

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
 Virtual Meeting hosted by Zoom - 5:00 p.m.

Call in by phone: 1-877-853-5257 Meeting ID: 916-3811-9169

July 23, 2020

1. Call Regular Meeting to Order

2. Approval of Agenda **

(Items to be pulled from the Consent Agenda) (1-2)

3. Consent Agenda **

- a. Minutes of Board Meeting: June 25, 2020 (3-5)
- b. Approval of Checks (6)
- c. Report: Foundation (7)
- d. Minutes: Finance Committee (8-9)

4. Presentations

5. Public Comment and Announcements

6. Reports and Dashboards

- a. Quality - Mande Olsen, Director of Quality Improvement (10-17)
- b. Chief Executive Officer – Julie Petersen (18-22)
- c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (23-27)
 - ii. Chief Medical Officer, Kevin Martin MD (28-29)
- d. Finance – Chief Financial Officer – Scott Olander
 - i. Operations Report (30-39)
- e. Operations (40-44)
 - 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 (45-47)

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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

August 27, 2020, Regular Meeting

September 24, 2020, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B & Zoom

June 25, 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, Linda Navarre, Michele Wurl, Jason Adler

MEDICAL STAFF PRESENT: None

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

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Presentations:**

None.

5. **Public Comment/Announcements:**

None.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that we have had two employees test positive for Covid-19. Olsen stated that both employees live out of the county and both are back to work at this time.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that Manda Scott and Morgan Anderson have been tasked with working with those employees who may have hardships associated with childcare this fall if their children do not attend school in person. Petersen stated that this may have a

dramatic impact on our workforce. Petersen also stated that the governor's orders for masking go in effect next week and we will not be allowing people into our facilities without masks. Petersen also stated that she did not have an update on the discussion for executive session so she requested that it be cancelled for today. The Board will resume Coffee with a Commissioner and possibly looking for an outdoor space to meet.

Linda Navarre requested approval of the 2020 Compliance Work Plan. Navarre stated there was an annual review of specific actions taken throughout the year and we have a 24-hour Compliance Hotline as well as a compliance email.

ACTION: On motion of Erica Libenow and second of Matt Altman, the Board members unanimously approved the 2020 Compliance Work Plan as presented.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that we have made offers to both a neurologist and vascular provider. Dr. Martin stated we continue to look into additional service lines such as dialysis and others to bring more services in house.

Scott Olander reported on KVH's financial performance, stating that we had a much better May than April. Olander stated that the expansion of specialty services has helped with our financial sustainability as well as receiving CARES funds and the voluntary wage and expense reductions from employees. Olander stated that it appears Kaiser patients are being diverted away from KVH to keep the patients within the Kaiser system rather than have them be served locally. The administration and the Board are assessing the relationship with Kaiser.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved the capital expenditure for the Cepheid 4-Molecular Instrument.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Machorro stated that the two-week surgery scheduling is going well. Holden stated that the physical therapist has accepted the position at FMC and they continue to work on crowding at the lab in the MAC due to Covid-19 distancing requirements. Barr announced that Zoe Carlson, ARNP will be retiring the end of the month.

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

7. Education and Board Reports:

None.

8. Old Business:

None.

9. New Business:

Jon Ward asked about which Medicare Advantage plans are available in Kittitas County.

10. Executive Session:

None.

11. Adjournment:

With no further action and business, the meeting was adjourned at 7:31 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motions passed to approve the 2020 Compliance Work Plan.
4. Motion passed to approve the capital expenditure for the Cepheid 4-Molecular Instrument.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: July 23, 2020

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>264675-265552</u>	NET AMOUNT:	<u>\$4,281,029.02</u>
		SUB-TOTAL:		<u>\$4,281,029.02</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81649-81656</u>	NET AMOUNT:	<u>\$5,640.79</u>
#2	PAYROLL CHECK NUMBERS	<u>81657-81662</u>	NET AMOUNT:	<u>\$4,799.09</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,163,706.88</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,189,947.40</u>
		SUB-TOTAL:		<u>\$2,364,094.16</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2018 \$2.9M LTGO REFUNDING BONDS - INTEREST	NET AMOUNT:	<u>\$32,656.21</u>
		SUB-TOTAL:	<u>\$32,656.21</u>

TOTAL CHECKS & EFTs: \$6,677,779.39

Prepared by


 Sharoll Cummins
 Staff Accountant



FOUNDATION ACTIVITIES

GALA/FAN 2020

While our online gala auction and raffle drawing campaigns have finished, The Foundation will continue with fundraising efforts for the Fund-a-Need campaign. The total for our gala currently is \$28,082.00 with \$15,000 going towards the FAN.

Tough Enough To Wear Pink

Due to the cancellation of rodeo the annual TETWP merchandise sale will go online in mid-August.

Annual Appeal

The 2020 annual appeal campaign is still underway. Donations thus far total \$30,510.00.

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**

July 21, 2020

Tuesday

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: June 23, 2020**
- **June Financial Highlights**
- **Insurance Payer Contracting Update**
- **Adjourn**

Next Meeting Scheduled: August 25, 2020 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
June 23, 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 Jon Ward at 7:30 a.m., with Bob Davis joining the meeting at 7:48 a.m.

A motion was made to approve the agenda and the May 26, 2020 minutes. The motion carried.

Olander presented the highlights of May 2020 financial results. Revenue was less than budget. We are trending positive. Other operating revenue includes one eighth of \$4.6 million of CARES funds. Expenses were mostly under budget. The Balance Sheet continues to get stronger. The details are in the Chief Financial Officer Report.

The committee motioned and approved to recommend the Cepheid 4-Molecular Instrument capital request be presented to the Board of Commissioners for approval at the June 2020 meeting.

The committee received education and discussed payer contracts.

With no further business, the meeting was adjourned at 8:24 a.m.

QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

July 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. Because this greater amount of work does not appear to be diminishing, we will be looking to bolster our Infection Control/Employee Health staffing from 0.5 FTE to 1.5 FTE.

Quality Improvement Dashboard Data Summary – through May 2020

Summary of Areas Meeting Goal or Showing Improvement

- Timing to administer antibiotics for patients with sepsis decreased from prior month.
- Compliance with all required documentation for restraints was excellent in May. Of 12 total patients in restraints, 11 met all required documentation.
- No needlesticks or hospital acquired infections.
- Days to referral completion is on target for all clinics with the exception of KVH Orthopedics.
- Number of Medicare wellness visits is beginning to increase as patients are again seeking preventive care.
- Improvements in home health measures for management of oral medications and for pain interfering with activity.
- No adverse medication events that caused patient harm or required further patient observation.
- Increase in employee reports of near misses, which is helpful in being able to identify problems before they occur.

Summary of Improvement Opportunities

- One patient did not have the sepsis bundle fully met because the vasopressor medication follow up was not documented within the six hour window. The second patient that did not meet all measures of the sepsis bundle was technically a failure but based on the patient's other conditions, the care that was provided was appropriate.
- One missing care plan for a patient who had restraints.
- Three patient falls during the month of May, one in Med/Surg of a confused patient, one in ED related to use of a bedside commode, and one of a post-operative patient who was trying to transfer into his car at discharge.



Patient Stories

"A hearty THANK YOU for once again being a wonderful place to birth a baby! We had a last minute C-section due to baby being breech – and everyone took such good care of us. From the doctors, to the nurses, to the anesthesiologist, to the OR nurses... everyone was great! We've had 3 babies in our hospital (I was born there too 😊), and I can't say enough good things about it! A big shout out to nurse Erin – we've had the privilege of having her with all three of ours – love her and nurse Jen, and Celeste, and JohnniJean – love everyone! God bless – PS Thanks for letting my family visit through the window 😊"

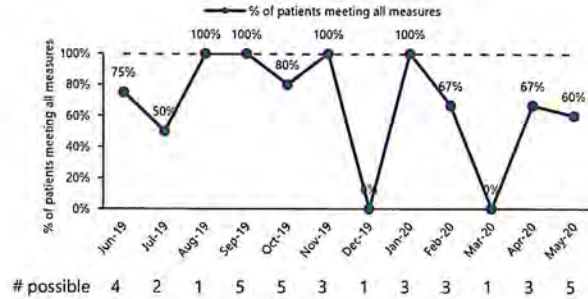
-Patient of Family Birth Place to all staff including RNs Erin Steele, Jennifer Crane, Celeste Tapia, and JohnniJean Jarman

"I want to take a moment to thank you... ..Your compassion and thorough explanation of condition and hospice was needed to help come to terms with the unfortunate. It also gave me the ability to explain it to [other family], so they could come to terms with it as well. The next morning, she passed, peacefully in her sleep at home. I truly believe her pain subsided with the medicine and she was finally ready to go. I truly appreciate KVH and the service you provide."

