



**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: 983-1658-7615**

**September 24, 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: August 27, 2020 **(3-6)**
  - b. Approval of Checks **(7)**
  - c. Report: Foundation **(8)**
  - d. Minutes: Finance Committee **(9-10)**
- 4. Public Comment and Announcements**
- 5. Reports and Dashboards**
  - a. Quality - Mandee Olsen, Director of Quality Improvement **(11-19)**
  - b. Chief Executive Officer – Julie Petersen **(20-22)**
  - c. Medical Staff
    - i. Chief of Staff, Timothy O'Brien MD
      1. Medical Executive Committee Recommendations for Appointment and Re-Appointment \*\* **(23)**
    - ii. Chief Medical Officer, Kevin Martin MD
  - d. Finance – Chief Financial Officer – Scott Olander
    - i. Operations Report **(24-32)**
    - ii. Capital Expenditure Request: OR Scopes and Video Towers \*\* **(33)**
    - iii. 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. \*\* **(34-37)**
  - e. Operations **(38-42)**
    - i. Vicky Machorro, Chief Nursing Officer
    - ii. Rhonda Holden, Chief Ancillary Officer
    - iii. Carrie Barr, Chief of Clinic Operations
  - f. Community Relations Report – Michele Wurl, Director of Communications & Marketing **(43-45)**



# **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: 983-1658-7615**

### **6. Education and Board Reports**

### **7. Old Business**

- a. November and December 2020 Meeting Dates

### **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**

October 22, 2020, Regular Meeting

#### **Future Agenda Items**



**KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1**  
**BOARD OF COMMISSIONERS' REGULAR MEETING**  
Virtual Zoom Meeting  
August 27, 2020

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

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

MEDICAL STAFF PRESENT: 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 Erica Libenow and second of Matt Altman, the Board members unanimously approved the agenda as presented.

**3. Consent Agenda:**

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

**4. Public Comment/Announcements:**

Bill Hinkle stated that he wanted to thank the staff for the care he and his family received but asked that we look at our restricted visitor policy that is in place due to the coronavirus pandemic.

Joan Bennett stated that she would like us to reconsider the proposed lab expansion and remodel.

**5. Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that the Safe Catch Awards were presented in person by Commissioners Altman and Clark. Olsen stated that the employees enjoyed being surprised in their work areas and the recording will be played at the Employee Forum next week.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that Hospital District #2 had a successful bid for the new ambulance garage.

Petersen also stated that Hospice Friends reached out regarding purchasing the building that they are leasing. Petersen stated that job descriptions are all being reviewed and will be designated as either remote eligible or not, along with rules around working remotely.

Chief of Staff Dr. Timothy O'Brien presented the MEC's recommendations for initial appointments and reappointments to the Board.

**ACTION:** On motion of Terry Clark and second of Jon Ward, the Board members unanimously approved the initial appointment for Carolyn Wise, ARNP and the reappointments for Dr. Larry Birger, Dr. Donald Orminski, Laurel Gorham DNP and Julie Riel, PA-C as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that the Kittitas County Incident Management and the partnerships with the hospital were part of a remarkable effort that made a difference and saved lives.

Scott Olander reported on KVH's financial performance, stating that we had a positive revenue variance for the month of July. Olander stated that expenses were almost all below budget and that our days cash on hand increased by eight and a half days. Olander stated that we have reached out to city and county employers regarding Kaiser and we have a patient letter ready to go out letting them know we will not be in network after their contract is cancelled. Olander also stated that we need to select an architect/engineer firm to provide services. Olander stated we published a request for qualifications and received thirteen responses. They were evaluated and the reviewing group chose KDA Architecture. Olander stated that the advanced funding resolution will be presented at a future meeting.

**ACTION:** On motion of Jon Ward and second of Matt Altman, the Board members unanimously approved KDA Architecture as the Architect of Record/On-Call for Kittitas County Hospital District #1 in accordance with RCW 39.80.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Holden stated that she wanted to recognize the work of the pharmacy with the Alternative Care Facility (ACF) and Hospice admits as they filled all the needed prescriptions very quickly.

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



**6. Education and Board Reports:**

None.

**8. Old Business:**

None.

**9. New Business:**

Commissioner Davis stated that we needed to select meeting dates for November and December, since they fall on holidays.

**ACTION:** On motion of Matt Altman and second of Erica Libenow, the Board members unanimously approved the meeting dates for November 30, 2020 and January 7, 2021.

**10. Executive Session:**

At 6:56 pm, President Davis announced that there would be a 4-minute recess followed by a 30-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). No action was anticipated.

At 7:30 pm, the meeting was reconvened into open session and President Davis announced that an additional 45-minute executive session was needed.

**11. Adjournment:**

With no further action and business, the meeting was adjourned at 8:15pm.

**CONCLUSIONS:**

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee
4. Motion passed to approve KDA as architect of record.
5. Motion passed to approve meeting dates for November and December Board meetings.

Respectfully submitted,

Mandy Weed/Matt Altman  
Executive Assistant, Board of Commissioners

**DATE OF BOARD MEETING:** September 24, 2020

**ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:**

#1	AP CHECK NUMBERS	<u>266336-267071</u>	NET AMOUNT:	<u>\$7,959,598.30</u>
		SUB-TOTAL:		<u>\$7,959,598.30</u>

**PAYROLL CHECKS/EFTS TO BE APPROVED:**

#1	PAYROLL CHECK NUMBERS	<u>81678-81683</u>	NET AMOUNT:	<u>\$4,732.08</u>
#2	PAYROLL CHECK NUMBERS	<u>81684-81688</u>	NET AMOUNT:	<u>\$4,439.31</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,227,644.01</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,219,902.51</u>
		SUB-TOTAL:		<u>\$2,456,717.91</u>

**TOTAL CHECKS & EFTs:** \$10,416,316.21

Prepared by

*Sharoll Cummins*

Sharoll Cummins  
Staff Accountant



### ***Foundation 2020 Distribution to KVH***

The Foundation is delighted to announce that our annual distribution to KVH will be a \$260,796.00, making it the largest distribution in our giving history.

### ***Tough Enough to Wear Pink***

Our first ever virtual Tough Enough to Wear Pink campaign ended September 9<sup>th</sup>. The community was invited to purchase merchandise online through a newly created website. Additional campaign funds were received through support from the Gard Against Cancer event on September 5<sup>th</sup>. Proceeds from Gard Vintner's sales Labor Day Weekend went towards our TETWP program.

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.

### ***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.

### ***Gobble Wobble – November 14***

We are looking to take the Foundation's second annual Gobble Wobble 5K fun run virtual. Slated for Saturday, November 14, you can join the fun and run safely at any location, at your pace, outside or on a treadmill, alone or with a group of friends.

### ***Giving Tuesday***

Our third annual Giving Tuesday campaign kicks off December 1<sup>st</sup>. The online movement is an international day of charitable giving at the beginning of the Christmas and holiday season. Promotion of the event will be posted online and through social media channels.

Respectfully submitted,  
Laura Bobovski, Assistant  
The Foundation at KVH

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

**September 22, 2020**  
*Tuesday*

**AGENDA**

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: August 25, 2020**
- **August Financial Highlights**
- **2021 Budget Update**
- **Capital Expenditure Request**
  - **OR Scopes and Video Towers**
- **State Auditor Office compliance audit for 2019**
- **Adjourn**

**Next Meeting Scheduled: October 20, 2020 (Tuesday)**



Kittitas Valley Healthcare  
Audit & Finance Committee Meeting Minutes  
August 25, 2020

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

Members Excused: none

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

The meeting was called to order at 7:30 a.m.

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

Olander presented the highlights of July 2020 financial results. Overall July 2020 was a good month with AR being down, Cash collections being up, revenue exceeding budget, deductions from revenue are conservative, and expenses being less than budget. Other operating revenue includes one eighth of \$4.6 million of CARES funds. The details are in the Chief Financial Officer Report.

The committee was updated on payer contracts.

The committee was updated that the Board of Commissioners will be asked to approve KDA Architecture as the architect of record for KVH.

The committee received education about maintaining access to capital financing.

With no further business, the meeting was adjourned at 8: 55a.m.



## **QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ**

### **September 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. As of this writing, we have started to see an uptick in positive results, meaning more employee exposure reviews. In addition, we have seen a slight increase in employee consults related to testing and/or return to work.

#### **2020-2021 Flu Shots**

Julie and Anna have also been busy planning with Workplace Health for the administration of this year's flu vaccine. They will begin roving clinics, as well as departments administering their own vaccinations, on September 28<sup>th</sup>, 2020.

#### **2021 QAPI Process**

It goes without saying that the COVID pandemic has disrupted almost any and all plans we had for 2020. This includes the 2020 Quality Assessment and Performance Improvement plans KVH leaders initiated and the board approved. KVH leaders have begun the process of 2021 planning by reviewing their 2020 plans and identifying:

- What quality assurance processes *did* we accomplish, especially in light of all the new work and processes created to address COVID?
- What 2020 work should we continue to pursue in 2021?

At the next QI Council meeting, we will be reviewing these revisions, and specifically asking the Council and the board to help us narrow and prioritize our plans to strategic and critical work, especially with the uncertainty of the ongoing pandemic.

#### **Quality Improvement Dashboard Data Summary – through July 2020**

##### **Summary of Areas Meeting Goal or Showing Improvement**

- Median time to tPA- Target met. One patient met criteria and received tPA in 59 minutes. The patient had a BP that need controlling prior to tPA administration and also had a VM Telehealth Neurology consult. Considering these two events in play, 59 minutes is actually a pretty good time.
- For restraints, target met! 8 patients in restraints with 100% of the restraint documentation meeting the restraint measures.
- No needle sticks
- Timely starts for physical therapy went up with only 2 fallouts related to scheduling



- Improvement in Pain Interfering with Activity has improved over the past year. Additional training of clinicians was completed to support required documentation to meet this measure.
- Hospice Visits Near End of Life. Many times hospice patients expire within 24 hours of enrollment. The Hospice team still met their target but the decrease from the prior month was impacted by this factor.
- No adverse medication events that caused harm or required additional monitoring
- Kudos to staff! Increase in SAFE Board reporting. In July, we were well above target of 50 reports/month with SAFE Board and Verge reports combined.

### **Summary of Improvement Opportunities**

- Sepsis Bundle - four patients who were eligible for the sepsis bundle. Two of the four patients failed to meet the 30cc/kg bolus requirement. Due to body weight, a large volume of fluid (three and four liters) would have been required to meet sepsis guidelines. The ED Team identified opportunity for documentation of ideal body weight, as opposed to actual body weight, in order to more quickly identify large volumes of fluid needed. Also, identified that the Sepsis order set only lists a single 1 liter bolus order. Informatics is adding a 30cc/kg bolus order into the order set to allow providers the option to order additional fluids.
- Median time to CT and median time to results- Stroke Committee recommended that we look again at the Cerner Sepsis Advisor application as a possible tool to assist us speed up our time of sepsis identification and antibiotic delivery.
- 1 fall in the month of July. No patient harm. Root cause(s) was identified as a communication breakdown during an assist of the patient to the bedside commode, need for assuring patients are wearing non-skid socks and 2 person assist for patients identified as a higher risk for falls.
- Time to referral completion held steady in 5/6 clinics. The Quality Department Process Improvement Team has been engaged to facilitate the review of current processes & identify opportunities to stream line the referral process.
- Medicare Wellness visits dropped in July related to the pandemic. Wellness visits has increased in August and September as patients begin to feel more comfortable coming in for in-person visits. Staff are reaching out to reschedule patients who could not participate in wellness visits in July.
- Workplace Violence reported incidents totaled 8 in July. 5 of the 8 were related to staff on staff verbal interactions felt as abusive and aggressive.



