

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B - 5:00 p.m. (If Kittitas County is in Phase 3)

Virtual Meeting hosted by Zoom

Call in by phone: 1-877-853-5257 Meeting ID: 998-7649-1342

June 25, 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: May 28, 2020 (3-5)
- b. Approval of Checks (6)
- c. Report: Foundation (7)
- d. Minutes: Finance Committee (8-9)
- e. Minutes: Quality Council: May 20, 2020 (10-11)

4. Presentations

5. Public Comment and Announcements

Public comment will only be taken if Kittitas County has entered phase 3.

6. Reports and Dashboards

- a. Quality - Mande Olsen, Director of Quality Improvement (12-19)
- b. Chief Executive Officer – Julie Petersen (20-22)
 - i. 2020 Compliance Work Plan Approval, Linda Navarre, Compliance Officer ** (23-25)
- c. Medical Staff
 - i. Chief Medical Officer, Kevin Martin MD (26-27)
- d. Finance – Chief Financial Officer – Scott Olander (28-37)
 - i. Operations Report
 - ii. Capital Expenditure Request: Cepheid 4-Molecular Instrument ** (38)
- e. Operations (39-43)
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations
- f. Community Relations Report – Michele Wurl, Director of Communications & Marketing (44-47)

7. Education and Board Reports



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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

July 23, 2020, Regular Meeting
August 27, 2020, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

Virtual Zoom Meeting

May 28, 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, Kelly Goodian-Delys

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 Jon Ward and second of Erica Libenow, the Board members unanimously approved the agenda as presented.

3. **Consent Agenda:**

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

4. **Presentations:**

Tom Dingus, from Dingus, Zarecor & Associates, presented the 2019 comparative financial data/stats regarding the latest independent financial audit of Kittitas Valley Healthcare. He reported that overall revenue went up more than expenses. He stated that there were no material findings or financial weaknesses reported for KVH. DZA stated that it was a good year, and the financial staff should be commended.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved formal acceptance of the auditor's report.

Julie Petersen stated that she wanted to talk about what we are doing to reopen ambulatory clinics and surgery in a safe manner. Carrie Barr stated that they are not scheduling surgeries out farther than two weeks and patients are being tested for Covid five days prior to surgery. Vicky Machorro discussed how surgery is working to get patients caught up without overextending the staff.

5. Public Comment/Announcements:

Suspended at this time.

6. Reports and Dashboards:

The Board members reviewed the QI dashboards and summary with Mande Olsen. Olsen stated that we have had great improvements with OnRad. She will lead a more in-depth discussion regarding workplace violence at a future Quality Improvement meeting and then will present on this issue to the Board.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that we will have another Employee Forum on June 2 at noon and will be presenting the Safe Catch Awards then. We need to think about how to conduct future board meetings. Manda Scott gave an update on leave requests related to Covid-19 and stated that we had an outstanding response, with about 40%-50% of the workforce volunteering in some way.

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

Scott Olander reported on KVH's financial performance for April and stated that revenue was \$5.1 million below budget. Olander stated that the month of April was better than March due to the Federal Government CARES funds that we received. Olander stated that the resolution in front of the board is to meet the requirements of the for the small works process. Olander stated that we publish the notice each year and maintain a roster but need to have a resolution approved by the board.

ACTION: On motion of Matt Altman and second of Erica Libenow, the Board members unanimously approved the capital expenditure for the 60 Spectrum IQ Infusion Pumps.

ACTION: On motion of Jon Ward and second of Matt Altman, the Board members unanimously approved Resolution No. 20-03 for Authorization of a Small Works Roster.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Holden stated that at this time we have about three thousand Covid-19 tests and we are now looking into on-site testing. Barr stated that direct patient scheduling went live in the patient portal today.

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

7. Education and Board Reports:

None.

8. Old Business:

None.

9. New Business:

None.

10. Executive Session:

At 8:10 pm, President Davis announced that there would be a 10-minute recess followed by a 15-minute executive session regarding real estate. RCW 42.30.110(b). No action was anticipated.

At 8:35 pm, the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:36 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motion passed to approve formal acceptance of the auditor's report.
4. Motions passed to capital expenditure request for the 60 Spectrum IQ Infusion Pumps.
5. Motion passed to approve Resolution No 20-03 Authorizing Small Works Roster.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: June 25, 2020

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>263988-264674</u>	NET AMOUNT:	<u>\$3,930,487.41</u>
		SUB-TOTAL:		<u>\$3,930,487.41</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81631-81637</u>	NET AMOUNT:	<u>\$5,326.69</u>
#2	PAYROLL CHECK NUMBERS	<u>81638-81643</u>	NET AMOUNT:	<u>\$4,656.45</u>
#3	PAYROLL CHECK NUMBERS	<u>81644-81648</u>	NET AMOUNT:	<u>\$4,756.68</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,231,546.30</u>
#5	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,137,368.59</u>
#6	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,232,254.86</u>
		SUB-TOTAL:		<u>\$3,615,909.57</u>

TOTAL CHECKS & EFTs: \$7,546,396.98

Prepared by

Sharoll Cummins

Sharoll Cummins
Staff Accountant



FOUNDATION ACTIVITIES

GALA/FAN 2020

Due to the recent health crisis our original plan to postpone the gala until October is looking less and less likely. Despite the setback we have opted to move our fundraising efforts online via Auctria.com and GiveLively.org. Launching June 24, we will use our newly created Facebook Gala page to help promote an online auction. Running through July 8th, the community will be invited to register, bid on auction items and donate to our Fund-A-Need campaign in support of cardiac stress testing equipment. In late July will continue to promote the Fund-A-Need through a Text-to-Donate campaign.

Facebook: Foundation at KVH Gala

<https://www.facebook.com/Foundation-at-KVH-Gala-106272121128421>

Foundation at KVH Gala Auction:

www.auctria.com/auction/KVHGala2020

Donors who text the code "KVHGALA" to 44-321 will see:

<https://secure.givelively.org/donate/the-foundation-at-kittitas-valley-healthcare/foundation-gala-fund-a-need>

FAN donations raised so far: \$6,056

Funding support

Temporary Restricted COVID Fund

\$13, 014.36 is currently available to KVH for COVID relief. KVH may apply for these funds at any time.

We are still accepting contributions on behalf of COVID. Donations can be made online at:

<https://www.kvhealthcare.org/foundation/>

Respectfully submitted,
Laura Bobovski
Foundation Assistant

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

June 23, 2020
Tuesday

7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: May 26, 2020**
- **May Financial Highlights**
- **Capital Expenditure Request**
- **Payer Contract Evaluations and Analysis**
- **Adjourn**

Next Meeting Scheduled: July 21, 2020 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
May 26, 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, Vicki Machorro, and Morgan Anderson

Guests: Tom Dingus from Dingus, Zarecor & Associates PLLC

The meeting was called to order by Bob Davis at 7:31 a.m.

A motion was made to approve the agenda and the April 21, 2020 minutes. The motion carried.

Tom Dingus presented the 2019 audited financial statements, indicators, and required communication. KVH received and unmodified opinion.

Olander presented the highlights of April 2020 financial results. Revenue was less than budget, yet better than expected with the Governor's stay-at-home orders. Other operating revenue included CARES funds of \$1.4 million. Expenses were in line with the budget. Days cash on hand improved by 10. The details are in the Chief Financial Officer Report.

KVH received \$4.6 million in May from the Federal CARES Act Provider Relief Fund. These are grant funds. The committee had further discussion and education about the CARES funds.

The committee motioned and approved to recommend the infusion pump request, without the Cerner interface, be presented to the Board of Commissioners for approval at the May 2020 meeting.

The committee motioned and approved to have the Resolution – Small Works Roster be presented to the Board of Commissioners for approval at the May 2020 meeting. This approval is an annual regulatory requirement.

With no further business, the meeting was adjourned at 9:10 a.m.

Quality Improvement Council	MEETING MINUTES	May 20, 2020
Present: Mandeel Olsen, Dr. O'Brien, Matt Altman, Julie Petersen, Vicky Machorro, Terry Clark, Carrie Barr, Rhonda Holden, Jeff Yamada, Michele Wurl and Judy Love Guests: Anna Scarlett Recording Secretary: Mandy Weed Minutes Reviewed by: Mandeel Olsen		
<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION ITEM/ RESPONSIBLE PARTY</u>
<ul style="list-style-type: none"> Called to order 	The meeting was called to order by Matt at 3:02 pm.	
<ul style="list-style-type: none"> Agenda & Minutes 	The minutes were approved as presented.	
Reports:		
<ul style="list-style-type: none"> 2020 QI Council Dashboard Review 	Handouts: QI Council Dashboards & Glossary Discussion: Mandeel went over the QI dashboards stating the data is through the end of March 2020. Mandeel stated that we had 1 sepsis failure that didn't receive the second antibiotic within the timeframe; restraints was missed by 1-hour for 1 out of 10 stays; 2 falls; 1 hospital acquired infection; and no needle sticks. Further discussion of workplace violence data and it was decided to take a deeper look at a future meeting and then report out to the board.	Mandeel – Workplace violence to a future meeting agenda.
<ul style="list-style-type: none"> Patient Satisfaction Dashboard Review 	Handouts: Patient Satisfaction Dashboards Discussion: Mandeel reviewed the dashboards and noted that we may get some interesting information in the coming months in regards to telehealth.	
New Business:		

<ul style="list-style-type: none"> 1st Quarter SAFE Catch Winner Selection 	<p>Handouts: SAFE Catch Nominations</p> <p>Discussion: The council reviewed all nominations and decided to award the following to be presented at the February Board meeting:</p> <p>1st Quarter Clinical – Danette Cariveau, CST, Surgical Services for identifying inconsistencies in CDC and DOH doffing recommendations.</p> <p>1st Quarter Non-Clinical – Dona Junker, Laundry Aide, Environmental Services for discovering items left in the pocket of a scrub jacket.</p>	
<ul style="list-style-type: none"> Improvement Outcomes – Inpatient Influenza Vaccination Rates 	<p>Handouts: None, PowerPoint presentation Inpatient Influenza Improvement Project 2018-Current: A Lesson in PDSA</p> <p>Discussion: Anna Scarlett stated that these are measure that we look at on a regular basis and we weren't happy with how things were going. Anna stated after seeing a dip in Cerner from January to March we learned that it wasn't working the way we had hoped. Anna stated that they did an RCA looking at the barriers and they realized that the policies still reflected work in Paragon with no formal documentation. Anna stated that policies were re-written so staff had the tools to do their job and the correct way for it to be done in Cerner. Anna stated that we hit 95% in 6 weeks after making these changes. Anna stated that there was a change made making influenza vaccines a mandatory order on all KVH discharges.</p>	
<p>Closing:</p>		
<ul style="list-style-type: none"> Adjourned at 4:38 pm 	<p>Next meeting June 15, 2020 at 3:00 p.m.</p>	

QUALITY IMPROVEMENT REPORT – Mande Olsen, BSN RN CPHQ

June 2020

SARS-CoV-2/COVID-19

Julie Hiersche CIC, Anna Scarlett, and I continue to provide guidance to KVH leaders and staff, and even external agencies, on infection control and employee health standards for managing potential SARS-CoV-2 exposures and COVID-19 infections. We are very thankful for our partnerships with Public Health Officer Dr. Mark Larson, Ryan Ahr PA-C KVH Workplace Health, and KVH supporting leaders and departments. This was fully exemplified in our recent cases of staff members testing positive for SARS-CoV-2. We continue to work closely with Housekeeping, Materials Management, Engineering, Medical and Nursing Directors, House Supervisors, Lab, and all leaders to identify vulnerabilities and to adjust to ever-changing guidance.

