

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: 979-8069-9970

August 27, 2020

1. Call Regular Meeting to Order

2. Approval of Agenda **

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

3. Consent Agenda **

- a. Minutes of Board Meeting: July 23, 2020 **(3-5)**
- b. Approval of Checks **(6)**
- c. Report: Foundation **(7)**
- d. Minutes: Finance Committee **(8-9)**
- e. Minutes: Quality Council: August 17, 2020 **(10-12)**

4. Public Comment and Announcements

5. Reports and Dashboards

- a. Quality - Mande Olsen, Director of Quality Improvement **(13-23)**
- b. Chief Executive Officer – Julie Petersen **(24-26)**
- c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(27)**
 - ii. Chief Medical Officer, Kevin Martin MD **(28-29)**
- d. Finance – Chief Financial Officer – Scott Olander
 - i. Operations Report **(30-39)**
 - ii. Approval of Resolution No. 20-04: Authorization of official intent to reimburse capital expenditures from proceeds of a future borrowing in connection with acquiring, constructing, and equipping improvements and renovations to the District's hospital and clinic facilities, including its information technology system. ** **(40-43)**
- e. Operations **(44-50)**
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations

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- f. Community Relations Report – Michele Wurl, Director of Communications & Marketing **(51-53)**

6. Education and Board Reports

7. Old Business

8. New Business

9. Executive Session

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

10. Adjournment

Future Meetings

September 24, 2020, Regular Meeting

October 22, 2020, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

Virtual Zoom Meeting

July 23, 2020

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

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

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

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

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Presentations:**

None.

5. **Public Comment/Announcements:**

Hilda Coraggio stated that she received a request from the hospital to remove her garden, which is on hospital property. President Davis stated that Julie Petersen will contact her. President Davis asked that Petersen report her findings to the Board.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that they have been working SARS/COVID responses from a Workplace Health point of view and they have looked at 576 exposures.

The Board members reviewed the CEO report with Julie Petersen. Petersen thanked the Foundation for donating money for PAPR'S and that they are also currently looking at the needs of the community. Petersen requested Board approval for a

temporary Human Resources policy due to the emergency for an administrative leave use policy. Manda Scott asked for approval of the policy, which is specific to unique, emergency situations.

ACTION: On motion of Matt Altman and second of Erica Libenow, the Board members unanimously approved the authorization for the temporary administrative leave use policy as presented.

Chief of Staff Dr. Timothy O'Brien presented the MEC's recommendations for initial appointments and reappointments to the Board from March 2020 through July 2020 because in-person meetings were on hold due to the Covid pandemic. See Board packet for the complete list of providers.

ACTION: On motion of Erica Libenow and second of Matt Altman, the Board members unanimously approved reappointments and the initial appointment for the months of March, April, May, June, and July as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that we are working on mobilizing the response to the outbreaks in the long-term care facilities. Dr. Martin also stated that the Central Washington University Board of Trustees (BOT) met to address CWU's plans for reduced campus housing and our coordination for Covid testing if the need arises.

Scott Olander reported on KVH's financial performance, stating that we had a higher gross revenue for the month than we have in some time due receiving some under payments, EOC money, and CARES funds. Petersen commented that, year to date, we are still behind in revenues by \$8.3 million and we have not yet recovered from our budget shortfalls. Olander reviewed the communication that is being sent to Kaiser cancelling their contract. The Board agreed that they are supportive in moving forward.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Machorro stated that things have escalated in the last couple of weeks in patient care areas and she is working on securing agency assists for staffing in various departments. Holden stated that we are looking at a contingency plan for the newly hired athletic trainer and discussed the possible options for Pacifica and getting patients on Hospice services.

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

7. Education and Board Reports:

None.

8. Old Business:

None.

9. New Business:

Commissioner Ward asked about KVH looking into daycare options for employees' children. Petersen stated that there is a workgroup that is looking into employee needs but we are reluctant to get into the childcare business.

10. Executive Session:

At 6:55 pm, President Davis announced that there would be a 5-minute recess followed by a 20-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g).

At 7:20 pm, the meeting was reconvened into open session. No action was taken.

11. Adjournment:

With no further action and business, the meeting was adjourned at 7:21 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motion passes authorizing the temporary administrative leave use policy.
4. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: August 27, 2020

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

| | | | | |
|----|------------------|----------------------|-------------|-----------------------|
| #1 | AP CHECK NUMBERS | <u>265553-266335</u> | NET AMOUNT: | <u>\$3,974,927.77</u> |
| | SUB-TOTAL: | | | <u>\$3,974,927.77</u> |

PAYROLL CHECKS/EFTS TO BE APPROVED:

| | | | | |
|----|------------------------|--------------------|-------------|-----------------------|
| #1 | PAYROLL CHECK NUMBERS | <u>81663-81671</u> | NET AMOUNT: | <u>\$8,445.33</u> |
| #2 | PAYROLL CHECK NUMBERS | <u>81672-81677</u> | NET AMOUNT: | <u>\$4,742.57</u> |
| #3 | PAYROLL DIRECT DEPOSIT | <u>EFT</u> | NET AMOUNT: | <u>\$1,160,001.20</u> |
| #4 | PAYROLL DIRECT DEPOSIT | <u>EFT</u> | NET AMOUNT: | <u>\$1,234,952.60</u> |
| | SUB-TOTAL: | | | <u>\$2,408,141.70</u> |

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

| | | | |
|----|---|-------------|---------------------|
| #1 | 2017 \$1M TAXABLE REVENUE BOND - INTEREST | NET AMOUNT: | <u>\$9,654.18</u> |
| #2 | 2017 \$12.5M TAX EXEMPT REVENUE BOND - INTEREST | NET AMOUNT: | <u>\$185,963.53</u> |
| #3 | 2018 \$6M REVENUE BOND - INTEREST | NET AMOUNT: | <u>\$96,188.64</u> |
| | SUB-TOTAL: | | <u>\$291,806.35</u> |

TOTAL CHECKS & EFTs: \$6,383,069.47

Prepared by


Sharoll Cummins
Staff Accountant



Current activities

Tough Enough to Wear Pink (August 24 – September 9)

Tough Enough To Wear Pink Goes Virtual

The Foundation at KVH and the Ellensburg Rodeo Association partner each year to raise funds to support breast cancer awareness and prevention services in Kittitas County. The Foundation at KVH uses the TETWP funds to provide free mammography screenings at Kittitas Valley Healthcare for patients in need and to support breast cancer education materials in our community.

This year due to the current health crisis, we are taking our fundraising online! Starting August 24, visit our online store to make a donation or to purchase TETWP merchandise. Be sure to join us and the Ellensburg Rodeo in person next year.

[Support Tough Enough To Wear Pink – Online Store](#)

On behalf of the patients we serve, thank you for helping stop breast cancer in its tracks.

Annual Appeal (Oct)

The Foundation's Annual Appeal for 2020-21 will be mailed to the community in early October. Fundraising for the 2019-20 campaign stands at \$30,510.00 currently.

Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

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

August 25, 2020
Tuesday

7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: July 21, 2020**
- **July Financial Highlights**
- **Financial Strategy - Maintaining Access to Capital Financing**
- **Adjourn**

Next Meeting Scheduled: September 22, 2020 (*Tuesday*)

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

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

Members Excused: Jon Ward

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

The meeting was called to order at 7:32 a.m.

A motion was made to approve the agenda and the June 23, 2020 minutes. The motion carried.

Olander presented the highlights of June 2020 financial results. Patient volumes are up, but not everywhere. Clinics are close to budget. Other operating revenue includes one eighth of \$4.6 million of CARES funds. Revenue deductions include the Humana payment. KVH received notice that the RHC payable has been forgiven from the Washington State Legislature. Overall June was a good month. The details are in the Chief Financial Officer Report.

The committee received education and discussed payer contracts.

With no further business, the meeting was adjourned at 8:14 a.m.

| Quality Improvement Council | MEETING MINUTES | August 17, 2020 |
|--|---|--|
| <p>Present: Mandeel Olsen, Dr. O'Brien, Matt Altman, Julie Petersen, Vicky Machorro, Terry Clark, Carrie Barr, Rhonda Holden, Jeff Yamada, Scott Olander, and Dr. Martin</p> <p>Guests: Kathy Murray, April Grant, and Stephanie Walker</p> <p>Recording Secretary: Mandy Weed</p> <p>Minutes Reviewed by: Mandeel Olsen</p> | | |
| <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. | |
| Presentations: | | |
| <ul style="list-style-type: none"> Improvement Outcomes – PDGM Home Health Billing Improvement | <p>Handouts: Power Point included in packet.</p> <p>Discussion: Kathy Murray went over the Home Health PDGM stating that it was the largest payment reform in 20 years. Kathy stated that it changed their billing cycle from a 60 day down to 30 days. Kathy went over the changes that Home Health made, what PDGM is and what they did to prepare for the big change and how they are doing. Commissioner Altman expressed the Boards appreciation for all of their hard work.</p> | |
| <ul style="list-style-type: none"> Improvement Outcomes – Medicare Annual Wellness Visits | <p>Handouts: Handouts included in packet</p> <p>Discussion: Carrie Barr stated that the Medicare Annual Wellness and Chronic Care Management (CCM) visit improvement projects focused on standardization amongst all clinics. April Grant stated that they began working on the Medicare Annual Wellness and CCM visit about 9 months</p> | |

| | | |
|--|---|--|
| | ago and they currently have 44 CCM patients: 12 at FMC, 11 at FME and 21 at IM. April stated that the three main diagnosis are hypertension, diabetes and depression. April went over the referral and intake visit processes. Stephanie Walker stated the Annual Wellness visits are a preventative visit managed by the nurse and the visit is used to identify patients that are candidates for the CCM program and it helps create that warm handoff. Stephanie stated that they discuss any immunizations or procedures that the patient may need. | |
| Reports: | | |
| <ul style="list-style-type: none"> 2020 QI Council Dashboard Review | <p>Handouts: QI Council Dashboards & Glossary</p> <p>Discussion: Mandee went over the QI dashboards stating the data is through the end of June 2020. Mandee stated that we had 2 patients that both met the sepsis measure, median time to CT and median time to results were very good for the month of June; time to referral has held steady; no adverse medication events; 4 falls including 1 with injury; 1 needlestick; and timely starts to PT went down slightly due to staffing.</p> | |
| <ul style="list-style-type: none"> Patient Satisfaction Dashboard Review | <p>Handouts: Patient Satisfaction Dashboards</p> <p>Discussion: Mandee reviewed the dashboards and noted that the ED is getting to their target and that she is guessing the decrease in Family Birthing and Med Surg/CCU is due to the visitor policy with Covid. Mandee also stated that Home Health and Hospice is doing amazing.</p> | |
| New Business: | | |
| <ul style="list-style-type: none"> 2nd 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 in person and recording to be shown at</p> | Mandy will check with Julie and the Board on how to recognize Engineering Staff at the |

| | | |
|--|--|---------------------|
| | <p>next Employee Forum:</p> <p>2nd Quarter Clinical – Monique McCready, MA-C and Marcella Stewart, MA-C for recognizing someone in need and stepping in to help.</p> <p>2nd Quarter Non-Clinical – Sara May Housekeeping Aide-Environmental Services for discovering a cooler left in the mail rom and investigating it.</p> | next board meeting. |
| Closing: | | |
| <ul style="list-style-type: none"> Adjourned at 4:53 pm | Next meeting October 19, 2020 at 3:00 p.m. | |

QUALITY IMPROVEMENT REPORT – Mande Olsen, BSN RN CPHQ

August 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 have bolstered our Infection Control/Employee Health staffing; Anna Scarlett has accepted a 1.0 FTE as Employee Health/Infection Control Coordinator, in addition to Julie Hiersche's 0.5 FTE. To date we 915 employee contacts through COVID positive case reviews.

Quality Improvement Dashboard Data Summary – through June 2020

Summary of Areas Meeting Goal or Showing Improvement

- Both patients who were eligible for the sepsis bundle had all components of the measures met.
- Median time to CT and median time to results was very good during the month of June.
- For restraints, only one patient was missing a care plan during the month of June. This is a marked improvement from prior months. The Emergency Department, in particular, did an excellent job with restraint orders and documentation.
- Time to referral completion held steady, despite a marked increase in the number of referrals from the prior month.
- Improvement in management of oral medications has improved nearly steadily over the past year.
- No adverse medication events that caused harm or required additional monitoring.

Summary of Improvement Opportunities

- Four falls in the month of June, including one fall with injury where a patient rolled out of bed that resulted in an abrasion and a laceration that required stitches.
- We had one needlestick where lab staff was attempting to draw a sample from an agitated patient in the Emergency Department.
- Timely starts for physical therapy went down slightly due to staffing issues during the month of June.



Patient Stories

"Today I called Imaging at 7:30 am to ask why my CT scan had been cancelled. Amanda answered and took the time to look through the notes to see what had happened. She then put me on hold to call my insurance company which was still closed. She said she would call them at 8 am and call me back. She called me at 8:15 and had everything set up for me to come in today and have my scan. I appreciate that she went the extra mile to make sure my needs were met!"

-Patient of KVH Imaging to Amanda Kollmar

"To all the staff at Ellensburg hospital – that means doctors, nurses, aides, cooks, cleaning people, maintenance, etc..... Because of your caring attitude and hard work I received wonderful care while a patient here and happy to relate this to anyone who will hear me. It was a short stay but I was in capable hands and appreciated it so very much!"