## Patient Stories

*"Kudos to Chris in Outpatient Surgery Department (scheduling) for keeping all the plates spinning! She initiates a phone call to us when we were swamped with scheduling appointments post-surgery (so appreciated!) and was so kind and understanding. After the first PICC change (on a Friday, her day off), Chris called me on Monday to say that she didn't see a standing appointment in the books for weekly PICC cleaning and labs and wanted to confirm with us. She is amazing! Thanks, Chris for caring so much and doing your job so well!"*

-Patient of KVH Surgical Outpatient to Divisional Coordinator Chris Storey

*"I'd like to thank all of you at KVH Hospice for the care and support you provided to my mother in her last days, and to my husband and me. There was always someone there to guide, explain, and train us through this process. A special thanks to Jane Tilton, leader of the team, for her great patience and professionalism, and to Andrea, for her special touch with my mom."*

-Family of KVH Hospice patient to RN Jane Tilton and Home Health Aide Andrea Ringe

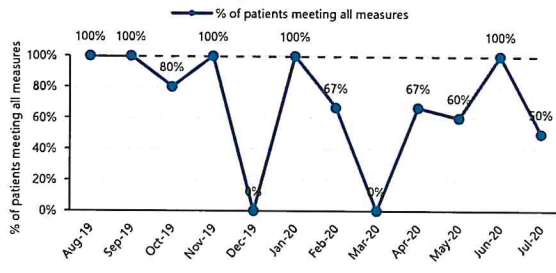
*"Thank you so much for your caring attention to our mom/grandma. We very much appreciate all your efforts!"*

-Family of KVH Hospice patient to RN Jane Tilton



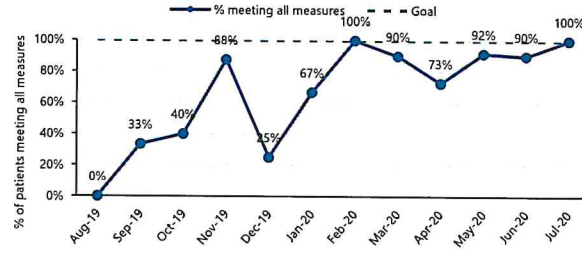
# QI Council

## Sepsis Bundle ↑



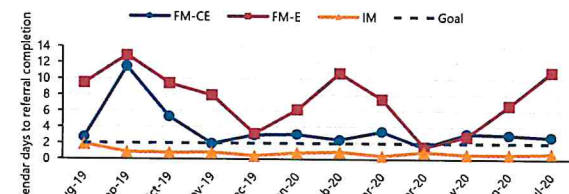
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## Restraints ↑



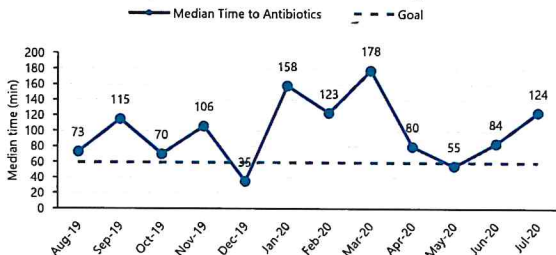
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## Days to Referral Completion ↓



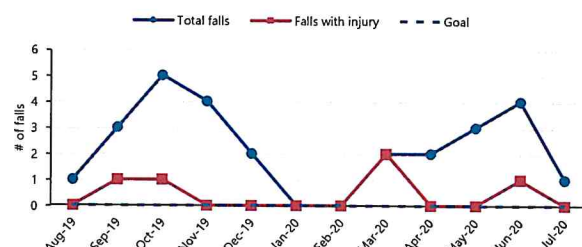
# of	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
261	190	297	239	223	333	276	187	121	208	244	231	
429	458	573	413	403	629	541	445	283	414	576	532	
89	75	160	166	165	230	197	138	103	177	197	197	

## Sepsis Antibiotic Timing ↓

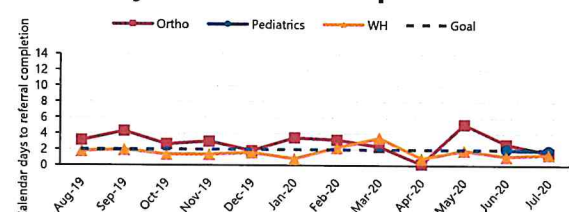


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## Falls ↓

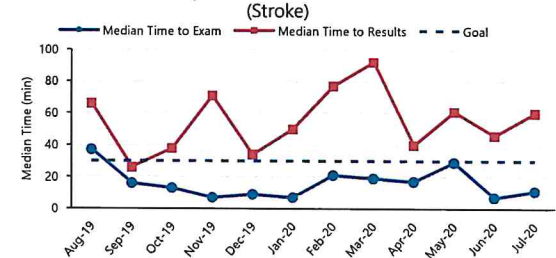


## Days to Referral Completion ↓



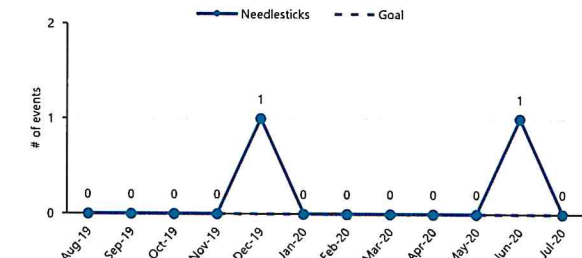
# of referrals	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
34	38	49	39	32	53	49	41	17	27	39	43	
38	31	54	46	36	49	70	46	24	52	61	45	

## Median Time to CT or MRI (Stroke) ↓

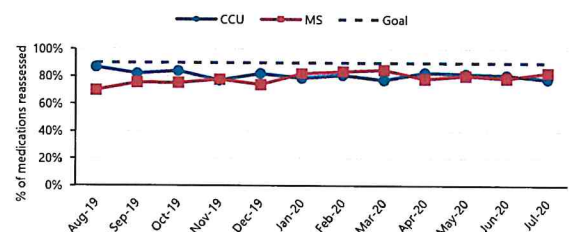


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## Needlesticks ↓

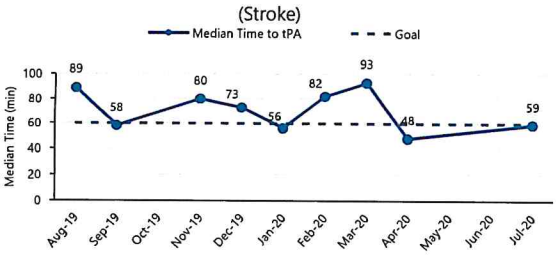


## Pain Reassessment after Medication ↑



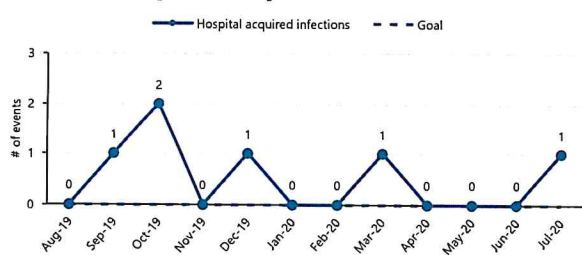
# of meds	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
CCU	15	61	62	52	50	42	52	114	52	66	62	68
MS	489	606	620	581	506	503	445	464	385	533	477	498

## Median Time to tPA (Stroke) ↓

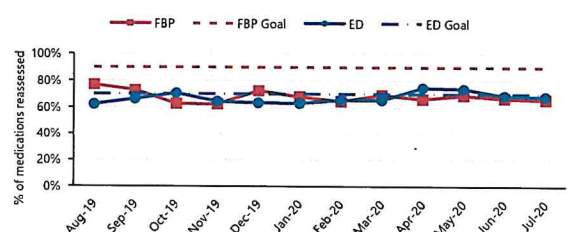


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## Hospital Acquired Infections ↓



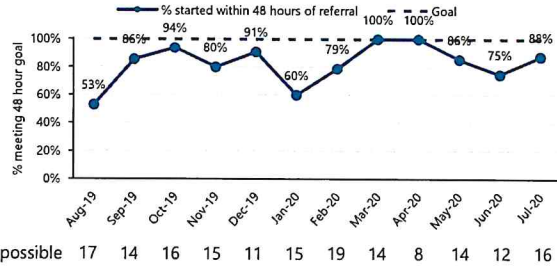
## Pain Reassessment after Medication ↑



# of meds	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
FBP	225	302	161	168	292	240	192	257	131	171	264	321
ED	433	480	395	416	484	450	469	389	294	401	400	429



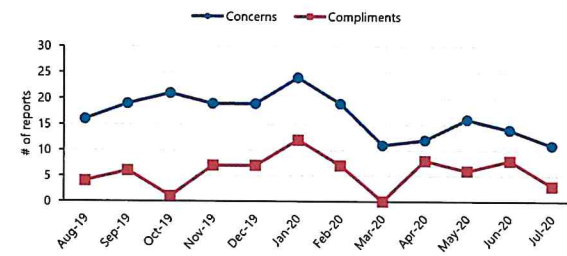
### Timely Start for Physical Therapy (Home Health) ↑



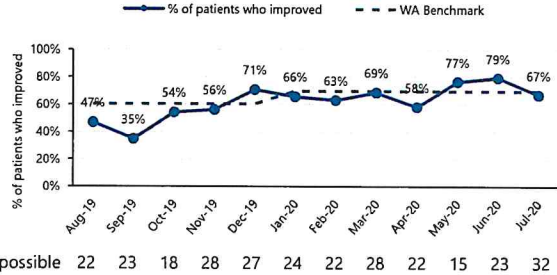
### Medicare Wellness Visits ↑



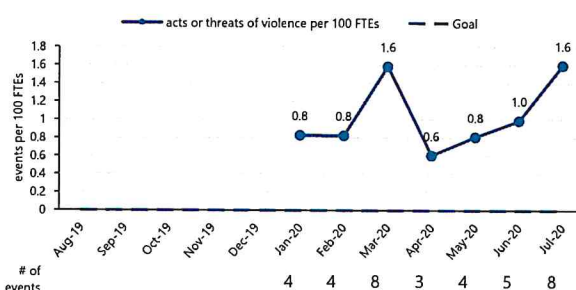
### Care and Service Reports ↓



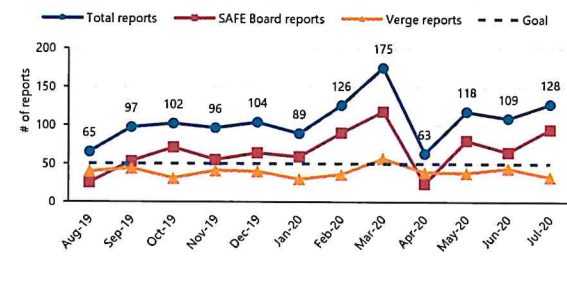
### Improvement in Management of Oral Medications (Home Health) ↑