Quality Improvement Dashboard Data Summary – through April 2020

Summary of Areas Meeting Goal or Showing Improvement

- Median time from arrival to CT or MRI for patients with stroke met target.
- Median time to tPA met target. One of the patients received tPA within 36 minutes!
- No needlesticks for last four months.
- No hospital acquired infections in April.
- Days to referral completion at target in all areas.
- Timely start for physical therapy at 100% for two months in a row.
- Hospice visits near end of life both above target.

Summary of Improvement Opportunities

- One sepsis bundle failure related to a second antibiotic not being administered within the timeframe.
- Median time to antibiotic administration for patients with sepsis has some room for improvement.
- Two falls, fortunately neither with injury.
- We expected to see the number of Medicare Wellness Visits continue to drop as non-emergent visits have been cancelled and rescheduled during the COVID-19 pandemic event.
- 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

"I just had a Zoom appointment with a father who has multiple children in Speech and Occupational Therapies and this father shared how skilled, competent, and compassionate both of you have been in helping to diligently work with his children and how his kids have been making huge strides since initiating therapies with KVH. In this challenging time with COVID I wanted you to know that the work you do matters and thank you for your professionalism!"

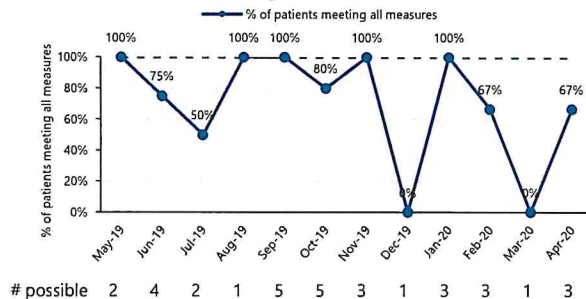
-Dr. Meghan Young to Speech Therapist Kelsey Dimm and COTA Chris Mattsen

"What an amazing and positive experience it was to have [Chad] on our end of life journey. His sense of humor and caring personality was so encouraging. I am still so grateful for the surprising way that [our loved one] passed the timing to have five of our children present. Having you come that afternoon was a gift. I know you will continue to be even more of a blessing in your career choice than you know. You were the one who said the day before Jim passed to have people come visit. Jim did not want to be alone and I certainly wasn't. Thank you again for your remarkable service."

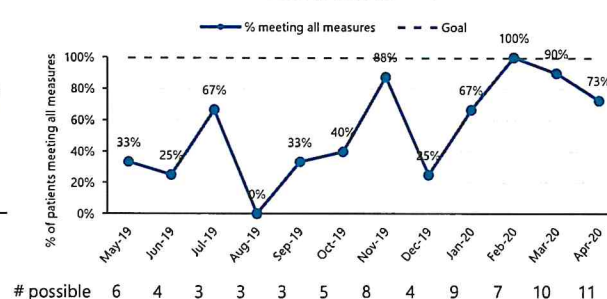
-Family of KVH Hospice patient to RN Chad Bearup

QI Council

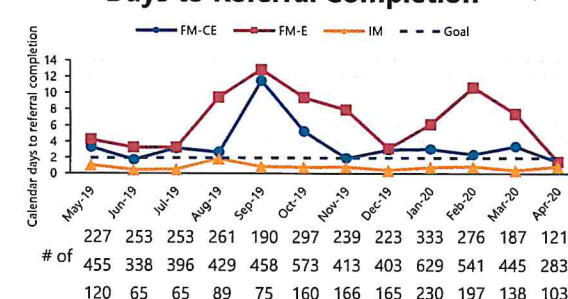
Sepsis Bundle ↑



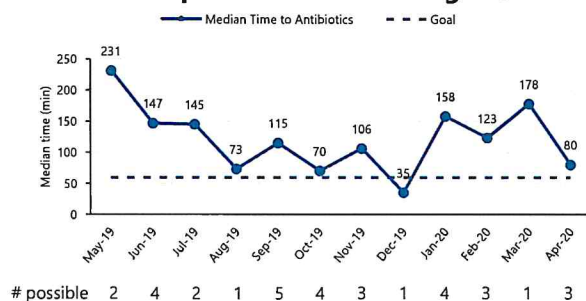
Restraints ↑



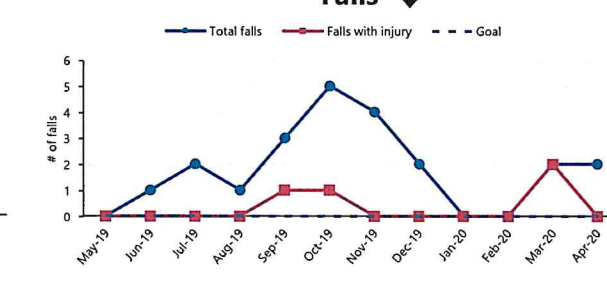
Days to Referral Completion ↓



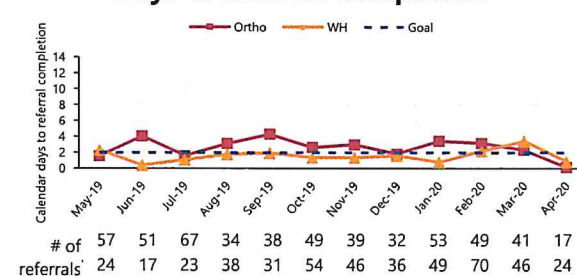
Sepsis Antibiotic Timing ↓



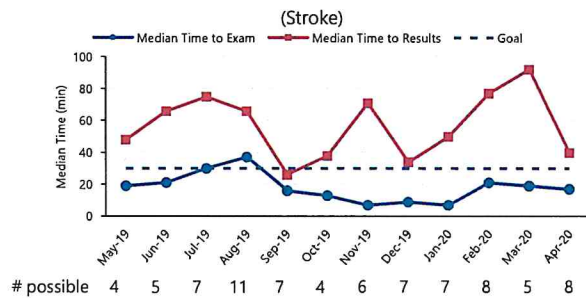
Falls ↓



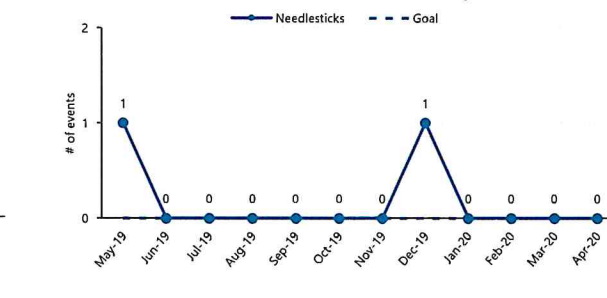
Days to Referral Completion ↓



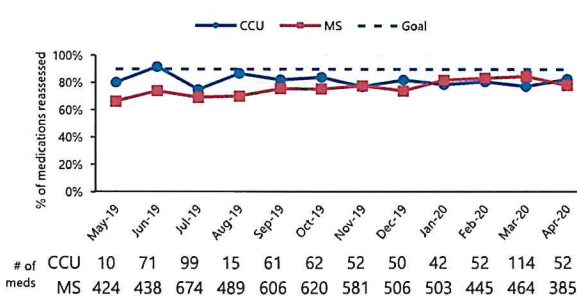
Median Time to CT or MRI ↓



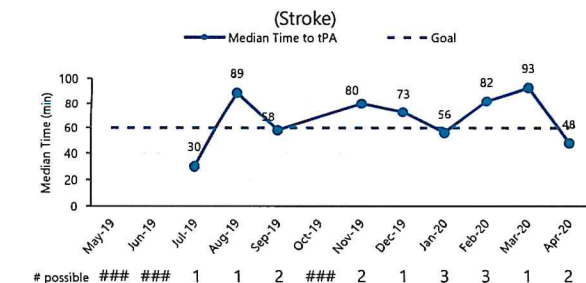
Needlesticks ↓



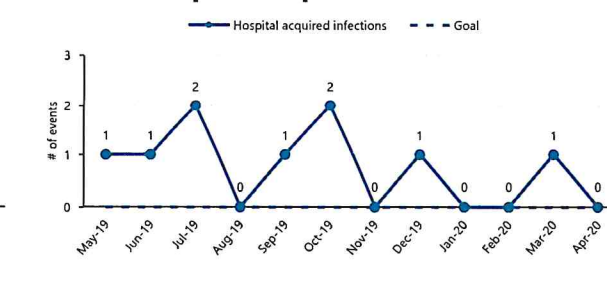
Pain Reassessment after Medication ↑



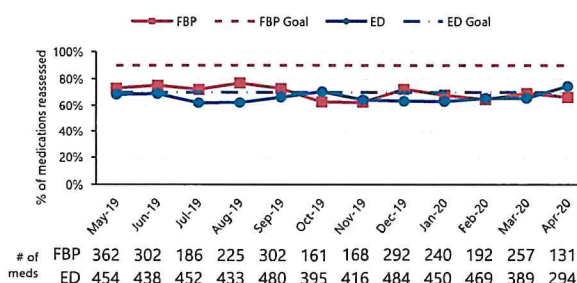
Median Time to tPA ↓



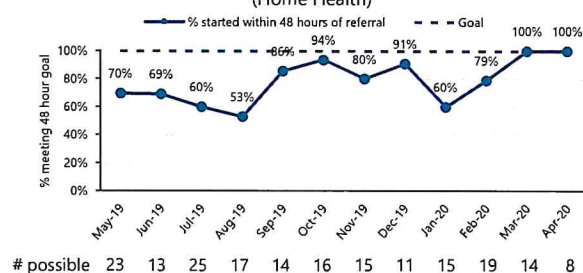
Hospital Acquired Infections ↓



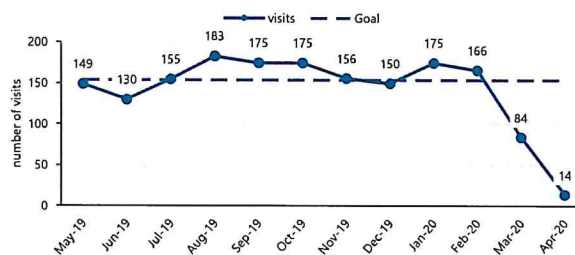
Pain Reassessment after Medication ↑



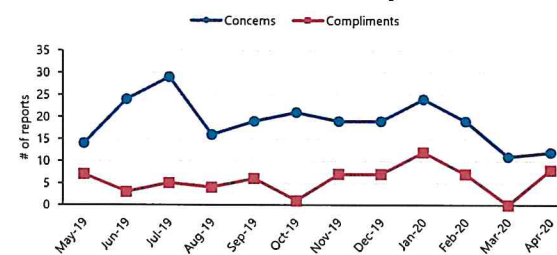
Timely Start for Physical Therapy (Home Health)



