

**KITTITAS VALLEY HEALTHCARE**

**RESOLUTION NO. 20-05**

A resolution adopting the budget for Kittitas County Public Hospital District No. 1, dba Kittitas Valley Healthcare, for the calendar year 2021.

WHEREAS the Board of Commissioners of Public Hospital District No. 1, Kittitas County, is responsible for adopting an appropriate operating budget for District for the year 2021.

THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Public Hospital District No. 1, Kittitas County, to adopt the 2021 operating budget (Exhibit A).

APPROVED at a regular meeting of the Commission this 24th day of October, 2020.

\_\_\_\_\_  
Bob Davis, President

\_\_\_\_\_  
Erica Libenow, Vice-President

\_\_\_\_\_  
Matt Altman, Secretary

\_\_\_\_\_  
Jon Ward, Commissioner

\_\_\_\_\_  
Terry Clark, Commissioner

Exhibit A

Kittitas County Public Hospital District 1, dba  
Kittitas Valley Healthcare

2021 Projected Operating Budget

		<u>2021 Budget</u>
Net Operating Revenue	\$	89,187,456
Operating Expense	\$	<u>86,065,895</u>
Net from Operations	\$	3,121,561
Non-Operating		
Levy-Regular	\$	9,280
Other Non-Operating	\$	<u>300,000</u>
Net Non-Operating	\$	309,280
Net Gain/Loss	\$	3,430,841

**Ordinance / Resolution No.** 26-06  
RCW 84.55.120

**WHEREAS**, the Board of Commissioners of Kittitas County Public Hospital District No. 1 has met and considered  
(Governing body of the taxing district) (Name of the taxing district)  
its budget for the calendar year 2021; and,

**WHEREAS**, the districts actual levy amount from the previous year was 9,280.40 ; and,  
\$  
(Previous year's levy amount)

**WHEREAS**, the population of this district is ☒ more than or ☐ less than 10,000; and now, therefore,  
(Check one)

**BE IT RESOLVED** by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in 2021 tax year.  
(Year of collection)

The dollar amount of the increase over the actual levy amount from the previous year shall be 55.87

which is a percentage increase .602 % from the previous year. This increase is exclusive of  
of  
(Percentage increase)

additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, solar, biomass, and geothermal facilities, and any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**If additional signatures are necessary, please attach additional page.**

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative Authority no later than November 30<sup>th</sup>. As required by RCW 84.52.020, that filing certifies the total amount to be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form (REV 64 0100) for this purpose. The form can be found at: <http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc>.

To ask about the availability of this publication in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711. For tax assistance, call (360) 534-1400.

REV 64 0101e (w) (12/9/14)



# KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

## BOARD OF COMMISSIONERS' REGULAR MEETING

Hybrid Meeting (In person attendance limited to invitees: Commissioners (5) and Administrative Staff (5) in the KVH Conference Room A/B/C and call in option for the other staff and the public - 5:00 p.m.

Call in by phone: 1-877-853-5257 Meeting ID: 922-8260-0791 Passcode: 190844

**October 22, 2020**

### 1. Call Budget Hearing to Order:

- a. Review of 2020 Budget
  - b. Approval of Resolution No. 20-05: Adoption of 2021 Budget \*\* (1-2)
  - c. Approval of Resolution No. 20-06: Authorization of 2021 Regular Property Tax Levy \*\* (3-4)
  - d. Adjourn Budget Hearing
- 

### 1. Call Regular Meeting to Order

### 2. Approval of Agenda \*\*

(Items to be pulled from the Consent Agenda) (5-6)

### 3. Consent Agenda \*\*

- a. Minutes of Board Meetings: September 17, 2020 and September 24, 2020 (7-10)
- b. Approval of Checks (11)
- c. Report: Foundation (12)
- d. Minutes: Finance Committee (13-14)

### 4. Presentations:

- a. Ron Urlacher, Chief of Facilities: Security and Workplace Violence Presentation

### 5. Public Comment and Announcements

### 6. Reports and Dashboards

- a. Quality – Mandee Olsen, Director of Quality Improvement (15-24)
- b. Chief Executive Officer – Julie Petersen (25-28)
  - i. Temporary Human Resource Policies Refresh
- c. Medical Staff
  - i. Chief of Staff, Timothy O'Brien MD
    - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment \*\* (29)
  - ii. Chief Medical Officer, Kevin Martin MD (30)
- d. Finance – Chief Financial Officer - Scott Olander
  - i. Operations Report (31-44)
  - ii. Approval of Resolution 20-07: Surplus Real Property (45)

## **KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1**

### **BOARD OF COMMISSIONERS' REGULAR MEETING**

**Hybrid Meeting (In person attendance limited to invitees: Commissioners (5) and Administrative Staff (5) in the KVH Conference Room A/B/C and call in option for the other staff and the public - 5:00 p.m.**

**Call in by phone: 1-877-853-5257 Meeting ID: 922-8260-0791 Passcode: 190844**

- e. Operations **(46-50)**
  - 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 **(51-53)**

#### **7. Education and Board Reports**

#### **8. Old Business**

#### **9. New Business**

- a. 2021 Board Officers \*\*
- b. 2021 Board Committees \*\*
- c. 2021 Board Calendar **(54-55)**
- d. Board Self Evaluation
- e. CEO Annual Evaluation

#### **10. Executive Session**

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

#### **11. Adjournment**

#### **Future Meetings**

December 3, 2020, Special Meeting  
January 7, 2021, Special Meeting  
January 28, 2021, Regular Meeting

#### **Future Agenda Items**



**KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1**  
**BOARD OF COMMISSIONERS' WORK SESSION**  
**KVH Conference Room A & B**

**September 17, 2020**

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Jason Adler

The work session was called to order at 5:00 p.m. President Davis announced that the purpose of the special meeting was to conduct a Board Retreat regarding finances.

With no further business and no action taken, the meeting was adjourned at 7:38 p.m.

Respectfully submitted,

Mandy Weed/Matt Altman  
Executive Assistant, Board of Commissioners





## **KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1**

### **BOARD OF COMMISSIONERS' REGULAR MEETING**

**Conference Room A/B & Virtual Zoom Meeting**

**September 24, 2020**

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Dr. Kevin Martin

KVH STAFF VIA ZOOM: Vicky Machorro, Rhonda Holden, Carrie Barr, Manda Scott, Michele Wurl, Jason Adler

MEDICAL STAFF VIA ZOOM: 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 Jon Ward and second of Erica Libenow, the Board members unanimously approved the agenda as presented.

**3. Consent Agenda:**

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

**4. Public Comment/Announcements:**

None.

**5. Reports and Dashboards:**

The Board stated they would review the quality reports with Mandee Olsen at the next meeting.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that the CARES fund money and the 340B program have been discussed at her recent Regional Policy Board (RPB) meeting and American Hospital Association (AHA) meeting. Petersen also stated that we are working on getting 24-hour, 7-day-a-week coverage back with Phoenix Security as we have had an increase in mental health patients.

The Board discussed strategies for Board communication in response to comments, questions, and concerns from the public.

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

**ACTION:** On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the initial appointment for Dr. Paul DeBusschere, Dr. Michael Zammit, Dr. Andrew Gustafson, Dr. Alma Fe Houghton, Steven "Todd" Curtis, PA-C and the reappointments for Dr. James Denisar-Green, Rhonda Ramm, ARNP, and James Repsher, PA-C as recommended by the Medical Executive Committee.

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

Scott Olander reported on KVH's financial performance, stating that we had another good month. Expenses were also in line for the most part and days cash on hand increased by 3.6 days. Olander stated that the balance sheet continues to get stronger but it is looking like September will be a softer month. Olander explained that Resolution No. 20-04 would allow KVH to incur debt at a later date, if necessary, but does not require us to borrow. Any decision to take on additional debt would have to be approved by the board.

**ACTION:** On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the Capital Expenditure Request for OR Scopes and Video Towers. The Board thanked the Hospital Foundation for their donation.