-Patient to KVH Hospital staff

"Words can't express how much you mean to our family. You are truly an angel on earth! Thank you for making sure our sweet [family member] was pain free."

-Family of Hospice patient to RN Chad Bearup

"Thank you so much for the care and support that you offer families every day! We appreciate you all so much and look forward to becoming parents with your help!"

-Patients to KVH

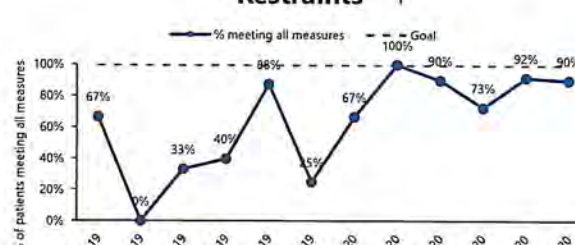
QI Council

Sepsis Bundle ↑



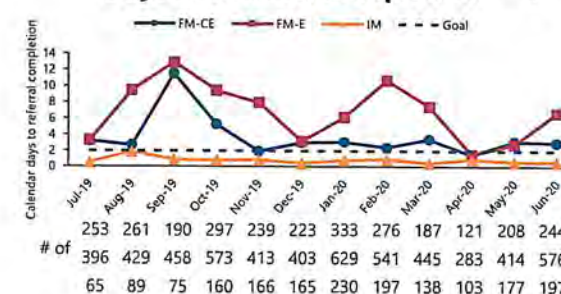
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Restraints ↑



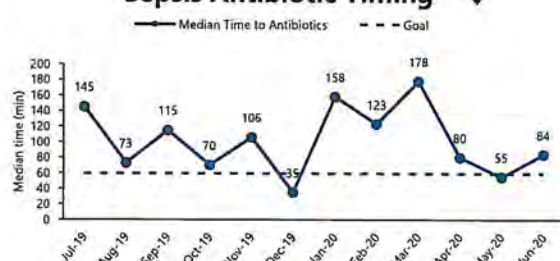
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Days to Referral Completion ↓



of referrals: 253, 261, 190, 297, 239, 223, 333, 276, 187, 121, 208, 244, 396, 429, 458, 573, 413, 403, 629, 541, 445, 283, 414, 576, 65, 89, 75, 160, 166, 165, 230, 197, 138, 103, 177, 197

Sepsis Antibiotic Timing ↓

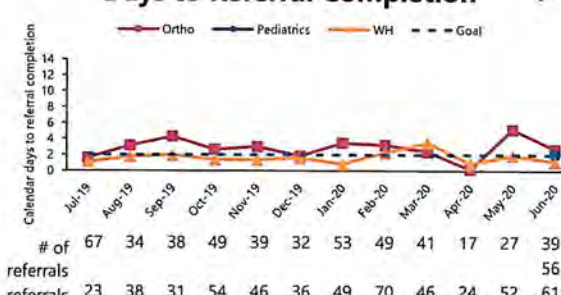


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Falls ↓

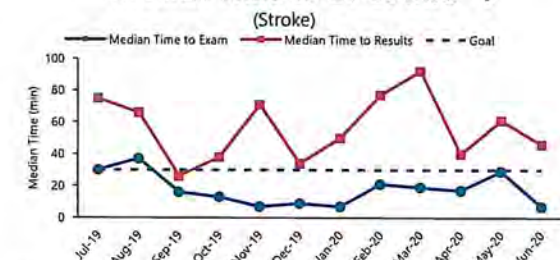


Days to Referral Completion ↓



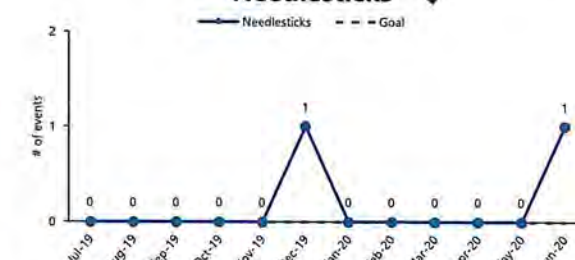
of referrals: 67, 34, 38, 49, 39, 32, 53, 49, 41, 17, 27, 39, 23, 38, 31, 54, 46, 36, 49, 70, 46, 24, 52, 61, 56

Median Time to CT or MRI ↓

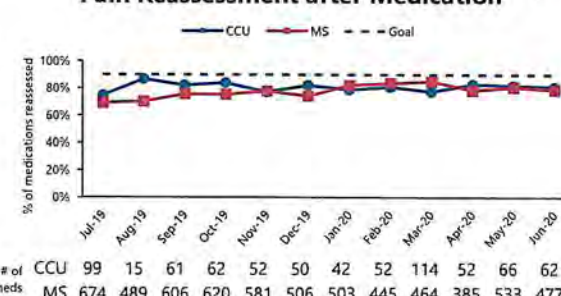


possible 7 11 7 4 6 7 7 8 5 8 7 7

Needlesticks ↓

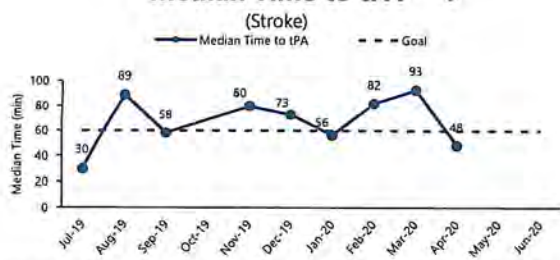


Pain Reassessment after Medication ↑



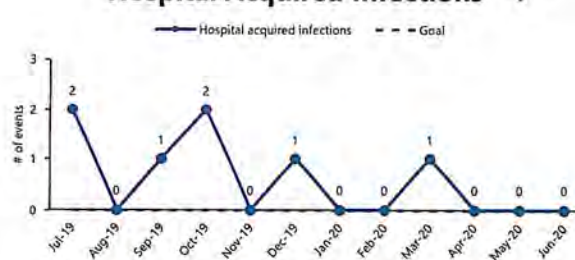
of meds: CCU 99, 15, 61, 62, 52, 50, 42, 52, 114, 52, 66, 62; MS 674, 489, 606, 620, 581, 506, 503, 445, 464, 385, 533, 477

Median Time to tPA ↓

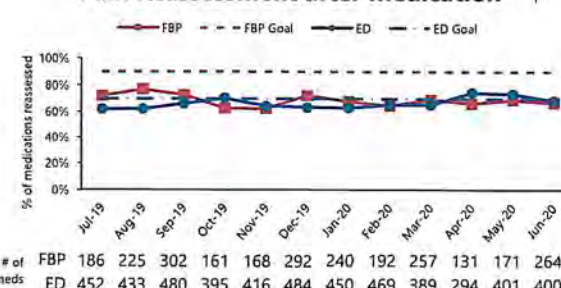


possible 1 1 2 0 2 1 3 3 1 2 ###

Hospital Acquired Infections ↓



Pain Reassessment after Medication ↑



of meds: FBP 186, 225, 302, 161, 168, 292, 240, 192, 257, 131, 171, 264; ED 452, 433, 480, 395, 416, 484, 450, 469, 389, 294, 401, 400

Timely Start for Physical Therapy (Home Health)

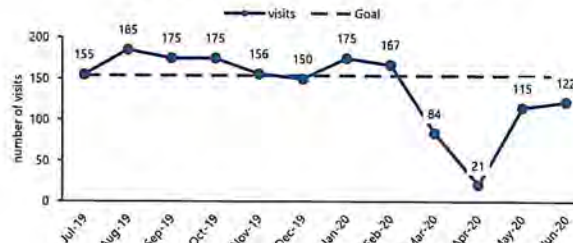
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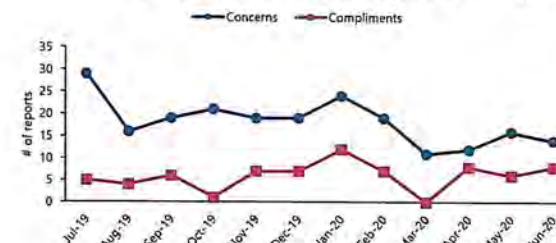
Medicare Wellness Visits

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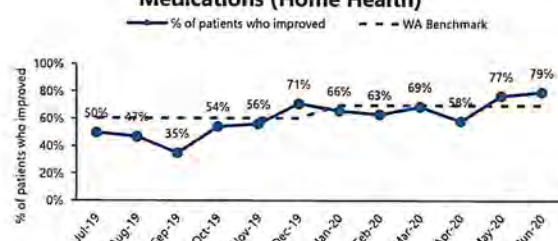
Care and Service Reports

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Improvement in Management of Oral Medications (Home Health)

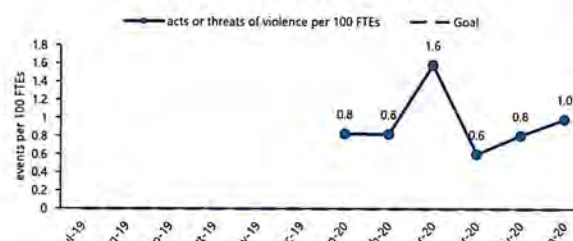
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Workplace Violence Events

↓



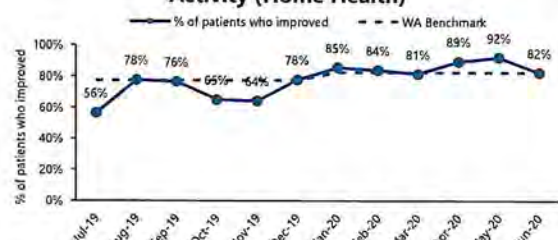
Employee Reports

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Improvement in Pain Interfering with Activity (Home Health)

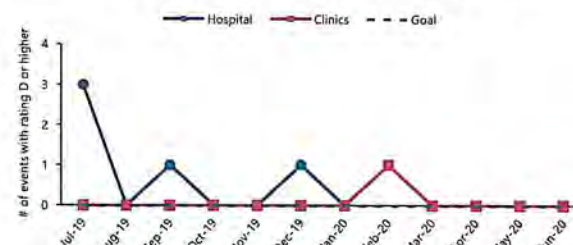
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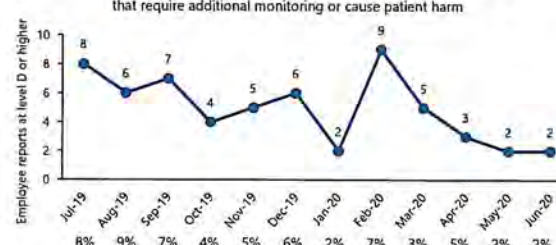
Adverse Medication Events

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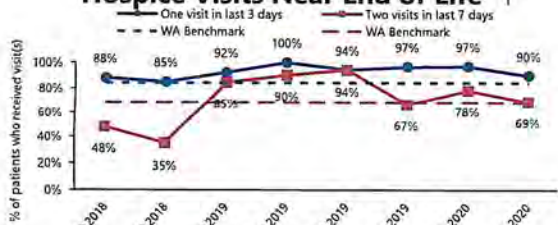
Reports of Occurrences

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Hospice Visits Near End of Life