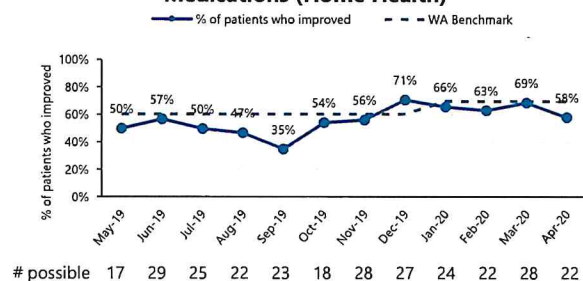
Medicare Wellness Visits



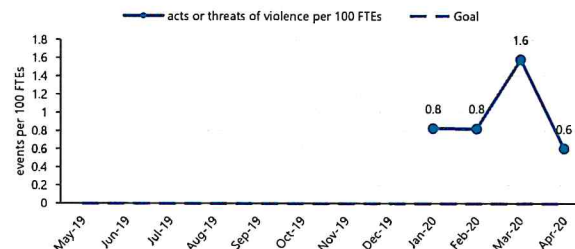
Care and Service Reports



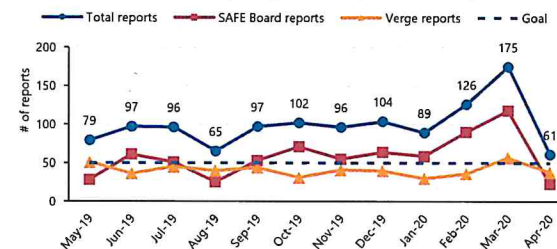
Improvement in Management of Oral Medications (Home Health)



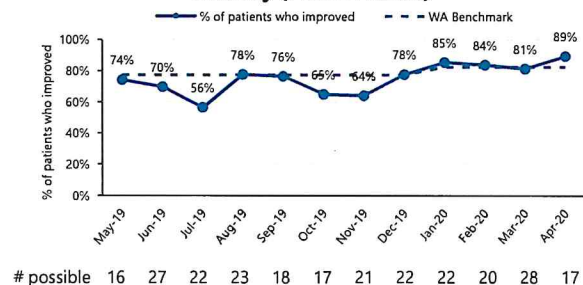
Workplace Violence Events



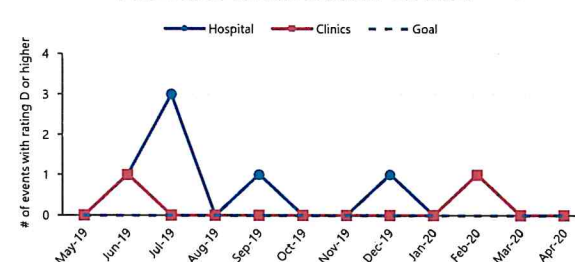
Employee Reports



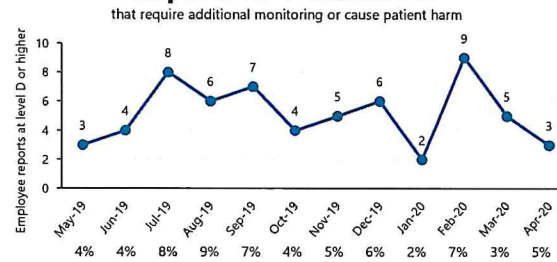
Improvement in Pain Interfering with Activity (Home Health)



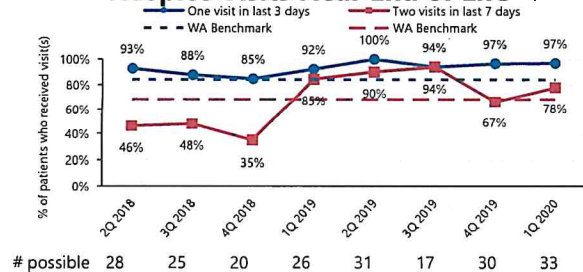
Adverse Medication Events



Reports of Occurrences



Hospice Visits Near End of Life



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	<ol style="list-style-type: none"> 1. Received within three hours: initial lactate level measurement, broad spectrum or other antibiotics, blood cultures drawn prior to antibiotics; 2. Received within six hours: repeat lactate level measurement if initial lactate level was elevated; 3. Received within three hours: crystalloid fluid bolus if indicated; 4. Received within six hours: vasopressors if indicated 	
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	<p>Numerator: Number of patients who met all possible measures for restraints</p> <p>Denominator: Total number of patients in restraints</p>	<p>Measures for restraint use include:</p> <ul style="list-style-type: none"> ► Initial restraint order written ► Restraint problem added to care plan ► Restraint orders continued/signed by 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, <i>except</i> 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: <ul style="list-style-type: none"> ► 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 result 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	

Chief Executive Report

June 2020

COVID-19 Response – The COVID Clinic is still up and running. Staffing has been adjusted to reflect standing orders which results in a reduced need for MDs. The triage tent has been dismantled but is available for immediate pop-up if needed.

Changes in Phase 3 - *For the purposes of this report, I am going to assume that Kittitas County's application to move to Phase 3 was approved.* Transition to Phase 2 came with a well-defined path to Phase 3. The same cannot be said for the path to Phase 4. The Governor's Office has defined the standards for Phase 4 but not how we get there. There is a growing consensus that we will be suspended in Phase 3 until, at a minimum, there is a vaccine available.

While we remain in Phase 3 we will continue to adapt to new guidelines and requirements.

- Masking is required of all employees unless they are working alone in a private office. This is not enforced by public health but rather by L&I and compliance is expected. Every department is also required to have a cleaning schedule in place.
- Visitor policies will remain largely unchanged. We will allow more flexibility to address individual situations but the underlying need to protect staff and patients while preserving PPE remains. ED, FBP, CCU and Surgery are all managing access on a case by case basis. The clinics are evaluating their processes with an eye towards creating a reliable KVH experience. We know that as summer temperatures continue to rise that we will need to deal with people waiting in their cars.
- The Cafeteria will not be open to the public and the annual BBQ is a subject of much discussion.
- In keeping with the Governor's order, we early on moved as many people as possible to work-from-home status. During Phase 3 we will be bringing those employees back into the traditional workforce. We will evaluate accommodations on a case by case basis but we be reverting to our established policies for remote work.

Coffee With the Commissioners – It was great to have Commissioners Altman and Clark join staff for one of our virtual employee forums. If Commissioners would like to restart the "Coffee with Commissioners" tradition in a new virtual format we will be happy to begin exploring logistics. It would probably be similar to the employee forum with the addition of a public component.

Strategic Planning – We are reengaging with The CEO Network (Nancy, Gregg and Nancy) on strategic planning. We will refresh the meeting with senior leaders very briefly before moving to the Board phase. As discussed before, the recommendation will likely be that KVH focus on a shorter time frame; perhaps growth, employee development, service and financial sustainability as we emerge from COVID 19 through 2021. The senior leadership team is anxious to resume planning for the future.

Values Alignment – We are moving ahead distributing the new provider contracts to our primary care providers. Providers will have the opportunity to move to the new contract on the first day of each calendar quarter but all will transition to the new contract by January 1, 2021. "Termination" letters are being prepared for all providers intended to cancel their existing contract upon execution of the new contract but no later than January 1. I am not aware of any provider who intend to terminate their employment as a result of the new contract.

Human Resources & Staff Development- June 2020

May Metrics

<i>Employee Population</i>				
	<i>20-May</i>	<i>20-Apr</i>	<i>20-Mar</i>	<i>20-Feb</i>
Full-time	397	395	396	393
Part-time	135	135	135	129
Total Employees	639	637	633	619

<i>Turnover</i>			
	<i>YTD</i>	<i>20-May</i>	<i>2019 Year End</i>
Turnover (People)	31	1	138
Turnover (Percentage)	4.95%	0.16%	22.44%
Voluntary	27	1	109
Involuntary	4	0	9

<i>General Recruitment</i>				
	<i>20-May</i>	<i>20-Apr</i>	<i>20-Mar</i>	<i>20-Feb</i>
Open Postings	7	10	19	9
Unique Applications Received	104	92	158	219
Employees Hired	7	8	14	17
Time to Fill (Median)	32	30.50	32	32
Time to Fill (Average)	32.06	29.88	39.70	34.47

<i>Annual Evaluations</i>	
	<i>YTD</i>
Percent complete	77.20%
Total evaluations over due	130
# of employee evals over due	95
# of provider evals over due	35

Recruitment: We continue to see lower than usual numbers for both postings and applications received. We've had very little internal shuffle and incredible low turnover for the month. That in turn, is resulting in lower recruitment numbers. During this time, we are working on improving our interviewing process and creating leadership training on interviewing for managers.

Benefits and Wellness: There has been no new legislation of note pertaining to COVID-19 and employee benefits. A pre-renewal meeting will be held in July with our broker Parker, Smith & Fleek in order to plan our contract renewal for the 2021 benefit plan year.

Student and Volunteer Services: Some students have returned. We currently have students in Pharmacy (3), Surgery Tech (2), and Women's Health-CWU Practicum (1). YVCC 2nd QRTR RN (10) finished June 12th. Volunteers are not yet on site.

Karen Schock, Director of Volunteer and Student Services, has officially set her retirement as August 3, 2020 after 29 years with KVH. We appreciate Karen's service and will be working on a transition plan.

Staff Development: Held AVADE Workplace Violence Prevention Training (Level I) and received great feedback from staff. We will be working on expanding Workplace Violence training options with AVADE as our partner. We have worked hard to maintain our programs virtually and in other creative ways. We resumed New Employee Orientation in-person (limited seating) and virtually on zoom for the first time.