**ACTION:** On motion of Erica Libenow and second of Terry Clark, the Board members unanimously approved Resolution No. 20-04, the authorization of official intent to reimburse capital expenditures from proceeds of a future borrowing in connection with acquiring, construction, and equipping improvements and renovations to the District's hospital and clinic facilities, including its information technology systems.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr.

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

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

None.

**7. Old Business:**

Commissioner Ward stated he would like to propose moving the November Board meeting to December 3<sup>rd</sup>.

**ACTION:** On motion of Jon Ward and second of Matt Altman, the Board members unanimously approved the moving the November Board meeting to December 3, 2020.

**8. New Business:**

None.

**10. Executive Session:**

At 6:55 pm, President Davis announced that there would be a 5-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.

**11. Adjournment:**

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

**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 the capital expenditure request.
5. Motion passed approving Resolution No. 20-04.
6. Motion passed to approve meeting date for November Board meetings

Respectfully submitted,

Mandy Weed/Matt Altman  
Executive Assistant, Board of Commissioners

**DATE OF BOARD MEETING:** October 22, 2020

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

#1	AP CHECK NUMBERS	<u>267072-267963</u>	NET AMOUNT:	<u>\$4,487,674.86</u>
		SUB-TOTAL:		<u>\$4,487,674.86</u>

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

#1	PAYROLL CHECK NUMBERS	<u>81689-81693</u>	NET AMOUNT:	<u>\$5,532.08</u>
#2	PAYROLL CHECK NUMBERS	<u>81694-81699</u>	NET AMOUNT:	<u>\$3,686.36</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,191,141.58</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,201,080.80</u>
		SUB-TOTAL:		<u>\$2,401,440.82</u>

**TOTAL CHECKS & EFTs:** \$6,889,115.68

Prepared by

*Sharoll Cummins*  
Sharoll Cummins  
Staff Accountant





**Foundation Board- Member Update & 2021 Officers** – Paula Williams has resigned from the Foundation Board. We are very grateful for her years of service in support of KVH.

**Annual Appeal** - Our annual appeal to the community to be mailed mid-October to 6,535 households. Though you may donate anytime, we send only one appeal a year. Your gifts are far-reaching and you help ensure quality healthcare continues to be available in our community right here, right now. We thank you and the community for supporting us.

**Tough Enough to Wear Pink**- A huge thank you to the Ellensburg Rodeo, Gard Vintners, our TETWP Committee and community who continues to support this cause. Due to Covid restrictions, we held an online merchandise sale and a weekend-long Gard Against Cancer event. Proceeds from fundraising efforts go towards providing mammograms for those without insurance.

**Gobble Wobble** - Our second annual Gobble Wobble fun run for wellness is going virtual. Register online at: <https://www.eventbrite.com/e/gobble-wobble-virtual-5k-for-wellness-2020-registration-104347963568>

Participants can select a preferred running or walking location and complete their distance. Once complete, share a photo of yourself to #KVHGobbleWobble to win prizes.

Proceeds from the event will continue enhancing the programs that promote, encourage, and assist the advancement of wellness within the community.

**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**

**October 20, 2020**

*Tuesday*

**AGENDA**

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: September 22, 2020**
- **September Financial Highlights**
- **2021 Projected Budget**
- **Neurology and Vascular Specialty Care Update**
- **Adjourn**

**Next Meeting Scheduled: November TBD, 2020 (*Tuesday*)**

Kittitas Valley Healthcare  
Audit & Finance Committee Meeting Minutes  
September 22, 2020

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

Members Excused: none

Staff Present: Kelli Goodian Delys

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

A motion was made to approve the agenda and the August 25, 2020 minutes. The motion carried.

Olander presented the highlights of the August 2020 financial results. Overall August 2020 was a good month. AR days decreased by 4, days cash increased by 3.6, gross revenue exceeded budget, deductions from revenue were conservative, and overall expenses were less than budget with the receipt of the WSHA worker's compensation fund distribution. 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 the budget for 2021.

The committee reviewed the capital request for OR Scopes and Video Towers and recommends the request go to the Board of Commissioners.

The committee continued the discussion and education about maintaining access to capital financing.

The committee was updated that the State Auditor's Office will begin the accountability audit for 2019. The audit will be completed remotely.

With no further business, the meeting was adjourned at 8: 21a.m.

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

**October 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. Recently, Rhonda Holden and Vicky Machorro led Incident Command through the process of "After-Action Review". Although we are not yet "done" with our COVID-19 response efforts, it is recommended by CMS and Emergency Planning guidance, to periodically review efforts and adjust as needed. Out of that review, we have implemented mandatory documentation of daily symptom screening by KVH staff, increased availability of thermometers to staff, and added temperature screening to selected patient populations who were not already having their temperatures checked (outpatient lab, imaging, cardiopulmonary, and rehab services).

Other COVID initiatives or changes underway:

- Clinic hire of COVID clinic RN to triage and encourage any needed up follow-up for *negative* SARS-CoV-2 results
- New isolation signs from DOH/WSHA
- Planning and preparation for COVID vaccine
- Sharing/stabilizing staffing for weekend reporting to Kittitas County Health Department, WA Health, and HHS

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

Julie and Anna have also been busy organizing and administering influenza vaccinations for our employees with the much appreciated help from Workplace Health and all the clinics MAs. A roving clinic captured many staff, as well as departments administering their own vaccinations, and now staff can get their influenza vaccine at Workplace Health. As of October 15<sup>th</sup>, 70% of staff are "complete". Currently 2.5% of KVH staff have provided declination documentation and 70% are immunized. Any staff not "complete" by Nov. 1<sup>st</sup> will not be permitted to work.

### **Quality Improvement Staff**

As we have increased Infection Control and Employee Health staffing with the addition of Anna Scarlett, we have need to resource her previous work as a QI RN. I'm pleased to announce that Bonnie Gibson RN will be joining the Quality team in this role, hopefully before the end of November. Bonnie brings over 20 years of acute care experience to the team, and has been critical to multiple improvement projects in Home Health, and in her current role in Pre-Operative Services. We are very proud of the incredible care our teams have given in these situations, and are honored to assist them in their relentless pursuit of ever more improved care.





### **Quality Improvement Work**

Despite the additional weight of COVID work, the work of GCACH Practice Transformation has continued in Family Medicine – Ellensburg, Family Medicine – Cle Elum, and the Hospital. We were able to meet milestones in Quarter 2 to earn a payment of over \$100,000.

KVH is required to perform a Root Cause Analysis event whenever we have DOH-defined adverse event. We are fortunate that we have not had one in some time, but have found over the years that these events are useful even when we do not have a reportable adverse event. I wanted to inform the board that at the request of, and in collaboration with, department/clinic leadership, we have recently been engaged in five Root Cause Analysis events. The outcomes of these events are reported to the Board via QI Council when the activities are complete.

### **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 a November 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**

- No falls in the month of August!
- No Hospital Acquired Infections
- No adverse medication events that caused harm or required additional monitoring
- Hospice Visits Near End of Life above target.
- No Adverse Medication Events
- 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 - three patients who were eligible for the sepsis bundle. Two patients care did not meet the measure, but there were no negative outcomes. One had a very late presentation of sepsis and the repeat lactate was not ordered. The other patient did not

receive a second antibiotic with urosepsis, but may have been contraindicated related to the patient's renal function and allergies.

- Median time to tPA and Median time to CT tests and results- Continue to have opportunities for improvement. Volumes of patients with concern for stroke up, at least 19 patients seen for stroke in August.
- Surprising decrease, specifically in ED, who is usually 100%. Dede Utley has shared with providers and staff to ensure restraints ordered in ED and no documentation missed.
- One needlestick in the clinic with a medical student (not KVH staff).
- Days to Referral Completion – continuing PDSA (Plan – Do – Study – Act) cycle to identify ways to better stabilize the process with FM-E.
- Medicare Wellness visits dropped in August. We are seeing an increase now 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.
- Timely starts for physical therapy went up with only 2 fallouts related to scheduling
- Home Health Improvement in Pain Interfering with Activity decreased in August. We are seeing many of these Home Health patients convert to Hospice where they are not likely to improve. Continue to work to enroll patients in Hospice sooner.
- Workplace Violence reported incidents totaled seven in August. All seven were related to patient/visitor on staff interactions. Five incidents involved verbal threats or assaults, and five incidents involved physical threat or assault (some may have both). Recently we have increased security to 24/7.