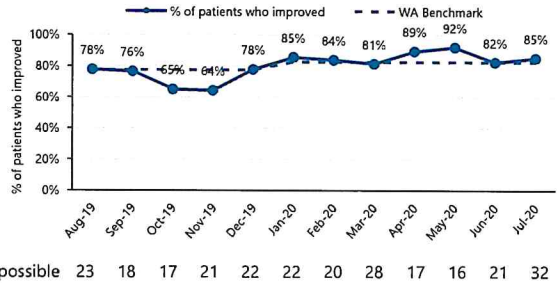
### Workplace Violence Events ↓



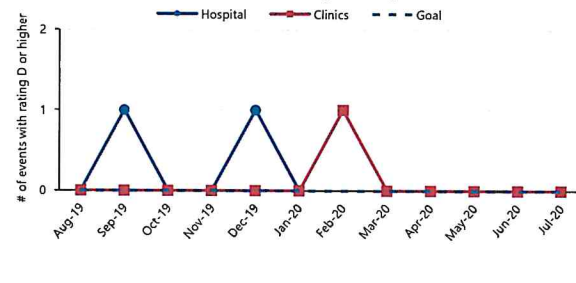
### Employee Reports ↑



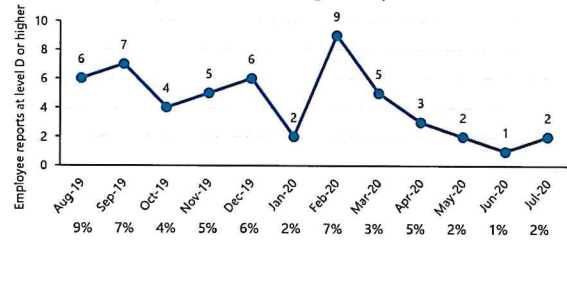
### Improvement in Pain Interfering with Activity (Home Health) ↑



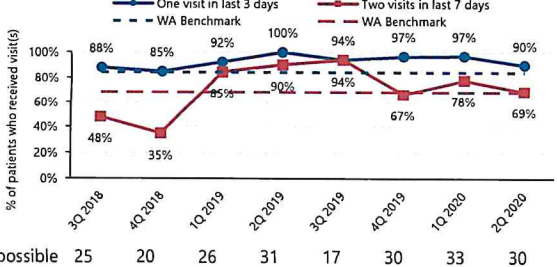
### Adverse Medication Events ↓



### Reports of Occurrences ↓



### Hospice Visits Near End of Life ↑



### KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Sepsis Bundle	Percentage of patients who received all applicable components of the sepsis bundle	<ol style="list-style-type: none"> <li>1. Received within three hours: initial lactate level measurement, broad spectrum or other antibiotics, blood cultures drawn prior to antibiotics;</li> <li>2. Received within six hours: repeat lactate level measurement if initial lactate level was elevated;</li> <li>3. Received within three hours: crystalloid fluid bolus if indicated;</li> <li>4. Received within six hours: vasopressors if indicated</li> </ol>	
Sepsis Antibiotic Timing	Median time from arrival to administration of antibiotics	Sepsis is an infection. The first step in treating the condition is administration of antibiotics.	Timing begins at hospital arrival, which can be before sepsis is suspected.
Median Time to CT or MRI (Stroke)	Median time from arrival to CT or MRI exam and to result for patients with acute ischemic stroke or hemorrhagic stroke	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry. Time measured to beginning of exam and to availability of result from radiologist.	
Median Time to tPA (Stroke)	Median time from arrival to administration of tPA for acute ischemic stroke patients who arrive at the hospital within 240 minutes of time last known well	Tissue plasminogen activator (tPA) is a medication that dissolves blood clots. Some patients will experience a major improvement in their stroke symptoms if they receive tPA within four hours of symptom onset.	tPA is not used for patients experiencing hemorrhagic stroke; it can increase bleeding and potentially cause more damage to the brain
Restraints	Numerator: Number of patients who met all possible measures for restraints Denominator: Total number of patients in restraints	Measures for restraint use include: <ul style="list-style-type: none"> <li>▶ Initial restraint order written</li> <li>▶ Restraint problem added to care plan</li> <li>▶ Restraint orders continued/signed by physician every 24 hours or sooner</li> <li>▶ Restraint charting/assessment done as frequently as appropriate for the reason for restraint (behavioral: every 15 min, medical: every 60 min)</li> </ul>	

### KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Falls	Blue line (circles): The total number of patient falls anywhere in the organization Red line (squares): The number of patient falls that results in any injury	Injuries are defined as anything that requires the application of a dressing or bandage, ice, cleaning of a wound, limb elevation, or topical medication	Non-patient falls are not included (employee falls, visitor falls, parking lot falls), near misses are not included
Needlesticks	Total number of staff who experience a sharps injury during the month	Dependent on reporting by staff.	
Hospital Acquired Infections (HAIs)	Total number of infections contracted by an inpatient as a result of care or treatment provided during their hospital stay. Includes CAUTIs, CLABSIs, VAEs, and SSIs.	Inpatient infections from urinary catheters, certain types of intravascular devices, ventilators or surgeries. Based on criteria from the National Health and Safety Network (a division of the Centers for Disease Control and Prevention). Includes superficial surgical site infections, which are not included in Washington State Hospital Association comparison reports.	CAUTI: Catheter-associated urinary tract infection CLABSI: Central line-associated bloodstream infection VAE: Ventilator-associated event SSI: Surgical site infection
Days to Referral Completion	The number of calendar days to referral completion for KVH clinic patients	Based on month of referral order date. Only completed referrals are included in data (accounting for >90% of all referral orders).	General Surgery and Workplace Health are excluded due to small number of referrals
Pain Reassessment after Medication	Percentage of patients in certain hospital units who had a documented follow up assessment of their pain level after receiving pain medications	Patients should be followed up with to assess whether administered medications are reducing their pain. Follow-up should occur within 60 minutes of medication administration, <i>except</i> oral medications in the Emergency Department should be followed up within 90 minutes.	IV Tylenol is currently excluded from this measure
Timely Start for Physical Therapy (Home Health)	Percentage of new home health patients with a physical therapy referral who are seen by physical therapy staff within 48 hours	Patients who have referrals for specialty care while receiving home health services should be assessed and have therapy started promptly	
Improvement in Management of Oral Medications (Home Health)	The percentage of home health patients who got better at taking their drugs correctly by mouth	Improvement is measured from the beginning of the home health episode of care to the end of the episode of care.	Tracked by the month of patient discharge from service

### KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Improvement in Pain Interfering with Activity (Home Health)	The percentage of home health patients who had less pain when moving around	Improvement is measured from the beginning of the home health episode of care to the end of the episode of care.	Tracked by the month of patient discharge from service
Hospice Visits Near End of Life	The percentage of hospice patients who receive at least one visit in the last three days or life and the percentage who receive at least two visits in the last seven days of life	Within the last three days: at least one visit from a registered nurse, physician, nurse practitioner, or physician assistant. Within the last seven days: at least two visits from medical social workers, chaplains or spiritual counselors, licensed practical nurses, or hospice aides	Tracked by the month of patient discharge from service
Medicare Wellness Visits	Number of Medicare Wellness Visits billed by service date	Medicare Wellness Visits are an opportunity for patients with Medicare to develop or update a personalized prevention plan with their care team. This might include: <ul style="list-style-type: none"> <li>▶ A review of medical and family history</li> <li>▶ Developing or updating a list of current medications</li> <li>▶ Height, weight, blood pressure, and other routine measurements</li> <li>▶ Cognitive impairment screening</li> <li>▶ Personalized health advice</li> <li>▶ A screening schedule (checklist) for appropriate preventive services like cancer screenings</li> </ul>	Visits can only cover preventive care. They cannot address current medical concerns. Most recent month may be an undercount due to timing of billing.
Workplace Violence Events	Number of harm events related to workplace violence per 100 FTEs	As defined by the Occupational Safety and Health Administration, workplace violence includes any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site.	Threats and verbal abuse are included as events.
Adverse Medication Events	The number of medication events that are Category D or greater, separated by setting of clinics or hospital	A Category D error is an error that reaches the patient and requires monitoring to confirm that it did not result in harm to the patient and/or required intervention to preclude harm	Unanticipated medication allergies can be included in Category D or greater medication events

### KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Care and Service Reports	The number of care and service patient reports submitted to the Quality Department, separated by concerns and compliments	CMS' conditions of participation in the Medicare program include certain policies and procedures regarding the receipt of and response to grievances	
Employee Reports	The number of employee reports submitted through Verge or on department SAFE Boards	Verge is the electronic occurrence reporting system used at KVH. SAFE Boards are also used for reporting, but typically contain items of lower severity.	
Reports of Occurrences	Percentage of employee reports of a Category D or higher	A Category D error is an error that reaches the patient and requires monitoring to confirm that it did not result in harm to the patient and/or required intervention to preclude harm	



## Chief Executive Report September 2020

**Strategy Sessions** - I want to thank the Board, and in particular Commissioners Ward and Clark, for participating in three strategy work sessions. Commissioners Ward and Clark asked for a session focused on the District's financial position. This inspired the Senior Leadership Team to ask for additional opportunities to meet with the Board to update components of the 2018 – 2020 Strategic Plan. Mandy Weed will schedule a session on Medical Staff and Service Line Development for October and Facility priorities in November. If there is an appetite for additional strategic work during the pandemic, Staff Development and Engagement would be my next priority.

**2020 Foundation Gift** - This year, in addition to the \$25,000 that they donated for PAPRs, The Foundation is contributing the single largest gift in their history, \$260,796. Our Director of Surgical Services, Amy Krogstadt recently identified an unbudgeted need to replace our aging surgical towers. We will be asking for the Board to approve these towers for capital purchase during this meeting. Arthrex, the preferred vendor will be providing three towers, two for the operating rooms and one to support out ENT clinic. The total capital request exceeds \$300,000 and it will be wonderful to have the Foundation's contribution to offset the costs. This is a huge gift and timing is everything.

**COVID 19 Testing** - We are moving into the flu season and trying to decide how we will manage symptomatic patients for COVID vs non-COVID follow up. COVID follow up we are pretty good at. It is the circling back to the COVID negative population that is, none the less, still sick to offer follow up. We have met once with Public Health and will be working with the COVID Clinic to iron out a process.

Each of the school districts, as you know, are making their own plans for in-person instruction and outbreak management. I believe that our role will be to expedite access to testing so that teachers and students can return to class as soon as possible.

**American Hospital Association Panel Discussion** – I was invited to participate on a virtual panel to discuss the challenges that healthcare providers are facing as we emerge from COVID 19. I was joined by the CEOs of the University of Wisconsin Healthcare System and Spectrum Integrated Healthcare of Michigan. We each had an opportunity to discuss how our systems have changed to address the pandemic and our priorities moving forward. The discussion was well attended and I appreciate that the rural perspective was represented.

**Meeting with Representative Ybarra** – Michele Wurl and I had an opportunity to meet virtually with Representative Ybarra. He confirmed that they are anticipating a very tough budget year as the legislature assembles this coming January. Through both the WSHA and the Washington Rural Health Collaborative, we will be strategizing how we can advocate to protect rural healthcare.

**Washington Rural Health Collaborative** - The Collaborative Board met in two separate locations and virtually to refresh our strategic plan. The Collaborative had hired a new Executive Director, Elya Prystowski, in the fall of 2019 so our opportunity to work with Elya in person has been very limited. The Collaborative will be focusing on a number of contracts including our group purchasing organization.

