/12-3/14
- Provider Appreciation Dinner – 4/1
- MAC Open House – 4/16
- Lincoln Exploration Days – 4/17
- Joint meeting between KVH & Kittitas County Medical Society Collaboration – (Provider engagement)
- CWU Hall of Fame Banquet – 5/2
- Downtown Association's Spring Girl's Night Out – 5/7
- Third Grade Tours – 5/20
- Ellensburg and Roslyn Farmer's Markets

Postponed Collaborations and Partnerships:

- Foundation Gala – rescheduled for October 10
- Bares and Broncs – TBD
- Experience Healthcare with Ellensburg High School students - TBD

On the horizon:

- Reopening engagement and education opportunities with the community
- Community and staff appreciation