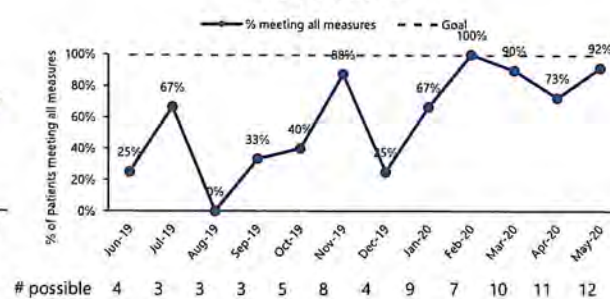
-Family of Emergency Department patient to Dr. Andrew Peet, and RNs John Yoder and Kara Henderson

QI Council

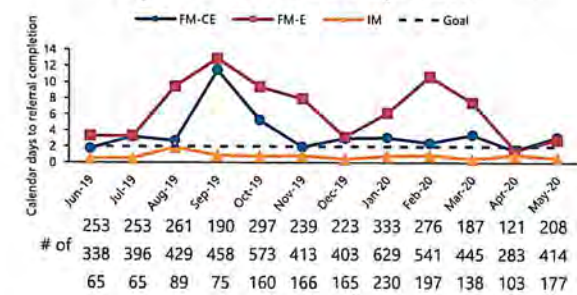
Sepsis Bundle ↑



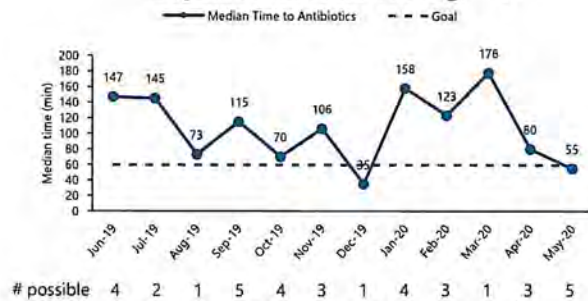
Restraints ↑



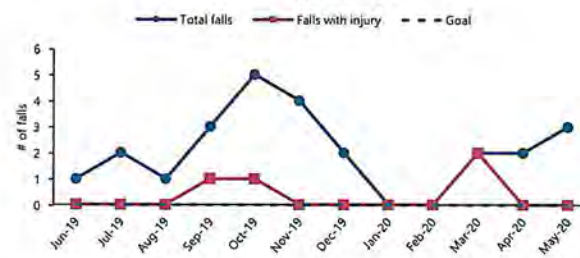
Days to Referral Completion ↓



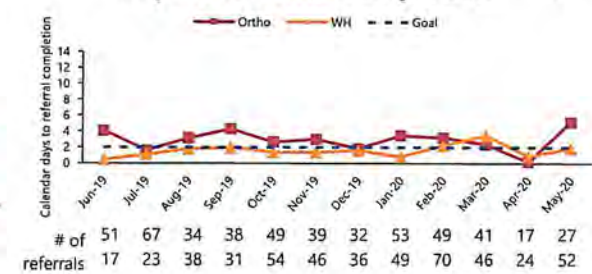
Sepsis Antibiotic Timing ↓



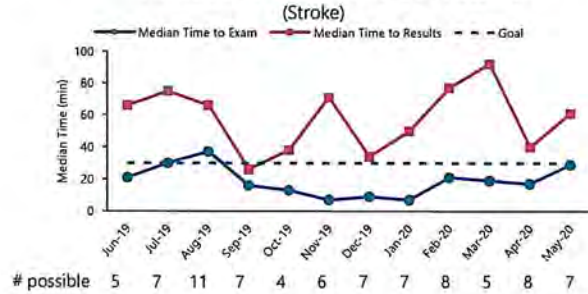
Falls ↓



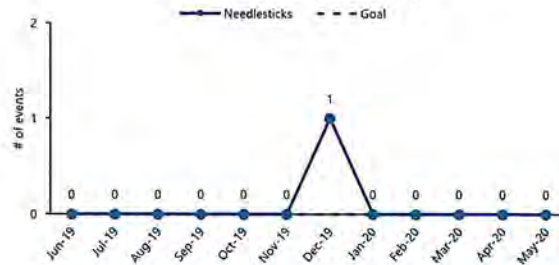
Days to Referral Completion ↓



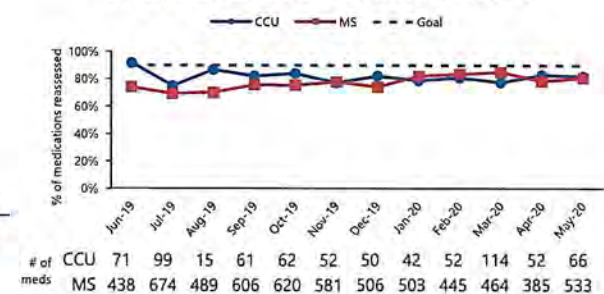
Median Time to CT or MRI ↓



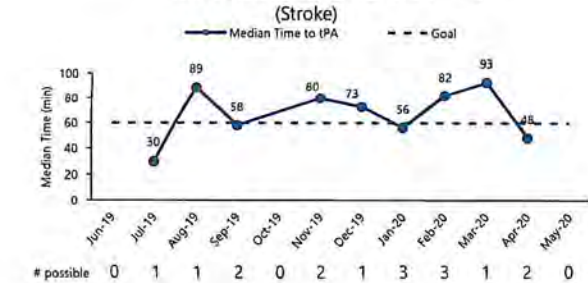
Needlesticks ↓



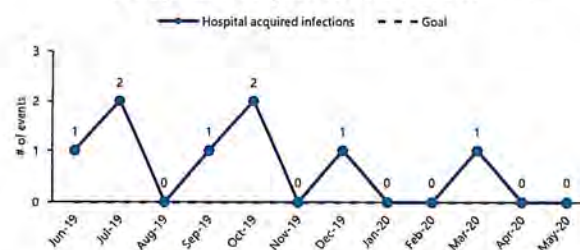
Pain Reassessment after Medication ↑



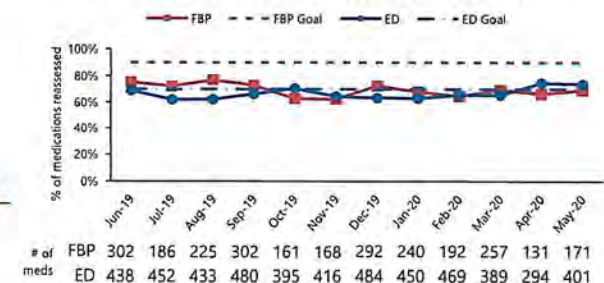
Median Time to tPA ↓



Hospital Acquired Infections ↓



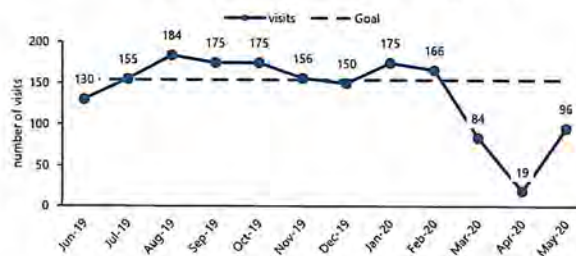
Pain Reassessment after Medication ↑



Timely Start for Physical Therapy (Home Health)



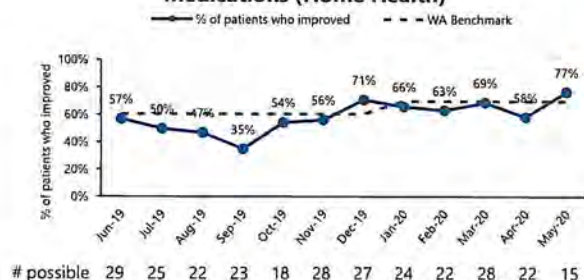
Medicare Wellness Visits



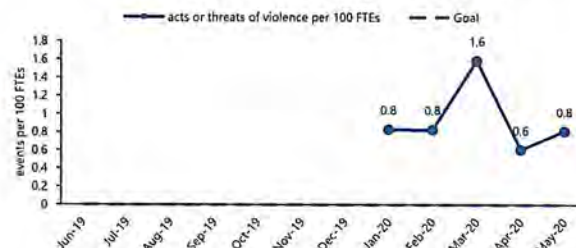
Care and Service Reports



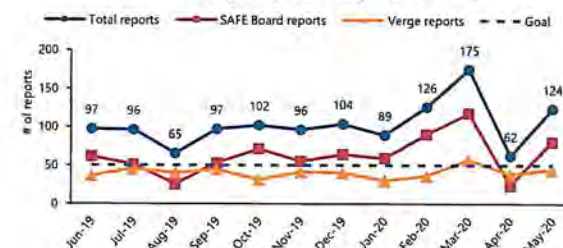
Improvement in Management of Oral Medications (Home Health)



Workplace Violence Events



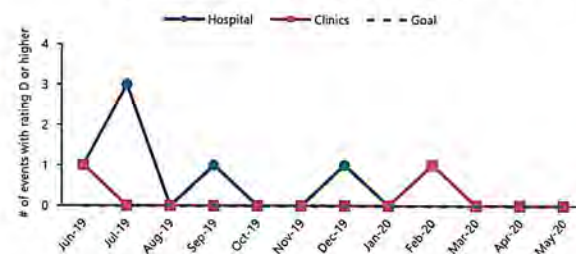
Employee Reports



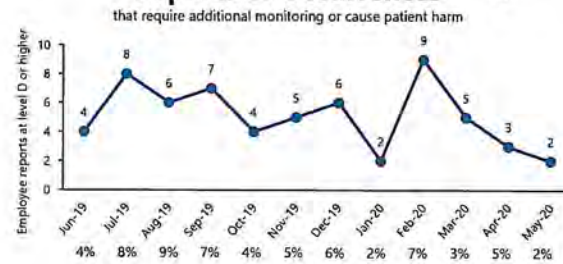
Improvement in Pain Interfering with Activity (Home Health)



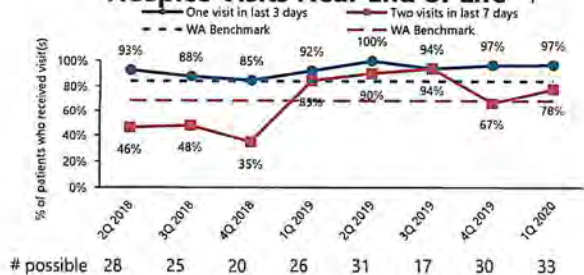
Adverse Medication Events



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 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	

Chief Executive Report July 2020

COVID-19 Response – The recent outbreaks in our regional senior living environments has us all on edge. The Kittitas County Emergency Operations Center (EOC) organized a tabletop exercise several months ago to test the systems response to exactly this scenario. KVH participated in the exercise as did most of the assisted livings, nursing homes, EMS and Public Health. The senior communities indicated that they had contingency plans for staffing and isolation in the event of an outbreak. It is not the plan in Kittitas County to replicate the Kirkland experience of emptying the nursing home into the local hospital. None the less, we remain on alert.