## **Patient Stories**

*"I am so grateful to the healthcare providers serving our communities. You all are doing great work in challenging circumstances. I appreciate you!"*

-Community member to "Folks of Kittitas Valley Healthcare"

*"Thank you for making our stay so comfortable and safe. You guys are so amazing!!!"*

-Family to "KVH Nurses Day + Night"

*"You all were so great to us while we were being cared for. We are adapting well to life with our new little love. We are grateful to have had such a wonderful experience welcoming [our baby] into the world and we have you to thank for that."*

-KVH Family Birthing Place patients to RNs Johnnijean Jarmin, Erin Steele, Sarah Lynch, and Jen Crane

*"You are all amazing! Thank you all so much for taking care of me and my kidney stones. It was such a relief to be cared for through that pain. You all patched me up and sent me on my way."*





*We confidently went back up to the Taneum to resume camping for 2 days. Your efficient care and expertise made that possible."*

-ED Patient to Jen Simons FNP, RNs Jen Hagemeyer and Dede Utley,  
and Imaging Tech Walter Thorpe

*"I have to write and tell you what excellent care was given to my husband when he was admitted through emergency. I have never been so well informed and advised so well from the minute they received him until he was discharged to Virginia Mason in Yakima later that night! Your staff kept me informed constantly and I could not be more appreciative of their concern for his care knowing how hard it was that I could not be with him due to the virus concerns during this pandemic. I, and the rest of the family all agree that we are so lucky to have such a caring hospital with excellent staffing to meet the needs of our rural community. We are so blessed to have this facility here!"*

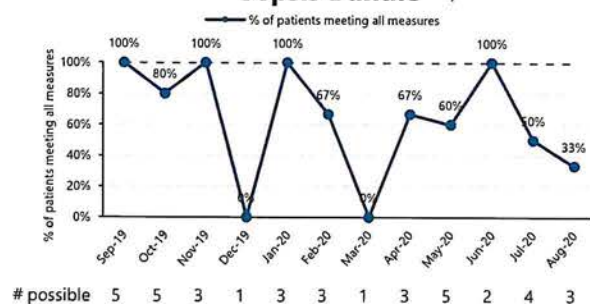
-Family of Patient to KVH Emergency Department

*"Thank you for all your help and support during this difficult time. We appreciate everything you've done for our family. Families across the county are so thankful for your knowledge during life's most difficult times."*