Customer Service training- A small workgroup has been working on creating an in-house customer service training. The focus will be on KVH Values, feedback from our patients, the voice of our staff, and tips and tools for effective customer service. Tentative roll out date is Fall 2020.

Leadership Development: In May, we held a virtual Leadership training for managers and Directors on effective coaching skills. The emphasis was coaching on customer service skills. Cheryl Jekiell, of Lean Leadership Center, kindly donated her normal facilitation fees to KVH as a thank you to our leaders. We are continuing to partner with groups of leaders (ex. Clinic Managers) for focused leadership development training.

HR Operations: We currently have a higher number of medical leaves and accommodations in process than usual. We have 18 current active leaves, 13 pending leaves, and 15 intermittent leaves. The employees are on leave for various reasons, and not necessarily related to health concerns with COVID-19. We have seen an increase in leaves for surgery as staff have been waiting for pending appointments.

HR Staffing: HR will be going through a big staffing transition this summer which will take time and focus. Dan Mollo, our Benefits and Wellness Coordinator, is relocating June 19th. Dan is training the HR team to transition his duties as we restructure the department. We have posted a position for an HRIS Analyst. This position will help us maintain accurate data and maximize our HR systems without having to contract with the vendor as often (very costly).

KVH COMPLIANCE PROGRAM
DRAFT 2020 KVH WORK PLAN last update 5.14.20 P- meet with Manda re: #5
 Board of Commissioner's approval XXXX

KVH is committed to full compliance with all applicable laws, rules and regulations, and to conduct itself with the highest level of business and community ethics and standards.

Objectives identified for the current year relate to the elements of an effective compliance program as defined in the Federal Sentencing Guidelines, items identified in the OIG's 2019 Work Plan, and risk areas identified by KVH. **Last update 5/18/20**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
1. Policies & Procedures							
Compliance policies, procedures and supporting documents provide up to date guidance to staff and leaders	Compliance Committee	Compliance policy, procedures, and supporting documents are reviewed annually				X	
Annual review of Compliance Program and 2020 Compliance Committee Work Plan	Compliance Committee	Board of Commissioners approval of 2020 Compliance Committee Work Plan		X			
2. Compliance Officer and a Compliance Committee							
Compliance Officer updates the Hospital District #1 Board of Commissioners on Compliance Program activities	Compliance Officer	Annual report and as needed Work Plan updates	X				
3. Conducting Effective Training and Education							
Annual system-wide healthcare compliance training to support staff knowledge of compliance standards and KVH Code of Conduct	Compliance Officer/ Privacy Officer	All staff complete annual Compliance & HIPAA/Privacy training				X	

KVH COMPLIANCE PROGRAM

DRAFT 2020 KVH WORK PLAN last update 5.14.20 P- meet with Manda re: #5

Board of Commissioner's approval XXXX

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
New employees, leaders and providers receive Compliance education during new employee orientation	Compliance Officer, Privacy Officer, Security Officer	All new employees, leaders and providers receive education on Fraud, Waste & Abuse, HIPAA/Privacy and Information Security education					Ongoing
4. Developing Effective Lines of Communication							
Respond, investigate, and follow up on all Compliance Hotline calls/complaints	Compliance Officer	Hotline calls and compliance concerns are logged and investigations initiated within 2 business days					Ongoing
Results of compliance internal investigations are shared with leadership and relevant departments	Compliance Officer	Compliance Officer attends Department Director monthly meetings & as needed Senior Leadership meetings					Ongoing
5. Enforcing Standards through Well-Publicized Disciplinary Guidelines							
Employees are oriented to the KVH Intranet Policy/Procedure/Standard Work Folder and Lippincott's Nursing Procedures and Skills resource link	Manda	Annual Bizlibrary education: All staff acknowledge awareness of how to locate policies, procedures and standard work through the KVH Intranet				X	

KVH COMPLIANCE PROGRAM

DRAFT 2020 KVH WORK PLAN last update 5.14.20 P- meet with Manda re: #5

Board of Commissioner's approval XXXX

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
6. Auditing and Monitoring							
External medical coding audit is scheduled for 2020	Director of HIM	Coding audit one point lessons are distributed to providers			X		
Business Associate Agreement log meets regulatory requirements <i>Reference: 45 CFR 164.502(e), 164.504(e), 164.532(d) and (e)</i>	Privacy Officer	Business Associate Agreements are logged in central contract log				X	
Security Risk Analysis (SRA) findings are reviewed and prioritized <i>Reference: Security Rule 45 CFR Part 160 and Subparts A and C of Part 164</i>	Security Officer	Information Security work plan is updated to address SRA findings		X			
Internal 340B audits to meet regulatory requirements <i>Reference: 340B Drug Pricing Program (340B Program) requirements (42 USC 256b(a)(5)(C))</i>	Director of Pharmacy	Ongoing 340B audits					
7. Responding to Detected Offenses and Developing Corrective Action Initiatives							
Respond, investigate, and report to Federal authorities as required for HIPAA and other Compliance issues. <i>Reference: HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414</i>	Privacy Officer	Timely respond to privacy incident					Ongoing

CHIEF MEDICAL OFFICER – Kevin Martin, MD

June 2020

Medical Staff Services:

- Recruiting: Mitch Engel reports.
 - We interviewed three providers in May: Hospitalist, Pediatrician and Neurologist. We've made offers to the Hospitalist (accepted) and Pediatrician (pending). Conversations still happening with a neurologist and a vascular surgeon.
 - 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 and Neurology Service Lines:**
 - We are in process of finalizing and reviewing operational and financial analyses for both of these service lines.
 - **Audiology**
 - We are reviewing opportunities and solutions (both short and long term) for increasing access to audiology services locally, with emphasis on access in emergent or urgent cases.
 - **Dialysis Services**
 - Lisa is in process of researching options for inpatient dialysis at KVH, including reaching out to nephrologists in Yakima, Northwest Kidney Center and DaVita.
 - **CWU – Athletes**
 - Lisa is working with our clinic nursing director to plan how we can help meet the upcoming healthcare needs of CWU athletic department and student athletes in light of new NCAA.
 - **Ergonomic Assessments/Work Test Program Development – Workplace Health**
 - She is working with our Director of Therapy Services and Workplace Health provider to develop a program for pre-placement and preventive testing for employees in industries and jobs with high risk for musculoskeletal injuries.
 - **Projects in Queue:**
 - Continuum Housing
 - Palliative Care
 - Pulmonary Rehab
 - **Projects - Ongoing:**
 - MOUD – Medication for Opioid Use Disorder Outreach
 - ENT Outreach
 - KCHN Strategic Planning Committee
- Medical staff: Kyle West reports that we have 3 initial appointments and 7 reappointments in June. We have 3 students currently rotating and 2 more starting on 6/29.
- **CMO activities:**
 - My work has largely been organized around preparations in the age of COVID-19. As we look to resuming the work we were doing 5 months ago, this remains a theme.
 - **Community & Regional Partnerships**
 - Greater Columbia Accountable Community of Health has transitioned to virtual meeting platforms. Leadership Council June meeting 6/18 focused on the importance of self-care in our work force during chaotic times.
 - The Washington Rural Health Collaborative Physician Leadership Committee met 6/15. 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. WRHC is still 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.

- I have completed my term as president of the Kittitas County Health Network and continue as secretary. I also continue with A Team and that cross-organizational care coordination work.
- I have been active with Regional Emergency and Disaster Healthcare Coalition (REDi) especially around preparations for response if we find ourselves faced with crisis standards of care. I am now touching base with my opposite number at with Virginia Mason Memorial 2-3 times weekly around the response to COVID-19 in Central and Eastern Washington.
- Project Windmill, the group looking at continuum housing work, is hoping to resume in the coming weeks.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer

May Operating Results

- KVH hospital and clinic operations in May began to have a “normal” feel. The surgery department started to do non-emergent surgery cases on May 4th. Surgery and GI case volumes ramped up gradually and were back to near normal levels by the end of the month. Inpatient surgeries that require an extended stay in the hospital are being scheduled cautiously so that KVH still has the ability to accept Covid-19 patients if there is a surge. KVH is still feeling the impact of the Covid-19 infections in our community. ER visits improved but were still 17% below budget. Surgery and GI case volumes improved but were below budget. Clinic visits also improved but were 24% below budget. In summary, KVH operated below budget in many statistical categories but are trending upward to near what was budgeted. Other operating revenue and KVH’s May Balance Sheet are bright spots in the May financial report.
- Gross revenue of 11,912,750 was below budget by \$1,300,190. Inpatient revenue had a negative variance of \$375,697; outpatient revenue had a negative variance of \$917,963 and clinic revenue was below budget by only \$6,530. The clinic revenue variance was low compared to the clinic visit variance of 24% because clinic revenue was enhanced by the higher professional fee procedural revenue generated by GI and surgical fee procedures in May.
- Deductions from revenue tracked with the revenue variance and was below budget by \$994,075 for the month. Bad debt deductions were below budget by \$42,118. Financial assistance exceeded budget by \$53,697. The number of requests for financial assistance continue to increase as the financial impact of the pandemic begins to impact community members. KVH continues to work with patients to help them obtain coverage from Medicaid or Health Exchange Insurance plans. In May KVH wrote-off of \$148,176 for untimely billing.
- May other operating revenue exceeded budget by \$646,485 due to the recognition of 1/8th of \$4,694,150 of Federal Government CARES and some other small Covid-19 grants received in May. Were it not for these CARES funds, KVH’s operating loss for May would have been approximately \$356k.
- Due to voluntary wage and expense reductions by KVH employees and many vendors, overall operating expenses were below budget by \$145,164. Salaries, which have been over budget in February, March and April, were below budget by \$5,174. Once the voluntary wage and expense reductions stop at the end of June wages will likely continue to exceed budget because of the ENT program expenses were not included in the 2020 budget. In May, expenses to operate the ENT Clinic totaled nearly \$82k and

expenses to operate the Covid-19 pop up clinic were nearly \$158k. Kittitas County Public Health has advised that they will be reimbursing KVH for some of the cost to operate the Covid-19 Clinic. KVH has not accrued for these expected receipts. KVH was below budget in most of our expenses categories in May. The voluntary wage and expense reductions were a significant factor in helping KVH to record a positive operating income for May.