↑

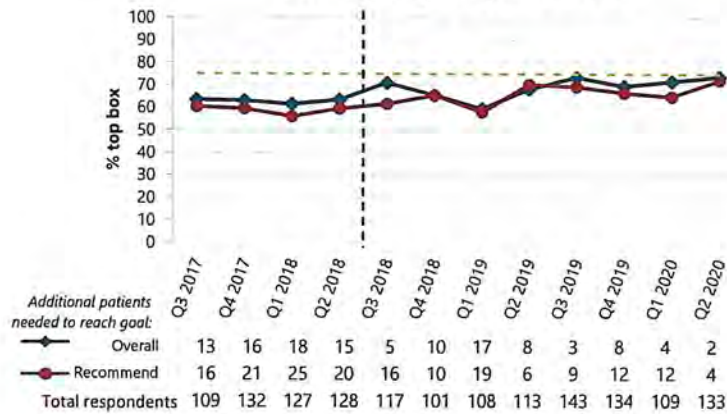


possible 25 20 26 31 17 30 33 30

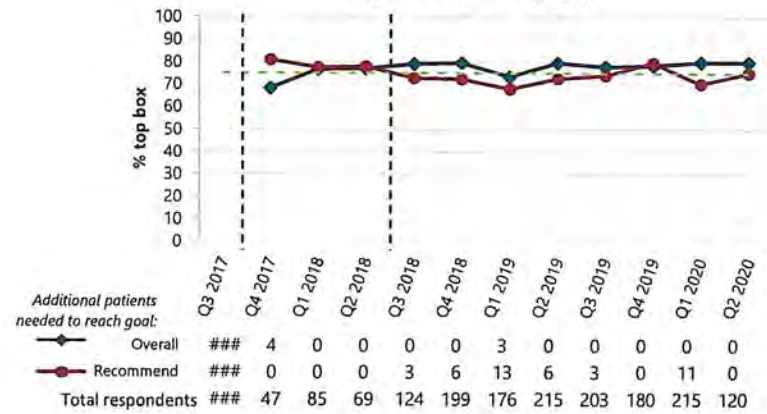
Patient Satisfaction Dashboard

Updated 8/5/2020

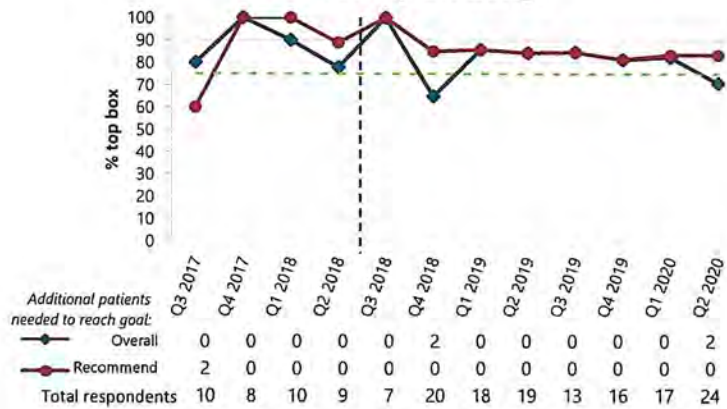
Emergency Department



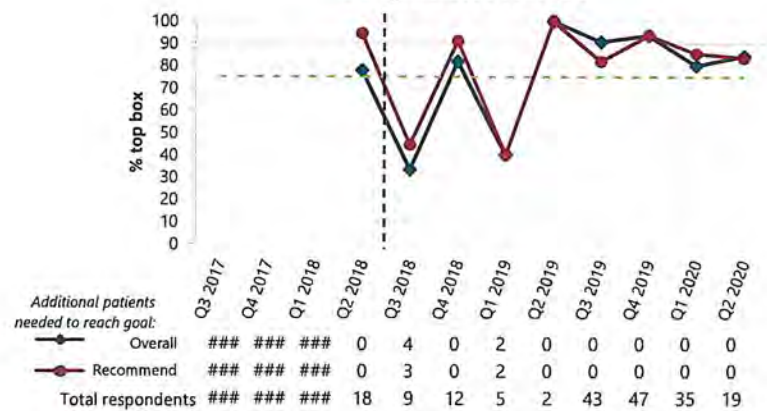
Outpatient Surgery



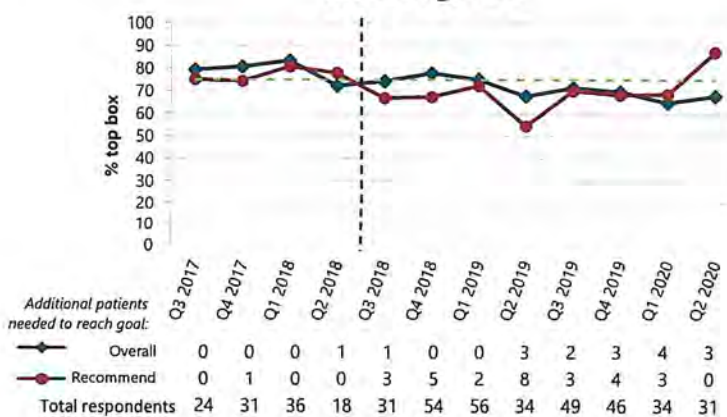
Family Birthing



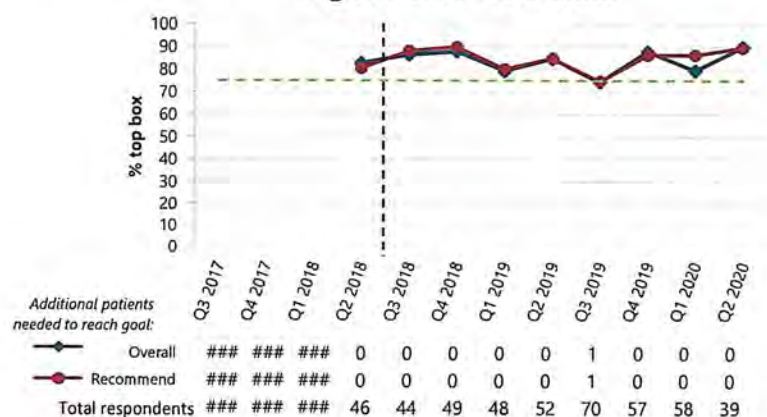
Outpatient Rehab



MedSurg/CCU



Urgent Care - Cle Elum



Patient Satisfaction Dashboard

Updated 8/5/2020

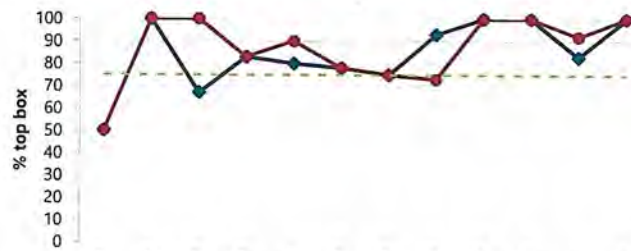
Home Health



Additional patients
needed to reach goal:

| | Q3 2017 | Q4 2017 | Q1 2018 | Q2 2018 | Q3 2018 | Q4 2018 | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020 |
|-------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Overall | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| Recommend | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 0 | 0 | 0 |
| Total respondents | 30 | 23 | 19 | 26 | 26 | 23 | 27 | 20 | 26 | 15 | 21 | 25 |

Hospice



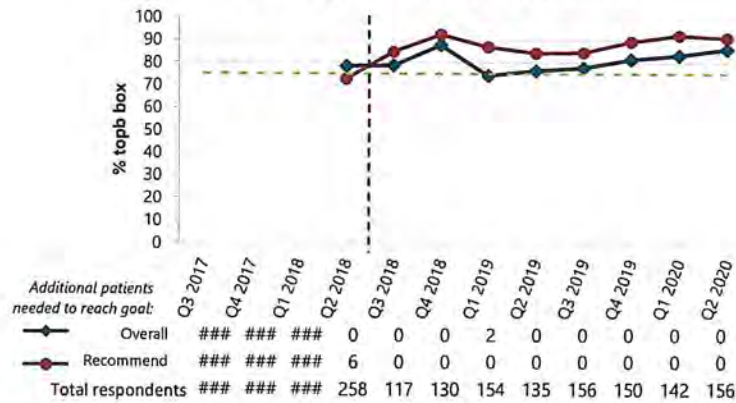
Additional patients
needed to reach goal:

| | Q3 2017 | Q4 2017 | Q1 2018 | Q2 2018 | Q3 2018 | Q4 2018 | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020 |
|-------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Overall | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Recommend | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Total respondents | 2 | 4 | 9 | 6 | 10 | 9 | 4 | 15 | 13 | 5 | 12 | 11 |

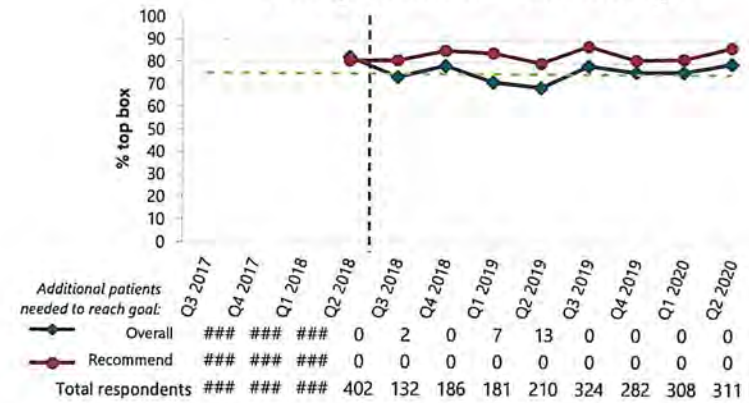
Patient Satisfaction Dashboard

Updated 8/5/2020

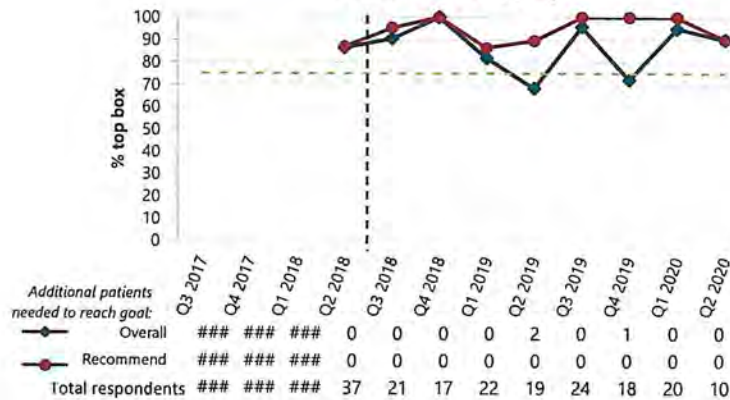
Family Medicine - Cle Elum



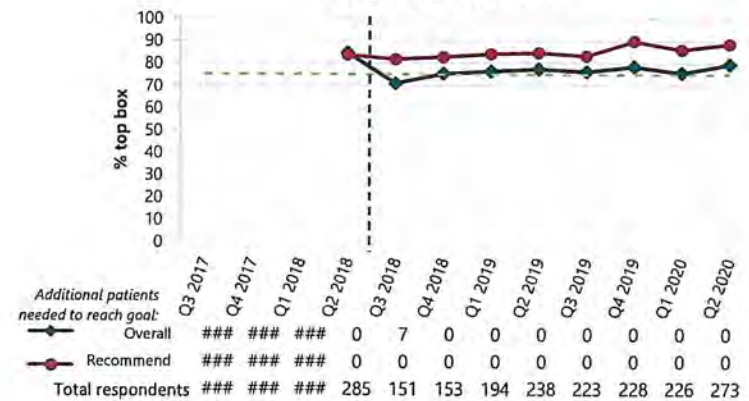
Family Medicine - Ellensburg



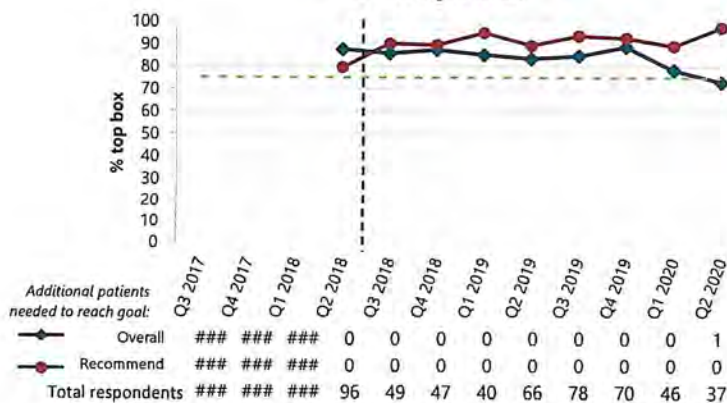
General Surgery



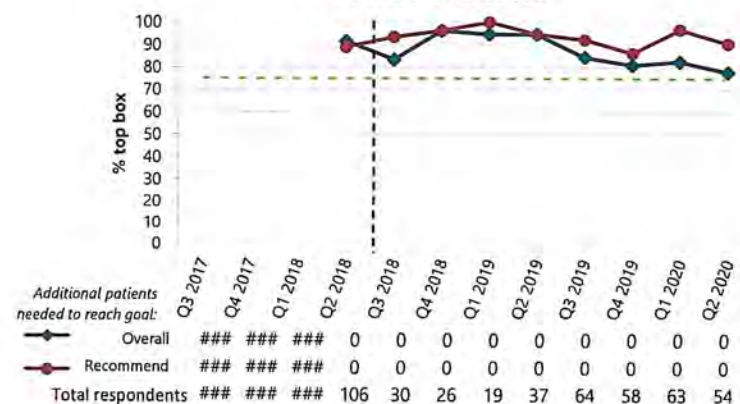
Internal Medicine



Orthopedics



Women's Health



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: ► 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 August 2020

COVID-19 Response – Since the July Board meeting Kittitas County has stood up and, hopefully stood down, an Alternative Care Facility. Dr. Martin, Vicky and Rhonda did the impossible; staffing, equipping and supplying the ACF at a moment's notice. Residents were cared for in the facility while they were actively contagious and through their recovery. Most without being hospitalized. Wednesday, August 19th the facility will be returned to Pacifica.

We are running the risk of being our own worst public relations machine. I am not sure that the community properly appreciates how forward thinking and effective your team has been at supporting the community and avoiding overwhelming events.

If Carrie and team had not opened and staffed the COVID clinic, we would be reading about people reporting for testing in the ED, people trying to get tested by their primary care providers and public health being overwhelmed. No one would be surprised by those stories given the issues other communities have faced. Instead we have provided and effectively managed access to testing. 3,100 residents tested at the COVID Clinic.

If KVH and the EOC had not reached across the community to our long term care partners, it is likely that we would have experienced a much higher rate of inappropriate admission and cycling admissions and discharges that could potentially overwhelm the hospital the ED and EMS. Instead residents were provided the treatment that they needed in a home like environment while allowing the limited long term care staff to focus on stopping additional exposures.

With students returning to CWU soon and schools opening in one fashion or another, we have shifted our focus to our ability to respond to what those outbreaks and testing needs will be. Your clinical team is becoming experts at staying in front of the curve.

Virginia Mason and CHI Franciscan – There has been very little follow up to the announcement that CHI Franciscan and VM are engaged in merger talks. Mitchell Rhodes, our grant writer, has been pressed into service to follow and report on this process. There will be legislative, regulatory and community components to track as this discussion progresses.