# Human Resources & Staff Development- September 2020

## August Metrics

<i>Employee Population</i>				
	<i>20-Aug</i>	<i>20-July</i>	<i>20-June</i>	<i>20-May</i>
Full-time	396	399	397	397
Part-time	128	131	133	135
Total Employees	621	631	635	639

<i>Turnover</i>			
	<i>YTD</i>	<i>20-Aug</i>	<i>2019 Year End</i>
Turnover (People)	65	13	138
Turnover (Percentage)	10.35%	2.09%	22.44%
Voluntary	61	13	109
Involuntary	4	0	9

<i>General Recruitment</i>				
	<i>20-Aug</i>	<i>20-July</i>	<i>20-June</i>	<i>20-May</i>
Open Postings	23	30	13	7
Unique Applications Received	281	295	166	104
Employees Hired	7	8	5	7
Time to Fill (Median)	26	27	39	32
Time to Fill (Average)	38.68	32.10	35.24	32.06

<i>Annual Evaluations</i>	
	<b>YTD</b>
Percent complete	71.7%
Total evaluations over due	181
# of employee evals over due	147
# of provider evals over due	34

**Benefits and Wellness: \*Follow up action item from last board meeting**

During the last board meeting, there was a question during public comment related to transitioning money from a tax deferred 457 to the new Roth option. We are in discussions with our vendors on this option and we will go through the appropriate approval process for any changes to plan documents.

Additionally, we have had made some optional changes to allow more flexibility and access to our retirement accounts which follow provisions under the *Secure Act*.

**Student and Volunteer Services:** We welcomed our new Student and Volunteer Coordinator, Kyle West to the HR division effective September 14, 2020. As many schools are back in session, we have phased more of our students back on site in appropriate areas. We are working with the Senior Leaders to balance the risk and reward of our education partnerships during COVID-19.

**Gift Shop-** In the absence of our volunteers who typically run the gift shop, HR has stepped in to help with Gift shop sales for employees. We had a successful sale the week of Labor Day.

**Staff Development:** We have started our partnership with Idea Learning Group out of Portland, OR to help us develop a KVH specific training on customer service. Manda will be leading this as on-site project manager and the anticipated completion date is end of November, 2020. Other activities include:

*Skills training:* We also Acquired a Simulation Skills Station at no cost (temporarily) to help keep our employees compliant with their certifications (BLS, PALS, ACLS) during these difficult times due to smaller class sizes, etc. We have continued conversations around simulation exercises and code drills.

**Leadership Development:** HR/Staff Development facilitated a diversity activity for the Senior Leadership team to reflect on how we incorporate diversity into our strategic conversations. Overall, the team felt that we consider diversity as an important part of our KVH values system, and we feel we can further incorporate conversations on this topic into many areas including customer service initiatives, hiring processes, staff development, strategic planning, and more.

**HR Operations/Staffing:** Lionel Garcia, HRIS analyst, started on 9/14/2020. Lionel is already jumping into major improvement opportunities for our HR systems. Lionel will be working as a liaison between HR, Accounting, and IT and his primary location will be in the IT department, while working on upcoming HR and IT initiatives.

**Staff Feedback and Engagement:** We implemented a follow up survey in early September to check in with our staff parents. The majority of staff reported continued anxiety with the start of the school year, however, HR has received minimal requests for drastic schedule or job changes at this time. Managers are working with their staff directly, and Morgan Anderson, our Director of Materials Management, will be facilitating additional staff conversations and resource sharing.

NOTIFICATION OF CREDENTIALS FILES  
FOR REVIEW

Date           September 14, 2020

TO:            Board of Commissioners  
                Kevin Martin, MD

FROM:         Kyle West  
                Medical Staff Services

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

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Paul DeBusschere, MD	Provisional/Active	Apt	KVH Pediatrics
Michael Zammit, MD	Provisional/Active	Apt	KVH General Surgery
Andrew Gustavson, MD	Provisional/Ambulatory	Apt	KVH Neurology
Alma Fe Houghton, MD	Provisional/Associate	Apt	KVH Hospitalist
Steven "Todd" Curtis, PA-C	Provisional/AHP	Apt	Orthopedics Northwest
James Denisar-Green, MD	Active	ReApt	CHCW
Rhonda Ramm, ARNP	AHP	ReApt	KVH ED
James Repsher, PA-C	AHP	ReApt	KVH Orthopedics





**August Operating Results**

- August was a good month for Kittitas Valley Healthcare. KVH outpatient hospital and clinic operations were back to normal levels. However, in early August when community nursing homes experienced an outbreak of positive Covid-19 patients, KVH stopped performing elective inpatient surgery cases so that KVH would have patient rooms available to care for a possible influx of positive Covid-19 patients. The impact of this decision is reflected in the inpatient surgery case variance. Overall hospital admissions and deliveries were slightly below budget for August while patient days exceeded budget. Outpatient surgery cases were at budget while GI case volumes were below budget. The number of ER visits improved but were still 8.4% below budget. Laboratory tests were 19.8% greater than budget. Most of the growth in lab volume has been Covid-19 tests. Clinic visits, including face to face and telehealth visits, improved but were 5.3% below budget. The positive clinic revenue variance is due to the unbudgeted ENT revenue which totaled \$112,502 in August. Urgent care visits are trending upward but below budget by 12.7%. Radiology scans and rehab visits were at budget.
- Gross revenue of \$14,026,934 exceeded budget by \$605,125. Inpatient revenue had a negative variance of \$409,568; outpatient revenue had a positive variance of \$963,533 and clinic revenue exceeded budget by \$51,161. The laboratory department exceeded their revenue budget by \$739,560; \$564,565 of this positive revenue variance was for Covid-19 tests.
- Deductions from revenue tracked with the revenue variance and exceeded budget by \$404,118 for the month. Contractual adjustments exceeded budget by \$265,597. Bad debt deductions exceeded budget by \$23,010. Financial assistance exceeded budget by \$69,921 and other deduction exceeded budget by \$45,589. In August KVH wrote-off \$84,003 for untimely billing and \$25,549 inpatient hospice adjustment. These amounts account for most of the \$126,863 in other deductions.
- August other operating revenue exceeded budget by \$725,459 due to the recognition of 1/8<sup>th</sup> of \$4,694,150 (\$586,769 per month) of Federal Government CARES and \$55,985 from Molina Healthcare to assist with Covid-19 testing. In addition, 340(b) rebate receipts of \$246,317 exceeded budget by \$81,935. YTD 340(b) receipts total \$1.3 million compared with \$1.15 million in 2019.
- With the exception of temporary labor and purchased services, KVH was below budget in every expense category. Physicians and staff are taking paid time off which is reflected in the low productive FTE number of 436.1, high non-productive FTE of 65.1 and positive wage variance of \$8,361. Temporary labor was over budget due to the need



to hire contract nurses in ICU for \$12,250 to cover FMLA and \$38,790 to help staff the Alternate Care Facility. KVH expects to be reimbursed by the EOC for some of the expenses to staff the Alternate Care Facility. Employee benefits were under budget by \$86,072 due the receipt of a \$143,266 distribution from the WSHA worker's compensation fund. Most departmental supply expenses were below budget, laboratory was the exception. Lab supplies exceeded their monthly budget by \$43,138. This variance is volume and Covid-19 test related. Purchased services exceeded budget by 244,161. \$196,290 of the variance was to purchase Covid-19 lab tests from lab vendor Incyte. In August, expenses to operate the unbudgeted ENT Clinic totaled \$55,485 and expenses to operate the Covid-19 pop up clinic were \$114,429. For the month of August, KVH had a positive expense variance of \$57,899 which contributed August's excellent financial performance.

- In August, KVH posted operating income of \$958,561 compared to a budgeted operating loss of \$25,805, a positive variance of \$984,366. Better than budget gross revenue, the CARES funds, and expense control were significant factors that contributed to positive results for August. YTD operating income is now a positive amount of \$2,541,574 compared to budget of \$1,388,524, resulting in a positive variance of \$1,153,051.
- Non-operating revenue/expense was below budget by \$63,788 mainly due to declining investment yields. Some of KVH's investment bonds have been called and reinvested at lower interest rates. YTD non-operating revenue/expense is below budget by \$236,346. This trend will continue.
- Days in Accounts Receivable decreased 4 days from 82 days to 78 days. Gross Accounts Receivable increased by \$69,386 from \$38,254,637 in July to \$ 38,323,792 in August. Monthly revenue for June, July and August were in normal ranges so the wild swings are no longer in the days calculation denominator. August cash receipts of \$8,495,318 were a new monthly record. August receipts were \$398,103 greater than July's receipts of \$8,097,215.
- Days Cash on Hand increased 3.6 days to 168.7 days in August from 165.1 days in July. The total amount of the August cash increase was \$810,848.
- Average daily cash collections per working day increased to \$404,539 in August from \$352,053 per working day in July.

Financial and Operating Indicators  
August 2020 - Key Statistics and Indicators

L	Measure	2020 YTD	2020 Budget	2020 Annualize	2019	2018	2017	2016	2015	2014
1	Total Charges	101,507,948	162,287,212	151,845,905	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699
2	Net Revenue	59,463,713	87,947,737	88,951,866	83,127,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460
3	Operating Income	2,541,574	1,720,871	3,801,945	2,501,969	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	4.3%	2.0%	4.3%	3.0%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Cash	37,526,769	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	168.7	127.6	NA	138.6	133.5	178.7	156.0	189.4	175.8
7										
8	Surgeries	874	1,547	1,307	1,305	1,461	1,396	1,510	1,578	1,675
9	Gastrointestinal Procedures	767	1,596	1,147	1,416	1,250	1,383	1,396		
10	Emergency Visits	8,082	13,807	12,090	13,861	13,930	13,162	13,789	13,618	12,250
11	% ED visits To Bed	10.4%	0	10.4%	9.5%	n/a	n/a	n/a	n/a	n/a
12	Radiology Exams	19,327	31,692	28,911	30,397	30,843	33,836	33,471		
13	Laboratory Tests	148,690	213,227	222,426	209,144	207,040	190,587	181,082		
14	Clinic Visits	45,724	77,747	68,399	72,711	59,241	50,917	48,525		
15	Telehealth Visits	2,400	NA	3,590						
16	IP & Obs Days (no swing)	16,592	4,074	24,820	3,805	3,999	3,440	3,937	3,740	4,976
17	Deliveries	201	340	301	309	342	322	312	368	334
18	Admits	570	969	853	941	984	899	1,043	1,299	1,433
19										
20	FTEs	496.5	506.6	NA	477.4	469.4	457.6	449.1	437.9	437.7
21	AR Days	4001.9	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	151,845,905	155,728,564	147,664,856	143,854,660	142,211,813	143,725,881	151,853,197
Operations Growth	4.21%	-2.49%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%