- In May, KVH posted operating income of \$230,302 compared to budget operating loss of \$133,082, a positive variance of \$363,384. As discussed previously, the CARES funds and voluntary wage and expense reduction by KVH's employees and vendor partners were significant factors that contributed to positive results for May.
- Non-operating revenue/expense were below budget by \$55,306 mainly due to recording unrealized market investment gain/loss of \$5,807 compared to budget of \$60,500. YTD non-operating revenue/expense is below budget by \$60,604.
- Days in Accounts Receivable increased 9 days from 81 days to 90 days. Gross Accounts Receivable increased by \$1,493,760 from \$32,658,378 in April to \$ 34,152,138 in May. Monthly revenue fluctuations in March, April and May have contributed to significant swings in the days calculation. In April, the Revenue Cycle team decreased accounts receivable by \$4.3 million and days decreased by only 3 days. In May accounts receivable increased by nearly \$1.5 million and days in accounts receivable increased by 9. With the decreases in revenue in March and April, May receipts were slower. Total cash receipts excluding the CARES grant of \$4,694,150 were \$6,149,395. If CARES funds are included, total receipts were \$10,843,545, a new high for KVH.
- Days Cash on Hand increased 21.2 days to 155.8 days in May from 134.6 days in April.
- Average daily cash collections (excluding CARES funds) decreased to \$307,470 in May from \$378,319 per working day in April. If CARES funds are included, average collections per working day were \$542,177.

Financial and Operating Indicators
May 2020 - Key Statistics and Indicators

L	Measure	2020 YTD	2020 Budget	2020 Annualize	2019	2018	2017	2016	2015	2014
1	Total Charges	58,818,607	162,287,212	141,242,051	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699
2	Net Revenue	34,785,015	87,947,737	83,529,806	83,127,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460
3	Operating Income	(937,958)	1,720,871	(2,252,334)	2,501,969	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	-2.7%	2.0%	-2.7%	3.0%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Cash	34,082,096	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	155.8	127.6	NA	138.6	133.5	178.7	156.0	189.4	175.8
7										
8	Surgeries	485	1,547	1,165	1,305	1,461	1,396	1,510	1,578	1,675
9	Gastrointestinal Procedures	419	1,596	1,006	1,416	1,250	1,383	1,396		
10	Emergency Visits	4,987	13,807	11,975	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	Radiology Exams	11,415	31,692	27,411	30,397	30,843	33,836	33,471		
13	Laboratory Tests	86,119	213,227	206,799	209,144	207,040	190,587	181,082		
14	Clinic Visits	28,295	77,747	67,945	72,711	59,241	50,917	48,525		
15	IP & Obs Days (no swing)	1,460	4,074	3,505	3,805	3,999	3,440	3,937	3,740	4,976
16	Deliveries	116	340	279	309	342	322	312	368	334
17	Admits	339	969	814	941	984	899	1,043	1,299	1,433
18										
19	FTEs	493.0	506.6	NA	477.4	469.4	457.6	449.1	437.9	437.7
20	AR Days	90.2	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:

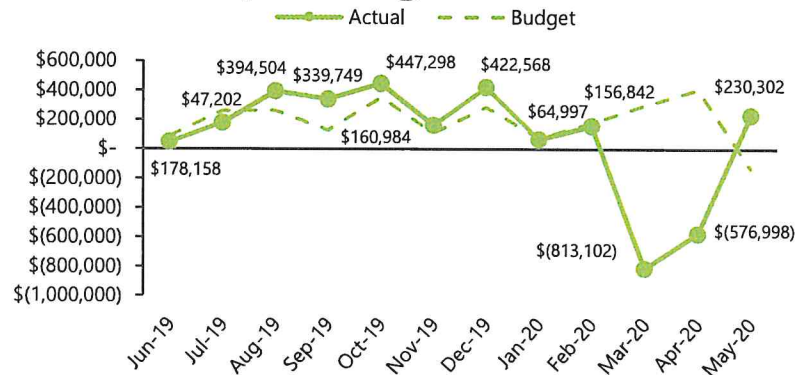
Normalized Charges to 2020	162,287,212	141,242,051	155,728,564	147,664,856	143,854,660	142,211,813	143,725,881	151,853,197
Operations Growth	4.21%	-9.30%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%

Kittitas Valley Healthcare
May 2020 - Key Statistics and Indicators

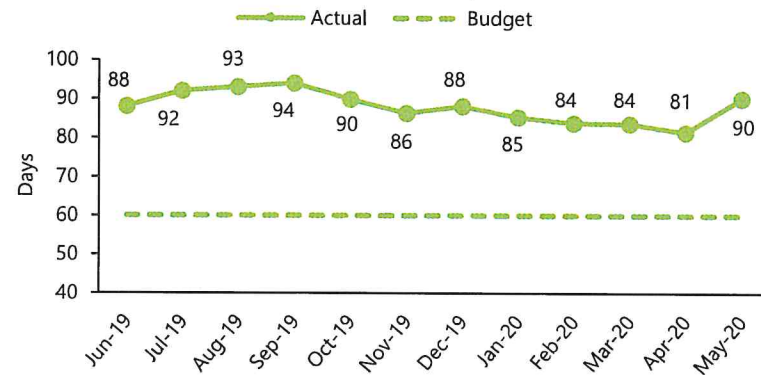
Activity Measures		Current Month			Year to Date			Prior YTD	
		Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01	Admissions w/Swingbed	66	81	-18.1%	339	409	-17.0%	384	-11.7%
02	Patient Days - W/O Newborn	213	225	-5.5%	1,002	1,141	-12.2%	1,121	-10.6%
03	Patient Days - Swingbed	41	14	192.9%	107	70	52.9%	NA	NA
04	Avg Daily IP Census w/Swingbed	8.2	7.7	6.2%	7.3	8.0	-8.4%	7.4	-1.7%
05	Average Length of Stay	3.2	2.8	15.4%	3.0	2.8	5.9%	2.9	1.3%
06	Average Length of Stay w/Swingbed	3.8	3.0	29.6%	3.3	3.0	10.4%	2.9	12.1%
07	Deliveries	19	29	-34.1%	116	140	-17.4%	133	-12.8%
08	Case Mix Inpatient	0.98	1.00	-1.6%	1.01	1.00	0.9%	1.17	-13.8%
09	Surgery Minutes - Inpatient	1,330	2,764	-51.9%	8,535	14,088	-39.4%	14,986	-43.0%
10	Surgery Minutes - Outpatient	7,599	7,265	4.6%	28,257	36,558	-22.7%	28,106	0.5%
11	Surgery Procedures - Inpatient	12	21	-42.4%	78	106	-26.5%	114	-31.6%
12	Surgery Procedures - Outpatient	97	106	-8.9%	407	536	-24.0%	409	-0.5%
11	Gastrointestinal Procedures	84	131	-35.8%	419	662	-36.7%	598	-29.9%
12	ER Visits	937	1,128	-16.9%	4,987	5,734	-13.0%	5,819	-14.3%
13	Urgent Care Cle Elum Visits	246	448	-45.1%	1,685	2,273	-25.9%	2,008	-16.1%
14	Laboratory	17,643	17,437	1.2%	86,119	88,554	-2.8%	88,582	-2.8%
15	Radiology Exams	2,184	2,594	-15.8%	11,415	13,159	-13.3%	12,654	-9.8%
16	Rehab Visit	860	1,581	-45.6%	5,562	8,029	-30.7%	7,802	-28.7%
17	Outpatient Percent of Total Revenue	88.1%	86.4%	1.9%	88.4%	86.4%	2.3%	85.4%	3.5%
18	Clinic Visits	4,724	6,215	-24.0%	28,295	32,296	-12.4%	30,180	-6.2%
19	Adjusted Patient Days	1,780	1,652	7.8%	8,630	8,413	2.6%	7,693	12.2%
20	Equivalent Observation Days	83	109	-23.9%	457	551	-16.9%	556	-17.7%
21	Avg Daily Obs Census	2.7	3.5	-23.9%	3.0	3.6	-16.9%	3.7	-17.7%
22	Home Care Visits	602	558	7.9%	2,551	2,836	-10.0%	2,806	-9.1%
23	Hospice Days	591	920	-35.8%	3,486	4,481.6	-22.2%	4,469	-22.0%
Financial Measures									
24	Salaries as % of Operating Revenue	50.1%	51.7%	3.1%	52.9%	49.3%	-7.4%	50.2%	5.5%
25	Total Labor as % of Operating Revenue	62.8%	64.0%	1.9%	66.1%	61.1%	-8.2%	62.5%	5.8%
26	Revenue Deduction %	46.5%	48.5%	4.2%	47.6%	48.4%	1.7%	48.3%	-1.6%
27	Operating Margin	3.1%	-1.9%	-267.9%	-2.7%	2.2%	-219.9%	1.5%	-279.0%
Operating Measures									
28	Productive FTE's	427.4	452.1	5.5%	436.5	452.1	3.5%	419.0	4.2%
29	Non-Productive FTE's	67.6	54.4	-24.2%	56.5	54.4	-3.8%	58.4	-3.3%
27	Paid FTE's	495.0	506.6	2.3%	493.0	506.6	2.7%	477.4	3.3%
28	Operating Expense per Adj Pat Day	\$ 4,010	\$ 4,409	9.0%	\$ 4,139	\$ 4,247	2.5%	\$ 4,348	-4.8%
29	Operating Revenue per Adj Pat Day	\$ 4,139	\$ 4,328	-4.4%	\$ 4,031	\$ 4,344	-7.2%	\$ 4,415	-8.7%
30	A/R Days	90.2	60.0	-50.3%	90.2	60.0	-50.3%	94.0	-4.0%
31	Days Cash on Hand	155.8	127.6	22.1%	155.8	127.6	22.1%	130.0	19.8%

Financial Sustainability

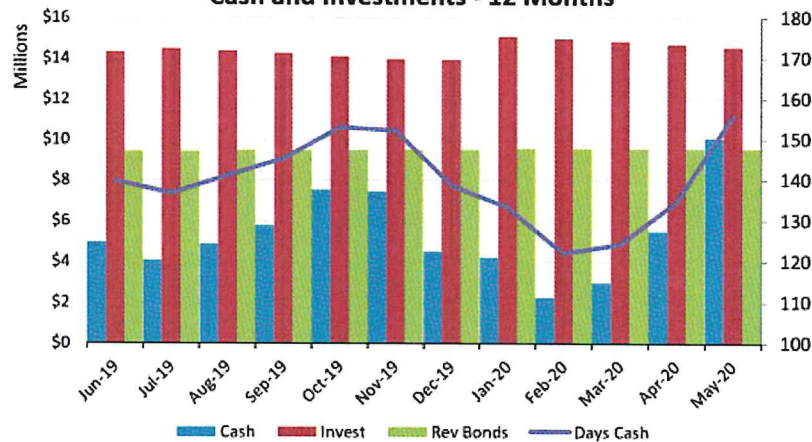
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2018	CY 2019	YTD 2020
Medicare	41.85%	41.97%	40.44%
Medicaid	18.45%	18.72%	19.47%
Commercial	32.03%	32.81%	34.00%
Self Pay	3.52%	2.21%	2.77%
Other	4.15%	4.30%	3.33%