The COVID Clinic has been very active lately and the positives that we are reporting are from all over the county, unrelated to specific events or outbreaks. As the governing Board I want you to be confident that we are looking forward to what the changing needs in our community are likely to be. We recognize that an outbreak at CWU is going to look very different than the nursing homes. As public schools become more active we are likely to see schools and classrooms impacted by reported positives. We are committed to adjusting our response as needed, providing the most appropriate and safest environment for testing and treatment, supporting Public Health and the affected agencies and supporting our employees who are patients, parents, residents and caregivers.

Clinic Operations – Late in 2019 we began to focus on the structure of our clinic operations. In terms of complexity, our ambulatory operations have more moving parts than the hospital itself. The manner in which we grew and acquired our clinics however led us to absorb them as new departments of the hospital. It took us a while to step back and see the unique needs of KVH Clinics. This need was further highlighted by the work of the Values Alignment Committee. Quality and Peer Review are already working to redesign their processes to be more in line with other ambulatory clinic systems. We added a position to support our clinic managers with human resources processes and recently posted a part time Clinic Medical Director position which will report to Dr. Martin and align with the physician leaders in Hospital Medicine (Hibbs) and the Emergency Department (Lindsey).

Virginia Mason and CHI Franciscan – On July 16 VM and CHI Franciscan announced plans to merge. Catholic Health Initiatives (CHI) is part of a complicated, national healthcare delivery system. Franciscan Health, a western Washington based health system, joined Catholic Health Initiatives in 1996 to form CHI Franciscan. CHI Franciscan has ten Washington hospitals including one CAH and two specialty hospitals. They are generally located in the Tacoma/south sound area. CHI (national) joined Dignity Health in 2019 to create CommonSpirit Health, the largest Catholic health system in the country.

My understanding of the process is that the merger will require the approval of the Washington State Attorney General as well as the FTC. Both are interested in market concentration. The acquisition of Lourdes Medical Center and Trios by Capella Health was held up for years due to market considerations. The closure of Walla Walla General Hospital occurred very abruptly when the AG challenged Providence St Charles plan to acquire the Walla Walla hospital from Adventist Health. That being said, Washington State went through a number of mergers, acquisitions and aggregations over the last decade that resulted in an expansion of catholic healthcare delivery systems in Washington. Providence St Charles, PeaceHealth and CHI Franciscan are three of the largest systems in Washington and our State Legislature has expressed concern about the impact on access to care that conflicts with the catholic identity of these organizations. It will be interesting to see if the legislature weighs in.

The proposed merger gives CHI a hospital in the Seattle metro area and VM access to capital.

Temporary Policies – Obviously managing during a pandemic has implications for our workforce and our human resource policies. Manda Scott will be bringing forward a policy change regarding access to sick time. This came up

specifically in the case of an asymptomatic employee who was excluded from work due to a work related exposure. Normal practice would be to have the employee use sick time but the employee suggested that Administrative Leave was more appropriate and we agreed.

This may not be the last such temporary change and the intent of including the Board is to clearly demonstrate that these changes are being made in the context of the pandemic and do not establish precedent or represent past practices.

Right This Very Second – When I began this report we were anticipating a hybrid in-person/zoom meeting. The Governor has reduced in person gatherings so we are back to zooming. We expect that the Governor's order will be clarified over the weekend. We also understand the GNAC will soon decide whether fall sports will go forward and CWU will be revisiting plans for the fall. The in-person meeting last month was refreshing and felt "connected" for the first time in months.

Please consider meeting, one on one, with members of the senior leadership team either in person (masked and distanced) or virtually. I know they would appreciate it.

Rhonda continues to work on the laboratory remodel and construction of an ambulance garage in Cle Elum.

Dr. Martin and Vicky can tell you all about the growth in surgery, how they are juggling the surgery schedule and implication for Anesthesia.

Manda can tell you what she learned from the child care survey and what she's hearing from staff. Manda might have some other news to share.

Carrie Barr and I have been out with our tape measures and sketch pads deciding where new specialists would best fit. You might want to check in with Ron about how he feels about our plans. Carrie and Jeff Yamada have rolled out a 21st century phone system in Cle Elum while we have been social distancing.

Scott can explain how he and the finance team are planning for the balance of 2020 and budget 2021.

A great deal of non-COVID activity continues to move forward at KVH because of the relentless good work of your staff and leaders. While the Board cannot conduct the business of the District outside of the Board meeting, you should feel free to individually reach out for the latest updates.

Kittitas Valley Healthcare Board Meeting

July 23, 2020

Re: Board Request- Authorization for temporary administrative leave use policy

Summary: Kittitas Valley Healthcare (KVH) values our employees and the work they are doing to care for our community during the COVID-19 pandemic. For the health and safety of our staff, we provide paid time off and encourage staff to utilize expanded state leave benefits when appropriate. However, there are specific situations when staff may be excluded from work (without illness) as directed by KVH or Public Health and there is no applicable leave program available.

Therefore, KVH is requesting a temporary approval from the Board of Directors to provide administrative pay to KVH employees under the following guidelines:

- Employee has been excluded from work by KVH leadership to prevent further exposure to employee or patients.
- Employee is asymptomatic and could otherwise physically work. If employee is ill they will use KVH provided leave as intended.
- Proper usage of Personal Protective Equipment and adherence to KVH policies is required.
- Employee will be available to work as scheduled as soon as they are cleared to return to work. The administrative leave will be provided for a limited duration.

If approved, this temporary policy change will be re-evaluated in September 2020. KVH will review the current list of excluded employees to review eligibility under this policy.

We are happy to address further questions prior to a motion for approval.

Sincerely,

Julie Peterson, CEO

Manda Scott, HR Director

Human Resources & Staff Development- July 2020

June Metrics

<i>Employee Population</i>				
	<i>20-June</i>	<i>20-May</i>	<i>20-Apr</i>	<i>20-Mar</i>
Full-time	397	397	395	396
Part-time	133	135	135	135
Total Employees	635	639	637	633

<i>Turnover</i>			
	<i>YTD</i>	<i>20-June</i>	<i>2019 Year End</i>
Turnover (People)	41	10	138
Turnover (Percentage)	6.52%	1.57%	22.44%
Voluntary	37	10	109
Involuntary	4	0	9

<i>General Recruitment</i>				
	<i>20-June</i>	<i>20-May</i>	<i>20-Apr</i>	<i>20-Mar</i>
Open Postings	13	7	10	19
Unique Applications Received	166	104	92	158
Employees Hired	5	7	8	14
Time to Fill (Median)	39	32	30.50	32
Time to Fill (Average)	35.24	32.06	29.88	39.70

<i>Annual Evaluations</i>	
	<i>YTD</i>
Percent complete	78.10%
Total evaluations over due	132
# of employee evals over due	98
# of provider evals over due	34

Recruitment: We saw an increase in both postings and applications, indicating things are returning to our “normal” levels. Our time to fill increased slightly due to closing a handful of positions that had been posted for more than 40 days; clinic manager for Workplace Health and a couple Medical Assistants for Family Medicine Ellensburg.

Benefits and Wellness: June 19, 2020 was our Benefits and Wellness Coordinator’s last day at KVH. The HR team has stepped up to help out with additional duties in wellness, benefits administration, and benefits processing. Manda Scott, HR Director, is leading the Benefits Advisory Committee.

Student and Volunteer Services: We have kept in contact with volunteers to encourage them and provide support. For June and July, we have students in Pharmacy (7), Radiology Technologist (1), Phlebotomists (8), Surgery Technologists (2), MA Externs (6), RN Rotations/ FBC (2), Paramedics (18), and a Public Health Intern.

Karen Schock, Director of Student and Volunteer Services, is retiring August 3rd, 2020. Note from Karen:

“I will miss my work at KVH with the Students and Volunteers. It has been the greatest job I could ever imagine; to share my expertise and passion for serving individuals as part of an organization for community work.”

Leadership Development: In 2020, we have increased our consulting support to leaders and teams to help resolve conflict, provide department specific tools, and improve team dynamics within specific groups to create a positive culture. Examples include:

- **Clinic Managers:** Leadership sessions (throughout 2020).
- **Environmental Services:** 1:1 staff interviews, coaching and summary, group meeting.
- **Lab Services:** Conflict Mediation, Coaching, staff feedback survey (in progress)
- **Corporate Services/Finance:** Conflict Mediation, Leadership sessions (starting in July)
- **Women’s Health-** Teambuilding (TBD)

While individual and team based coaching/training can take devote time, we have received positive feedback and the conversations are rich and personalized.

Staff Development: We continue working on Customer Service Training. We have also started discussions on Diversity and cultural competency training and are doing initial research and assessment of our current offerings. We are exploring a “simulation program” for hands on skills training for clinical staff.