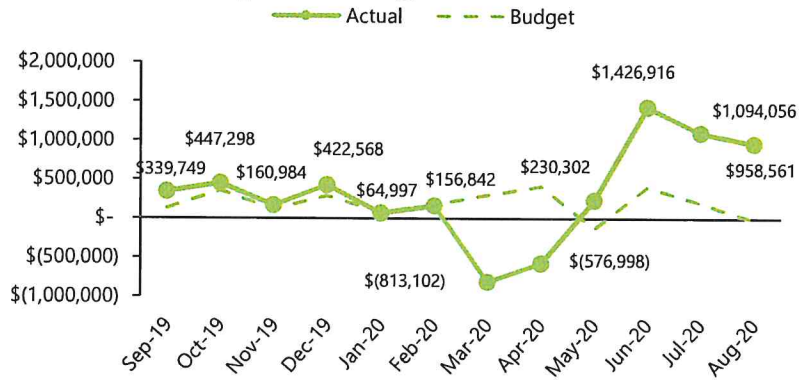


**Kittitas Valley Healthcare**  
**August 2020 - Key Statistics and Indicators**

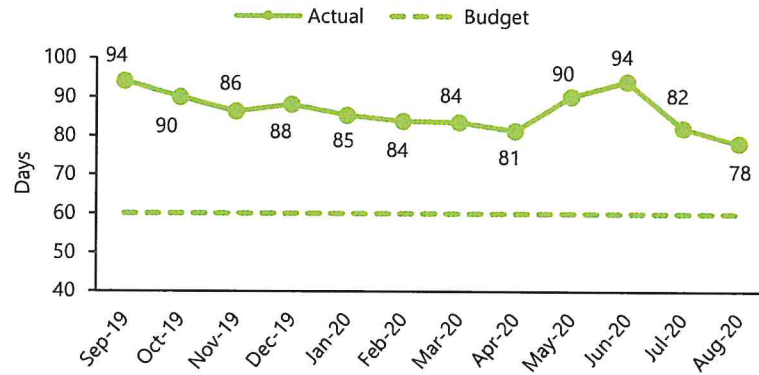
Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions w/Swingbed	72	82	-11.9%	570	658	-13.3%	620	-8.1%	01
02 Patient Days - W/O Newborn	241	228	5.6%	1,733	1,837	-5.6%	1,764	-1.7%	02
03 Patient Days - Swingbed	-	14	-100.0%	123	112	9.8%	NA	NA	03
04 Avg Daily IP Census w/Swingbed	7.8	7.8	-0.5%	7.6	8.0	-4.8%	7.3	4.8%	04
05 Average Length of Stay	3.3	2.8	19.8%	3.0	2.8	8.9%	2.8	6.9%	05
06 Average Length of Stay w/Swingbed	3.3	3.0	12.9%	3.3	3.0	9.9%	2.8	14.5%	06
07 Deliveries	26	29	-9.8%	201	226	-11.1%	205	-2.0%	07
08 Case Mix Inpatient	0.90	1.00	-9.6%	1.01	1.00	1.0%	1.14	-11.4%	08
09 Surgery Minutes - Inpatient	1,316	2,807	-53.1%	15,306	22,678	-32.5%	23,989	-36.2%	09
10 Surgery Minutes - Outpatient	6,891	7,346	-6.2%	50,135	58,843	-14.8%	45,006	11.4%	10
11 Surgery Procedures - Inpatient	14	21	-33.8%	137	171	-19.8%	181	-24.3%	11
12 Surgery Procedures - Outpatient	108	108	0.4%	737	862	-14.5%	659	11.8%	12
11 Gastrointestinal Procedures	110	133	-17.1%	767	1,066	-28.1%	953	-19.5%	11
12 ER Visits	1,049	1,145	-8.4%	8,082	9,230	-12.4%	9,204	-12.2%	12
13 Urgent Care Cle Elum Visits	397	455	-12.7%	2,797	3,659	-23.6%	3,413	-18.0%	13
14 Laboratory	21,192	17,688	19.8%	148,690	142,544	4.3%	139,092	6.9%	14
15 Radiology Exams	2,619	2,630	-0.4%	19,327	21,182	-8.8%	20,141	-4.0%	15
16 Rehab Visit	1,610	1,604	0.4%	9,821	12,924	-24.0%	12,549	-21.7%	16
17 Outpatient Percent of Total Revenue	89.9%	86.4%	4.1%	88.3%	86.4%	2.2%	85.3%	3.5%	17
18 Clinic Visits	5,707	6,368	-10.4%	45,724	52,042	-12.1%	47,359	-3.5%	18
19 Telehealth Visits	323	-	NA	2,400	-	NA	-	NA	19
20 Adjusted Patient Days	2,387	1,677	42.3%	14,859	13,542	9.7%	12,015	23.7%	20
21 Equivalent Observation Days	76	110	-31.4%	713	886	-19.6%	814	-12.5%	21
22 Avg Daily Obs Census	2.4	3.6	-31.4%	2.9	3.6	-19.6%	3.3	-12.5%	22
23 Home Care Visits	526	566	-7.1%	4,445	4,565	-2.6%	4,552	-2.4%	23
24 Hospice Days	697	920	-24.2%	5,482	7,212.1	-24.0%	6,612	-17.1%	24
<b>Financial Measures</b>									
25 Salaries as % of Operating Revenue	45.0%	50.9%	11.5%	49.4%	49.3%	-0.2%	50.3%	-1.8%	25
26 Total Labor as % of Operating Revenue	54.7%	62.9%	13.1%	61.4%	61.1%	-0.6%	62.0%	-1.0%	26
27 Revenue Deduction %	49.3%	48.5%	-1.6%	48.5%	48.4%	-0.3%	47.9%	1.3%	27
28 Operating Margin	11.7%	-0.4%	-3394.7%	4.3%	2.4%	81.1%	2.1%	105.7%	28
<b>Operating Measures</b>									
29 Productive FTE's	436.1	452.1	3.5%	435.0	452.1	3.8%	419.0	3.8%	29
30 Non-Productive FTE's	65.1	54.4	-19.7%	61.5	54.4	-13.0%	58.4	5.3%	30
31 Paid FTE's	501.3	506.6	1.0%	496.5	506.6	2.0%	477.4	4.0%	31
32 Operating Expense per Adj Pat Day	\$ 3,031	\$ 4,349	30.3%	\$ 3,831	\$ 4,242	9.7%	\$ 4,437	-13.7%	32
33 Operating Revenue per Adj Pat Day	\$ 3,433	\$ 4,334	-20.8%	\$ 4,002	\$ 4,344	-7.9%	\$ 4,531	-11.7%	33
34 A/R Days	78.3	60.0	-30.5%	78.3	60.0	-30.5%	93.0	-15.8%	34
35 Days Cash on Hand	168.7	127.6	32.2%	168.7	127.6	32.2%	141.0	19.6%	35

# Financial Dashboard

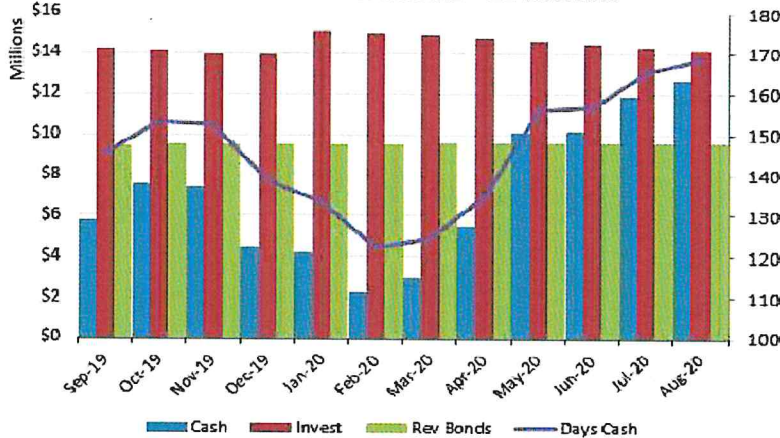
## Operating Income



## Accounts Receivable Days



## Cash and Investments - 12 Months



## Payer Mix

	CY 2018	CY 2019	YTD 2020
Medicare	41.85%	41.97%	39.86%
Medicaid	18.45%	18.72%	19.17%
Commercial	32.03%	32.81%	34.39%
Self Pay	3.52%	2.21%	2.79%
Other	4.15%	4.30%	3.80%

**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	1,415,506	1,825,075	(409,568)	11,840,059	14,722,856	(2,882,797)	14,599,214
OUTPATIENT REVENUE	10,677,592	9,714,059	963,533	74,292,130	78,319,476	(4,027,346)	70,822,252
CLINIC REVENUE	1,933,836	1,882,675	51,161	15,375,759	15,500,826	(125,067)	14,029,686
<b>REVENUE</b>	<b>14,026,934</b>	<b>13,421,809</b>	<b>605,125</b>	<b>101,507,948</b>	<b>108,543,158</b>	<b>(7,035,210)</b>	<b>99,451,152</b>
CONTRACTUALS	6,373,908	6,108,312	265,597	44,950,936	49,260,342	(4,309,406)	44,943,875
PROVISION FOR BAD DEBTS	299,439	276,429	23,010	2,065,577	2,265,057	(199,480)	1,909,861
FINANCIAL ASSISTANCE	110,819	40,898	69,921	677,764	336,191	341,572	303,468
OTHER DEDUCTIONS	126,863	81,273	45,589	1,569,272	661,751	907,521	479,784
<b>DEDUCTIONS FROM REVENUE</b>	<b>6,911,029</b>	<b>6,506,912</b>	<b>404,118</b>	<b>49,263,549</b>	<b>52,523,341</b>	<b>(3,259,792)</b>	<b>47,636,988</b>
NET PATIENT SERVICE REVENUE	7,115,905	6,914,897	201,007	52,244,399	56,019,817	(3,775,418)	51,814,164
OTHER OPERATING REVENUE	1,077,466	352,007	725,459	7,219,315	2,811,742	4,407,573	2,626,000
<b>TOTAL OPERATING REVENUE</b>	<b>8,193,371</b>	<b>7,266,904</b>	<b>926,467</b>	<b>59,463,713</b>	<b>58,831,558</b>	<b>632,155</b>	<b>54,440,165</b>
SALARIES	3,688,353	3,696,715	(8,361)	29,346,724	28,977,473	369,251	27,371,600
TEMPORARY LABOR	89,462	43,179	46,283	436,715	338,469	98,246	253,004
BENEFITS	791,545	877,616	(86,072)	7,184,254	6,939,940	244,315	6,403,874
PROFESSIONAL FEES	83,810	115,074	(31,263)	1,016,035	902,029	114,006	551,319
SUPPLIES	735,438	780,253	(44,815)	6,050,812	6,232,432	(181,620)	5,699,544
UTILITIES	79,733	92,644	(12,911)	677,785	692,015	(14,230)	642,572
PURCHASED SERVICES	1,171,559	927,398	244,161	6,926,524	7,288,510	(361,986)	6,898,647
DEPRECIATION	325,193	337,721	(12,529)	2,634,890	2,697,659	(62,770)	2,498,052
RENTS AND LEASES	108,871	132,395	(23,525)	910,110	1,057,631	(147,521)	983,217
INSURANCE	48,566	56,873	(8,308)	368,234	454,858	(86,624)	373,728
LICENSES & TAXES	61,624	80,576	(18,952)	510,785	647,275	(136,490)	558,885
INTEREST	54,349	57,150	(2,801)	434,790	457,200	(22,410)	457,237
TRAVEL & EDUCATION	11,397	40,497	(29,100)	161,017	329,423	(168,406)	235,215
OTHER DIRECT	(15,091)	54,616	(69,707)	263,463	428,121	(164,658)	381,900
<b>EXPENSES</b>	<b>7,234,809</b>	<b>7,292,708</b>	<b>(57,899)</b>	<b>56,922,139</b>	<b>57,443,035</b>	<b>(520,896)</b>	<b>53,308,794</b>
<b>OPERATING INCOME (LOSS)</b>	<b>958,561</b>	<b>(25,805)</b>	<b>984,366</b>	<b>2,541,574</b>	<b>1,388,524</b>	<b>1,153,051</b>	<b>1,131,371</b>
OPERATING MARGIN	11.70%	-0.36%	106.25%	4.27%	2.36%	182.40%	2.08%
NON-OPERATING REV/EXP	3,224	67,012	(63,788)	301,536	537,882	(236,346)	568,989
<b>NET INCOME (LOSS)</b>	<b>961,785</b>	<b>41,207</b>	<b>920,578</b>	<b>2,843,111</b>	<b>1,926,406</b>	<b>916,705</b>	<b>1,700,359</b>
<b>UNIT OPERATING INCOME</b>							
HOSPITAL	1,101,155	178,347	922,807	4,149,112	2,414,969	1,734,142	2,272,757
URGENT CARE	12,448	(29,795)	42,243	(33,448)	(221,145)	187,697	(303,071)
CLINICS	(182,250)	(213,633)	31,383	(1,768,050)	(1,163,809)	(604,241)	(1,131,108)
HOME CARE COMBINED	27,209	39,276	(12,067)	193,960	358,508	(164,547)	292,887
<b>OPERATING INCOME</b>	<b>958,561</b>	<b>(25,805)</b>	<b>984,367</b>	<b>2,541,574</b>	<b>1,388,524</b>	<b>1,153,051</b>	<b>1,131,464</b>