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	1,422,601	1,798,298	(375,697)	6,831,174	9,146,420	(2,315,246)	9,106,767
OUTPATIENT REVENUE	8,656,385	9,574,348	(917,963)	42,874,760	48,655,392	(5,780,632)	44,411,875
CLINIC REVENUE	1,833,764	1,840,294	(6,530)	9,112,673	9,631,971	(519,298)	8,996,477
REVENUE	11,912,750	13,212,939	(1,300,190)	58,818,607	67,433,783	(8,615,176)	62,515,119
CONTRACTUALS	5,026,849	6,020,924	(994,075)	25,220,510	30,603,473	(5,382,963)	28,534,437
PROVISION FOR BAD DEBTS	228,400	270,518	(42,118)	1,236,726	1,407,310	(170,584)	1,236,372
FINANCIAL ASSISTANCE	93,655	39,958	53,697	355,453	208,878	146,575	72,033
OTHER DEDUCTIONS	190,360	79,788	110,572	1,159,053	411,163	747,891	357,704
DEDUCTIONS FROM REVENUE	5,539,263	6,411,188	(871,925)	27,971,742	32,630,823	(4,659,082)	30,200,547
NET PATIENT SERVICE REVENUE	6,373,486	6,801,751	(428,265)	30,846,866	34,802,960	(3,956,094)	32,314,573
OTHER OPERATING REVENUE	995,121	348,635	646,485	3,938,150	1,746,918	2,191,232	1,649,579
TOTAL OPERATING REVENUE	7,368,607	7,150,386	218,220	34,785,015	36,549,878	(1,764,862)	33,964,151
SALARIES	3,691,540	3,696,715	(5,174)	18,406,995	18,006,578	400,417	17,035,540
TEMPORARY LABOR	45,080	43,179	1,900	231,969	210,324	21,645	167,298
BENEFITS	933,901	877,616	56,285	4,593,413	4,323,289	270,124	4,184,761
PROFESSIONAL FEES	116,966	115,074	1,892	726,658	560,520	166,138	302,463
SUPPLIES	711,135	772,782	(61,647)	3,725,948	3,872,172	(146,224)	3,528,000
UTILITIES	38,384	92,644	(54,260)	400,269	433,547	(33,279)	405,593
PURCHASED SERVICES	947,747	927,357	20,391	4,277,605	4,532,327	(254,722)	4,374,819
DEPRECIATION	338,513	337,721	791	1,640,878	1,685,318	(44,440)	1,572,992
RENTS AND LEASES	114,169	132,395	(18,226)	564,841	660,751	(95,910)	613,150
INSURANCE	51,268	56,873	(5,606)	228,844	284,264	(55,420)	257,979
LICENSES & TAXES	56,578	79,570	(22,992)	340,183	402,128	(61,945)	366,186
INTEREST	54,349	57,150	(2,801)	271,744	285,750	(14,006)	287,447
TRAVEL & EDUCATION	5,912	39,776	(33,864)	130,532	204,680	(74,148)	149,444
OTHER DIRECT	32,763	54,616	(21,853)	183,096	266,034	(82,938)	206,973
EXPENSES	7,138,304	7,283,468	(145,164)	35,722,974	35,727,682	(4,708)	33,452,646
OPERATING INCOME (LOSS)	230,302	(133,082)	363,384	(937,958)	822,196	(1,760,154)	511,506
OPERATING MARGIN	3.13%	-1.86%	166.52%	-2.70%	2.25%	99.73%	1.51%
NON-OPERATING REV/EXP	11,706	67,012	(55,306)	275,578	336,182	(60,604)	385,415
NET INCOME (LOSS)	242,008	(66,070)	308,078	(662,381)	1,158,378	(1,820,758)	896,921
UNIT OPERATING INCOME							
HOSPITAL	695,531	105,588	589,944	711,292	1,466,570	(755,279)	677,028
URGENT CARE	(20,794)	(30,641)	9,846	(49,623)	(137,820)	88,197	(192,426)
CLINICS	(444,458)	(243,748)	(200,710)	(1,669,923)	(728,203)	(941,721)	(221,412)
HOME CARE COMBINED	(1,197)	35,718	(36,915)	70,297	221,647	(151,351)	248,454
OPERATING INCOME	229,082	(133,083)	362,165	(937,958)	822,195	(1,760,154)	511,644

Kittitas Valley Healthcare
Balance Sheet

May 2020

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	10,071,363	4,488,811	5,582,551
ACCOUNTS RECEIVABLE	34,152,138	40,613,365	(6,461,227)
ALLOWANCE FOR CONTRACTUAL	(20,106,690)	(22,382,150)	2,275,459
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	185,202	588,166	(402,964)
INVENTORY	2,010,276	1,894,491	115,785
PREPAIDS	849,644	776,900	72,745
INVESTMENT FOR DEBT SVC	737,928	950,100	(212,172)
CURRENT ASSETS	27,900,161	26,929,983	970,178
INVESTMENTS	24,117,534	23,779,605	337,929
PLANT PROPERTY AND EQUIPMENT	86,496,858	83,068,141	3,428,716
ACCUMULATED DEPRECIATION	44,304,762	42,573,102	1,731,660
NET PROPERTY, PLANT, & EQUIP	42,192,095	40,495,039	1,697,056
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	42,192,095	40,495,039	1,697,056
ASSETS	94,209,790	91,204,627	3,005,163
ACCOUNTS PAYABLE	768,320	1,395,147	(626,827)
ACCRUED PAYROLL	922,390	1,263,533	(341,143)
ACCRUED BENEFITS	721,918	268,613	453,304
ACCRUED VACATION PAYABLE	2,123,359	1,764,089	359,270
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	7,934,617	8,463,851	(529,234)
ACCRUED INTEREST	277,187	311,475	(34,289)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	5,414	0	5,414
DEFERRED REVENUE HOME HEALTH	69,206	136,954	(67,748)
DEFERRED OTHER	4,293,400	0	4,293,400
DEFERRED LIABILITIES	4,645,207	448,430	4,196,777
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 CONTR	(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	23,973,642	19,776,865	4,196,777
LIABILITIES	31,908,259	28,240,716	3,667,543
FUND BALANCE	62,963,912	62,963,912	0
NET REVENUE OVER EXPENSES	(662,381)	0	(662,381)
FUND BALANCE	62,301,531	62,963,912	(662,381)
TOTAL LIABILITIES & FUND BALANCE	94,209,790	91,204,627	3,005,163

Statement of Cash Flow

	CASH
NET BOOK INCOME	(662,381)
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	1,731,660
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	1,069,279
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	4,185,767
OTHER RECEIVABLES	402,964
INVENTORIES	(115,785)
PREPAID EXPENSES & DEPOSITS	(72,745)
INVESTMENT FOR DEBT SVC	212,172
TOTAL CURRENT ASSETS	4,612,374
INVESTMENTS	(337,929)
PROPERTY, PLANT, & EQUIP.	(3,428,716)
OTHER ASSETS	0
TOTAL ASSETS	1,915,008
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(626,827)
ACCRUED SALARIES	(341,143)
ACCRUED EMPLOYEE BENEFITS	453,304
ACCRUED VACATIONS	359,270
COST REIMBURSEMENT PAYABLE	231,091
CURRENT MATURITIES OF LONG-TERM DEBT	(604,929)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(529,234)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(34,289)
DEFERRED OTHER	4,293,400
DEFERRED TAX COLLECTIONS	5,414
DEFERRED REVENUE - HOME HEALTH	(67,748)
TOTAL OTHER LIABILITIES	4,196,777
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	3,667,543
NET CHANGE IN CASH	5,582,551
BEGINNING CASH ON HAND	4,488,811
ENDING CASH ON HAND	10,071,363

Grant	Grantee/ Applicant	Funding Category	Funding Source	Amount	Status	Funds Leveraged/Complimented	Partnerships	Purpose
Construction Grant	D2 via KVHF	Facilities	Sunderland		Researching	BNSF, Shoemaker, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	BNSF		Researching	Sunderland, Shoemaker, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	Shoemaker		Researching	Sunderland, BNSF, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	Suncadia		Researching	Sunderland, BNSF, Shoemaker	Foundation	Funding to supplement cost of new ambulance garage
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
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

Child Care Partnerships Grant	KCHN	Child Care	WS Department of Commerce	\$100,000.00	Researching		KCHN	Provides funding to explore options and strategically plan how to increase childcare capacity in our community
340B Audit Grant	KVH	Pharmacy/340B	Capture Cares	\$10,000	Researching			Grant to audit the 340B program at KVH
Drive Thru Vaccinations Clinic	KVH	Pharmacy/Clinics	Capture Cares	\$25,000	Researching			Funds to implement a vaccination drive-thru clinic for flu and child immunizations.

* Grants under research may not have a grant amount associated yet

** Bold and larger fonts are new opportunities

***Denied Applications

KITTITAS VALLEY HEALTHCARE Capital Expenditure Board Narrative

Requesting Department: Laboratory

Capital Item Requested: Cepheid 4-Molecular Instrument

Function of Project: This molecular instrument performs testing for SARS-CoV-2, Group B Strep, C. diff, Flu, Flu/RSV, GC/Chlamydia, and MRSA. The instrument allows for individual testing instead of the BioFire Panel. Being able to perform these tests in-house improves patient care, reduces costs, and reduces the send-out test menu.

Reason Requested: This instrument is included in the laboratory expansion project. This individual instrument is being brought forward now to get into the manufacturer's and Cerner cue. This will allow us to be able to perform single COVID-19 and other respiratory tests, before the next respiratory season.

Budget: included in laboratory expansion project **Actual Cost:** \$79,160

Submitted By: Stacy Olea, Director – Laboratory and Diagnostic Services **Date:** 06/25/2020



OPERATIONS REPORT

June 2020

PATIENT CARE OPERATIONS

- **Patient Care Services:**

The inpatient departments have seen an uptick in admissions, deliveries and surgeries. Every department is faced with the COVID-19 isolation requirements and use of PPE. This impacts the efficiency of the staff and timeliness of some aspects of patient care. At times it requires additional staff to deliver the necessary care.

The FBP staff have been updating and transforming the Childbirth education options to meet the current needs of the patients and community.

- **Surgical Services:**

We are working through a list of surgical patients that were postponed at the start of our COVID crisis. We continue to schedule surgeries out for only 2 weeks so that if we need to make adjustments it will not impact too many patients. Emergent surgeries have also increased with the addition of a third General Surgeon.

- **Emergency Department Services:**

Both the ED and UCC are fully staffed and they have been going above and beyond these last several weeks to look at current operations and policy. We have taken this opportunity to improve on what we do every day and prepare for what the future may bring.