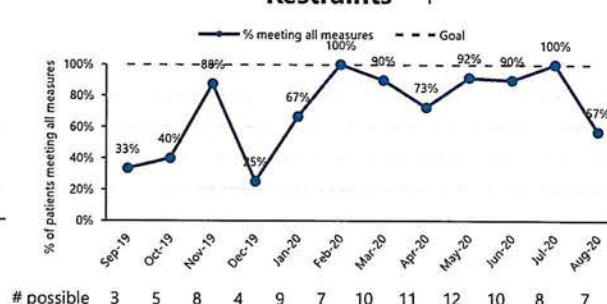
-Family of KVH Hospice

# **QI Council**

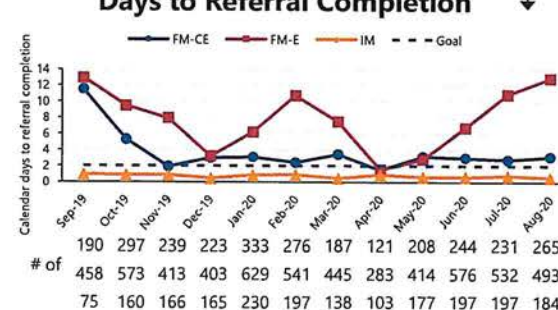
## **Sepsis Bundle ↑**



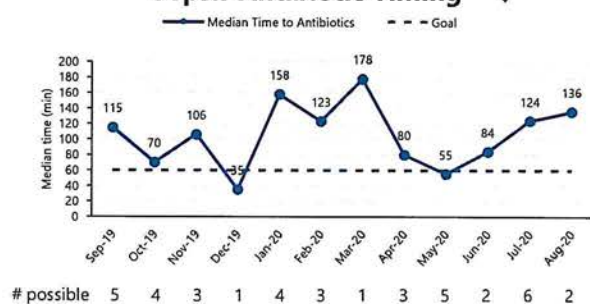
## **Restraints ↑**



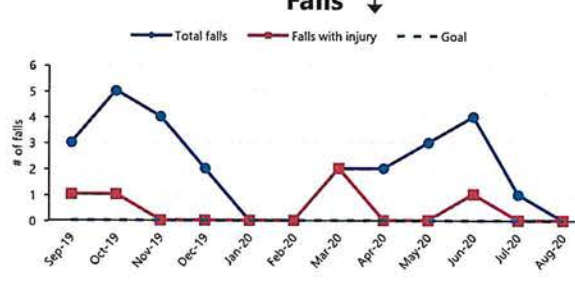
## **Days to Referral Completion ↓**



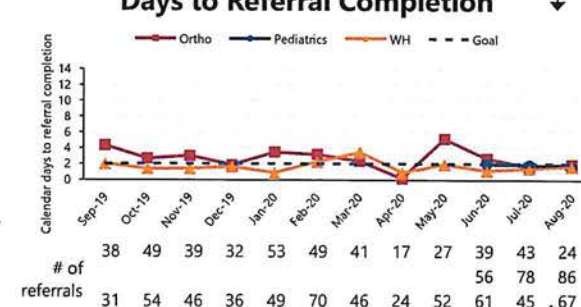
## **Sepsis Antibiotic Timing ↓**



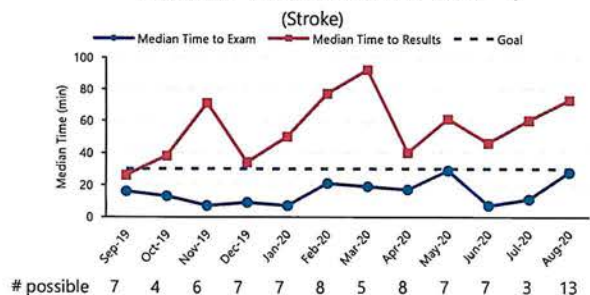
## **Falls ↓**



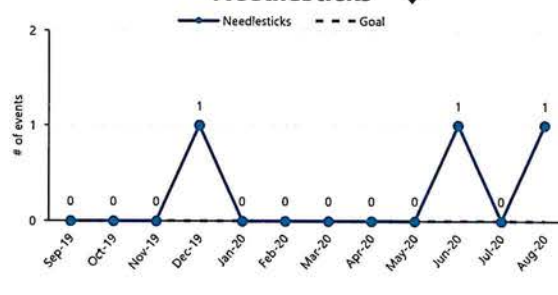
## **Days to Referral Completion ↓**



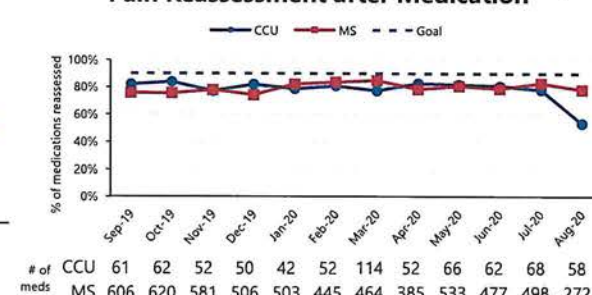
## **Median Time to CT or MRI ↓**



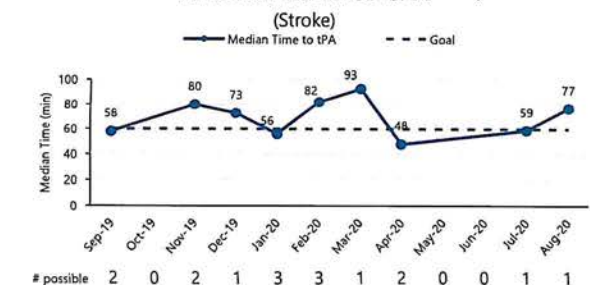
## **Needlesticks ↓**



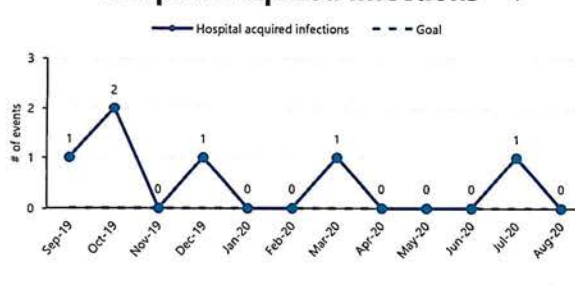
## **Pain Reassessment after Medication ↑**



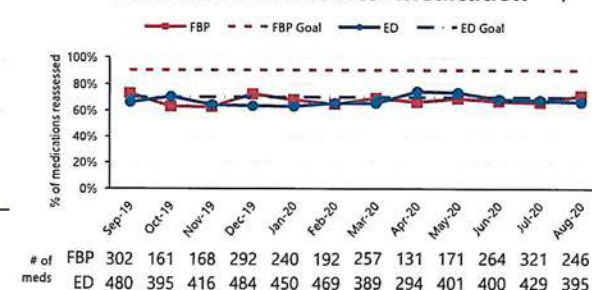
## **Median Time to tPA ↓**



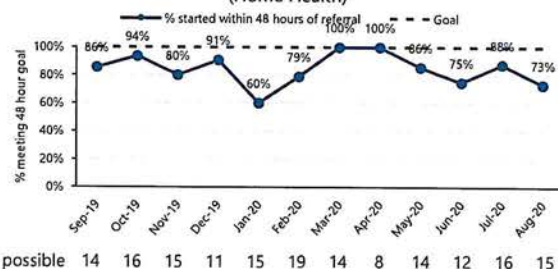
## **Hospital Acquired Infections ↓**



## **Pain Reassessment after Medication ↑**



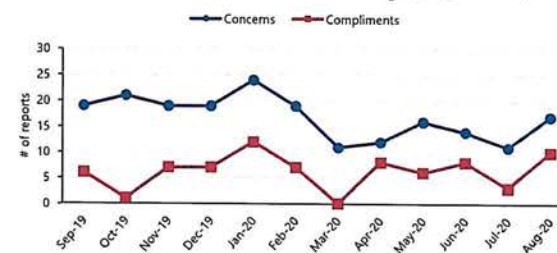
### Timely Start for Physical Therapy (Home Health)



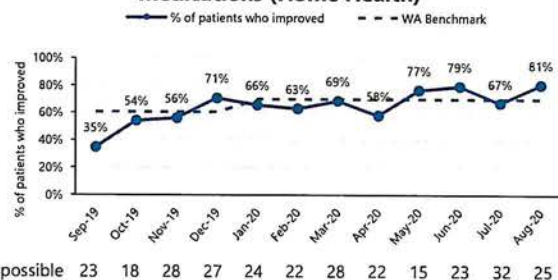
### Medicare Wellness Visits



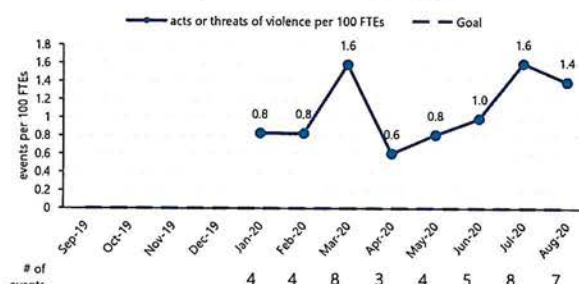
### Care and Service Reports



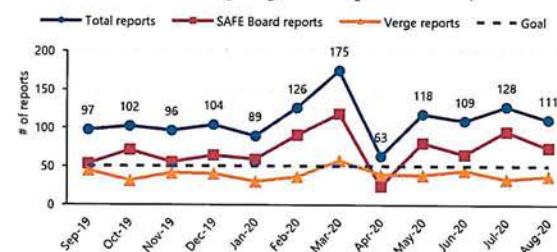
### Improvement in Management of Oral Medications (Home Health)



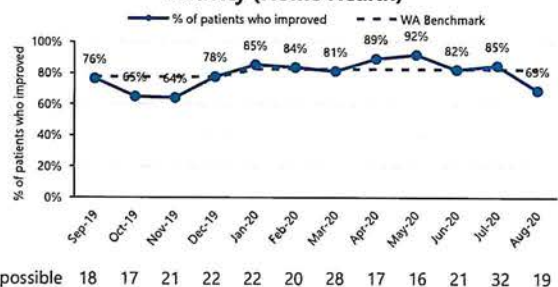
### Workplace Violence Events



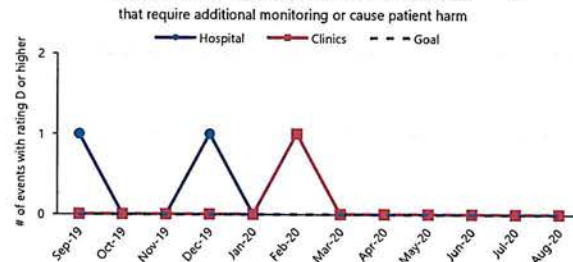
### Employee Reports



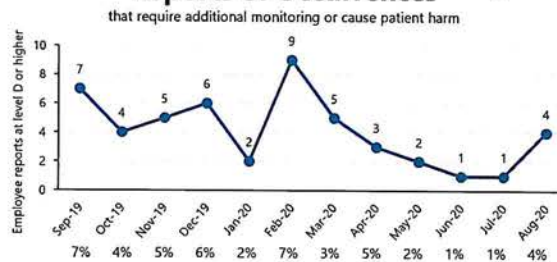
### Improvement in Pain Interfering with Activity (Home Health)



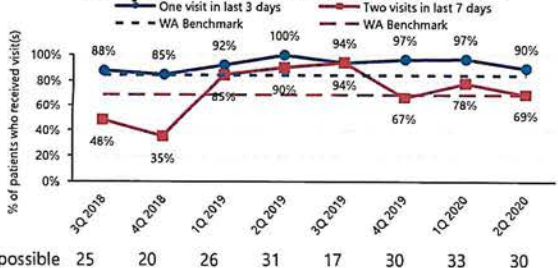
### Adverse Medication Events



### Reports of Occurrences



### Hospice Visits Near End of Life





## KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Sepsis Bundle	Percentage of patients who received all applicable components of the sepsis bundle	<ol style="list-style-type: none"> <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	<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"> <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 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

<b>KVH Measure Name</b>	<b>Components of the Measure</b>	<b>Simplified explanation or additional information</b>	<b>Other things to know</b>
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 October 2020

**Strategy Sessions** – The work that the team has been doing around medical staff and service line development is exciting, motivating and intimidating. I look forward to the opportunity to share the information with the Board at the strategy meeting. Ron Urlacher has begun meeting with individuals and groups in preparation for next months facilities strategy meeting.

**Congratulations!** – Dede Utley was appointed to the Kittitas County Board of Health by the County Commissioners. Dede is the Director of KVH Emergency Department and the Urgent Care. According to the press release there were 9 applicants for the positions

**COVID 19 Testing** – In September the COVID Clinic was routinely testing between 25 and 40 patients each day. In recent weeks that number has jumped to between 50 and 80. KVH, through the COVID Clinic and other sites, has tested almost 8,000 residents.