The United States Conference of Catholic Bishops updated The Ethical and Religious Directives for Catholic Health Care Services (ERDs) in 2018. The ERDs govern what care can be provided by Catholic health facilities and physicians must agree to abide by the ERDs to obtain admitting privileges at Catholic hospitals. The general sense is that the 2018 update return to a stricter application of the ERDs after a number of years of accommodation due to affiliations.

As I mentioned last month, the proposed merger has the potential to impact the Yakima and surrounding markets.

Public Concern - The KVH property line extends a few feet onto the other side of Wilson Creek behind KVH Internal Medicine. Some time ago, a resident of the apartments asked for and was granted permission to plant a small flower garden on KVH property. Mitch Perry, from our Facilities Department, has managed our relationship with the gardener. We understand that management of the apartment complex has recently begun receiving complaints about the garden which had grown to be something of a memorial. It also appears to have been used as a smoking retreat on a campus that is otherwise smoke free. I spoke with the gardener and she agreed to a time frame for moving the plants and decorations.

Human Resources & Staff Development- August 2020

July Metrics

| <i>Employee Population</i> | | | | |
|----------------------------|----------------|----------------|---------------|---------------|
| | <i>20-July</i> | <i>20-June</i> | <i>20-May</i> | <i>20-Apr</i> |
| Full-time | 399 | 397 | 397 | 395 |
| Part-time | 131 | 133 | 135 | 135 |
| Total Employees | 631 | 635 | 639 | 637 |

| <i>Turnover</i> | | | |
|-----------------------|------------|----------------|----------------------|
| | <i>YTD</i> | <i>20-July</i> | <i>2019 Year End</i> |
| Turnover (People) | 52 | 11 | 138 |
| Turnover (Percentage) | 8.26% | 1.74% | 22.44% |
| Voluntary | 48 | 11 | 109 |
| Involuntary | 4 | 0 | 9 |

| <i>General Recruitment</i> | | | | |
|------------------------------|----------------|----------------|---------------|---------------|
| | <i>20-July</i> | <i>20-June</i> | <i>20-May</i> | <i>20-Apr</i> |
| Open Postings | 30 | 13 | 7 | 10 |
| Unique Applications Received | 295 | 166 | 104 | 92 |
| Employees Hired | 8 | 5 | 7 | 8 |
| Time to Fill (Median) | 27 | 39 | 32 | 30.50 |
| Time to Fill (Average) | 32.10 | 35.24 | 32.06 | 29.88 |

| <i>Annual Evaluations</i> | |
|------------------------------|------------|
| | <i>YTD</i> |
| Percent complete | 74.6% |
| Total evaluations over due | 158 |
| # of employee evals over due | 128 |
| # of provider evals over due | 30 |

Recruitment: It was a busy month for recruiting, we more than doubled our posting count from the previous month and it is the highest amount of posting and applications we've seen all year. About half of the positions were posted in Registration and Dietary, with the other half spread between the clinics and hospital openings. We have renewed our contract with our Applicant Tracking Software program, SmartRecruiters, for another couple of years and are working on some enhanced recruiting features.

Benefits and Wellness: In July, KVH HR and Finance leaders held our mid-year review meeting with Parker, Smith, and Feek who is our benefits consultant. Overall there was positive feedback on our plan design and we are not expecting major changes for year 2021 in benefits. Marlo Willis will be covering benefits administration while we hire a new HR Business Partner. We continue to communicate about our Employee Assistance Plan benefit to support our staff with services during this challenging time.

Student and Volunteer Services: We have hired our new Student and Volunteer Coordinator. Kyle West, currently in Medical Staff Services at KVH, will be joining our team in September. Kyle has experience working with medical students and is expanding this role to support all student learners and volunteers at KVH. He already has innovative ideas to improve processes and programs.

Leadership Development: Manda has continued focused consulting with leadership teams across KVH. In July, Manda held a communication styles and leadership training for the corporate services division and the clinic manager team.

Staff Development: We continue our work on Customer Service training. A small work group has been meeting over the last couple of months to brainstorm ideas, create an outline, and develop objectives. We plan to work with Idea Learning Group out of Portland to finalize our training. Without a full time Staff Development team member, this was the most cost effective and efficient way to continue our work on this training. Idea Learning Group has worked with many organizations to incorporate best practices in learning and development.

HR Operations/Staffing: In July and August, HR continued to support the staffing needs of the organization as we opened the Alternative Care Facility (ACF) at Pacifica. Memorandums of Understanding (MOU) were negotiated with both labor unions to allow staff to voluntarily support the community by working at the ACF. Managing leaves and accommodations continues to be a high volume of work. We continue to partner with Workplace Health and Infection Control to coordinate staff exposures and exclusions from work.

Staff Feedback and Engagement: On August 5, we sponsored employee focus groups to discuss childcare options for the fall. The meetings went well and employees enjoyed sharing resources and ideas. We are considering hosting additional meetings for staff to share ideas with each other. Manda and other KVH representatives continue to work with Kittitas County Health Network regarding childcare access in Kittitas County.

We have hired our new HRIS Analyst, Lionel Garcia. Lionel comes to us with healthcare experience and project management expertise. He will help us optimize our HR systems for compliance and provide technical support, which is expected to save in purchased services.

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date August 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> |
|----------------------|-----------------|------------------|----------------------------|
| Carolyn Wise, ARNP | Provisional/AHP | Apt | KVH ED |
| Larry Birger | Active | ReApt | Hospitalist |
| Donald Orminski, DPM | Associate | ReApt | Yakima Podiatry Associates |
| Laurel Gorham, DNP | AHP | ReApt | KVH Pediatrics |
| Julia Riel, PA-C | AHP | ReApt | KVH FME |

CHIEF MEDICAL OFFICER – Kevin Martin, MD

August 2020

Medical Staff Services:

- Recruiting: Mitch Engel reports
 - We conducted 4 interviews since my last report, 2 family physicians, surgeon, and an orthopedics PA. We made an offer to 1 family physician. As I write this report, we are awaiting a site visit from the candidate surgeon, and the orthopedic PA has accepted our offer. 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**
 - **Neurology**
 - Planning the implementation and staffing model; insuring pro forma is accurate based on expenses related to practice location.
 - **Urology**
 - We are working with Yakima Urology and Amy Krogstadt to plan for urology surgical procedures. This includes supplies, equipment, Cerner documentation, staff training, etc.
 - **Hospice Certificate of Need (CoN)**
 - We are drafting a timeline for this project based on milestones set by the DOH, and will draft a letter of intent as the first action item.
 - **Payer Contract Community Outreach**
 - Facilitating a series of meetings with key community partners who are affected by changes KVH makes to payer contracts.
 - **Dialysis Services**
 - We are in process of researching options for inpatient dialysis at KVH, including reaching out to nephrologists in Yakima, Northwest Kidney Center and DaVita.
 - **Palliative Care**
 - Coordinating the team representing KVH in Cohort 2 of the WA Rural Palliative Care Initiative (WRPCI)
 - **Ongoing/In Queue:**
 - CWU – Athlete Healthcare
 - KCHN Strategic Planning
 - Continuum Housing (will reconvene team as soon as is feasible; in the meantime we are working on the Hospice CoN application)
- Medical staff: Kyle West reports that we have 1 initial appointments and 4 reappointments this month. There are 10 students rotating at KVH currently and 4 more who have rotations starting before the end of the month.
 - I am of mixed-feelings announcing that Kyle West has accepted a position in Human Resources as our Student & Volunteer Coordinator. He will continue some of the work that he has been doing in my department organizing and systematizing our educational efforts, and when volunteers return to campus he will coordinate them as well. He has done a lot of work over the last months to improve the accuracies and processes around credentialing and privileging and I appreciate his work. He will be missed as part of my team.

CMO activities:

- **COVID-19:**
 - The pandemic continues to occupy the bulk of my energies. As you are aware, the county's Incident Management Team has been operating an alternative care facility (ACF) in the memory care space at Pacifica. I have served as director with Rhonda Holden as deputy director and Vicky Machorro in charge

of staffing. As I write this, we feel we are through the outbreak in our long-term care facilities and are in the process of standing down the ACF. This work needs to be coordinated with DSHS and that is where the work stands at this hour.

- **Community & Regional Partnerships**

- Greater Columbia Accountable Community of Health did not meet in August.
- The Washington Rural Health Collaborative Physician Leadership Committee met 17 August but had a quite short agenda.
- Project Windmill, the group looking at continuum housing work, has not met, but we are looking to re-energize this work in the coming weeks.

I want to close by again thanking Kyle West for his service to medical staff and to my team. I am glad too that his new role will allow me to continue to work with him around education issues. Thank you.

I also want to acknowledge events since 8 July. We saw the scenario that has concerned me most since COVID-19 ravaged a long-term care facility in Kirkland, SARS-CoV-2 positive residents in multiple facilities. I would not have been surprised if our infection rates and mortality had been very much higher. The fact that they were not is entirely due to the hard work put in by all of our partners in the Incident Management Team and the leadership and staff in those facilities in support of infection control and in standing up the ACF. Various disaster response exercises have dealt with standing up an ACF, but no one ever imagined that this would be in a private facility and this posed unique challenges. The yeoman work put in by Rhonda and Vicky embodied our contribution to IMT and to date, those two have met every one of those challenges. Because of this community effort, we did not see the volumes of admissions or the loss of life we feared. Lives were saved. We helped.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer

July Operating Results

- KVH hospital and clinic operations in July were mostly back to normal levels. Admissions and patient days were slightly below budget. Deliveries exceeded budget for the month. Patient volumes at the Family Birth Place and Women's Health are steady and consistent. It was one year ago that OB providers Dr. Dawson (6/10/19), Dr. Serrano (8/5/19) and Dr. Casey (8/14/19) joined KVH. The impact of these OB providers is being reflected with the growth in deliveries. Inpatient and outpatient surgery cases exceeded budget and GI case volumes were just below budget. ER visits improved but were still 12% below budget. Laboratory tests were nearly 17% greater than budget. Most of the growth in lab volume has been Covid19 tests. Clinic visits also improved but were 9% below budget. The positive clinic revenue variance is due to the unbudgeted ENT revenue which totaled \$122,110 in July. Urgent care visits, radiology scans, and rehab visits are all trending upward.
- Gross revenue of \$14,482,133 (another new record for one month) exceeded budget by \$652,177. Inpatient revenue had a positive variance of \$37,029; outpatient revenue had a positive variance of \$525,489 and clinic revenue exceeded budget by \$89,659. The laboratory department exceeded their revenue budget by \$715,163; \$643,755 of this positive revenue variance was for Covid-19 tests.
- Deductions from revenue was greater than the revenue variance and exceeded budget by \$701,363 for the month. We have been conservative in our contractual allowance amount due to the increase in Covid-19 lab tests. We do not know how the Covid-19 lab tests will be reimbursed but are monitoring closely. Bad debt deductions were below budget by \$42,672. Financial assistance exceeded budget by \$43,766. In July KVH wrote-off of \$61,849 for untimely billing and a \$41,643 inpatient hospice adjustment. These amounts account for most of the \$127,314 in other deductions.
- July other operating revenue exceeded budget by \$651,803 due to the recognition of 1/8th of \$4,694,150 (\$586,769 per month) of Federal Government CARES and a voluntary donation of \$140k from a vendor partner.
- KVH was below budget in nearly every expense category. The voluntary employee wage reductions ended on July 4th, however, employees are still taking time off which is reflected the low productive FTE number of 428.6, high non-productive FTE of 71.8 and positive wage variance of \$100,379. Temporary labor was over budget due to the need to hire contract nurses in ICU for \$8,362 and FBP for \$9,341. Most departmental supply expenses were below budget, laboratory was the exception. Lab supplies exceeded monthly budget by \$170,246. This variance is volume and Covid-19 test related. In July,

expenses to operate the unbudgeted ENT Clinic totaled \$60k and expenses to operate the Covid-19 pop up clinic were \$141k. For the month of July KVH had a positive expense variance of \$296,608 which was a factor that contributed July's excellent financial performance.

- In July, KVH posted operating income of \$1,094,056 compared to budget operating income of \$194,830, a positive variance of \$899,225. Better than budgeted gross revenue, the CARES funds and expense control were significant factors that contributed to positive results for July. YTD operating income is now a positive amount of \$1,583,013 compared to budget of \$1,414,326 a positive variance of \$168,685.
- Non-operating revenue/expense were below budget by \$55,090 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 will continue.
- Days in Accounts Receivable decreased 12 days from 94 days to 82 days. Gross Accounts Receivable increased by \$249,386 from \$38,005,251 in June to \$ 38,254,637 in July. Monthly revenue for May, June and July were in normal ranges so the wild swings are no longer in the days calculation denominator. Total cash receipts excluding the CARES funds in July were \$8,097,215 compared with \$6,979,723 in June and \$6,149,395 in May.
- Days Cash on Hand increased 8.5 days to 165.1 days in July from 156.6 days in June. The total amount of the July cash increase was \$1,695,719.
- Average daily cash collections increased to \$352,053 in July from \$317,260 per working day in June.