The Emergency Department continues to work closely with our partners from Comprehensive Healthcare. We meet monthly to discuss cases, policy and best practice. Currently, we are communicating about the forecasted behavioral health impacts from COVID-19. Along with a potential increase in patient contacts around behavioral health we recognize that substance use disorder is another component. We look forward to working closely with the Addiction Health Team of Dr. Asriel and KVH's new Nurse Coordinator.

Unfortunately, a two-day Sepsis Conference held in Seattle each year was cancelled. They will be holding a one-day virtual event in June for sepsis education with international experts at the table (camera!) KVH has been involved for a couple of years to ensure the rural voice is also heard. Cody Staub, Special Programs Coordinator, once again is on the planning committee and presenting.

Urgent Care has been doing wonderful to keep the doors open during the construction that is happening on the roadways and sidewalks

- **Food and Nutrition Services:**

- Staffing: Recent onboarding of a dietary technician for weekend shifts. Current open positions include 0.4 FTE diet aide and a per diem diet aide. Have not actively pursued the open positions due to labor reduction efforts.
- Continue to have the Café closed to the public.
- Supply Chain: With Covid 19 there tends to be difficulties with obtaining certain foods. Pricing of food has also increased due to difficulties with the supply chain of food.
- Labor Reduction: We continue our efforts.

- **QAPI:**

Goal is to grow Café sales and revenue. Café closure, Covid 19 and staff move to MAC have all been issue with declines in sales.

- **Diabetes Education:**

Outpatient appointment continue to occur mostly via telehealth. Nicole Norton will resume going to Cle Elum in July twice a month.

Diabetes Prevention Program. We will be completing our instructor training in two weeks and hope to be prepared for the program once group events can take place again.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services:**

Lab is now able to offer onsite testing for Covid-19 as part of the respiratory panel of tests available on our Biofire. Initially, we worked with the medical staff leadership and our Public Health Officer to prioritize onsite testing as we are only allocated 60 test kits per month from the manufacturer. On June 16 we were told our allotment would increase to 300 per week. We are bringing forward a request to purchase a Cepheid Molecular Instrument which will offer a stand-alone Covid-19 test as well as the capability to perform GC/Chlamydia, Group B Strep and C. Diff testing. We would like to bring these tests in house instead of sending them out to our reference laboratory. This piece of equipment was originally going to be bundled with the lab remodel project, but we are bringing it forward early in hopes we can get the testing reagents and expand our ability to do a less expensive stand-alone Covid-19 testing (rather than a panel of tests like the Biofire offers).

Lab is also in the process of validation testing of our new Roche Cobas machine that we are leasing. This equipment will perform procalcitonin, Vitamin D, Cortisol, Troponin and parathyroid hormone. These tests have been requested by our Hospitalists, ED physicians and ENT provider.

The volume of patients flowing through the MAC lab has returned to normal. This is causing long waits for patients in the lobby due to social distancing restrictions in the lab waiting room. We have added a second receptionist to register patients and are using the exam rooms in the Rapid Access Clinic space to enhance throughput.

Dr. Jensen has been performing fine needle aspirations for thyroid biopsies, paracentesis for emergency department patients and inpatients, as well as breast biopsies.

- **Rehab Services:**

Our second Physical Therapy room at FMC is equipped and ready to see patients. We are in the process of reference checking a Physical Therapy candidate to work at FMC. Occupational Therapy and Speech Therapy are slowly adding referrals and Physical Therapy in Ellensburg is at 85% of pre-Covid numbers.

- **Home Health & Hospice:**

We are very happy to see our volumes are ticking up in Home Health and Hospice. We currently have 74 Home Health patients and 27 Hospice patients on service.

- **Cardiopulmonary:**

We have resumed Pulmonary Function Tests on June 1 and are working through our backlog of referrals.

- **Pharmacy:**

The Pharmacy team coordinated with the Washington State Department of Health to obtain Remdesivir, the medication that received emergency use authorization from the FDA for treatment of Covid-19. They also developed education tools and a packet of information for patient, providers and staff in regards to this medication. Gilead, the manufacturer of Remdesivir, has donated doses to hospitals across the United States to use in the treatment of Covid-19.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Direct Patient Scheduling:**

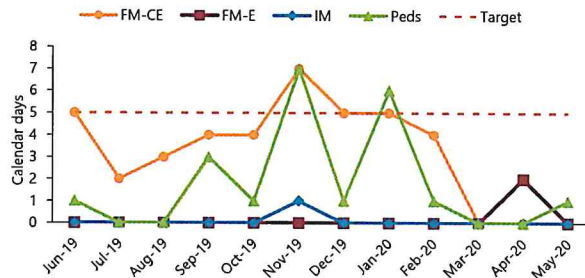
Last month on the day of the board meeting we went live with patient portal scheduling. We have had several appointments made already with no advertisement of this process yet as we are still working out the kinks.

- **COVID Clinic:**
When we first opened the COVID clinic on March 6th, we had this clinic staffed with a Patient Service Representative (PSR), Medical Assistant, phone support staff and a Provider. We have adjusted staffing over the last few months and we are now staffing the clinic with a Patient Service Representative (PSR) and Lab Staff. We are and have had to flex this staffing to adjust to volume.
- **Chart Abstraction:**
Staff has abstracted over 360 patient charts in the last month. This has been 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 creating a more efficient check in process for the patient as well.
- **Chronic Care Management-**
This work is continuing as it can be primarily completed over the phone. Chronic care management has been a focus for Patient Centered Medical Home (PCMH) work and with our Caravan ACO metric. We currently have 41 patients enrolled in our CCM program. The KVH clinic nurse then works on the patient's case for a minimum of 20 minutes per month.
- **Pediatric Conversion to Cerner:**
Pediatrics successfully converted to Cerner on June 8th. There were only a few minor issues and Cerner was very responsive. Jeff Yamada and his team did a great job supporting the providers and the team for the week. I would also like to thank Rachael Scott and Dr. Young for their leadership during this conversion.
- **ENT Conversion in Cerner:**
This clinic was currently under the FME clinic and shifted to their own clinic on June 8th. This was less of a transition for this team than a full conversion. Nonetheless, there were enough changes to make an impact.

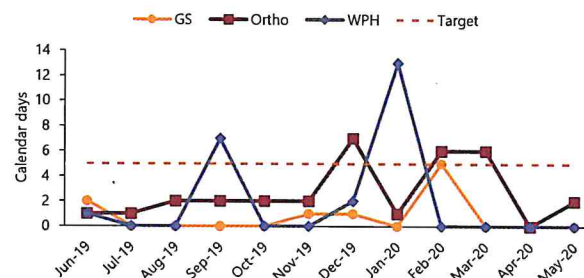
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

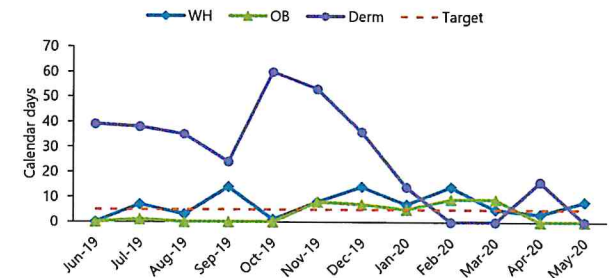
Third available appointment
for established patients



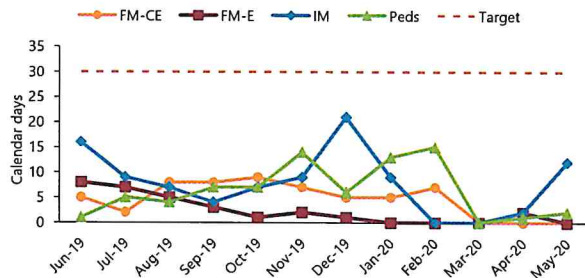
Third available appointment
for established patients



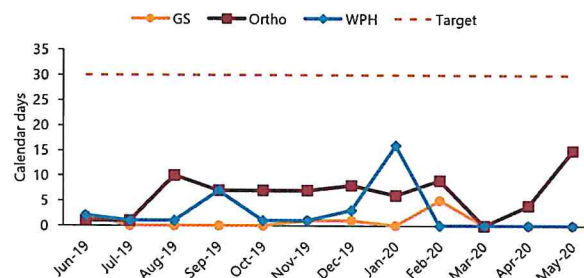
Third available appointment
for established patients



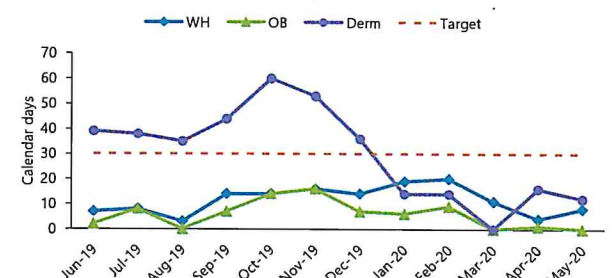
Third available appointment
for new patients



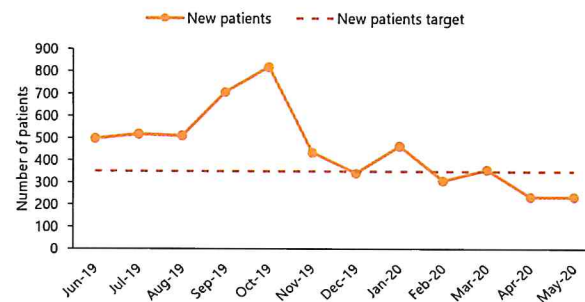
Third available appointment
for new patients



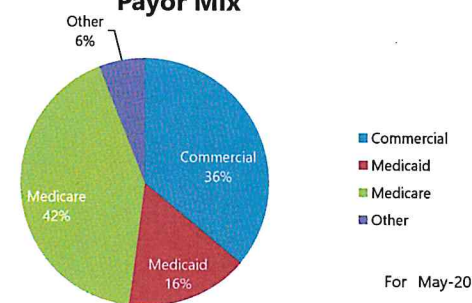
Third available appointment
for new patients



New patients



Payor Mix



COMMUNITY RELATIONS – Michele Wurl

May 29 – June 25, 2020

External Outreach activities:

- Zoe Carlson KVH FM-C retirement notification to patients and internal party – June 30
- Doug Dixon KVH Internal Medicine relocation notification (9/17/2020) to patients
- Facebook contest for social distancing healthy activities (through 6/19/2020)
- ENT & Allergy referral letter to Dr. C-Z's previous colleagues in Yakima Valley

Internal Outreach activities:

- Retirement celebration planning with HR for Amparo Granger (6/30), Judy Lyons (7/10) and Karen Schock (8/3)

COVID-19 activities:

- Incident Command activities and requirement reporting
- Battelle N95 instruction posters
- Signage
- Masking communications
- Food and donation coordination
- Continued work on COVID Chronicles
- Continued work on safe care videos at KVH Hospital and the Clinic

Collaborations & Partnerships:

- Public notification of Dr. Hiersche retirement and medical records storage
- Kittitas County Public Health and EOC
- WSHA Safe Hospital awareness campaign – 5/14 through 6/13
- Working with the Dietary department to create Zoom classes for Diabetes

Postponed Collaborations and Partnerships:

- Level 1 Swim safety classes through the City of Ellensburg – 538 people to date – on hold due to COVID
- Foundation Gala – rescheduled for October 10
- Bares and Broncs – TBD
- Experience Healthcare with Ellensburg High School students – TBD

Collaborations and Partnerships - Newly cancelled:

- Rodeo Parade – Labor Day weekend

Social Media Metrics:

Last month Julie mentioned some interesting reports we could review on our social media accounts. Starting this month I will include these in my board reports. There are two primary sources for this data; Archive Social and Hootsuite. Archive Social is social media archiving solution to maintain public records of social media and provides valuable insight across all our social media platforms. Hootsuite is a social media management platform that integrates Twitter, Facebook, Instagram, LinkedIn and YouTube. We began using Hootsuite this spring and are still learning its full powers in reporting and communications.