**Kaiser** - The volume of phones calls from concerned Kaiser enrollees has declined significantly. Hopefully the same is true for Commissioners who were getting calls and texts. We anticipate an uptick during open enrollment. The Health Care Authority, through the Director of the PEBB / SEBB, requested that we work with Kaiser to extend the contract through the end of 2021. The contract called for a one year termination which we honored with a July 31, 2021 termination date. I believe the extension through December 31, 2021 will come as a relief to county enrollees but it changes the dynamics for KVH / Kaiser. Enrollees will be able to choose Kaiser during open enrollment without worrying about being out of network after July. That being said, it only postpones the inevitable and it is unclear if Kaiser can claim to have an adequate network in Kittitas County without a KVH contract. **Important Note: 24 hours after agreeing with Kaiser to the extension, we have still not seen the paperwork.**

The PEBB and SEBB Boards do not meet between August and December. When they begin meeting again, they have an opportunity to contract with additional plans to expand the options in Kittitas County.

**Yakima Market** – The Yakima market continues to create waves here in Kittitas County. We have seen an increase in the number of Yakima County proceduralists and specialists seeking medical staff privileges. There is a citizen movement to unwind the relationship between Virginia Mason Memorial and Virginia Mason and “return control to a local Board”. Several of the specialty groups are unhappy and seeking alternative affiliations. Virginia Mason and CHI Franciscan continue merger talks.

**Virginia Mason Memorial / Orthopedics North West Space** – We have notified VM Memorial that the lease for the suite on the second floor of the MAC, currently occupied by ONW and Yakima Heart, will terminate on February 4, 2021. We have not had a reply. Furniture and equipment in the suite, including an X-Ray machine, will need to be removed. It is not clear which party owns the personal property. I met with the proprietor of Canyon View Physical Therapy and she has no concerns about the change.

**Centers for Medicare and Medicaid Innovation (CMMI)** – In August CMMI rolled out a rural payment transformation plan. The plan is known as the CHART model. The model provides for two tracts and each tract will include 15 pilots. The initiative requires a “lead agency” which would most likely, in Washington State, be the Health Care Authority. Tract 1 is a capitated model, much like the global payment model advanced by the HCA two years ago. This tract excludes all professional fees, RHCs, home care and swing bed programs. A number of Collaborative hospitals have modeled tract 1 and it is basically considered something less than a nonstarter. There is virtually no path that does not

lead to reduced reimbursement and limited services. Tract 2 is an ACO model and the HCA has not indicated a willingness to work within an ACO framework. Long story short, I do not see any advantage for KVH in pursuing these options.

# Human Resources & Staff Development- October 2020

## September Metrics

<i>Employee Population</i>				
	<i>20-Sept</i>	<i>20-Aug</i>	<i>20-July</i>	<i>20-June</i>
Full-time	396	396	399	397
Part-time	127	128	131	133
Total Employees	621	621	631	635

<i>Turnover</i>			
	<i>YTD</i>	<i>20-Sept</i>	<i>2019 Year End</i>
Turnover (People)	75	15	138
Turnover (Percentage)	12.49%	2.14%	22.44%
Voluntary	76	15	109
Involuntary	4	0	9

<i>General Recruitment</i>				
	<i>20-Sept</i>	<i>20-Aug</i>	<i>20-July</i>	<i>20-June</i>
Open Postings	24	23	30	13
Unique Applications Received	257	281	295	166
Employees Hired	17	7	8	5
Time to Fill (Median)	23	26	27	39
Time to Fill (Average)	27.29	38.68	32.10	35.24

<i>Annual Evaluations</i>	
	<i>YTD</i>
Percent complete	72.2%
Total evaluations over due	176
# of employee evals over due	143
# of provider evals over due	33

**Recruitment:** It was a busy month for hiring new staff! October is shaping up to be similar, we've already hired 13 people as of 10/13. We also developed a plan with Clinic Leadership to rapidly onboard and hire three Perry Tech students that had completed their externships with us, allowing us to be more agile with filling vital roles.

**Benefits and Wellness:** We held our open enrollment planning meeting with our consultant Parker, Smith, and Feek on 10/3/2020. Open enrollment will be a big focus for the HR team for the rest of 2020. We are not expecting major benefit plan changes for 2020. Any anticipated changes in benefits are discussed in our Benefits Advisory Committee meetings.

We are still working through Fraud issues with state unemployment office. The HR team is doing detailed reconciliation to ensure we are not being billed for fraudulent claims.

**Student and Volunteer Services:** We introduced the new Student and Volunteer Coordinator, Kyle West, to our volunteers and school staff. We started a paperless process for student onboarding and the storage of student paperwork. Currently, we have 1 active volunteer and 25 active students. Of the 25 there are 10 Nursing students, 3 Pharmacy Students, 2 Radiology Tech students, 2 Physician Assistant students, 2 Nurse Practitioner students, 4 Medical Students and 2 Family Medicine Residents.

**Staff Development:** Project planning for Customer Service Training is on track and the committee is developing a learning plan. The focus of the learning plan will have a strong emphasis on perspective shifting and empathy. The objectives of the 2 hour training session being developed are below:

Participants will be able to:

- Define customer service in their role.
- Identify their customers (internal & external).
- Identify the service needs of their customers (internal & external).
- Personalize the customer experience (internal & external).

We held a follow up Staff Development focus group on September 23, 2020 to allow those who participated in May to receive updates on the Staff Development Strategic Plan.

**HR Operations/Staffing:** The HR team has been doing a fantastic job covering multiple duties while we have been understaffed in August and September. Lionel Garcia, new HRIS Analyst, has been busy building connections between HR, payroll, and IT and is working on system certification with our API vendor. Ginger McIntosh, HR Business Partner, started 10/12/2020. She has great HR and Labor Relations experience and we are excited to have her on the team.

**\*We will be expiring the temporary administrative leave policy authorized on July 23, 2020 upon board approval. We appreciate the board's flexibility and support for our employees.**

**Staff Feedback and Engagement:** We are ending our contract with Tiny Pulse, employee engagement survey vendor, effective January 2021. Prior to cancellation, we plan to do a comprehensive engagement survey through Tiny Pulse to receive overall feedback on how staff are doing. We hope to use this data in 2021 to help support managers and teams and communicate our findings. Additionally, we are enhancing our tools through other vendors, Skill Survey and Smart Recruiters, to get feedback early on and improve the onboarding experience in 2021.



NOTIFICATION OF CREDENTIALS FILES  
FOR REVIEW

Date           October 15, 2020

TO:            Board of Commissioners  
                Kevin Martin, MD

FROM:         Shannon Carlson, CPCS  
                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>
Anthony Longo, MD	Provisional Active	Apt	Orthopedics NW
Susan Campeas, MD	Provisional Associate	Apt	ONRAD
Michael Chang, MD	Provisional Associate	Apt	Orthopedics NW
Brian Cox, MD	Provisional Associate	Apt	Yak. Urology Assoc.
Robert Greene, MD	Provisional Associate	Apt	Orthopedics NW
Eric Lauer, MD	Provisional Associate	Apt	Yak. Urology Assoc.
Navroop Nagra, MD	Provisional Associate	Apt	KVH Hospitalist
Daniel Thorner, DO	Provisional Associate	Apt	Yak. Urology Assoc.
Dwight Townsend, MD	Provisional Associate	Apt	ONRAD
Matthew Uhlman, MD	Provisional Associate	Apt	Yak. Urology Assoc.
Michael Witkosky, MD	Provisional Associate	Apt	ONRAD
Luis Ortega, PA-C	Provisional AHP	Apt	Orthopedics NW
Michael Shultis, PA-C	Provisional AHP	Apt	Orthopedics NW
Abel Li, MD	Associate	Reapt	Central WA Eye
Vanessa Tseng, MD	Associate	Reapt	VM Telestroke
Sarah Heniges, PA-C	AHP	Reapt	KVH Cle Elum Fam.
Lauren Musick, MMSC, PA-C	AHP	Reapt	KVH Emergency Dept
Frank Cruz, MD	Associate to Active	Stat. Change	KVH Emergency Dept
David Frick, DO	Associate to Active	Stat. Change	KVH Emergency Dept
Berhan Ghermay, MD	Associate to Active	Stat. Change	KVH Emergency Dept
Kenneth Lindsey, MD	Associate to Active	Stat. Change	KVH Emergency Dept
Andrew Peet, MD	Associate to Active	Stat. Change	KVH Emergency Dept
Monica Romanko, MD	Associate to Active	Stat. Change	KVH Emergency Dept
Sheldon Jensen, DO	Provisional Associate	Add Priv.	ONRAD