Financial and Operating Indicators
July 2020 - Key Statistics and Indicators

| L | Measure | 2020 YTD | 2020 Budget | 2020 Annualize | 2019 | 2018 | 2017 | 2016 | 2015 | 2014 |
|----|-----------------------------|------------|-------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 | Total Charges | 87,481,014 | 162,287,212 | 149,908,780 | 152,675,062 | 140,104,003 | 130,611,388 | 124,153,636 | 119,500,425 | 121,635,699 |
| 2 | Net Revenue | 51,270,343 | 87,947,737 | 87,857,630 | 83,127,969 | 78,753,810 | 71,490,964 | 71,506,819 | 69,689,466 | 69,118,460 |
| 3 | Operating Income | 1,583,013 | 1,720,871 | 2,712,675 | 2,501,969 | 474,120 | 885,655 | (5,893) | 3,620,482 | 4,662,688 |
| 4 | Operating Margin % | 3.1% | 2.0% | 3.1% | 3.0% | 0.6% | 1.2% | 0.0% | 5.2% | 6.7% |
| 5 | Cash | 36,732,588 | 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 | 165.1 | 127.6 | NA | 138.6 | 133.5 | 178.7 | 156.0 | 189.4 | 175.8 |
| 7 | | | | | | | | | | |
| 8 | Surgeries | 752 | 1,547 | 1,289 | 1,305 | 1,461 | 1,396 | 1,510 | 1,578 | 1,675 |
| 9 | Gastrointestinal Procedures | 657 | 1,596 | 1,126 | 1,416 | 1,250 | 1,383 | 1,396 | | |
| 10 | Emergency Visits | 7,033 | 13,807 | 12,052 | 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 | 16,708 | 31,692 | 28,631 | 30,397 | 30,843 | 33,836 | 33,471 | | |
| 13 | Laboratory Tests | 127,498 | 213,227 | 218,482 | 209,144 | 207,040 | 190,587 | 181,082 | | |
| 14 | Clinic Visits | 40,577 | 77,747 | 69,533 | 72,711 | 59,241 | 50,917 | 48,525 | | |
| 15 | IP & Obs Days (no swing) | 2,129 | 4,074 | 3,649 | 3,805 | 3,999 | 3,440 | 3,937 | 3,740 | 4,976 |
| 16 | Deliveries | 175 | 340 | 300 | 309 | 342 | 322 | 312 | 368 | 334 |
| 17 | Admits | 498 | 969 | 853 | 941 | 984 | 899 | 1,043 | 1,299 | 1,433 |
| 18 | | | | | | | | | | |
| 19 | FTEs | 495.6 | 506.6 | NA | 477.4 | 469.4 | 457.6 | 449.1 | 437.9 | 437.7 |
| 20 | AR Days | 82.2 | 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 | 149,908,780 | 155,728,564 | 147,664,856 | 143,854,660 | 142,211,813 | 143,725,881 | 151,853,197 |
| Operations Growth | 4.21% | -3.74% | 5.46% | 2.65% | 1.16% | -1.05% | -5.35% | 2.88% |

Kittitas Valley Healthcare
July 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 | 82 | 84 | -2.2% | 498 | 576 | -13.6% | 547 | -9.0% |
| 02 | Patient Days - W/O Newborn | 231 | 234 | -1.2% | 1,492 | 1,609 | -7.2% | 1,563 | -4.5% |
| 03 | Patient Days - Swingbed | 16 | 14 | 14.3% | 123 | 98 | 25.5% | NA | NA |
| 04 | Avg Daily IP Census w/Swingbed | 8.0 | 8.0 | -0.3% | 7.6 | 8.0 | -5.4% | 7.4 | 2.9% |
| 05 | Average Length of Stay | 2.8 | 2.8 | 1.0% | 3.0 | 2.8 | 7.3% | 2.9 | 4.9% |
| 06 | Average Length of Stay w/Swingbed | 3.0 | 3.0 | 1.9% | 3.2 | 3.0 | 9.5% | 2.9 | 13.5% |
| 07 | Deliveries | 34 | 29 | 17.9% | 175 | 197 | -11.3% | 182 | -3.8% |
| 08 | Case Mix Inpatient | 1.04 | 1.00 | 3.8% | 1.03 | 1.00 | 2.8% | 1.04 | -1.2% |
| 09 | Surgery Minutes - Inpatient | 2,770 | 2,890 | -4.2% | 13,990 | 19,871 | -29.6% | 21,647 | -35.4% |
| 10 | Surgery Minutes - Outpatient | 7,558 | 7,501 | 0.8% | 43,244 | 51,497 | -16.0% | 38,235 | 13.1% |
| 11 | Surgery Procedures - Inpatient | 23 | 22 | 5.6% | 123 | 150 | -17.8% | 165 | -25.5% |
| 12 | Surgery Procedures - Outpatient | 116 | 110 | 5.6% | 629 | 754 | -16.6% | 570 | 10.4% |
| 11 | Gastrointestinal Procedures | 117 | 136 | -13.9% | 657 | 934 | -29.6% | 848 | -22.5% |
| 12 | ER Visits | 1,037 | 1,176 | -11.8% | 7,033 | 8,086 | -13.0% | 8,070 | -12.9% |
| 13 | Urgent Care Cle Elum Visits | 382 | 466 | -18.1% | 2,400 | 3,204 | -25.1% | 2,925 | -17.9% |
| 14 | Laboratory | 21,218 | 18,167 | 16.8% | 127,498 | 124,856 | 2.1% | 122,027 | 4.5% |
| 15 | Radiology Exams | 2,557 | 2,700 | -5.3% | 16,708 | 18,552 | -9.9% | 17,641 | -5.3% |
| 16 | Rehab Visit | 1,368 | 1,647 | -17.0% | 8,211 | 11,320 | -27.5% | 10,992 | -25.3% |
| 17 | Outpatient Percent of Total Revenue | 86.8% | 86.4% | 0.4% | 88.1% | 86.4% | 1.9% | 85.0% | 3.6% |
| 18 | Clinic Visits | 6,041 | 6,647 | -9.1% | 40,577 | 45,674 | -11.2% | 41,366 | -1.9% |
| 19 | Adjusted Patient Days | 1,751 | 1,726 | 1.5% | 12,523 | 11,865 | 5.5% | 10,453 | 19.8% |
| 20 | Equivalent Observation Days | 73 | 113 | -35.4% | 637 | 776 | -17.9% | 747 | -14.7% |
| 21 | Avg Daily Obs Census | 2.4 | 3.6 | -35.4% | 3.0 | 3.6 | -17.9% | 3.5 | -14.7% |
| 22 | Home Care Visits | 595 | 582 | 2.3% | 3,919 | 3,999 | -2.0% | 3,935 | -0.4% |
| 23 | Hospice Days | 643 | 920 | -30.1% | 4,785 | 6,292.0 | -24.0% | 5,885 | -18.7% |
| Financial Measures | | | | | | | | | |
| 24 | Salaries as % of Operating Revenue | 44.4% | 49.3% | 10.0% | 50.0% | 49.0% | -2.1% | 50.3% | -0.5% |
| 25 | Total Labor as % of Operating Revenue | 55.4% | 61.0% | 9.1% | 62.5% | 60.8% | -2.8% | 62.1% | 0.6% |
| 26 | Revenue Deduction % | 51.1% | 48.4% | -5.5% | 48.4% | 48.4% | -0.1% | 48.3% | 0.3% |
| 27 | Operating Margin | 13.5% | 2.6% | 419.8% | 3.1% | 2.7% | 12.6% | 1.6% | 98.6% |
| Operating Measures | | | | | | | | | |
| 28 | Productive FTE's | 428.6 | 452.1 | 5.2% | 434.8 | 452.1 | 3.8% | 419.0 | 3.8% |
| 29 | Non-Productive FTE's | 71.8 | 54.4 | -31.9% | 60.8 | 54.4 | -11.7% | 58.4 | 4.0% |
| 27 | Paid FTE's | 500.4 | 506.6 | 1.2% | 495.6 | 506.6 | 2.2% | 477.4 | 3.8% |
| 28 | Operating Expense per Adj Pat Day | \$ 4,000 | \$ 4,231 | 5.5% | \$ 3,968 | \$ 4,227 | 6.1% | \$ 4,463 | -11.1% |
| 29 | Operating Revenue per Adj Pat Day | \$ 4,625 | \$ 4,344 | 6.5% | \$ 4,094 | \$ 4,346 | -5.8% | \$ 4,534 | -9.7% |
| 30 | A/R Days | 82.2 | 60.0 | -37.0% | 82.2 | 60.0 | -37.0% | 92.0 | -10.7% |
| 31 | Days Cash on Hand | 165.1 | 127.6 | 29.4% | 165.1 | 127.6 | 29.4% | 136.7 | 20.8% |

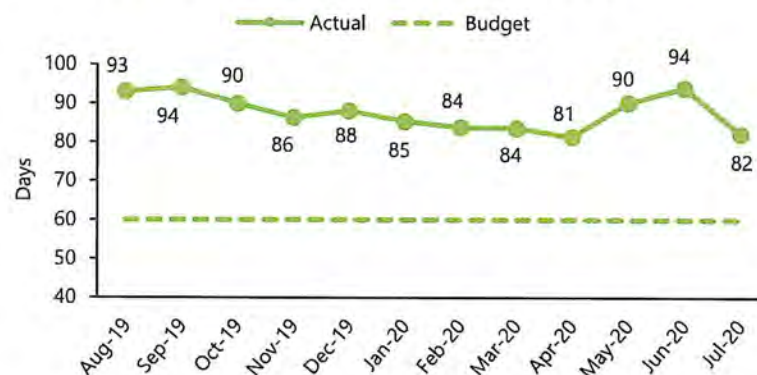
08/12/2020 12:30 PM

Financial Sustainability

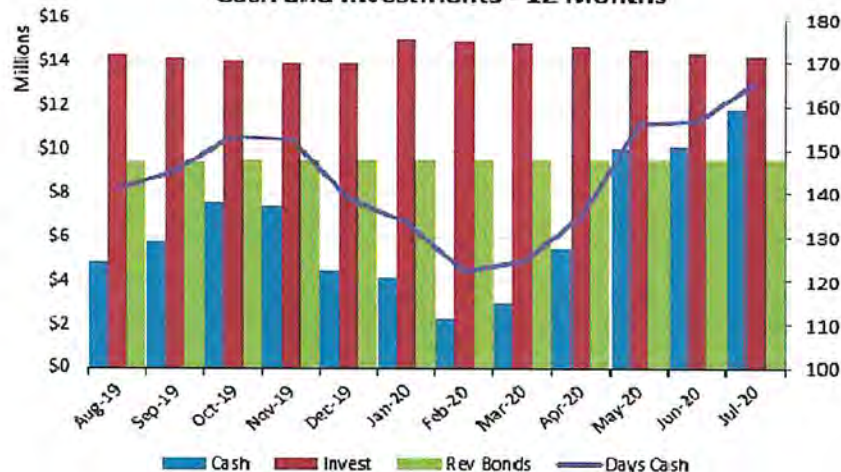
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

| | CY 2018 | CY 2019 | YTD 2020 |
|------------|---------|---------|----------|
| Medicare | 41.85% | 41.97% | 40.41% |
| Medicaid | 18.45% | 18.72% | 19.11% |
| Commercial | 32.03% | 32.81% | 33.86% |
| Self Pay | 3.52% | 2.21% | 2.84% |
| Other | 4.15% | 4.30% | 3.77% |