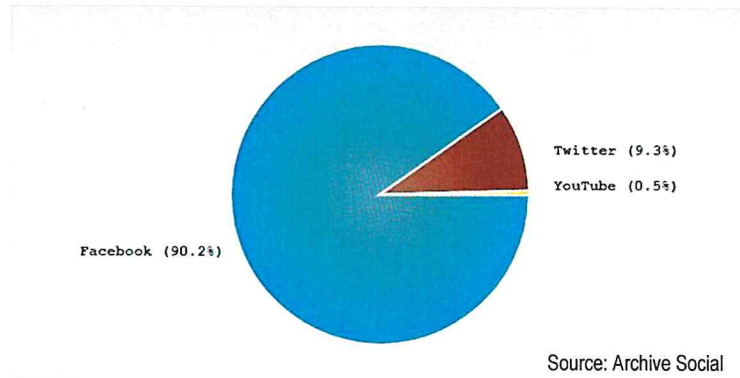
The first page of the report looks at combined data from our social media accounts. You can see the majority of our outreach right now is on Facebook. The second page of the report digs a bit deeper in to our two main social media

channels; Facebook and Twitter. If you have any questions regarding this data or would like to see something different, I would be happy to address those any time.

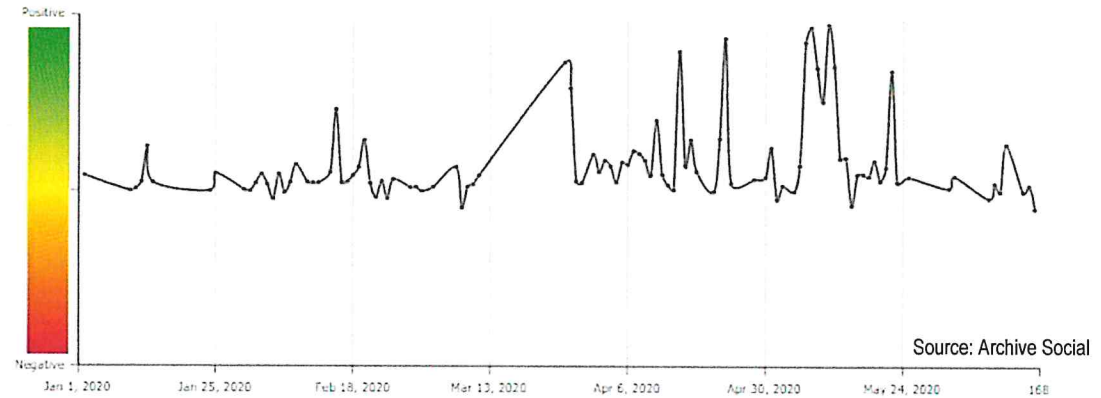
KVH Social Media Channels: 1/1/2020 – 06/16/2020

Overall Social Media Activity

The pie chart below compares the volume of activity across social networks.



Overall Social Media Sentiment Report



Social Media Channel Activity

Summary

The table below displays a summary of new communications sent and received. Records are considered outgoing if they represent communications sent by the account, and are considered incoming if they represent communications received by the account. Click on the total activity to view a breakdown by content type.

Account	Total Activity	Outgoing Activity	Incoming Activity	Incoming Percentage
Kittitas Valley Healthcare	1606	611	995	62.0%
@KVHealthcare	177	167	10	5.6%
Upper Kittitas County Medic One	90	85	5	5.6%
Kittitas Valley Healthcare	8	8	0	0.0%
Kittitas Valley Healthcare	0	0	0	

Source: Archive Social

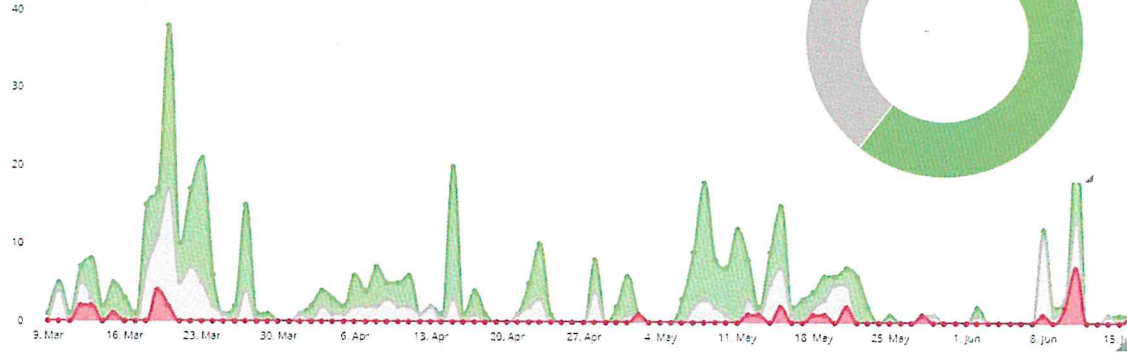
Social Media Channel Overview (03.09.2020 thru 06.16.2020)



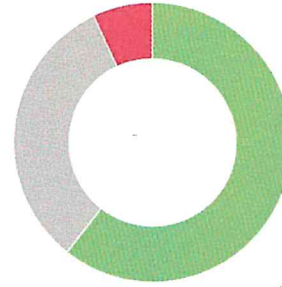
Facebook Activity (03.09.2020 thru 06.16.2020)

Inbound Messages > Sentiment

Positive Neutral Negative



Inbound Messages > Sentiment
Positive Neutral Negative



Source: Hootsuite

Engagement > Type

Reactions **7.6K**

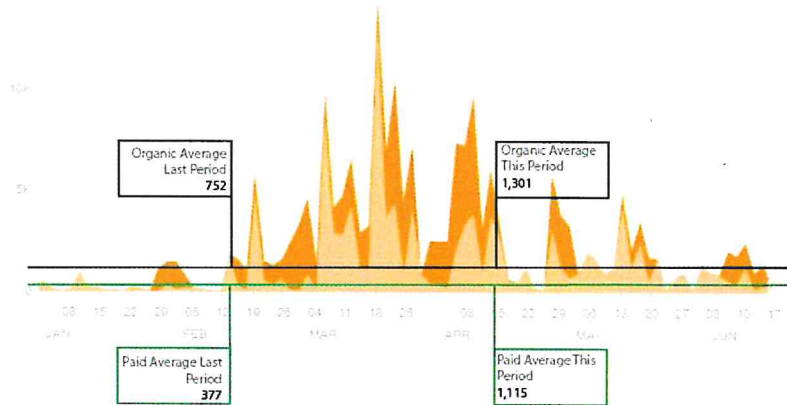
Shares **659**

Comments **586**

Source: Hootsuite

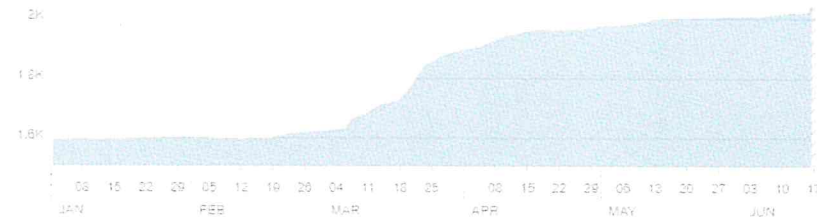
Post reach
01.01.2020 thru 06.16.2020

Organic Paid



Total Page Followers as of Today: 2,091

Total Page Followers

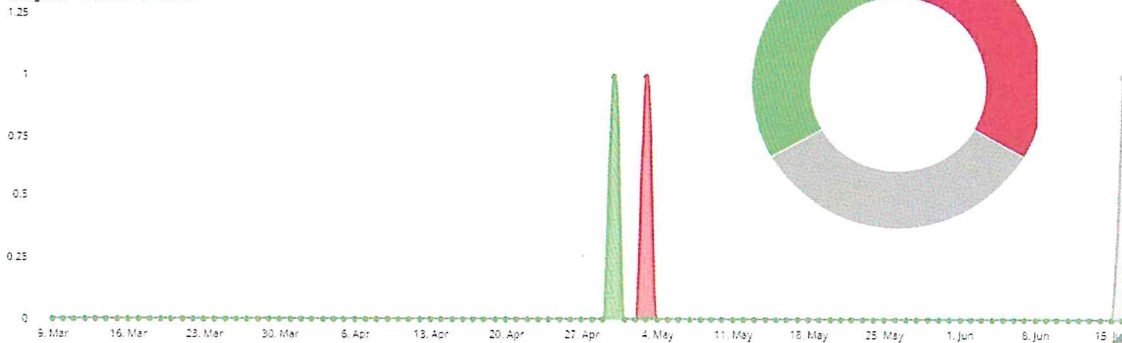


Source: Facebook

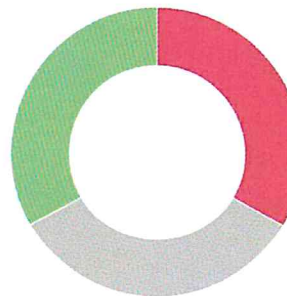
Twitter Activity (03.09.2020 thru 06.16.2020)

Inbound Messages > Sentiment

Negative Neutral Positive



Inbound Messages > Sentiment
Negative Neutral Positive



Engagement > Type

Likes **17**

Retweets **3**

Replies **0**

LinkedIn Activity

Engagement > Type

Reactions **57**

Shares **14**

Comments **0**