**CHIEF MEDICAL OFFICER – Kevin Martin, MD**  
October 2020

**Medical Staff Services:**

- **Recruiting:** Mitch Engel reports
  - We welcome Drs. Paul DeBusschere and Andrew Gustavson to Kittitas Valley Healthcare. Dr. DeBusschere joins our pediatric group and Dr. Gustavson brings neurology to our internal medicine group.
  - The 15 October special board meeting detailed our ongoing recruiting efforts in detail.
- **Business development:**
  - With Lisa Potter's departure, we are examining how to pursue and prioritize projects she was working on. This work will continue collaboratively between Mitch Engel, Mitchell Rhodes, Jason Adler, and a newly created position in Community Relations.
- **Medical staff:** Shannon Carlson has returned as our Medical Staff Services Coordinator.
  - The Board will receive recommendations for 13 new appointments, 4 reappointments, 6 changes in status, and 1 addition of privilege.
  - Going forward, learners on site will be reported by Human Resources.

**CMO activities:**

- **COVID-19:**
  - On 25 September, Julie Petersen and I met with Gregg Heinselman, Dean of Student Success at Central Washington University. We discussed central's capacity to manage an outbreak among students and ways that the county's Incident Management Team could support that effort.
- **Community & Regional Partnerships**
  - Greater Columbia Accountable Community of Health Leadership Council met 15 October and heard updates on work being supported throughout the region to address social determinants of health including work being done in Kittitas by FISH, the Kittitas County Health Network, and Yakima Valley Community Foundation.
  - The Washington Rural Health Collaborative Physician Leadership Committee will meet 19 October, after this report was prepared.

Respectfully submitted,

Kevin Martin, MD  
Chief Medical Officer

### **September Operating Results**

- KVH experienced softer patient volume in September in most of the organizations departments and clinics; laboratory services was the exception. Lab test volume was 10.7% greater than budget in September. Much of the positive lab volume was for Covid-19 testing. Overall hospital admissions, deliveries, surgeries, GI procedures and other ancillary services were below budget for September. ER visits and urgent care visits were 14.3% and 21% below budget, respectively but exceeded their revenue budget by \$65,346 and \$7,170 indicating higher acuity patients are being treated. The positive clinic revenue variance is due to the unbudgeted ENT revenue which totaled \$82,960 in September. Rehab visits were at budget.
- Gross revenue of \$12,921,065 was below budget by \$528,038. Inpatient revenue had a negative variance of \$282,347; outpatient revenue had a negative variance of \$330,540 and clinic revenue exceeded budget by \$84,850 primarily due to unbudgeted ENT clinic revenue as noted previously. The laboratory department exceeded their revenue budget by \$607,061; \$537,573 of this positive revenue variance was for Covid-19 tests. YTD the laboratory has a \$2,775,347 positive revenue variance.
- Deductions from revenue tracked with the revenue variance and were below budget by \$510,652 for the month. Contractual adjustments were below budget by \$742,885. Bad debt deductions exceeded budget by \$88,415. Financial assistance exceeded budget by \$26,473 and other deduction exceeded budget by \$117,344. In September, KVH wrote-off \$159,062 for untimely billing and \$26,603 for no prior authorization. These amounts account for most of the \$199,445 in other deductions.
- September other operating revenue exceeded budget by \$51,091. KVH did not recognize any additional income from the CARES funds. As you recall, KVH was recognizing \$586,769 per month of CARES dollars. In September, KVH received \$107,640 from GCACH for practice transformation work which contributed to the positive other operating revenue variance.
- With the exception of temporary labor, supplies and purchased services, KVH was below budget in nearly every expense category. Temporary labor was over budget due to the need to hire contract staff in ICU, Family Birth Place, Surgery, Radiology and ER for a total of \$50,776. KVH paid \$40,760 for contract labor 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. Supply expenses were over budget due to the purchase of flu vaccines for \$127,000. Lab exceeded budget by \$30,696 due to Covid-19 testing supplies. Most other departmental supply expenses were below budget. Purchased

services exceeded budget by 102,548. \$179,463 of the variance was to purchase Covid-19 lab tests from lab vendor Incyte. In September, expenses to operate the unbudgeted ENT Clinic totaled \$56,046 and expenses to operate the Covid-19 pop up clinic were \$115,148. For the month of September, KVH had a negative expense variance of \$64,010.

- In September, KVH posted operating income of \$156,000 compared to a budgeted operating income of \$186,305, a negative variance of \$30,304. Better than expected reimbursement for services provided and an improving payer mix are factors that contributed to positive results for September. YTD operating income is \$2,541,574 compared to budget of \$1,574,828, resulting in a positive variance of \$1,122,746.
- Non-operating revenue/expense was below budget by \$61,272 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 \$297,618. This trend will continue.
- Days in Accounts Receivable decreased 1 day from 78 days to 77 days. Gross Accounts Receivable decreased by \$1,476,687 from \$38,323,792 in August to \$36,847,105 in September. September collections were excellent. September cash receipts of \$8,473,847 were just \$21,470 lower than monthly receipt record of \$8,495,318 set in August. This is the third consecutive month that receipts have exceeded \$8 million dollars.
- Days Cash on Hand increased 6 days to 174.7 days in September from 168.7 days in August. The total amount of the August cash increase was \$1,311,998.
- Average daily cash collections per working day decreased slightly to \$403,517 in September from \$404,539 per working day in August.



Financial and Operating Indicators  
September 2020 - Key Statistics and Indicators

L	Measure	2020 YTD	2020 Budget	2020 Annualize	2019	2018	2017	2016	2015	2014
1	Total Charges	114,429,013	162,287,212	152,432,810	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699
2	Net Revenue	66,787,748	87,947,737	88,969,080	83,127,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460
3	Operating Income	2,697,575	1,720,871	3,593,484	2,501,969	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	4.0%	2.0%	4.0%	3.0%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Cash	38,978,525	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	174.7	127.6	NA	138.6	133.5	178.7	156.0	189.4	175.8
7										
8	Surgeries	969	1,547	1,291	1,305	1,461	1,396	1,510	1,578	1,675
9	Gastrointestinal Procedures	876	1,596	1,167	1,416	1,250	1,383	1,396		
10	Emergency Visits	9,062	13,807	12,072	13,861	13,930	13,162	13,789	13,618	12,250
11	% ED visits To Bed	10.2%	0	10.2%	9.5%	n/a	n/a	n/a	n/a	n/a
12	Radiology Exams	21,721	31,692	28,935	30,397	30,843	33,836	33,471		
13	Laboratory Tests	168,226	213,227	224,097	209,144	207,040	190,587	181,082		
14	Clinic Visits	51,712	77,747	68,886	72,711	59,241	50,917	48,525		
15	Telehealth Visits	2,679	NA	3,569						
16	IP & Obs Days (no swing)	18,546	4,074	24,705	3,805	3,999	3,440	3,937	3,740	4,976
17	Deliveries	220	340	293	309	342	322	312	368	334
18	Admits	632	969	842	941	984	899	1,043	1,299	1,433
19										
20	FTEs	495.8	506.6	NA	477.4	469.4	457.6	449.1	437.9	437.7
21	AR Days	4022.4	60.0	NA	88.1	92.0	50.8	47.5	45.0	49.5