HR Operations/Staffing: The HR team has been quite busy through several transitions and has done a wonderful job learning duties and cross training while maintain support for managers and employees in the organization.

Marlo Willis, our HR Manager, officially submitted her resignation effective August 7th, 2020 after 29 years with KVH. Marlo is relocating but would like to stay on to help the HR team during our transitions. While we knew this was coming for several months, we will miss her.

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date July 13, 2020

TO: Board of Commissioners
Kevin Martin, MD

FROM: Kyle West
Medical Staff Services

The Medical Executive Committee has reviewed the applications for appointment or reappointment for the practitioners listed below. They recommend to the Board that these practitioners be granted appointment and privileges as noted in each file. Please stop by Mandy's office prior to the next Board meeting if you wish to review these files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Paul Lampert, MD	Provisional/Associate Apt		TeleRadiologist
Michael Mercurio, MD	Provisional/Associate Apt		TeleStroke
Jeremy Jie Casey, DO	Active	ReApt	KVH FME/WH
Maribel Serrano, MD	Active	ReApt	KVH WH
Daniel Smith, DO	Active	ReApt	TeleRadiologist
Chandra Matadeen-Ali, MD	Associate	ReApt	Sleep Studies
Anna Collins, ARNP	Associate	ReApt	KVH GNP
Ken Gano, CRNA	AHP	ReApt	CRNA
Robert Merkel, PA-C	AHP	ReApt	KVH FMC
Emma Jean Yoder, ARNP	AHP	ReApt	KVH GNP

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date June 17, 2020

TO: Board of Commissioners
 Kevin Martin, MD

FROM: Kyle West
 Medical Staff Services

The Medical Executive Committee has reviewed the applications for appointment or reappointment for the practitioners listed below. They recommend to the Board that these practitioners be granted appointment and privileges as noted in each file. Please stop by Mandy's office prior to the next Board meeting if you wish to review these files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Sarah Ayala, DO	Resident	Apt	CHCW-E
Mark Boules, MD	Resident	Apt	CHCW-E
Emily Webb, DO	Resident	Apt	CHCW-E
John Asriel, MD	Active	ReApt	KVH FMC/FME
Frank Cruz, MD	Associate	ReApt	KVH ED
Christian Ingui, MD	Associate	ReApt	TeleRadiologist
Aaron Jun, MD	Associate	ReApt	TeleRadiologist
Laiandrea Stewart, MD	Associate	ReApt	TeleRadiologist
Anita Schiltz, ARNP	AHP	ReApt	KVH IM
Emilie Torretta, CNM, ARNP	AHP	ReApt	KVH WH

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date May 19, 2020

TO: Board of Commissioners
Kevin Martin, MD

FROM: Kyle West
Medical Staff Services

The Medical Executive Committee has reviewed the applications for appointment or reappointment for the practitioners listed below. They recommend to the Board that these practitioners be granted appointment and privileges as noted in each file. Please stop by Mandy's office prior to the next Board meeting if you wish to review these files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Nashwa Abed, MD	Provisional/Associate Apt		InCyte Pathology
Ada Cheung, MD	Active	ReApt	KVH Orthopedics
Stuart Cardon, DPM	Associate	ReApt	Cascade Foot and Ankle
Susan Oldenkamp, MD	Associate	ReApt	KVH Dermatology
Jason Lue, MD	Associate	ReApt	TeleRadiologist
Brian Staley, MD	Associate	ReApt	InCyte Pathology
Catherine Patnode, ARNP	AHP	ReApt	KVH GNP Program
Andrew Schock, PA-C	AHP	ReApt	KVH IM

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date April 16, 2020

TO: Board of Commissioners
Kevin Martin, MD

FROM: Kyle West
Medical Staff Services

The Medical Executive Committee has reviewed the applications for appointment or reappointment for the practitioners listed below. They recommend to the Board that these practitioners be granted appointment and privileges as noted in each file. Please stop by Mandy's office prior to the next Board meeting if you wish to review these files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Holly Dawson, DO	Active	ReApt	KVH-Women's Health
Elise Herman, MD	Active	ReApt	KVH-Pediatrics
Micahlyn Powers, MD	Active	ReApt	CHCW
John Merrill-Steskal, MD	Ambulatory	ReApt	KVH-FME
Stewart Kerr, MD	Associate	ReApt	Per Diem Orthopedics
Atul Patel, MD	Associate	ReApt	TeleRadiologist
Jared Shannon, MD	Associate	ReApt	Hospitalist
José Elzinga-Diaz, PA-C	AHP	ReApt	KVH-FME

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date March 16, 2020

TO: Board of Commissioners
Kevin Martin, MD

FROM: Kyle West
Medical Staff Services

The Medical Executive Committee has reviewed the applications for appointment or reappointment for the practitioners listed below. They recommend to the Board that these practitioners be granted appointment and privileges as noted in each file. Please stop by Mandy's office prior to the next Board meeting if you wish to review these files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Christopher Petty, MD	Provisional Active	Apt	KVH General Surgery
Sheldon Jensen, DO	Provisional Associate	Apt	On-site Radiologist
Jonathan Fish, MD	Active	ReApt	Hospitalist
Kelly Noyes, DO	Active	ReApt	Hospitalist
Jeffrey Caverly, MD	Associate	ReApt	TeleRadiologist
David Frick, DO	Associate	ReApt	Emergency Department
Surender Kurapati, MD	Associate	ReApt	TeleRadiologist
Nghi Lu, MD	Associate	ReApt	TeleRadiologist
Daniel Lucas, MD	Associate	ReApt	TeleRadiologist
Kamrar Massrour, MD	Associate	ReApt	TeleRadiologist
Jose Ospina, MD	Associate	ReApt	TeleRadiologist
Peter Piampiano, MD	Associate	ReApt	TeleRadiologist
Peilin Reed, MD	Associate	ReApt	TeleRadiologist
Robert Reuter, MD	Associate	ReApt	TeleRadiologist
Mark Uhlman, MD	Associate	ReApt	Yakima Urology Assoc.
Alix Vincent, MD	Associate	ReApt	TeleRadiologist
Carissa Dahl, ARNP	AHP	ReApt	KVH-FME
Patrick Erley, PA-C	AHP	ReApt	Emergency Department

CHIEF MEDICAL OFFICER – Kevin Martin, MD

July 2020

Medical Staff Services:

- Recruiting: Mitch Engel reports
 - We conducted 5 interviews in June. We have made offers to an internist and a pediatrician. A neurologist has accepted an offer and will start mid-October. We also interviewed 2 family physicians but did not make offers.
 - We are currently receiving applications for positions in orthopedics (both surgeons and PAs), family medicine, internal medicine, and hospital medicine.
- Business development: Lisa Potter has her usual full plate of projects. These include:
 - **Primary Projects:**
 - **Audiology**
 - In process of reviewing financial feasibility and benefits of employing a KVH audiologist. This practitioner would work closely with both ENT and occupational medicine service lines, as well as serve as a direct, local, resource for primary care.
 - **Vascular Surgery**
 - Transitioning this service line from analysis stage to implementation and outreach planning.
 - **Neurology**
 - Transitioning this service line from analysis stage to implementation and outreach planning.
 - **Continuum Housing**
 - Reconvening the community members in this group to refresh the project and decide on next actions.
 - Starting the application process for hospice certificate of need. To kick off the process, we meet with the DOH the week of 6/20.
 - **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.
 - **Ergonomic Assessments/Work Test Program Development – Workplace Health**
 - She is also 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:**
 - Palliative Care
 - Pulmonary Rehab
 - **Projects - Ongoing:**
 - CWU – Athlete Healthcare
 - MOUD – Medication for Opioid Use Disorder Outreach
 - KCHN Strategic Planning Committee
 - Medical staff: Kyle West reports that we have 2 initial appointments and 8 reappointments this month. There are 6 medical student rotating at KVH currently and 5 more who have rotations starting before the end of the month.

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. As I write this, we are working with the county's long-term care facilities to coordinate management of the outbreak and to insure our readiness to execute the plans we have in place to handle any surge.

- **Community & Regional Partnerships**

- Greater Columbia Accountable Community of Health did not meet in July.
- The Washington Rural Health Collaborative Physician Leadership Committee met 7/20, after submission of this report.
- Project Windmill, the group looking at continuum housing work, will have met by the time of this meeting.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer



CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

June Operating Results

- KVH hospital and clinic operations in June were nearly back to normal levels. Although admissions were below budget, patient days exceeded budgeted days. Since orthopedic surgeon Dr. Bos retired last October, KVH is not doing as many total joint replacement surgeries which were a big driver of inpatient revenue in 2019 when Dr. Bos was practicing. Surgery and GI case volumes were at or very close to budgeted levels. ER visits improved but were still 14% below budget, however, ER patient acuity has been high so facility fee charges for services were 26% greater than budget in June and 2.6% greater than budget YTD. Clinic visits also improved but were 7% below budget. Home Health had an exceptionally busy month, exceeding budgeted visits by 33%. In summary, KVH is now operating at greater than or close to budget in most statistical categories. Patient volumes are trending up nearly everywhere. Outpatient revenue, clinic revenue and other operating revenue and KVH's June Balance Sheet are bright spots in the June financial report.
- Gross revenue of 14,180,093 (a new record for one month) exceeded budget by \$322,663. Inpatient revenue had a negative variance of \$195,011; outpatient revenue had a positive variance of \$264,264 and clinic revenue exceeded budget by \$253,411. The clinic revenue variance is due to the higher professional fee procedural revenue generated by GI and surgical fee procedures in June.
- Deductions from revenue were greater than the revenue variance and exceeded budget by \$293,808 for the month despite the receipt of a check from Humana for \$311k for prior years RHC underpayments. We have increased the contractual allowance reserve for clinic revenue because telehealth visits pay at about 1/3rd of the RHC face to face office encounter rate. Bad debt deductions were below budget by \$9,234. Financial assistance exceeded budget by \$81,311. The number of requests for financial assistance continues to increase as the financial impact of the pandemic begins to impact Kittitas County community members. KVH is working with patients to help them obtain coverage from Medicaid or Health Exchange Insurance plans. In June KVH wrote-off of \$101,252 for untimely billing.
- June other operating revenue exceeded budget by \$839,079 due to the recognition of 1/8th of \$4,694,150 of Federal Government CARES and \$118,416 GCACH practice transformation grant received in June.
- Due to voluntary wage and expense reductions by KVH employees and many vendors, overall operating expenses were below budget by \$161,681 in June. Despite voluntary wage concessions, salaries, were over budget by \$77,574. The negative wage variance

and the temporary labor variance were volume related. In June, expenses to operate the ENT Clinic totaled \$58k and expenses to operate the Covid-19 pop up clinic were \$110k. KVH was below budget in most of the other expense categories.