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 | 1,913,426 | 1,876,397 | 37,029 | 10,424,553 | 12,897,781 | (2,473,228) | 13,054,198 |
| OUTPATIENT REVENUE | 10,507,329 | 9,981,839 | 525,489 | 63,614,538 | 68,605,417 | (4,990,879) | 61,976,211 |
| CLINIC REVENUE | 2,061,559 | 1,971,900 | 89,659 | 13,441,923 | 13,618,151 | (176,228) | 12,281,672 |
| REVENUE | 14,482,313 | 13,830,136 | 652,177 | 87,481,014 | 95,121,349 | (7,640,335) | 87,312,080 |
| CONTRACTUALS | 6,934,855 | 6,277,657 | 657,198 | 38,577,028 | 43,152,030 | (4,575,002) | 39,835,934 |
| PROVISION FOR BAD DEBTS | 245,581 | 288,252 | (42,672) | 1,766,138 | 1,988,627 | (222,489) | 1,643,902 |
| FINANCIAL ASSISTANCE | 86,542 | 42,776 | 43,766 | 566,945 | 295,294 | 271,651 | 228,350 |
| OTHER DEDUCTIONS | 127,314 | 84,244 | 43,070 | 1,442,409 | 580,478 | 861,931 | 444,952 |
| DEDUCTIONS FROM REVENUE | 7,394,292 | 6,692,929 | 701,363 | 42,352,520 | 46,016,429 | (3,663,910) | 42,153,138 |
| NET PATIENT SERVICE REVENUE | 7,088,021 | 7,137,207 | (49,186) | 45,128,494 | 49,104,920 | (3,976,426) | 45,158,942 |
| OTHER OPERATING REVENUE | 1,010,273 | 358,469 | 651,803 | 6,141,849 | 2,459,735 | 3,682,114 | 2,234,587 |
| TOTAL OPERATING REVENUE | 8,098,294 | 7,495,676 | 602,618 | 51,270,343 | 51,564,655 | (294,312) | 47,393,529 |
| SALARIES | 3,596,336 | 3,696,715 | (100,379) | 25,658,371 | 25,280,758 | 377,612 | 23,841,621 |
| TEMPORARY LABOR | 50,546 | 43,179 | 7,367 | 347,254 | 295,290 | 51,964 | 243,068 |
| BENEFITS | 893,738 | 877,616 | 16,122 | 6,392,710 | 6,062,323 | 330,386 | 5,608,436 |
| PROFESSIONAL FEES | 99,082 | 115,074 | (15,991) | 932,224 | 786,956 | 145,269 | 461,312 |
| SUPPLIES | 826,379 | 794,574 | 31,805 | 5,315,374 | 5,452,179 | (136,805) | 4,987,807 |
| UTILITIES | 77,112 | 83,007 | (5,895) | 598,052 | 599,371 | (1,320) | 561,935 |
| PURCHASED SERVICES | 809,181 | 927,480 | (118,300) | 5,754,965 | 6,361,112 | (606,147) | 6,121,937 |
| DEPRECIATION | 340,953 | 337,721 | 3,232 | 2,309,697 | 2,359,938 | (50,241) | 2,192,031 |
| RENTS AND LEASES | 107,682 | 132,395 | (24,713) | 801,239 | 925,235 | (123,996) | 853,035 |
| INSURANCE | 48,866 | 56,873 | (8,008) | 319,668 | 397,985 | (78,316) | 335,219 |
| LICENSES & TAXES | 41,665 | 82,505 | (40,841) | 449,160 | 566,698 | (117,538) | 513,633 |
| INTEREST | 54,349 | 57,150 | (2,801) | 380,442 | 400,050 | (19,608) | 400,077 |
| TRAVEL & EDUCATION | 10,681 | 41,939 | (31,259) | 149,620 | 288,926 | (139,306) | 207,548 |
| OTHER DIRECT | 47,670 | 54,616 | (6,947) | 278,554 | 373,504 | (94,951) | 329,003 |
| EXPENSES | 7,004,238 | 7,300,846 | (296,608) | 49,687,330 | 50,150,326 | (462,997) | 46,656,662 |
| OPERATING INCOME (LOSS) | 1,094,056 | 194,830 | 899,225 | 1,583,013 | 1,414,328 | 168,685 | 736,866 |
| OPERATING MARGIN | 13.51% | 2.60% | 149.22% | 3.09% | 2.74% | -57.32% | 1.55% |
| NON-OPERATING REV/EXP | 12,229 | 67,319 | (55,090) | 298,312 | 470,870 | (172,558) | 509,035 |
| NET INCOME (LOSS) | 1,106,284 | 262,149 | 844,135 | 1,881,325 | 1,885,198 | (3,873) | 1,245,902 |
| UNIT OPERATING INCOME | | | | | | | |
| HOSPITAL | 985,236 | 325,222 | 660,014 | 3,047,957 | 2,236,622 | 811,335 | 780,114 |
| URGENT CARE | 12,914 | (27,996) | 40,910 | (45,896) | (191,349) | 145,453 | (226,892) |
| CLINICS | 52,476 | (148,473) | 200,949 | (1,585,799) | (950,176) | (635,624) | (99,145) |
| HOME CARE COMBINED | 43,430 | 46,078 | (2,649) | 166,751 | 319,232 | (152,481) | 282,883 |
| OPERATING INCOME | 1,094,056 | 194,831 | 899,225 | 1,583,013 | 1,414,329 | 168,684 | 736,959 |

Kittitas Valley Healthcare

Balance Sheet and Cash Flow

Kittitas Valley Healthcare

Balance Sheet

| | YEAR TO DATE | PRIOR YEAR END | CHANGE |
|---|-------------------|-------------------|------------------|
| CASH AND CASH EQUIVALENTS | 11,854,320 | 4,488,811 | 7,365,509 |
| ACCOUNTS RECEIVABLE | 38,254,637 | 40,613,365 | (2,358,728) |
| ALLOWANCE FOR CONTRACTUAL | (24,106,160) | (22,382,150) | (1,724,011) |
| THIRD PARTY RECEIVABLE | 300 | 300 | 0 |
| OTHER RECEIVABLES | 195,515 | 588,166 | (392,651) |
| INVENTORY | 2,030,743 | 1,894,491 | 136,251 |
| PREPAIDS | 1,241,916 | 776,900 | 465,016 |
| INVESTMENT FOR DEBT SVC | 984,788 | 950,100 | 34,688 |
| CURRENT ASSETS | 30,456,058 | 26,929,983 | 3,526,075 |
| INVESTMENTS | 23,893,480 | 23,779,605 | 113,875 |
| PLANT PROPERTY AND EQUIPMENT | 86,594,565 | 83,068,143 | 3,526,422 |
| ACCUMULATED DEPRECIATION | (45,010,116) | (42,573,204) | (2,436,911) |
| NET PROPERTY, PLANT, & EQUIP | 41,584,449 | 40,494,939 | 1,089,511 |
| OTHER ASSETS | (0) | (0) | 0 |
| NONCURRENT ASSETS | 41,584,449 | 40,494,939 | 1,089,511 |
| ASSETS | 95,933,988 | 91,204,527 | 4,729,460 |
| ACCOUNTS PAYABLE | 1,176,212 | 1,395,147 | (218,934) |
| ACCRUED PAYROLL | 1,484,592 | 1,263,533 | 221,059 |
| ACCRUED BENEFITS | 334,315 | 268,613 | 65,701 |
| ACCRUED VACATION PAYABLE | 2,113,134 | 1,764,089 | 349,045 |
| 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 | 8,106,884 | 8,063,851 | 43,033 |
| ACCRUED INTEREST | 61,422 | 311,475 | (250,054) |
| BOND PREMIUM 2008 REFUND | 0 | 0 | 0 |
| DEFERRED TAX COLLECTIONS | 3,867 | 0 | 3,867 |
| DEFERRED REVENUE HOME HEALTH | 68,381 | 136,954 | (68,573) |
| DEFERRED OTHER | 3,119,863 | 0 | 3,119,863 |
| DEFERRED LIABILITIES | 3,253,532 | 448,430 | 2,805,102 |
| 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 |
| CURRENT PORTION OF LONG TERM DEBT CON | (1,024,910) | (1,629,839) | 604,929 |
| LONG TERM DEBT | 19,328,435 | 19,328,435 | 0 |
| NONCURRENT LIABILITIES | 22,581,967 | 19,776,865 | 2,805,102 |
| LIABILITIES | 30,688,851 | 27,840,716 | 2,848,135 |
| FUND BALANCE | 63,363,812 | 63,363,812 | 0 |
| NET REVENUE OVER EXPENSES | 1,881,325 | 0 | 1,881,325 |
| FUND BALANCE | 65,245,137 | 63,363,812 | 1,881,325 |
| TOTAL LIABILITIES & FUND BALANCE | 95,933,988 | 91,204,527 | 4,729,460 |

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

| | |
|--|------------------|
| | CASH |
| NET BOOK INCOME | 1,881,325 |
| ADD BACK NON-CASH EXPENSE | |
| DEPRECIATION | 2,436,911 |
| PROVISION FOR BAD DEBTS | |
| LOSS ON SALE OF ASSETS | |
| NET CASH FROM OPERATIONS | 4,318,237 |
| CHANGE IN CURRENT ASSETS (\$) | |
| PATIENT ACCOUNTS | 4,082,738 |
| OTHER RECEIVABLES | 392,651 |
| INVENTORIES | (136,251) |
| PREPAID EXPENSES & DEPOSITS | (465,016) |
| INVESTMENT FOR DEBT SVC | (34,688) |
| TOTAL CURRENT ASSETS | 3,839,434 |
| INVESTMENTS | (113,875) |
| PROPERTY, PLANT, & EQUIP. | (3,526,422) |
| OTHER ASSETS | 0 |
| TOTAL ASSETS | 4,517,374 |
| CHANGE IN CURRENT LIABILITIES (\$) | |
| ACCOUNTS PAYABLE | (218,934) |
| ACCRUED SALARIES | 221,059 |
| ACCRUED EMPLOYEE BENEFITS | 65,701 |
| ACCRUED VACATIONS | 349,045 |
| COST REIMBURSEMENT PAYABLE | 231,091 |
| CURRENT MATURITIES OF LONG-TERM DEBT | (604,929) |
| CURRENT MATURITIES OF CAPITAL LEASES | 0 |
| TOTAL CURRENT LIABILITIES | 43,033 |
| CHANGE IN OTHER LIABILITIES (\$) | |
| ACCRUED INTEREST ON 1998, 1999 UTGO | (250,054) |
| DEFERRED OTHER | 3,119,863 |
| DEFERRED TAX COLLECTIONS | 3,867 |
| DEFERRED REVENUE - HOME HEALTH | (68,573) |
| TOTAL OTHER LIABILITIES | 2,805,102 |
| 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 | 2,848,135 |
| NET CHANGE IN CASH | 7,365,509 |
| BEGINNING CASH ON HAND | 4,488,811 |
| ENDING CASH ON HAND | 11,854,320 |

| 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 | Awarded | 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 | 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 | Awarded | | | 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

**** **Bold, italicized, larger font size are newly awarded grants**

PUBLIC HOSPITAL DISTRICT NO. 1

KITTITAS COUNTY, WASHINGTON

RESOLUTION NO. 20-04

A RESOLUTION ("**Resolution**") of Public Hospital District No. 1, Kittitas County, Washington, declaring its official intent to reimburse capital expenditures from proceeds of a future borrowing in connection with acquiring, constructing, and equipping improvements and renovations to the District's hospital and clinic facilities, including its information technology system.

WHEREAS, Kittitas County Public Hospital District No. 1, Kittitas County, Washington (the "**District**"), intends to make expenditures for the Project (identified below) from funds that are available but that are not (and are not reasonably expected to be) reserved, allocated on a long-term basis, or otherwise set aside for those expenditures, and reasonably expects to be reimbursed for those expenditures from proceeds of bonds or other obligations ("**Bonds**") issued to finance those expenditures; and

WHEREAS, certain federal regulations (the "federal reimbursement regulations") relating to the use of proceeds of tax exempt bonds to reimburse the issuer of the bonds for expenditures made before the issue date of the bonds require, among other things, that not later than 60 days after payment of the original expenditure the District (or any person designated by the District to do so on its behalf) declare a reasonable official intent to reimburse those expenditures from proceeds of bonds; NOW, THEREFORE,

BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO. 1, KITTITAS COUNTY, WASHINGTON, as follows:

Section 1. Description of Project for Which Expenditures are to be Made. The District intends to make (and/or, not more than 60 days before the date of this declaration, has made) expenditures, and reasonably expects to reimburse itself for those expenditures from proceeds of one or more series of Bonds, for the following project (the "**Project**"):

Acquiring a clinic and acquiring, constructing, and equipping improvements and renovations to the District's hospital and clinic facilities, including improvements to the District's laboratory facilities.

Section 2. Maximum Principal Amount of Obligations Expected to be Issued for the Project. The District expects that the maximum principal amount of Bonds that will be issued in one or more series to finance the Project will be \$6,000,000.

Section 3. Declaration Reasonable. The Commission has reviewed its existing and reasonably foreseeable budgetary and financial circumstances and has determined that the District reasonably expects to reimburse itself for expenditures for the Project from proceeds of bonds because the District has no funds available that already are, or are reasonably expected to be, reserved, allocated on a long-term basis, or otherwise set aside by the District for those expenditures on the Project.

Section 4. Limitations on Uses of Reimbursement Amounts. The District will not, within one year after the expected reimbursement, use amounts corresponding to proceeds received from bonds issued in the future to reimburse the District for previously paid expenditures for the Project in any manner that results in those amounts being treated as replacement proceeds of any tax exempt bonds, i.e., as a result of being deposited in a reserve fund, pledged fund, sinking fund or similar fund (other than a bona fide debt service fund) that is expected to be used to pay principal of or interest on tax-exempt bonds. Nor will the District use those amounts in any manner that employs an abusive arbitrage device to avoid arbitrage restrictions.

Section 5. Date of Declaration. This declaration of official intent shall be dated as of the date of adoption of this resolution.

Section 6. Effective Date. This resolution shall be in full force and effect from and after its adoption and approval.

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ADOPTED and APPROVED at a regular open public meeting of the Board of Commissioners, held in compliance with the requirements of the Open Public meetings act, on the 27th day of August, 2020, the following Commissioners being present and voting in favor of this Resolution.

President and Commissioner

Vice President and Commissioner

Secretary and Commissioner

Commissioner

Commissioner

CERTIFICATION

I, the undersigned, Secretary of the Board of Commissioners (the "**Board**") of Kittitas County Public Hospital District No. 1, Kittitas County, Washington (the "**District**"), hereby certify as follows:

1. The attached copy of Resolution No. _____ (the "**Resolution**") is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Board held at the regular meeting place thereof on August 27, 2020, as that resolution appears on the minute book of the District; and the Resolution is now in full force and effect;

2. A quorum of the members of the Board was present throughout the meeting and a majority of those members present voted in the proper manner for the adoption of the Resolution.

IN WITNESS WHEREOF, I have hereunto set my hand this 27th day of May, 2020.