Normalize charges across years by adjusting for charge master increases:

Normalized Charges to 2020	162,287,212	152,432,810	155,728,564	147,664,856	143,854,660	142,211,813	143,725,881	151,853,197
Operations Growth	4.21%	-2.12%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%

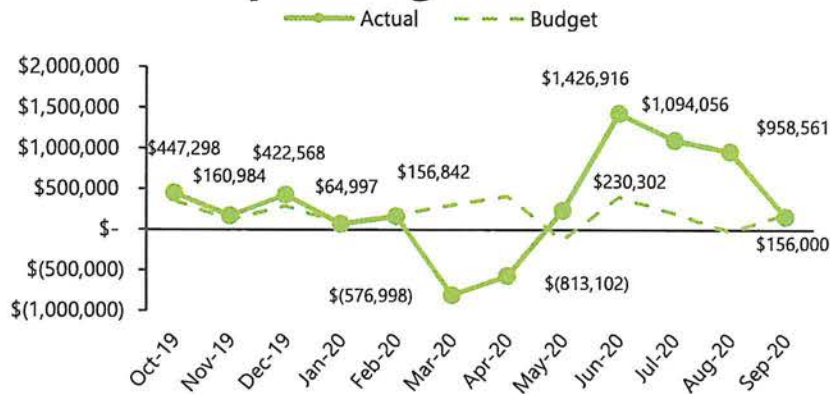
**Kittitas Valley Healthcare**  
**September 2020 - Key Statistics and Indicators**

Activity Measures		Current Month			Year to Date			Prior YTD	
		Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01	Admissions w/Swingbed	62	81	-23.9%	632	739	-14.5%	706	-10.5%
02	Patient Days - W/O Newborn	208	227	-8.3%	1,942	2,064	-5.9%	1,984	-2.1%
03	Patient Days - Swingbed	-	14	-100.0%	123	126	-2.4%	NA	NA
04	Avg Daily IP Census w/Swingbed	6.9	8.0	-13.7%	7.5	8.0	-5.7%	7.3	3.7%
05	Average Length of Stay	3.4	2.8	20.4%	3.1	2.8	10.0%	2.8	9.3%
06	Average Length of Stay w/Swingbed	3.4	3.0	13.5%	3.3	3.0	10.3%	2.8	16.3%
07	Deliveries	19	28	-31.9%	220	254	-13.4%	237	-7.2%
08	Case Mix Inpatient	1.04	1.00	4.2%	1.01	1.00	1.4%	1.13	-10.3%
09	Surgery Minutes - Inpatient	2,141	2,809	-23.8%	17,447	25,487	-31.5%	27,254	-36.0%
10	Surgery Minutes - Outpatient	5,212	7,283	-28.4%	55,347	66,125	-16.3%	51,798	6.9%
11	Surgery Procedures - Inpatient	16	21	-24.4%	153	192	-20.3%	209	-26.8%
12	Surgery Procedures - Outpatient	79	107	-25.9%	816	969	-15.8%	746	9.4%
11	Gastrointestinal Procedures	109	132	-17.4%	876	1,198	-26.9%	1,066	-17.8%
12	ER Visits	980	1,143	-14.3%	9,062	10,374	-12.6%	10,358	-12.5%
13	Urgent Care Cle Elum Visits	358	453	-21.0%	3,155	4,112	-23.3%	3,811	-17.2%
14	Laboratory	19,536	17,654	10.7%	168,226	160,198	5.0%	156,088	7.8%
15	Radiology Exams	2,394	2,623	-8.7%	21,721	23,805	-8.8%	22,603	-3.9%
16	Rehab Visit	1,609	1,601	0.5%	11,430	14,525	-21.3%	13,979	-18.2%
17	Outpatient Percent of Total Revenue	88.1%	86.4%	1.9%	88.3%	86.4%	2.2%	85.2%	3.7%
18	Clinic Visits	5,988	6,464	-7.4%	51,712	58,506	-11.6%	53,248	-2.9%
19	Telehealth Visits	279	-	NA	2,679	-	NA	-	NA
20	Adjusted Patient Days	1,748	1,678	4.2%	16,604	15,219	9.1%	13,392	24.0%
21	Equivalent Observation Days	65	110	-40.7%	778	996	-21.9%	905	-14.0%
22	Avg Daily Obs Census	2.2	3.7	-40.7%	2.8	3.6	-21.9%	3.3	-14.0%
23	Home Care Visits	545	565	-3.6%	4,990	5,130	-2.7%	5,106	-2.3%
24	Hospice Days	553	890	-37.9%	6,035	8,102.5	-25.5%	7,470	-19.2%
<b>Financial Measures</b>									
25	Salaries as % of Operating Revenue	48.6%	49.1%	1.0%	49.3%	49.2%	-0.1%	50.1%	-1.8%
26	Total Labor as % of Operating Revenue	60.7%	60.9%	0.4%	61.3%	61.0%	-0.5%	61.9%	-0.8%
27	Revenue Deduction %	46.4%	48.4%	4.1%	48.3%	48.4%	0.2%	47.9%	0.9%
28	Operating Margin	2.1%	2.6%	-16.7%	4.0%	2.4%	69.6%	2.4%	68.6%
<b>Operating Measures</b>									
29	Productive FTE's	417.9	452.1	7.6%	433.3	452.1	4.2%	419.0	3.4%
30	Non-Productive FTE's	71.4	54.4	-31.2%	62.5	54.4	-14.8%	58.4	6.9%
31	Paid FTE's	489.3	506.6	3.4%	495.8	506.6	2.1%	477.4	3.9%
32	Operating Expense per Adj Pat Day	\$ 4,101	\$ 4,235	3.2%	\$ 3,860	\$ 4,241	9.0%	\$ 4,476	-13.8%
33	Operating Revenue per Adj Pat Day	\$ 4,190	\$ 4,346	-3.6%	\$ 4,022	\$ 4,345	-7.4%	\$ 4,586	-12.3%
34	A/R Days	77.4	60.0	-29.0%	77.4	60.0	-29.0%	94.0	-17.7%
35	Days Cash on Hand	174.7	127.6	36.9%	174.7	127.6	36.9%	145.3	20.2%

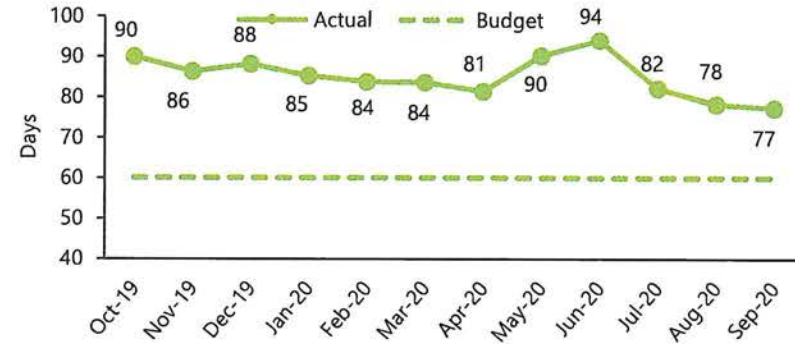


# Financial Dashboard

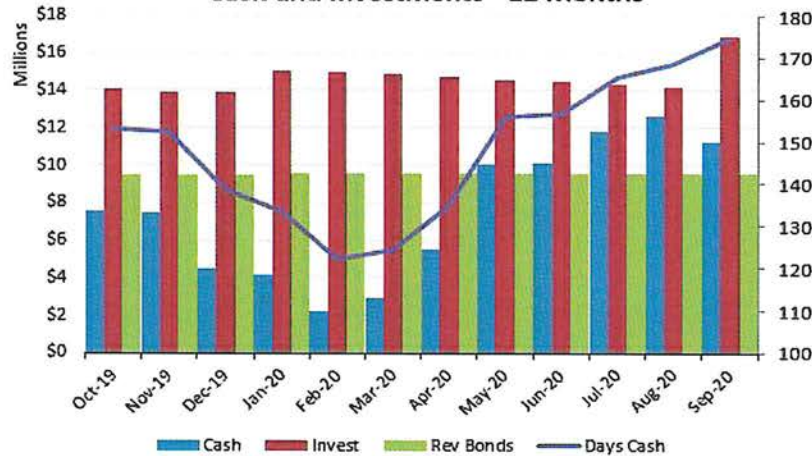
## Operating Income



## Accounts Receivable Days



## Cash and Investments - 12 Months



## Payer Mix

	CY 2018	CY 2019	YTD 2020
Medicare	41.85%	41.97%	39.67%
Medicaid	18.45%	18.72%	19.41%
Commercial	32.03%	32.81%	34.54%
Self Pay	3.52%	2.21%	2.69%
Other	4.15%	4.30%	3.69%