- In June, KVH posted operating income of \$1,426,916 compared to budget operating income of \$397,302, a positive variance of \$1,029,614. As discussed previously, better than budgeted gross revenue, the Humana settlement, grant awards, 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 June. YTD operating income is now a positive amount of \$488,958 compared to budget of \$1,219,498 a negative variance of \$730,540.
- Non-operating revenue/expense were below budget by \$56,863 mainly due to declining investment yields. Some of KVH's bonds have been called and reinvested at lower interest rates. YTD non-operating revenue/expense is below budget by \$117,468. This trend is likely to continue.
- Days in Accounts Receivable increased 4 days from 90 days to 94 days. Gross Accounts Receivable increased by \$3,853,113 from \$34,152,138 in May to \$ 38,005,251 in June. Monthly revenue fluctuations in April, May and June have contributed to significant swings in the days calculation. With the decreases in revenue in March and April, May receipts were slower. Total cash receipts excluding the CARES funds were \$6,979,723 in June compared to \$6,149,395 in May.
- Days Cash on Hand increased slightly to 156.6 days in June from 155.8 days in May.
- Average daily cash collections increased to \$317,260 in June from \$307,470 per working day in May.

Financial and Operating Indicators
June 2020 - Key Statistics and Indicators

L	Measure	2020 YTD	2020 Budget	2020 Annualize	2019	2018	2017	2016	2015	2014
1	Total Charges	72,998,700	162,287,212	146,398,492	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699
2	Net Revenue	43,172,049	87,947,737	86,581,307	83,127,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460
3	Operating Income	488,958	1,720,871	980,602	2,501,969	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	1.1%	2.0%	1.1%	3.0%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Cash	35,023,192	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	156.6	127.6	NA	138.6	133.5	178.7	156.0	189.4	175.8
7										
8	Surgeries	613	1,547	1,229	1,305	1,461	1,396	1,510	1,578	1,675
9	Gastrointestinal Procedures	540	1,596	1,083	1,416	1,250	1,383	1,396		
10	Emergency Visits	5,996	13,807	12,025	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	14,151	31,692	28,380	30,397	30,843	33,836	33,471		
13	Laboratory Tests	106,280	213,227	213,144	209,144	207,040	190,587	181,082		
14	Clinic Visits	34,536	77,747	69,262	72,711	59,241	50,917	48,525		
15	IP & Obs Days (no swing)	1,825	4,074	3,660	3,805	3,999	3,440	3,937	3,740	4,976
16	Deliveries	141	340	283	309	342	322	312	368	334
17	Admits	416	969	834	941	984	899	1,043	1,299	1,433
18										
19	FTEs	494.8	506.6	NA	477.4	469.4	457.6	449.1	437.9	437.7
20	AR Days	94.1	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	146,398,492	155,728,564	147,664,856	143,854,660	142,211,813	143,725,881	151,853,197
Operations Growth	4.21%	-5.99%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%

Kittitas Valley Healthcare
June 2020 - Key Statistics and Indicators

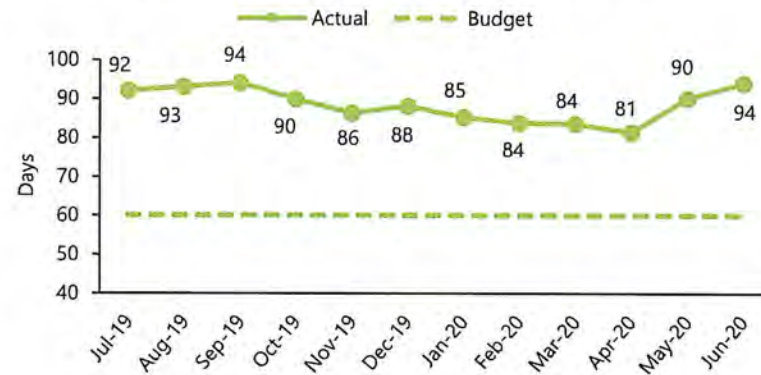
Activity Measures		Current Month			Year to Date			Prior YTD	
		Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01	Admissions w/Swingbed	77	84	-7.9%	416	492	-15.5%	471	-11.7%
02	Patient Days - W/O Newborn	259	234	10.8%	1,261	1,375	-8.3%	1,356	-7.0%
03	Patient Days - Swingbed	-	14	-100.0%	107	84	27.4%	NA	NA
04	Avg Daily IP Census w/Swingbed	8.6	8.3	4.5%	7.5	8.0	-6.2%	7.5	0.4%
05	Average Length of Stay	3.4	2.8	20.2%	3.0	2.8	8.5%	2.9	5.3%
06	Average Length of Stay w/Swingbed	3.4	3.0	13.4%	3.3	3.0	11.0%	2.9	14.3%
07	Deliveries	25	28	-10.4%	141	168	-16.3%	164	-14.0%
08	Case Mix Inpatient	0.98	1.00	-1.6%	1.01	1.00	0.9%	1.17	-13.8%
09	Surgery Minutes - Inpatient	2,685	2,892	-7.2%	11,220	16,980	-33.9%	18,248	-38.5%
10	Surgery Minutes - Outpatient	7,429	7,438	-0.1%	35,686	43,996	-18.9%	32,679	9.2%
11	Surgery Procedures - Inpatient	22	22	1.0%	100	128	-21.8%	140	-28.6%
12	Surgery Procedures - Outpatient	106	109	-2.7%	513	644	-20.4%	487	5.3%
11	Gastrointestinal Procedures	121	135	-10.6%	540	798	-32.3%	721	-25.1%
12	ER Visits	1,009	1,175	-14.1%	5,996	6,909	-13.2%	6,973	-14.0%
13	Urgent Care Cle Elum Visits	333	465	-28.4%	2,018	2,738	-26.3%	2,443	-17.4%
14	Laboratory	20,161	18,134	11.2%	106,280	106,689	-0.4%	104,809	1.4%
15	Radiology Exams	2,736	2,693	1.6%	14,151	15,852	-10.7%	15,119	-6.4%
16	Rehab Visit	1,281	1,644	-22.1%	6,843	9,673	-29.3%	9,317	-26.6%
17	Outpatient Percent of Total Revenue	88.2%	86.5%	1.9%	88.3%	86.4%	2.2%	85.0%	3.9%
18	Clinic Visits	6,241	6,731	-7.3%	34,536	39,027	-11.5%	35,562	-2.9%
19	Adjusted Patient Days	2,183	1,726	26.5%	10,815	10,139	6.7%	9,058	19.4%
20	Equivalent Observation Days	107	113	-5.1%	564	663	-14.9%	644	-12.4%
21	Avg Daily Obs Census	3.6	3.8	-5.1%	3.1	3.6	-14.9%	3.5	-12.4%
22	Home Care Visits	773	581	33.0%	3,324	3,417	-2.7%	3,342	-0.5%
23	Hospice Days	656	890	-26.3%	4,142	5,372.0	-22.9%	5,248	-21.1%
Financial Measures									
24	Salaries as % of Operating Revenue	43.6%	47.6%	8.4%	51.1%	49.0%	-4.3%	50.3%	1.6%
25	Total Labor as % of Operating Revenue	54.4%	59.0%	7.9%	63.8%	60.7%	-5.1%	62.5%	2.1%
26	Revenue Deduction %	49.3%	48.3%	-2.0%	47.9%	48.4%	1.0%	48.1%	-0.5%
27	Operating Margin	17.0%	5.3%	222.0%	1.1%	2.8%	-59.1%	1.4%	-17.6%
Operating Measures									
28	Productive FTE's	431.7	452.1	4.5%	435.7	452.1	3.6%	419.0	4.0%
29	Non-Productive FTE's	73.4	54.4	-34.9%	59.1	54.4	-8.6%	58.4	1.1%
27	Paid FTE's	505.1	506.6	0.3%	494.8	506.6	2.3%	477.4	3.7%
28	Operating Expense per Adj Pat Day	\$ 3,188	\$ 4,126	22.7%	\$ 3,947	\$ 4,226	6.6%	\$ 4,425	-10.8%
29	Operating Revenue per Adj Pat Day	\$ 3,841	\$ 4,356	-11.8%	\$ 3,992	\$ 4,346	-8.2%	\$ 4,486	-11.0%
30	A/R Days	94.1	60.0	-56.8%	94.1	60.0	-56.8%	88.0	6.9%
31	Days Cash on Hand	156.6	127.6	22.7%	156.6	127.6	22.7%	139.8	12.0%