**Kittitas Valley Healthcare**  
Operating Income Statement with COVID operations detail  
Through August 2020

**Organization, Net of COVID Related Operations**

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	YTD
Total Revenue	13,299,004	12,709,622	12,095,969	8,675,683	11,749,470	13,969,398	13,838,458	13,462,369	99,799,973
Total Deductions	(6,349,081)	(6,257,081)	(5,878,623)	(3,872,345)	(5,441,295)	(6,860,068)	(7,007,979)	(6,572,290)	(48,238,764)
<b>Net Patient Service Revenue</b>	<b>6,949,922</b>	<b>6,452,541</b>	<b>6,217,346</b>	<b>4,803,338</b>	<b>6,308,174</b>	<b>7,109,330</b>	<b>6,830,479</b>	<b>6,890,078</b>	<b>51,561,209</b>
Other Operating Revenue	157,814	575,625	350,245	336,555	386,727	470,471	284,829	434,713	2,996,978
<b>Total Operating Revenue</b>	<b>7,107,737</b>	<b>7,028,166</b>	<b>6,567,591</b>	<b>5,139,893</b>	<b>6,694,901</b>	<b>7,579,800</b>	<b>7,115,308</b>	<b>7,324,791</b>	<b>54,558,187</b>
Total Expense	7,042,740	6,871,323	7,263,354	6,963,542	6,980,634	6,855,705	6,863,129	7,120,380	55,960,808
<b>Operating Income</b>	<b>64,997</b>	<b>156,842</b>	<b>(695,763)</b>	<b>(1,823,649)</b>	<b>(285,733)</b>	<b>724,095</b>	<b>252,179</b>	<b>204,411</b>	<b>(1,402,621)</b>
Operating Margin %	0.91%	2.23%	-10.59%	-35.48%	-4.27%	9.55%	3.54%	2.79%	-2.57%

**COVID Related Operations**

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	YTD
Total Revenue (Lab Charges)			75,400	50,180	163,280	210,695	643,855	564,565	1,707,975
Total Deductions			(45,240)	(30,108)	(97,968)	(126,417)	(386,313)	(338,739)	(1,024,785)
<b>Net Patient Service Revenue</b>			<b>30,160</b>	<b>20,072</b>	<b>65,312</b>	<b>84,278</b>	<b>257,542</b>	<b>225,826</b>	<b>683,190</b>
Other Operating Revenue (Grants)				1,522,790	608,394	722,956	725,444	642,753	4,222,337
<b>Total Operating Revenue</b>			<b>30,160</b>	<b>1,542,862</b>	<b>673,706</b>	<b>807,234</b>	<b>982,986</b>	<b>868,579</b>	<b>4,905,527</b>
Total Expenses (COVID Clinic)			147,499	296,211	157,670	104,413	141,109	114,429	961,331
<b>Operating Income</b>			<b>(117,339)</b>	<b>1,246,651</b>	<b>516,036</b>	<b>702,821</b>	<b>841,877</b>	<b>754,150</b>	<b>3,944,196</b>
Operating Margin %			-389.06%	80.80%	76.60%	87.07%	85.64%	86.83%	80.40%

**Combined, Organization Financials**

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	YTD
Total Revenue	13,299,004	12,709,622	12,171,369	8,725,863	11,912,750	14,180,093	14,482,313	14,026,934	101,507,948
Total Deductions	(6,349,081)	(6,257,081)	(5,923,863)	(3,902,453)	(5,539,263)	(6,986,485)	(7,394,292)	(6,911,029)	(49,263,549)
<b>Net Patient Service Revenue</b>	<b>6,949,922</b>	<b>6,452,541</b>	<b>6,247,506</b>	<b>4,823,410</b>	<b>6,373,486</b>	<b>7,193,608</b>	<b>7,088,021</b>	<b>7,115,904</b>	<b>52,244,399</b>
Other Operating Revenue	157,814	575,625	350,245	1,859,345	995,121	1,193,426	1,010,273	1,077,466	7,219,315
<b>Total Operating Revenue</b>	<b>7,107,737</b>	<b>7,028,166</b>	<b>6,597,751</b>	<b>6,682,755</b>	<b>7,368,607</b>	<b>8,387,034</b>	<b>8,098,294</b>	<b>8,193,371</b>	<b>59,463,713</b>
Total Expense	7,042,740	6,871,323	7,410,853	7,259,753	7,138,304	6,960,118	7,004,238	7,234,809	56,922,139
<b>Operating Income</b>	<b>64,997</b>	<b>156,842</b>	<b>(813,102)</b>	<b>(576,998)</b>	<b>230,302</b>	<b>1,426,916</b>	<b>1,094,056</b>	<b>958,561</b>	<b>2,541,574</b>
Operating Margin %	0.91%	2.23%	-12.32%	-8.63%	3.13%	17.01%	13.51%	11.70%	4.27%

08/31/2020

Kittitas Valley Healthcare  
Balance SheetKittitas Valley Healthcare  
Balance Sheet and Cash Flow

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	12,665,168	4,488,811	8,176,357
ACCOUNTS RECEIVABLE	38,323,792	40,613,365	(2,289,573)
ALLOWANCE FOR CONTRACTUAL	(24,841,321)	(22,382,150)	(2,459,171)
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	196,181	588,166	(391,984)
INVENTORY	2,050,577	1,894,491	156,085
PREPAIDS	639,270	776,900	(137,630)
INVESTMENT FOR DEBT SVC	1,124,546	950,100	174,446
<b>CURRENT ASSETS</b>	<b>30,158,512</b>	<b>26,929,983</b>	<b>3,228,529</b>
<b>INVESTMENTS</b>	<b>23,737,055</b>	<b>23,779,605</b>	<b>(42,550)</b>
PLANT PROPERTY AND EQUIPMENT	86,642,908	83,068,143	3,574,765
ACCUMULATED DEPRECIATION	(45,353,823)	(42,573,204)	(2,780,619)
<b>NET PROPERTY, PLANT, &amp; EQUIP</b>	<b>41,289,085</b>	<b>40,494,939</b>	<b>794,146</b>
OTHER ASSETS	(0)	(0)	0
<b>NONCURRENT ASSETS</b>	<b>41,289,085</b>	<b>40,494,939</b>	<b>794,146</b>
<b>ASSETS</b>	<b>95,184,652</b>	<b>91,204,527</b>	<b>3,980,125</b>
ACCOUNTS PAYABLE	951,581	1,395,147	(443,566)
ACCRUED PAYROLL	318,047	1,263,533	(945,486)
ACCRUED BENEFITS	663,377	268,613	394,764
ACCRUED VACATION PAYABLE	2,003,776	1,764,089	239,687
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
<b>CURRENT LIABILITIES</b>	<b>6,935,412</b>	<b>8,063,851</b>	<b>(1,128,439)</b>
ACCRUED INTEREST	115,770	311,475	(195,705)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	3,093	0	3,093
DEFERRED REVENUE HOME HEALTH	61,925	136,954	(75,029)
DEFERRED OTHER	2,533,094	0	2,533,094
<b>DEFERRED LIABILITIES</b>	<b>2,713,883</b>	<b>448,430</b>	<b>2,265,453</b>
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 CONTI	(1,024,910)	(1,629,839)	604,929
<b>LONG TERM DEBT</b>	<b>19,328,435</b>	<b>19,328,435</b>	<b>0</b>
<b>NONCURRENT LIABILITIES</b>	<b>22,042,318</b>	<b>19,776,865</b>	<b>2,265,453</b>
<b>LIABILITIES</b>	<b>28,977,730</b>	<b>27,840,716</b>	<b>1,137,014</b>
FUND BALANCE	63,363,812	63,363,812	0
NET REVENUE OVER EXPENSES	2,843,111	0	2,843,111
<b>FUND BALANCE</b>	<b>66,206,922</b>	<b>63,363,812</b>	<b>2,843,111</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>95,184,652</b>	<b>91,204,527</b>	<b>3,980,125</b>

08/31/2020

Kittitas Valley Healthcare  
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	2,843,111
<b>ADD BACK NON-CASH EXPENSE</b>	
DEPRECIATION	2,780,619
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
<b>NET CASH FROM OPERATIONS</b>	5,623,729
<b>CHANGE IN CURRENT ASSETS ( \$ )</b>	
PATIENT ACCOUNTS	4,748,744
OTHER RECEIVABLES	391,984
INVENTORIES	(156,085)
PREPAID EXPENSES & DEPOSITS	137,630
INVESTMENT FOR DEBT SVC	(174,446)
<b>TOTAL CURRENT ASSETS</b>	<b>4,947,828</b>
INVESTMENTS	42,550
PROPERTY, PLANT, & EQUIP.	(3,574,765)
OTHER ASSETS	0
<b>TOTAL ASSETS</b>	<b>7,039,342</b>
<b>CHANGE IN CURRENT LIABILITIES ( \$ )</b>	
ACCOUNTS PAYABLE	(443,566)
ACCRUED SALARIES	(945,486)
ACCRUED EMPLOYEE BENEFITS	394,764
ACCRUED VACATIONS	239,687
COST REIMBURSEMENT PAYABLE	231,091
CURRENT MATURITIES OF LONG-TERM DEBT	(604,929)
CURRENT MATURITIES OF CAPITAL LEASES	0
<b>TOTAL CURRENT LIABILITIES</b>	<b>(1,128,439)</b>
<b>CHANGE IN OTHER LIABILITIES ( \$ )</b>	
ACCRUED INTEREST ON 1998, 1999 UTGO	(195,705)
DEFERRED OTHER	2,533,094
DEFERRED TAX COLLECTIONS	3,093
DEFERRED REVENUE - HOME HEALTH	(75,029)
<b>TOTAL OTHER LIABILITIES</b>	<b>2,265,453</b>
<b>CHANGE IN LT DEBT &amp; CAPITAL LEASES ( \$ )</b>	
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
<b>TOTAL LONG-TERM DEBT &amp; LEASES</b>	<b>0</b>
<b>TOTAL LIABILITIES</b>	<b>1,137,014</b>
NET CHANGE IN CASH	8,176,357
BEGINNING CASH ON HAND	4,488,811
ENDING CASH ON HAND	12,665,168

**KITTITAS VALLEY HEALTHCARE  
Capital Expenditure Board Narrative**

**Requesting Department:** Surgical Services

**Capital Item Requested:** OR – Scopes and Video Towers

**Function of Project:** Video equipment and instruments used to perform all arthroscopic, laparoscopic, and endoscopic procedures. Specialties that use this include Orthopedics, General Surgery, GYN, and ENT.