Matthew Altman, Secretary



OPERATIONS REPORT

August 2020

PATIENT CARE OPERATIONS

- **Family Birthing Place:**
PHDM (Human Donor Milk)

Since implementation in March:

- 19 bottles = 38 oz
- We have had an overwhelmingly positive and appreciative response from families

Staff Education

We will be utilizing video and the Biz Library platform to demonstrate high risk low volume events for staff responding to a rapid response in Family Birthing Place. This will provide the opportunity to visualize the space and follow along as we demonstrate an event. We launched the first of our video education series following our in-person stat c-section drill where we identified and implemented change in our process.

Community Education

- Our childbirth educators (Julie and Rozsika) have revamped our programs to offer Zoom classes.
- This was an incredible amount of work and they have done an awesome job. In addition they used this as an opportunity to make changes to the offerings based on historical attendance and requests.

Data

- Marketing of change – Facebook, new flyers, KVH Website
- Historical in person average registration for Childbirth Prep Series = 6-19 women
- Current Zoom average registration for Childbirth Prep Series = 3 - 7 women
- To note: Virginia Mason Memorial → not currently offering any Childbirth Education

Below is a list of classes offered to parents:

Childbirth Preparation Series

Cost: \$75

7 weeks of Wednesdays from 6:00-8:00 p.m. Classes are hosted through Zoom.

What to expect from the third trimester of your pregnancy through caring for your newborn: relaxation and breathing, support roles, signs of labor, medical interventions, pain management, cesarean birth, infant feeding, newborn care, taking care of mom, and a virtual tour of the KVH Family Birthing Place.

Conversation with a Childbirth Educator

Cost: \$50

Do you need to review the essentials, brush up on comfort measures, learn how labor can vary from prior childbirth experiences? Schedule a private 2-hour virtual consultation with childbirth educator, Julie Harwell, RN, BSN.

This option is for experienced parents only. Consultation will be hosted through Zoom and scheduled per request.

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A Grand Adventure

Cost: \$50 (not covered by Medicaid/Apple Health)

A forum for grandparents to be. Explore ways to be supportive to your child as they welcome their new baby. Hear current recommendations and parenting guidance from childbirth educator and grandmother to 5, Julie Harwell, RN, BSN. The journey has changed in the new millennium!

- **Surgical Services:**

Do to the Covid-19 response in the community we have now been able to schedule in-patients surgeries again. The scheduling of patients is now as it was pre-covid and we are happy to accommodate our patients.

- **Emergency Services:**

Both the ED and UC are going through a few staff changes. Recruitment, hiring and training are a focus in both areas for nursing and patient care technicians.

COVID-19 continues to be a main focus as we provide 24/7 access to healthcare in our community. Supporting our community and supporting our staff during this ever changing time is a priority. The ED had a very successful Zoom Staff Meeting to discuss everything COVID-19! The meeting was timed during the period of our long-term care facility positive cases. This gave the staff the opportunity to review our surge plan and discuss the impact of receiving various types of patients.

In addition, we have been in communication with our partners at KVFR and Medic One on processes for patients transferred in or out of our ED with suspected or confirmed COVID-19 and how we can best support each other and our patients.

The ED continues to provide excellent care to all of our patients and work on meeting measures that are identified for our trauma, stroke, cardiac and sepsis patients. Staff continue to meet goals and review where we fall out.

- **Patient Care Services:**

Ongoing preparation and education is being planned for the clinical staff, specifically for the implementation of the "smart IV pumps". The clinical education planned in October is addressing four topics to include; Organ Donation, IV access and care, BiPap management and addiction medicine.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Emergency Operations Center Alternative Care Facility:**

In mid-July we learned that residents and staff of Prestige Skilled Nursing Facility and Pacifica Assisted Living Facility were positive for Covid-19. Prestige was able to manage the care of their patients, but Pacifica struggled with staff absences and had difficulty

managing ill residents of their assisted living facility. On Friday July 24th, with permission from Pacifica and at the request of the Public Health Department, we contacted each Power of Attorney for 8 of the 9 residents remaining in Pacifica Memory Care to discuss signing them onto Hospice. Six of the residents signed onto Hospice service that day and the Hospice RN's worked all day Saturday and Sunday at Pacifica to get the residents admitted. KVH provided supplemental nurse staffing to allow the Pacifica staff some much needed time off work. The Hospice staff have been in constant communication with the relatives of the Pacifica Memory Care residents, talking on the phone or using FaceTime to visit. This was the first communication that many of the relatives have had with their loved ones since March and they were very grateful for the support of Hospice and KVH. With rising Covid-19 cases at Prestige and Pacifica, the Kittitas County Emergency Operations Center signed an agreement with Pacifica on August 5 to take over the 15 bed Memory Care Unit as an Alternative Care Facility to lessen the burden of hospital admissions at KVH for patients who were of DNR status and wished to die at home. With the excellent nursing care provided, I'm happy to report that the unit now has 10 residents, 8 of which are considered "recovered" from Covid-19, one that remained negative throughout, and one resident is still recovering. We've had one Hospice patient on the unit pass away from Covid-19 and his family was extremely grateful that Hospice nurses were providing comfort care to him and allowed family to visit him in person prior to his passing. Dr. Martin is serving as the Medical Director of the ACF and Vicky Machorro has been a tremendous help serving as the Staffing Coordinator, providing 24/7 RN/LPN and nursing assistants.

- **Diagnostic Services:**

Lab has been extremely busy, breaking records for testing volumes. With the help of IT, we installed a temporary draw station at CHCW while they transition their lab services from Lab Corp to Interpath. This draw station kept CHCW patients out of the already crowded MAC. We are maintaining around 1000 Biofire 2.1 testing cassettes on hand for rapid Covid-19 testing, with orders being reliably filled. We have over 1000 Covid-19 nasal swab test kits on hand as well and Incyte is continuing to give us a 24-48 hour turn-around time for Covid-19 test results.

- **Rehab Services:**

Therapy services with Rehab Visions has increased to 80% of pre-covid visits and staff are working to continually grow the program.

- **KVH Athletic Trainer:**

With schools anticipating on-line learning this year and a reduction in school sporting events, we are looking at ways to actively engage our newly hired Athletic Trainer. He is working to put together zoom inservices with student athletes and their parents on reconditioning and mental health issues. He is also reaching out to the local fire districts and the Department of Natural Resources to offer his services to firefighters to ensure

good conditioning and a reduction of on the job injuries related to fighting wildland or residential fires.

- **Pharmacy Services:**

With the assistance of grant writer Mitchell Rhoades, we've been awarded a \$25,000 grant to conduct flu clinics this fall in Upper County and Ellensburg. It is looking like flu vaccine will be difficult to come by this year.

Pharmacy was very helpful when we signed on 6 Hospice patients at the Pacifica Memory Care Unit in one day and they filled all the needed prescriptions so that residents would have comfort packs of medications on hand if needed. When the Emergency Operations Center opened the ACF, our retail pharmacy also filled all of the resident's prescriptions.

- **Cardiopulmonary Services:**

We recently had a critically ill Covid-19 patient that needed to be intubated and transferred to the West Side for care. Respiratory Therapist Christine Harstad traveled with the patient in the ambulance to provide ventilator support. Having 24/7 respiratory therapists in house has proven to be invaluable.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Augmedix:**

Although Augmedix sounds like a medication, it is not. However, it may heal an issue without a prescription. Over the last several years, we have had a scribe program. Our turnover has been high in this area, mostly because the role was a stepping stone for eager medical students to get additional patient care exposure. After discussion with the physician leads and other providers, it was determined we would beta test this program at Family Medicine Ellensburg. We are just in the first stages of contracting and officially signing up for this service so more to come as we progress. To be clear, this service will not result in the loss of current positions. When our current (adored) scribes decide to move on to other roles we will transition their position to this service.

- **COVID-19 Clinic:**

We are still staying busy at the COVID clinic. We are seeing an average of 36 patients per day for testing. With the lowest volume at 12 and the highest volume at 64, as of August 13th. The clinic also received an average of 77 phone calls each day in the month of July with the same trend showing in August. The lowest volume at 35 and the highest at 145.

- **Telehealth:**

As I explained last month, we are using telehealth quite frequently at Family Medicine Cle Elum particularly with our Behavioral Health patients. They have just passed 1000 visits conducted via zoom at the beginning of August.

Andy Schock at Internal Medicine is trying a hybrid method of “zoom in the room” where the patient will enter exam room, receive vitals from the MA. The MA will then sign them into zoom, Andy will pop up on the screen and conduct the majority of the visit. After the consultation part of the visit is complete, he will enter the room for the physical exam. This reduces exposure to both patient and staff significantly. The patients have expressed this experience was satisfactory and they enjoyed still coming to the clinic but having an additional safety buffer.

- **Neurologist:**

Dr. Andrew Gustavson will be joining us on October 19th. We have organized a multi-disciplinary team to begin preparing for the opening of this clinic and we meet weekly. The Neurology Clinic will be in the former Dr. Hiersche location.

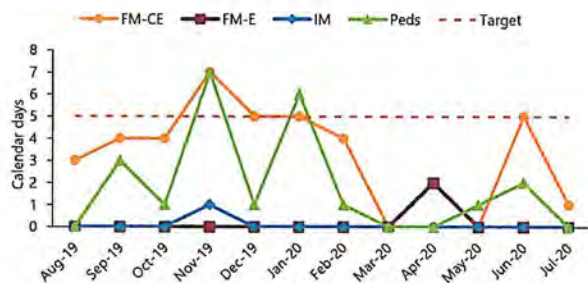
- **Workplace Health:**

As stated last month, we have a new Clinic Manager at Workplace Health – Jennifer Mullins. She is already well involved with the workplace optimization workgroup. Jennifer has also begun reaching out to our Workplace Health clients. Jennifer states this has been a good method of finding out what other ways we can serve them as well as get a feel for current satisfaction levels.

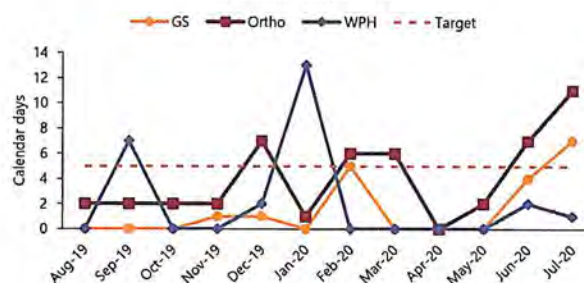
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

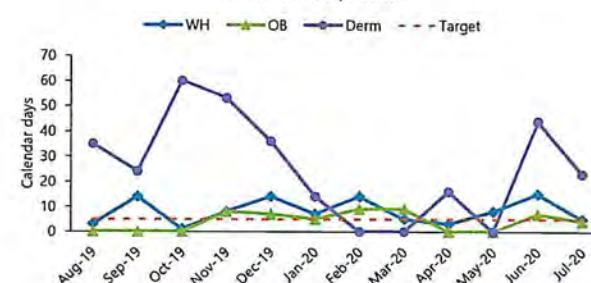
Third available appointment
for established patients



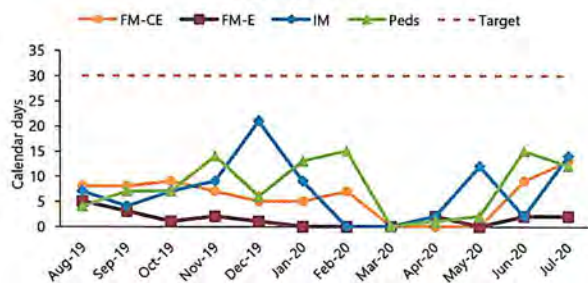
Third available appointment
for established patients



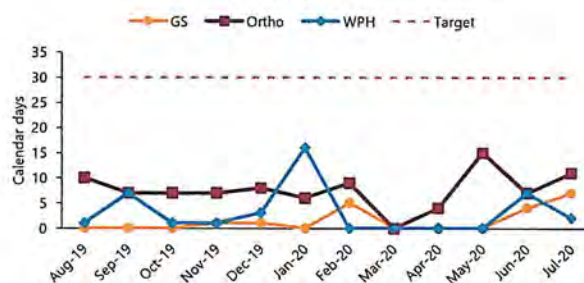
Third available appointment
for established patients



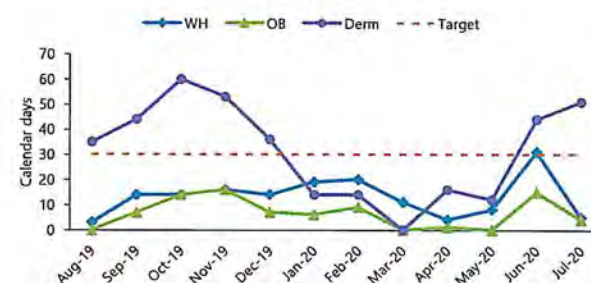
Third available appointment
for new patients



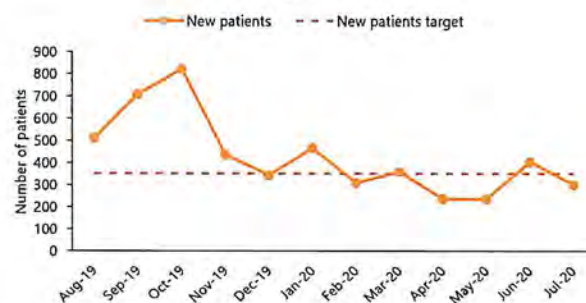
Third available appointment
for new patients