Financial Sustainability

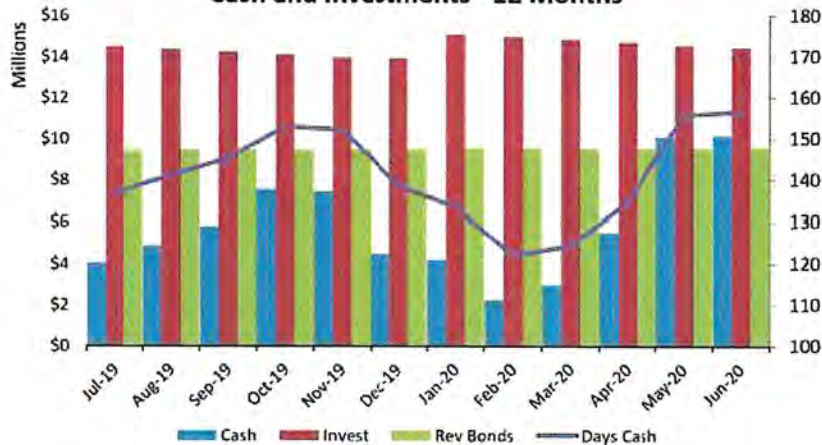
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2018	CY 2019	YTD 2020
Medicare	41.85%	41.97%	40.97%
Medicaid	18.45%	18.72%	18.93%
Commercial	32.03%	32.81%	33.51%
Self Pay	3.52%	2.21%	2.93%
Other	4.15%	4.30%	3.67%

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	1,679,953	1,874,964	(195,011)	8,511,127	11,021,384	(2,510,257)	11,165,116
OUTPATIENT REVENUE	10,232,449	9,968,186	264,264	53,107,210	58,623,578	(5,516,368)	52,892,169
CLINIC REVENUE	2,267,691	2,014,280	253,411	11,380,364	11,646,251	(265,887)	10,547,858
REVENUE	14,180,093	13,857,430	322,663	72,998,700	81,291,213	(8,292,513)	74,605,143
CONTRACTUALS	6,421,663	6,270,901	150,762	31,642,173	36,874,374	(5,232,201)	33,952,181
PROVISION FOR BAD DEBTS	283,831	293,065	(9,234)	1,520,557	1,700,375	(179,818)	1,428,798
FINANCIAL ASSISTANCE	124,950	43,639	81,311	480,402	252,517	227,885	153,928
OTHER DEDUCTIONS	156,042	85,071	70,970	1,315,095	496,234	818,861	382,518
DEDUCTIONS FROM REVENUE	6,986,485	6,692,677	293,809	34,958,227	39,323,500	(4,365,273)	35,917,425
NET PATIENT SERVICE REVENUE	7,193,608	7,164,753	28,854	38,040,473	41,967,713	(3,927,240)	38,687,718
OTHER OPERATING REVENUE	1,193,426	354,347	839,079	5,131,576	2,101,265	3,030,311	1,950,266
TOTAL OPERATING REVENUE	8,387,034	7,519,101	867,933	43,172,049	44,068,978	(896,929)	40,637,983
SALARIES	3,655,040	3,577,466	77,574	22,062,035	21,584,044	477,991	20,440,907
TEMPORARY LABOR	64,738	41,786	22,952	296,707	252,111	44,597	219,974
BENEFITS	905,559	861,418	44,141	5,498,972	5,184,707	314,265	4,958,571
PROFESSIONAL FEES	106,484	111,362	(4,878)	833,142	671,882	161,260	397,060
SUPPLIES	763,048	785,433	(22,385)	4,488,996	4,657,605	(168,609)	4,206,677
UTILITIES	120,671	82,817	37,854	520,940	516,364	4,576	482,934
PURCHASED SERVICES	668,179	901,305	(233,125)	4,945,784	5,433,632	(487,847)	5,244,345
DEPRECIATION	327,866	336,899	(9,033)	1,968,744	2,022,217	(53,473)	1,890,457
RENTS AND LEASES	128,717	132,089	(3,372)	693,557	792,840	(99,283)	732,595
INSURANCE	41,959	56,848	(14,889)	270,802	341,111	(70,309)	295,893
LICENSES & TAXES	67,312	82,065	(14,753)	407,496	484,193	(76,697)	435,448
INTEREST	54,349	57,150	(2,801)	326,093	342,900	(16,807)	344,607
TRAVEL & EDUCATION	8,408	42,307	(33,900)	138,939	246,987	(108,048)	175,455
OTHER DIRECT	47,788	52,854	(5,066)	230,884	318,888	(88,004)	254,352
EXPENSES	6,960,118	7,121,799	(161,681)	42,683,092	42,849,480	(166,389)	40,079,275
OPERATING INCOME (LOSS)	1,426,916	397,302	1,029,614	488,958	1,219,498	(730,540)	558,708
OPERATING MARGIN	17.01%	5.28%	118.63%	1.13%	2.77%	81.45%	1.37%
NON-OPERATING REV/EXP	10,506	67,369	(56,863)	286,084	403,551	(117,468)	460,159
NET INCOME (LOSS)	1,437,422	464,671	972,750	775,041	1,623,049	(848,008)	1,018,867
UNIT OPERATING INCOME							
HOSPITAL	1,351,429	444,830	906,600	2,062,721	1,911,400	151,321	634,364
URGENT CARE	(9,187)	(25,533)	16,347	(58,810)	(163,353)	104,544	(254,624)
CLINICS	31,648	(73,500)	105,148	(1,638,275)	(801,702)	(836,573)	(83,986)
HOME CARE COMBINED	53,025	51,506	1,519	123,322	273,154	(149,832)	263,047
OPERATING INCOME	1,426,916	397,303	1,029,613	488,958	1,219,498	(730,541)	558,801

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	10,158,601	4,488,811	5,669,789
ACCOUNTS RECEIVABLE	38,005,251	40,613,365	(2,608,113)
ALLOWANCE FOR CONTRACTUAL	(22,881,519)	(22,382,150)	(499,370)
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	189,482	588,166	(398,683)
INVENTORY	1,998,259	1,894,491	103,767
PREPAIDS	924,704	776,900	147,805
INVESTMENT FOR DEBT SVC	845,030	950,100	(105,070)
CURRENT ASSETS	29,240,108	26,929,983	2,310,125
INVESTMENTS	24,019,561	23,779,605	239,956
PLANT PROPERTY AND EQUIPMENT	86,551,246	83,068,143	3,483,103
ACCUMULATED DEPRECIATION	(44,650,648)	(42,573,204)	2,077,444
NET PROPERTY, PLANT, & EQUIP	41,900,598	40,494,939	1,405,659
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	41,900,598	40,494,939	1,405,659
ASSETS	95,160,267	91,204,527	3,955,740
ACCOUNTS PAYABLE	915,088	1,395,147	(480,059)
ACCRUED PAYROLL	1,220,500	1,263,533	(43,032)
ACCRUED BENEFITS	309,328	268,613	40,714
ACCRUED VACATION PAYABLE	2,168,222	1,764,089	404,133
THIRD PARTY PAYABLES	1,973,721	1,742,630	231,091
CURRENT PORTION OF LONG TERM DEBT	1,024,910	1,629,839	(604,929)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	7,611,770	8,063,851	(452,082)
ACCRUED INTEREST	298,879	311,475	(12,596)
DEFERRED TAX COLLECTIONS	4,640	0	4,640
DEFERRED REVENUE HOME HEALTH	71,059	136,954	(65,895)
DEFERRED OTHER	3,706,631	0	3,706,631
DEFERRED LIABILITIES	4,081,210	448,430	3,632,780
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
CURRENT PORTION OF LONG TERM DEBT CONT	(1,024,910)	(1,629,839)	604,929
LONG TERM DEBT	19,328,435	19,328,435	0
NONCURRENT LIABILITIES	23,409,645	19,776,865	3,632,780
LIABILITIES	31,021,415	27,840,716	3,180,699
FUND BALANCE	63,363,812	63,363,812	0
NET REVENUE OVER EXPENSES	775,041	0	775,041
FUND BALANCE	64,138,853	63,363,812	775,041
TOTAL LIABILITIES & FUND BALANCE	95,160,267	91,204,527	3,955,740

Statement of Cash Flow

	CASH
NET BOOK INCOME	775,041
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	2,077,444
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	2,852,485
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	3,107,483
OTHER RECEIVABLES	398,683
INVENTORIES	(103,767)
PREPAID EXPENSES & DEPOSITS	(147,805)
INVESTMENT FOR DEBT SVC	105,070
TOTAL CURRENT ASSETS	3,359,664
INVESTMENTS	(239,956)
PROPERTY, PLANT, & EQUIP.	(3,483,103)
OTHER ASSETS	0
TOTAL ASSETS	2,489,091
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(480,059)
ACCRUED SALARIES	(43,032)
ACCRUED EMPLOYEE BENEFITS	40,714
ACCRUED VACATIONS	404,133
COST REIMBURSEMENT PAYABLE	231,091
CURRENT MATURITIES OF LONG-TERM DEBT	(604,929)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(452,082)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(12,596)
DEFERRED OTHER	3,706,631
DEFERRED TAX COLLECTIONS	4,640
DEFERRED REVENUE - HOME HEALTH	(65,895)
TOTAL OTHER LIABILITIES	3,632,780
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	3,180,699
NET CHANGE IN CASH	5,669,789
BEGINNING CASH ON HAND	4,488,811
ENDING CASH ON HAND	10,158,601

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	Premiera	\$100,000	WIP	PSEF, Rural Mental Health Integration	ED, Foundation	Remodel ED and ICU rooms to be safe rooms for behavioral holds and training staff
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	WIP		KCHN	Provides funding to explore options and strategically plan how to increase childcare capacity in our community
Drive Thru Vaccinations Clinic	KVH	Pharmacy/ Clinics	Capture Cares	\$25,000	Applied			Funds to implement a vaccination drive-thru clinic for flu and child immunizations.
Opioid Recovery Resources	KCHN	Opioids	Foundaiton for Opioid Response Efforts	\$75,000	WIP	HRSA Opioid Implementation, HRSA Opioid Planning, GCACH Opioid Resource Network Manager	KCHN	Funds to support recovery efforts during COVID - grant will focus on recovery efforts in the jail.