**Reason Requested:** The current lease with Stryker expires the end of 2020. A side by side trial of Stryker and Arthrex equipment was performed. The providers and staff preferred Arthrex as the vendor.

**Budget:** \$0.00      **Actual Cost:** \$380,610.00

**Submitted By:** Amy Krogstadt – Director Surgical Services      **Date:** 09/24/2020

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 \$15,000,000.



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 24th day of September, 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 September 24, 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 24th day of September, 2020.

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Matthew Altman, Secretary



## OPERATIONS REPORT

September 2020

### PATIENT CARE OPERATIONS

- **Food and Nutrition Services:**

- Staffing – Currently have two aide positions and one per diem cook position open. We have recently hired two new people who are actively going through training at this time. We have candidates for the two open aide position and are waiting for references to be returned.
- Food procurement – Each week we experience difficulties obtaining some basic items from our major foodservice wholesale vendor. Much of the difficulties have been related to COVID.
- Updating pricing quotes for a remodel of the Café.
- Continue to analyze and strengthen the department’s sanitation and disinfection procedures.
- Clinical: Emphasis on using a Shared Decision Making tool for patients with diabetes or hypertension.

- **QAPI:**

2020 work had to do with improving gross revenue in the Café. We continue to track a downward curve in revenue for reasons such as employee move to MAC, Café closed to the public, packaged salads verse salad bar.

- **Surgical Services:**

The OR crew and providers have been trialing a new video system. This video equipment is used across all specialties to include GYN, Ortho, General and ENT cases. The current contract with Strykor is expiring and we are looking at alternative options.

- **Emergency Service:**

Staffing: Urgent Care is staffed except a very part time tech which is posted. The ED continues to work through the hiring process for both nursing and techs. We have great applications and are working on onboarding.

COVID-19 is still at the fore front of our minds and practice. Staff are doing well with assessments, care and treatment of patients that present with suspected or known COVID-19.

Last week ED staff members participated in the Emergency Nurses Association (ENA) General Assembly and Virtual Conference. Two KVH nurses helped represent the state

chapter in decision making for the organization. ENA celebrated its 50<sup>th</sup> Anniversary and staff are taking advantage of a virtual learning environment that is available until the end of the year.

*Thank you, Vicky Machorro, Chief Nursing Officer*

## **ANCILLARY SERVICES OPERATIONS**

- **Diagnostic Services:**

Lab continues to be very busy, both in the hospital and at the MAC. We've been seeing 25-30 outpatient lab draws at the hospital each day, in addition to covering the inpatient side and the emergency department. We will be adding another full time phlebotomist in the hospital to meet the demand.

- **Rehab Services:**

Director Marcus Jaffee is on Military Leave from September 14 to October 19. Marcus always comes back energized with new leadership skills obtained from his training. Our only PT certified in pelvic health therapy is moving out of state. We will be seeking another therapist to take her place.

- **KVH Athletic Trainer:**

Zane Davies has developed a Concussion Education presentation for parents, students and school staff in Kittitas County. A clip will be posted on the KVH Facebook page with a link to the full presentation on YouTube.

- **Pharmacy Services:**

We have received 1200 doses of flu vaccine for KVH staff and patients. We are hoping to receive additional shipments to support our community, as we have heard that the Public Health Department is not receiving any adult flu vaccine this year. We are planning a Free Flu Vaccination Clinic at KVH Urgent Care on October 24 from 10AM-2PM. Hospital District #2 has contributed funds to assist with the cost of the vaccine and we have received a grant from Capture RX to support the staffing/supply cost. Kittitas County Public Health Department will partner with us on this event. A similar event will be held in Ellensburg with a date TDB.

We will have a bit of a staffing challenge in the pharmacy in the coming weeks, as we have three staff members in the department that will become parents and be on FMLA.

- **340 B:**

You are probably aware that many drug manufacturers have contracted with independent companies to audit hospital claims data for duplicate discounts between Medicaid and the 340B program. The data requests will require extensive work by our staff, are not substantiated and we have concern regarding the security of the



information. The American Hospital Association is reaching out to the Department of Health and Human Services to ask them to intervene in the situation and stop the drug manufacturers from doing this.

- **Home Health and Hospice:**

Patient Service Representative, Stacie Tittle received tuition from KVH Foundation Hospice funds to advance her training as a coder. We are very happy to announce that she has successfully passed her coding certification exam.

- **EMS & Trauma Care Steering Committee:**

I have been reappointed by the WA Secretary of Health to the EMS and Trauma Steering Committee representing WSHA's rural hospitals. This appointment will continue to August 15, 2023.

*Thank you, Rhonda Holden, Chief Ancillary Officer*

## **CLINIC OPERATIONS**

- **Augmedix:**

Augmedix is the scribe service I mentioned in my report last month. We have completed our evaluation of the program and are now in the final stages of implementation. We are looking for a late September, early October go live for this service.

- **COVID-19 Clinic:**

We are continuing to stay busy at the COVID clinic. As we enter the school/flu season, new planning has begun around the workflow of contacting negative COVID patients and ensuring they do not require additional testing (flu, strep, etc). Our plan will be to have a RN call our negative patients for follow up and direct the patients to the care they need which may include making a follow up appointment. The positive COVID patients will still be followed by the Public Health and our providers are always available when needed. We have also been working with Cle Elum/Roslyn school nurse to create a solid workflow to assist the upper county residents for COVID testing. Conversations with other school districts are underway as well.

- **MA Apprenticeship:**

The Medical Assistant apprenticeship was postponed because of COVID however, the program is now open for October. We announced our openings and received 9 applications. After interviews it was determined two KVH employees will enroll in the

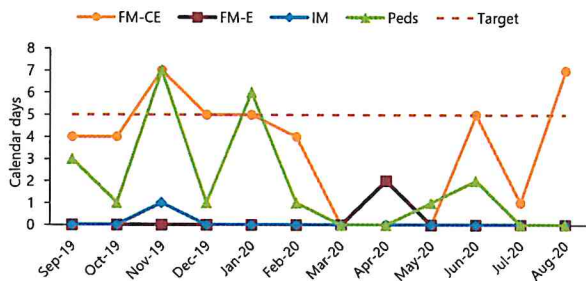
apprenticeship. We are excited to announce Summer Storm, KVH Internal Medicine Scribe and Joy Turpin, KVH Food and Nutrition Diet Aide are now our new apprentices.

- **Neurologist:** Dr. Andrew Gustavson will be joining us on October 19<sup>th</sup>. We continue to have multi-disciplinary team meetings to begin preparing for the opening of this clinic and we meet weekly. The Neurology Clinic will be in the former Dr. Hiersche location and an extension of the Internal Medicine rural health clinic.
- **NHSC:**  
The National Health Service Corp is a program for school loan repayment for physicians, advanced clinical practitioners and nursing staff. The NHSC require a lofty application to be completed and submitted by September 29<sup>th</sup> to continue our active status, which I will have accomplished. We have several providers currently enrolled in this program so this is great provider retention tool. We have also noted providers who have applied to work at KVH ask us if we are enrolled with NHSC so we see this as a great recruitment tool as well.
- **Dermatology:**  
As of September 17, we have Julia Riel, PA from KVH Family Medicine Ellensburg joining the dermatology team for one day a week at KVH Internal Medicine. Julia brings former dermatology experience and we are excited to open access to the community. She will continue to work at KVH Family Medicine Ellensburg 3 days a week.

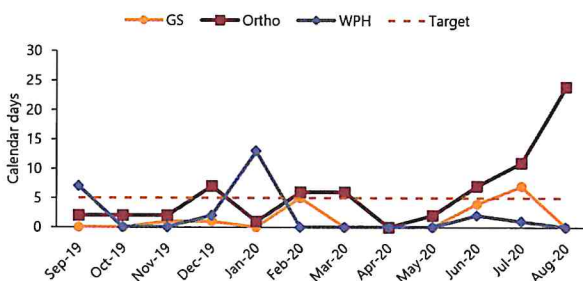
*Thank you, Carrie Barr, Chief of Clinic Operations*

# Clinic Operations Dashboard

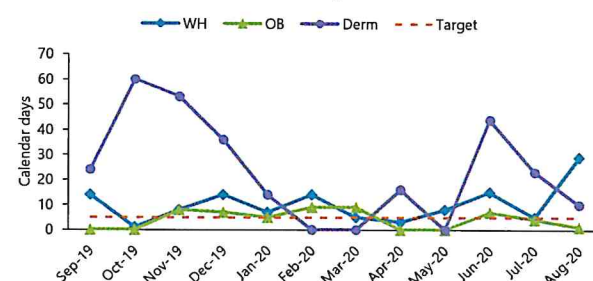
### Third available appointment for established patients



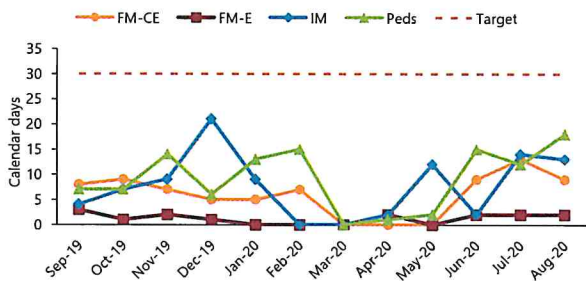
### Third available appointment for established patients



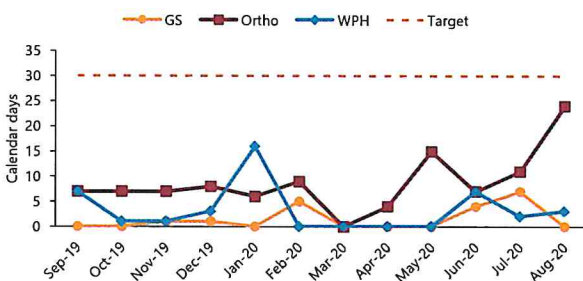
### Third available appointment for established patients



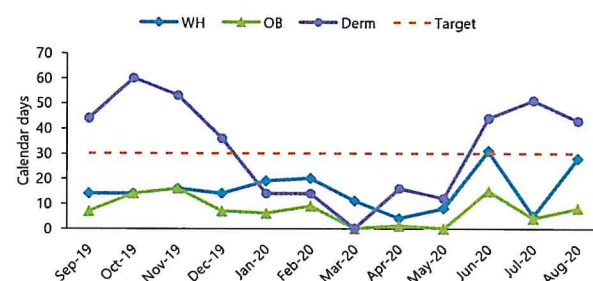
### Third available appointment for new patients