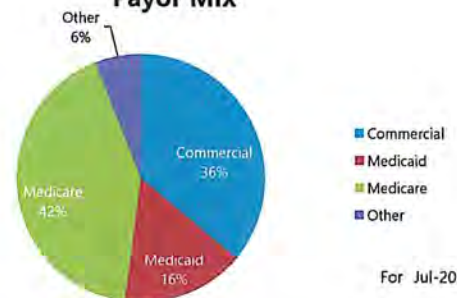
Third available appointment
for new patients



New patients



Payor Mix



COMMUNITY RELATIONS – Michele Wurl

July 24 – August 19, 2020

External Outreach activities:

- Planning for drive thru vaccine clinics in Upper and Lower County this Fall – collaborating with KCPHD & HD2
- Elementary school mask design contest – winners chosen and masks are on order
- Annual wellness visit PSAs
- Breastfeeding awareness
- Patient portal materials
- Kaiser termination letter for patients

Internal Outreach activities:

- Back to school supply drive for KVH employees
- Planning for employee appreciation BBQ (in lieu of Rodeo BBQ) the week of August 24
- Code of Excellence updates

COVID-19 activities:

- Incident Command activities
- Washington State and HHS required reporting
- Continued work on COVID Chronicles
- Internal and external signage

Collaborations & Partnerships:

- Kittitas County Public Health and County IMT
- Planning the roll out for Zane Davies, our new Athletic Trainer
- Working with our clinic managers and providers we are trying to enhance provider information on our website
- Flu clinics (see above)

KVH Service Line Marketing Activities:

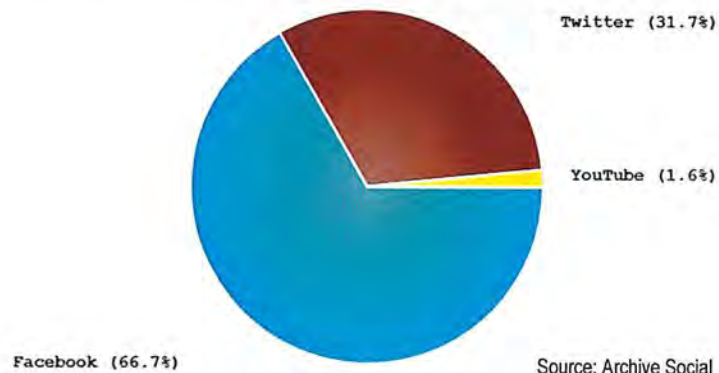
- Neurology start up – October start up
- Lactation Services
- Women's Health
- Creating/updating patient registration forms on Internet

Upcoming:

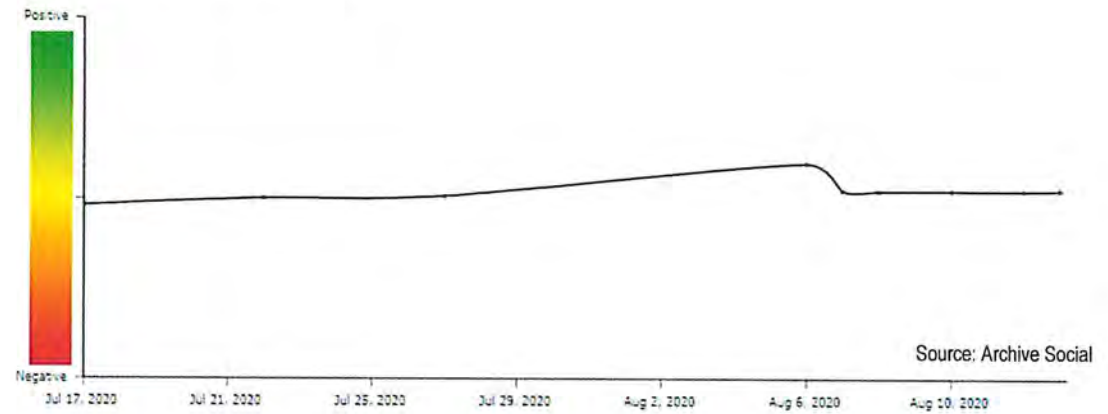
- Surgery packets for Internal Medicine and General Surgery
- New KVH Video featuring ENT with the reopening of the Grand Meridian Theatre at the end of the month
- Paul Debusschere, MD – new Pediatrician debut – October
- Vascular Surgery – November start up

KVH Social Media Channels: Past 30 days (7/17 – 8/15/2020)

Overall Social Media Activity



Overall Social Media Sentiment Report

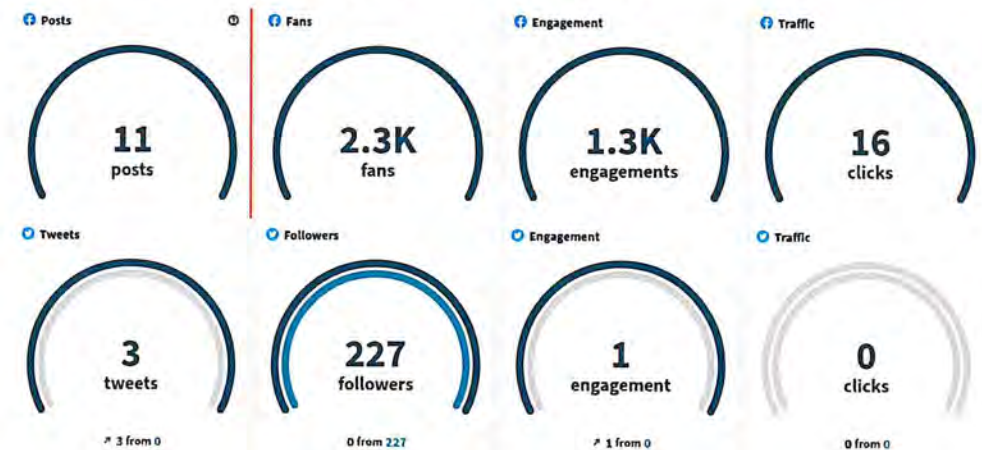


Social Media Channel Activity

| Account | Total Activity | Outgoing Activity | Incoming Activity | Incoming Percentage |
|---------------------------------|--------------------|-------------------|-------------------|---------------------|
| Kittitas Valley Healthcare | 26 | 18 | 8 | 30.8% |
| @KVHealthcare | 20 | 17 | 3 | 15.0% |
| Upper Kittitas County Medic One | 10 | 6 | 4 | 40.0% |
| Kittitas Valley Healthcare | 1 | 1 | 0 | 0.0% |
| Kittitas Valley Healthcare | 0 | 0 | 0 | |

Source: Archive Social

Social Media Channel Overview (07.17.2020 thru 08.15.2020)

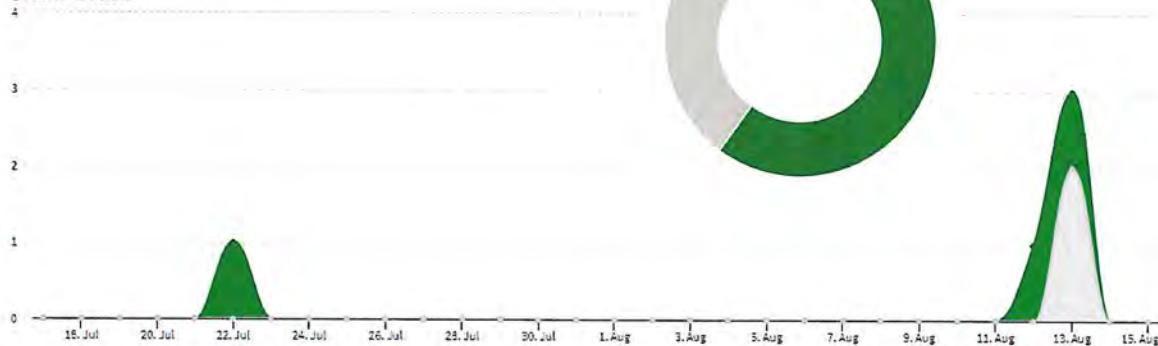


Source: Hootsuite

Facebook Activity (07.17.2020 thru 08.15.2020)

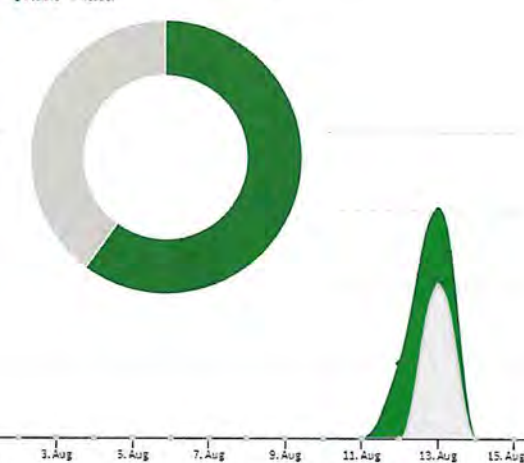
Inbound Messages > Sentiment

Positive Neutral



Inbound Messages > Sentiment

Positive Neutral



Source: Hootsuite

Engagement > Type

Reactions

1.1K

Comments

180

Shares

65

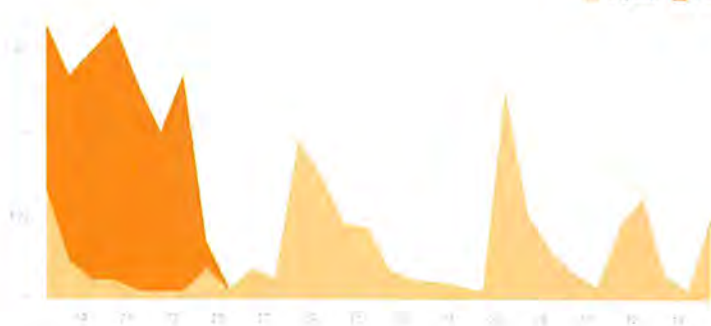
Source: Hootsuite

Post Reach

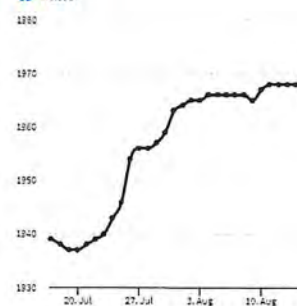
The number of people who saw any of your posts at least once. This metric is estimated.

Source: Facebook

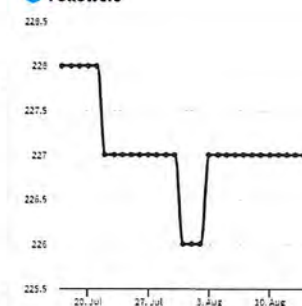
Organic Paid



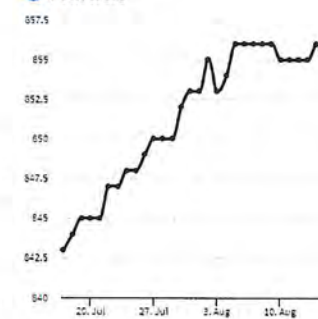
Fans



Followers



Followers

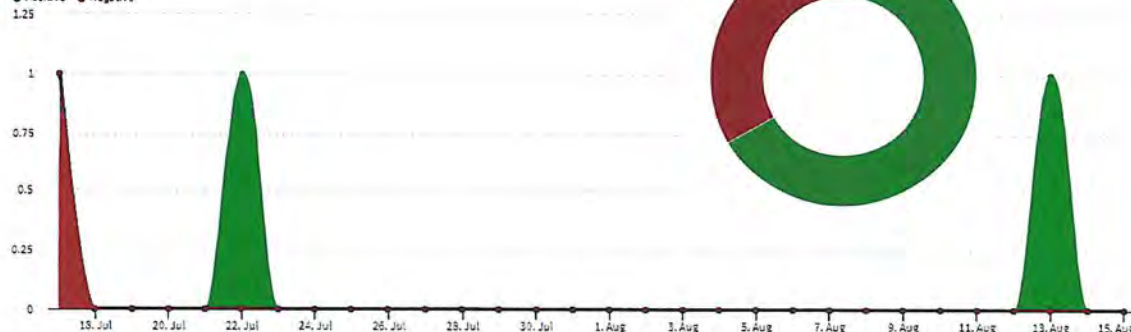


Source: Hootsuite

Twitter Activity (07.17.2020 thru 08.15.2020)

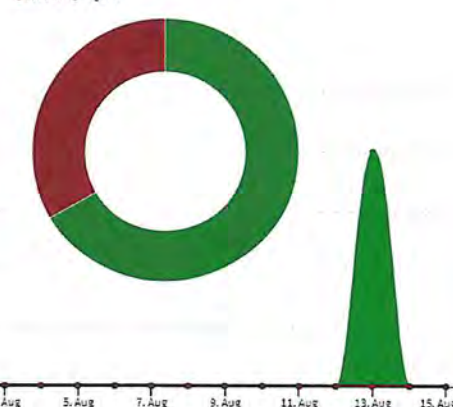
Inbound Messages > Sentiment

Positive Negative



Inbound Messages > Sentiment

Positive Negative



Engagement > Type

Likes

1 1

Replies

0 0

Retweets

0 0

LinkedIn Activity

Engagement > Type

Reactions

0 8

Shares

0 1

Comments

0 0