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

** Bold and larger fonts are new opportunities

***Denied Applications



OPERATIONS REPORT

July 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 continue to see great volumes since we have returned to elective surgeries. We have returned to hosting students and have had RN, Paramedic and Scrub Tech students who are trying to fulfill their clinic requirements in all of this craziness!

Wound Care volumes have remained steady, and they continue to welcome new patients and see some challenging cases. They are still working out of the old Peds clinic space, which is really working well for them.

- **Emergency Services**

Both the ED and UC continue with business as usual, and when we say as usual, we mean volume has been up in both locations. COVID-19 continues to be at the forefront of staff's minds and they are doing well facing the challenges that come with caring for our patients.

The Emergency Department sent a small group of staff to visit Virginia Mason Memorial's Emergency Department in Seattle this week. This group was able to network, share ideas and learn from another organization.

The City of Cle Elum is moving along with their intersection improvement project- sidewalks, curbs and parking areas are coming along nicely in front of our UC. The staff have improvised with process flow and are keeping our doors open for patients to safely enter

Food and Nutrition Service

- **Food Service:**

- Currently experiencing staff turnover in the next three weeks. Two of the positions were held by CWU students who have graduated and are starting new chapters in life. We are losing Sherri Thorpe to retirement after close to eight years with KVH as a cook working mostly with patient meals. We have two new employees starting the week of July 20. Still in process of filling two other diet aide positions.
- We have started the process of evaluating a new point of sale system for the Café with thoughts of having it in place by second quarter 2021.
- The annual Rodeo BBQ for the community will not be held in August as it had for the past 37 years. We are planning a KVH employee BBQ in late August.
- **Clinical:**
 - Worked with surgery for preoperative nutrition standards.
 - Preparing nursing education on modified food textures using the International Dysphagia Diet Standardization Initiative terminology.
 - Patient menus have undergone a significant reformatting and review of nutrient content. We have created two additional therapeutic menus to improve accuracy. The menu has also received a new look that is customized to KVH.
- **Diabetes and Outpatient Nutrition Education:**
 - Outpatient appointments are increasing to pre-Covid numbers. Currently appointments are be conducted using Zoom and in-person with distancing protocol.
 - The three dietitians employed by KVH have completed a five week training for becoming "Lifestyle Coaches" through the CDC's Diabetes Prevention Program. We are now authorized by the CDC to begin a KVH Diabetes Prevention Program. The program assists people in the community with prediabetes in modifying their lifestyles in hopes of preventing the development of diabetes.
- **QAPI Foodservice;**

QAPI project includes growth with financial expansion of Café sales. Café is currently closed to the public. The famous KVH salad bar is not available due to Covid precautions. Sales have plateaued over the past three months.
- **QAPI Diabetes and Nutrition Education:**

Project consist of real time scheduling of outpatient nutrition counseling appointments while the patient is in the physical presences of their PCP. The past conversion of referrals to actual appointments was in the 60% range. Scheduled appointments were 88% for the month of June (30 appointments from 34 referrals).

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services:**

We are seeing a more consistent supply of our Biofire 2.1 test kits, maintaining a standing order of 300 per week. This is a panel of respiratory tests, including RSV, influenza, and Covid 19. We do not have ETA on the arrival of our stand alone Covid-19 testing equipment.

Our Turn Around Time (TAT) for Covid-19 test results has fluctuated from 3-4 days to an alarming 8-9 days, with our specimens going to Lab Corp in Arizona or New Jersey, instead of their Seattle location. Incyte in Spokane has been able to increase their testing capacity and we are now utilizing them instead of Lab Corp. This is giving us a fairly consistent 24-48 hour TAT. We have approximately 2000 test kits for the nasal swabs.

The Department of Health was on site July 14 to ensure we are meeting the Mammography Quality Standards Act. We passed with flying colors, many kudos to our mammography staff for their great work.

Dr. Jensen has been busy in interventional radiology, performing ultrasound guided liver biopsies and a CT guided lung biopsy.

- **Rehab Services:**

Our second physical therapist, Nathan Everett, started work at FMC on July 13 and is a great fit with the team in Cle Elum. We are busy with his orientation to Cerner and then he will begin seeing his own patients the week of July 20.

- **KVH Athletic Trainer:**

Zane Davies joined KVH July 1 as an Athletic Trainer with the Ellensburg School District. He spent his first week shadowing with our PT department and the Ortho Clinic Providers, before heading over to Ellensburg High School for orientation. He will proudly be wearing KVH swag while attending games and working with student athletes. ESD has expressed deep appreciation to KVH for sponsoring this role.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Zero Contact Intake:**

We are looking into different technology platforms to help us assist with patient intake. Having a zero contact intake process is the best safety measure we could put in place for our patients and staff. Information Systems, Clinic Managers and myself are reviewing different solutions.

- **COVID-19 Patient Experience:**

During the wave of changes with COVID-19 the separate clinics established processes to assist patients for social distancing, symptom check and various other workflows. Unfortunately, these processes were all different. We have worked with a team of folks to create a standard KVH Clinic process. Although these processes may change over the next several months it will be easier to adjust now.

- **COVID-19 Clinic Workflow:**

I recently met with the staff at the COVID-19 clinic and stakeholders to discuss workflow and plan for a potential surge later in the year. We identified ways to decrease the amount of registration and reporting process steps. This will assist in delivering a faster registration process for our patients and less steps for our staff as well.

- **Masks:**

As masking has become required, we are reporting very little issues with patient compliance. If they refuse to wear a mask, we are asking the patient to reschedule to a telephone, telehealth visit or when masks are not required.

- **Telehealth:**

Overall the clinics are doing very little telehealth visits. The exception to this is with Auren O'Connell, our Behavioral Health Nurse Practitioner, who sees around 90% of his visits virtually.

- **Clinic Manager:**

Jennifer Mullins is our new Clinic Manager at Workplace Health. She comes to us from SeaMar Community Health Center in Olympia. Jennifer is already involved in a Workplace Health optimization project. We have a team of leaders and staff from various departments looking at improvements to enhance the service to our patients and community.

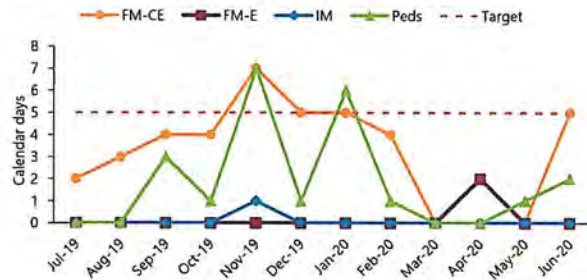
- **Rapid Access:**

For the unforeseen future, laboratory services are using the full space in the Medical Arts Center designated for Rapid Access. This usage will be reviewed periodically to assess the future of the clinic space.

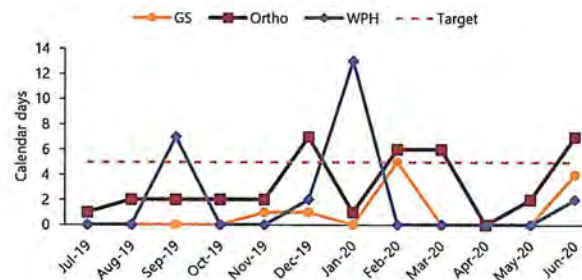
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

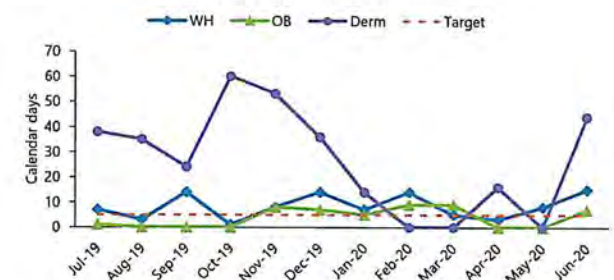
Third available appointment
for established patients



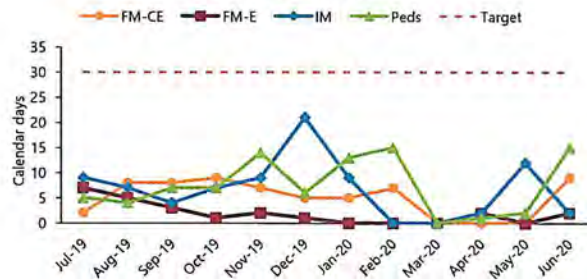
Third available appointment
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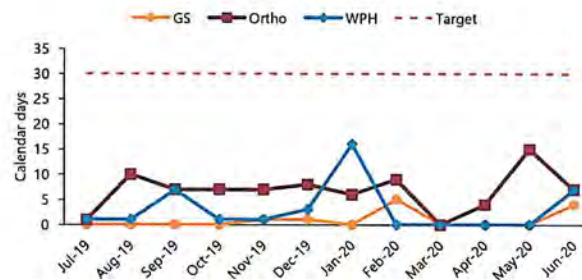
Third available appointment
for established patients