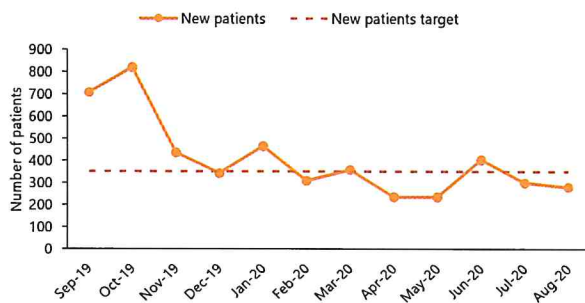
### Third available appointment for new patients



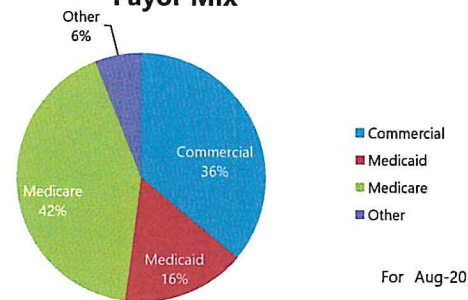
### Third available appointment for new patients



### New patients



### Payor Mix



## **COMMUNITY RELATIONS – Michele Wurl**

**August 20 – September 16, 2020**

### **External Outreach activities:**

- Pre-concussion evaluations by Zane Davies
- Fall awareness video outreach from Rehab Services Director
- Fair/4-H support during livestock auction – 2 animals purchased and will be raffled off to employees
- Emergency services and surgery patient story – Colton Harlin

### **Internal Outreach activities:**

- Employee appreciation BBQ (in lieu of Rodeo BBQ) the week of August 24
- Code of Excellence updates
- Payroll tax deferral info for staff

### **COVID-19 & Emergency Preparedness Activities activities:**

- Incident Command activities for COVID 19
- Washington State and HHS required reporting
- Launched COVID Chronicles
- Opened IC for fire issues 09.02.2020
- Reviewing and updating all facility floor plans for evac and lock down options
- Updating of all EPC policies
- KVH Emergency Management Plan review

### **Collaborations & Partnerships:**

- Kittitas County Public Health and County IMT
- Continued work on Flu clinics in Ellensburg and Cle Elum
- Signage for the new Ambulance Station for HD2

### **KVH Service Line Marketing Activities:**

- Began Neurology introduction plan
- Development of Provider Intake form to enhance provider information on website
- Rehab services online patient form development
- Immunization month – Family Medicine
- Fall's Awareness – Rehab services and Neurology
- Lactation services through Breast feeding awareness month

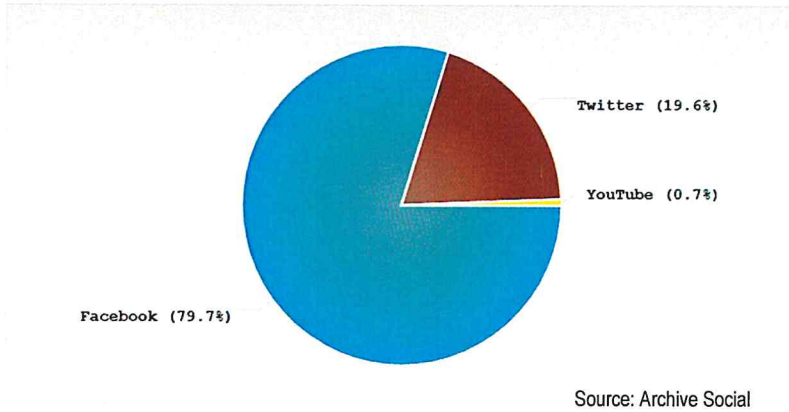
### **Upcoming:**

- 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
- Development of our 1<sup>st</sup> Provider Connect newsletter for current and retired medical staff
- I will be out of the office September 29 – October 9

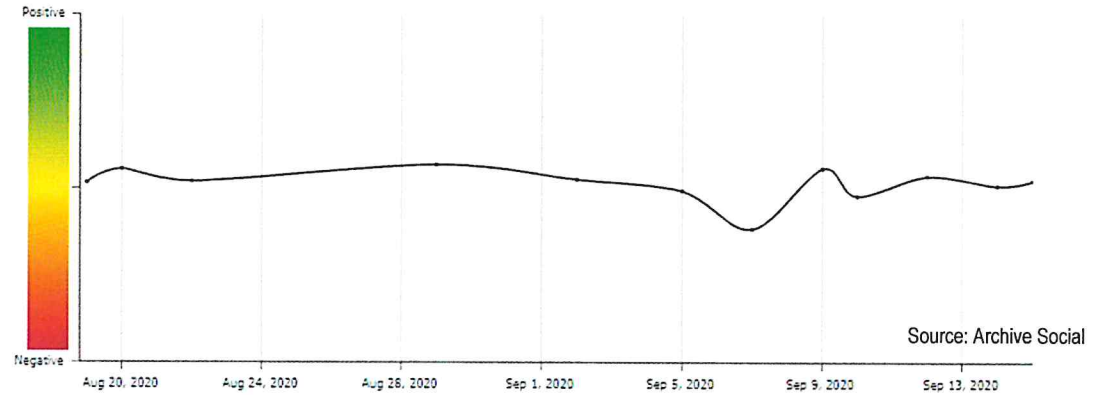


# KVH Social Media Channels: Past 30 days (8/16 – 9/15/2020)

## 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	<a href="#">78</a>	36	42	53.8%
@KVHealthcare	<a href="#">30</a>	26	4	13.3%
Upper Kittitas County Medic One	<a href="#">8</a>	7	1	12.5%
Kittitas Valley Healthcare	<a href="#">1</a>	1	0	0.0%
Kittitas Valley Healthcare	0	0	0	

Source: Archive Social

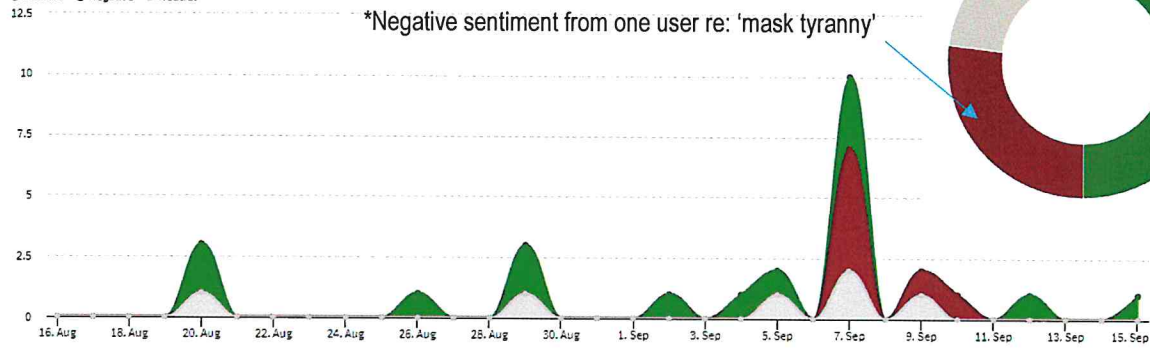
## Social Media Channel Overview (08.16 thru 09.15.2020)



## Facebook Activity (08.16 thru 09.15.2020)

### Inbound Messages > Sentiment

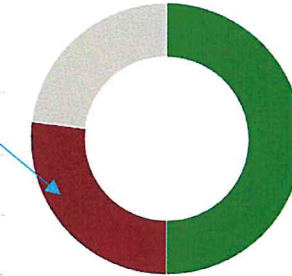
● Positive ● Negative ● Neutral



Source: Hootsuite

### Inbound Messages > Sentiment

● Positive ● Negative ● Neutral



### Engagement > Type

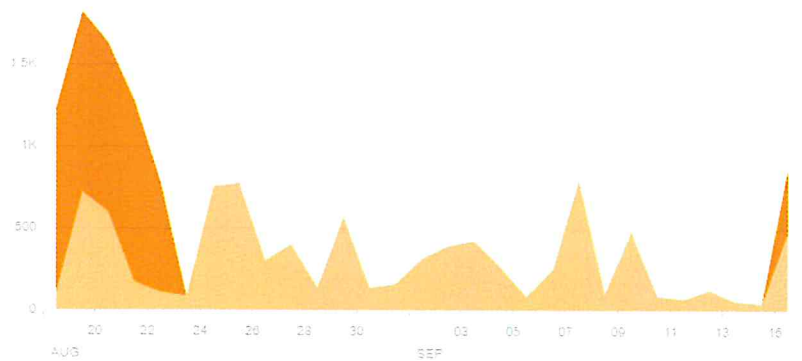
Reactions ↘ 798 **333**

Shares ↗ 9 **75**

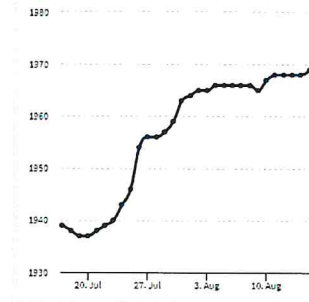
Comments ↘ 125 **58**

Source: Hootsuite

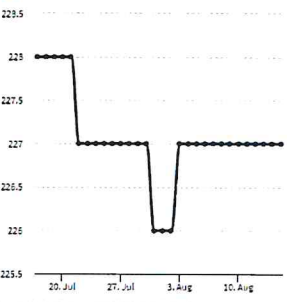
Source: Facebook  
● Organic ● Paid



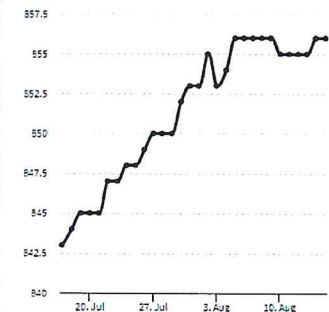
### Fans



### Followers



### Followers



Source: Hootsuite

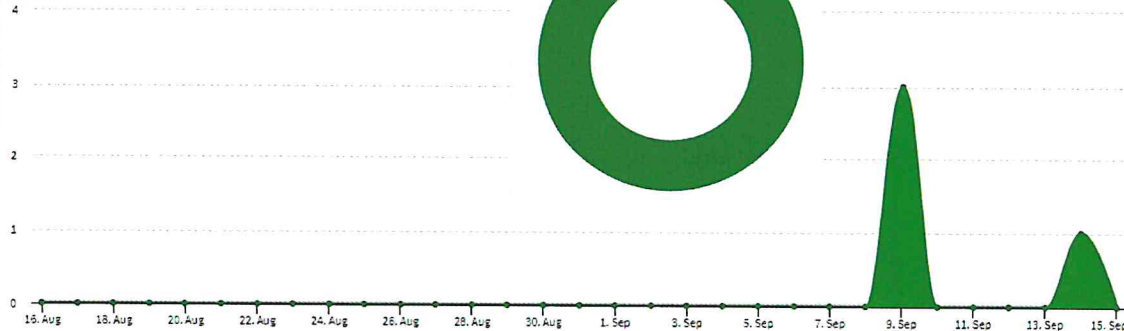
## Twitter Activity (08.16 thru 09.15.2020)

### Inbound Messages > Sentiment

● Positive

### Inbound Messages > Sentiment

● Positive



### Engagement > Type

Likes ↗ 1 **2**

Retweets ↗ 1 **1**

Replies **0** **0**

## LinkedIn Activity

### Engagement > Type

Reactions ↗ 27 **13**

Comments ↗ 1 **1**

Shares ↘ 5 **1**

45