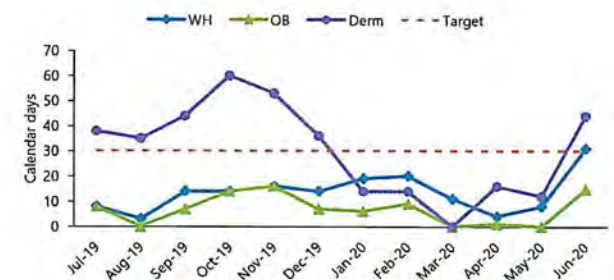
Third available appointment
for new patients



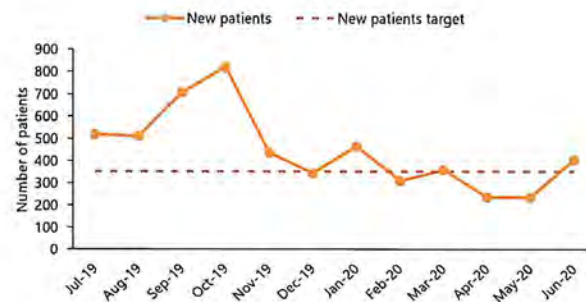
Third available appointment
for new patients



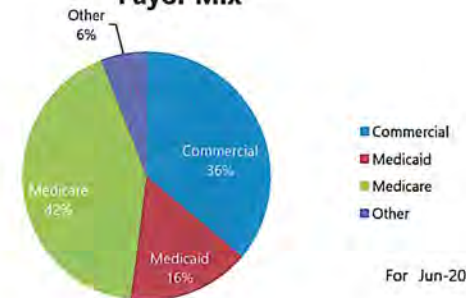
Third available appointment
for new patients



New patients



Payor Mix



COMMUNITY RELATIONS – Michele Wurl

June 26 – July 23, 2020

External Outreach activities:

- MAC service ads to be played over the music system were implemented
- 40th Anniversary activities for Family Medicine in Cle Elum
- Elementary school mask design contest began via social media
- Planning for a modified Rodeo BBQ to include KVH staff and community 1st responders (8/25/2020)
- Addiction Medicine

Internal Outreach activities:

- Back to school supply drive
- KVH recognition committee events

COVID-19 activities:

- Incident Command activities
- Washington State and HHS required reporting
- Safe care videos at KVH Hospital and the Clinic
- Working with KCPHD on community submitted Q&A re: COVID clinic and KVH activities
- Signage
- Masking videos in coordination with KCPHD
- Food and donation coordination
- Continued work on COVID Chronicles

Collaborations & Partnerships:

- Kittitas County Public Health and EOC
- Community Health of Central WA promotional information for future residents
- Working with our clinic managers and providers we are trying to enhance provider information on our website
- Upper County Flu Clinic planning with HD2 and KCPHD

Postponed Collaborations and Partnerships:

- Level 1 Swim safety classes through the City of Ellensburg – 538 people to date – on hold due to COVID
- Bares and Broncs – TBD

Collaborations and Partnerships - Newly cancelled:

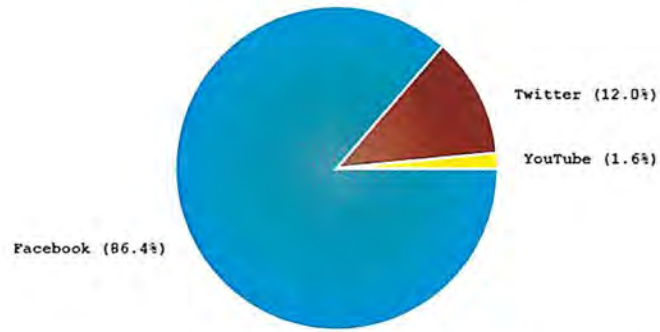
- Foundation Gala – rescheduled for October 10
- Experience Healthcare with Ellensburg High School students – TBD

Upcoming:

- I am scheduled to be out of the office July 29 – August 9. I have amazing colleague who will back my up while I gone. If you have any Marketing or Community Relations needs, please reach out to Jan Powell at jpowell@kvhealthcare.org or via phone at 509.933.7539.

KVH Social Media Channels: Past 30 days (6/17-7/16/2020)

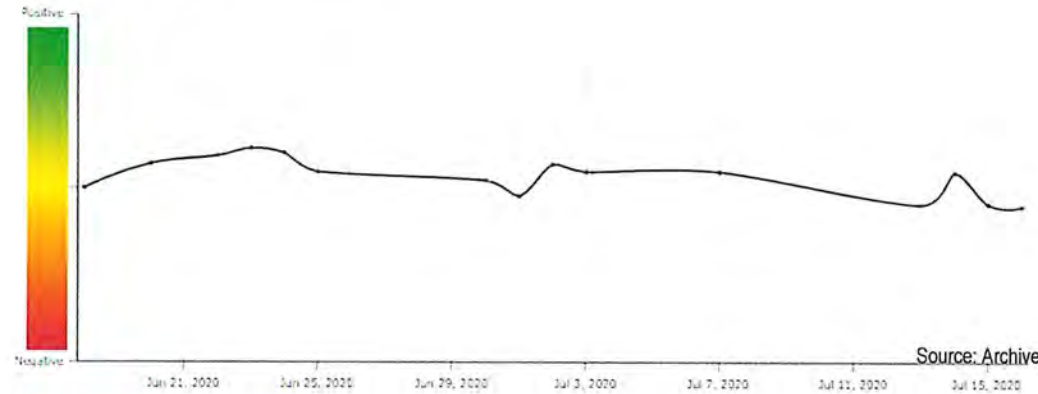
Overall Social Media Activity



Source: Archive Social

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

Overall Social Media Sentiment Report



Social Media Channel Activity

Account	Total Activity	Outgoing Activity	Incoming Activity	Incoming Percentage
Kittitas Valley Healthcare	148	60	88	59.5%
@KVHealthcare	23	22	1	4.3%
Upper Kittitas County Medic One	14	14	0	0.0%
Kittitas Valley Healthcare	3	3	0	0.0%
Michele Wurl	0	0	0	
Kittitas Valley Healthcare	0	0	0	

Source: Archive Social

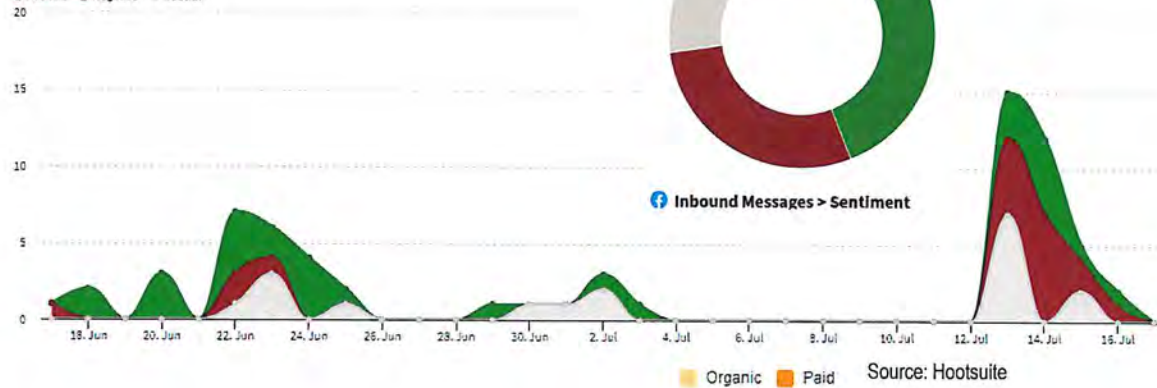
Social Media Channel Overview (06.17.2020 thru 07.16.2020)



Facebook Activity (06.18.2020 thru 07.16.2020)

Inbound Messages > Sentiment

Positive Negative Neutral



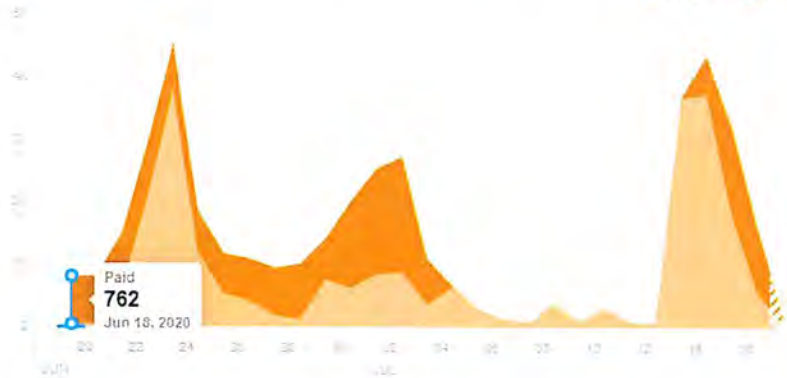
Engagement > Type

Reactions 378 441

Comments 182 185

Shares 16 27

Source: Hootsuite



Total Page Followers as of Today: 2,100 (Up 9 from last month)

Total Page Followers

Total Page Followers as of Today: 2,091

Source: Facebook

Twitter Activity (06.18.2020 thru 07.16.2020)

Inbound Messages > Sentiment

Neutral



Engagement > Type

Likes 0 0

Replies 0 0

Retweets 0 0

LinkedIn Activity

Engagement > Type

Reactions 0 8

Shares 0 1

Comments 0 0