# 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	1,541,295	1,823,642	(282,347)	13,381,354	16,546,498	(3,165,144)	16,624,972
OUTPATIENT REVENUE	9,369,866	9,700,405	(330,540)	83,661,995	88,019,882	(4,357,886)	79,813,486
PROF FEE REVENUE	2,009,905	1,925,056	84,850	17,385,664	17,425,882	(40,217)	15,807,701
<b>REVENUE</b>	<b>12,921,065</b>	<b>13,449,103</b>	<b>(528,038)</b>	<b>114,429,013</b>	<b>121,992,261</b>	<b>(7,563,248)</b>	<b>112,246,159</b>
CONTRACTUALS	5,358,670	6,101,556	(742,885)	50,309,607	55,361,898	(5,052,291)	50,379,114
PROVISION FOR BAD DEBTS	369,658	281,242	88,415	2,435,235	2,546,299	(111,064)	2,347,240
FINANCIAL ASSISTANCE	68,233	41,760	26,473	745,997	377,952	368,046	369,372
OTHER DEDUCTIONS	199,445	82,101	117,344	1,768,717	743,852	1,024,865	628,619
<b>DEDUCTIONS FROM REVENUE</b>	<b>5,996,007</b>	<b>6,506,659</b>	<b>(510,652)</b>	<b>55,259,556</b>	<b>59,030,000</b>	<b>(3,770,445)</b>	<b>53,724,345</b>
NET PATIENT SERVICE REVENUE	6,925,059	6,942,444	(17,385)	59,169,457	62,962,261	(3,792,803)	58,521,814
OTHER OPERATING REVENUE	398,976	347,885	51,091	7,618,291	3,159,626	4,458,664	2,890,250
<b>TOTAL OPERATING REVENUE</b>	<b>7,324,035</b>	<b>7,290,329</b>	<b>33,706</b>	<b>66,787,748</b>	<b>66,121,887</b>	<b>665,861</b>	<b>61,412,064</b>
SALARIES	3,556,835	3,577,466	(20,631)	32,903,559	32,554,939	348,620	30,797,182
TEMPORARY LABOR	109,017	41,786	67,231	545,733	380,255	165,477	269,253
BENEFITS	885,368	861,418	23,950	8,069,623	7,801,358	268,265	7,187,716
PROFESSIONAL FEES	23,807	111,362	(87,555)	1,039,842	1,013,391	26,451	713,608
SUPPLIES	848,979	771,112	77,867	6,899,791	7,003,544	(103,753)	6,400,627
UTILITIES	93,808	82,817	10,991	771,593	774,832	(3,239)	715,300
PURCHASED SERVICES	1,003,770	901,222	102,548	7,930,294	8,189,732	(259,438)	7,722,066
DEPRECIATION	315,458	336,899	(21,441)	2,950,348	3,034,559	(84,210)	2,789,746
RENTS AND LEASES	109,081	132,089	(23,008)	1,019,191	1,189,720	(170,529)	1,097,212
INSURANCE	48,566	56,848	(8,282)	416,800	511,705	(94,906)	414,512
LICENSES & TAXES	72,763	80,136	(7,373)	583,547	727,411	(143,863)	628,696
INTEREST	54,349	57,150	(2,801)	489,139	514,350	(25,211)	514,398
TRAVEL & EDUCATION	22,135	40,865	(18,730)	183,152	370,288	(187,136)	255,487
OTHER DIRECT	24,100	52,854	(28,755)	287,563	480,975	(193,412)	435,139
<b>EXPENSES</b>	<b>7,168,034</b>	<b>7,104,024</b>	<b>64,010</b>	<b>64,090,173</b>	<b>64,547,059</b>	<b>(456,886)</b>	<b>59,940,944</b>
<b>OPERATING INCOME (LOSS)</b>	<b>156,000</b>	<b>186,305</b>	<b>(30,304)</b>	<b>2,697,575</b>	<b>1,574,828</b>	<b>1,122,746</b>	<b>1,471,120</b>
OPERATING MARGIN	2.13%	2.56%	-89.91%	4.04%	2.38%	168.62%	2.40%
NON-OPERATING REV/EXP	6,097	67,369	(61,272)	307,633	605,252	(297,618)	650,199
<b>NET INCOME (LOSS)</b>	<b>162,097</b>	<b>253,674</b>	<b>(91,577)</b>	<b>3,005,208</b>	<b>2,180,080</b>	<b>825,128</b>	<b>2,121,318</b>
<b>UNIT OPERATING INCOME</b>							
HOSPITAL	375,333	305,760	69,574	4,524,445	2,720,729	1,803,716	2,683,198
URGENT CARE	(970)	(27,194)	26,224	(34,418)	(248,339)	213,921	(270,325)
CLINICS	(161,201)	(136,964)	(24,237)	(1,929,251)	(1,300,773)	(628,478)	(1,271,170)
HOME CARE COMBINED	(57,162)	44,704	(101,865)	136,798	403,211	(266,413)	329,510
<b>OPERATING INCOME</b>	<b>156,000</b>	<b>186,305</b>	<b>(30,305)</b>	<b>2,697,575</b>	<b>1,574,829</b>	<b>1,122,746</b>	<b>1,471,213</b>



# Kittitas Valley Healthcare

Operating Income Statement with COVID operations detail  
Through September 2020

## Organization, Net of COVID Related Operations

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEPT 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	12,383,492	112,183,465
Total Deductions	(6,349,081)	(6,257,081)	(5,891,441)	(3,880,876)	(5,469,053)	(6,895,886)	(7,117,435)	(6,668,266)	(5,764,850)	(54,293,970)
Net Patient Service Revenue	6,949,922	6,452,541	6,204,528	4,794,807	6,280,417	7,073,511	6,721,024	6,794,102	6,618,642	57,889,495
Other Operating Revenue	157,814	575,625	350,245	336,555	386,727	470,471	284,829	434,713	398,976	3,395,954
Total Operating Revenue	7,107,737	7,028,166	6,554,773	5,131,363	6,667,143	7,543,982	7,005,853	7,228,815	7,017,618	61,285,449
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	7,052,886	63,013,694
Operating Income	64,997	156,842	(708,581)	(1,832,180)	(313,491)	688,277	142,723	108,435	(35,268)	(1,728,246)
Operating Margin %	0.91%	2.23%	-10.81%	-35.71%	-4.70%	9.12%	2.04%	1.50%	-0.50%	-2.82%

## COVID Related Operations

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEPT 2020	YTD
Total Revenue (Lab Charges)			75,400	50,180	163,280	210,695	643,855	564,565	537,573	2,245,548
Total Deductions			(32,422)	(21,577)	(70,210)	(90,599)	(276,858)	(242,763)	(231,156)	(965,586)
Net Patient Service Revenue			42,978	28,603	93,070	120,096	366,997	321,802	306,417	1,279,962
Other Operating Revenue (Grants)				1,522,790	608,394	722,956	725,444	642,753	-	4,222,337
Total Operating Revenue			42,978	1,551,393	701,463	843,052	1,092,441	964,555	306,417	5,502,299
Total Expenses (COVID Clinic)			147,499	296,211	157,670	104,413	141,109	114,429	115,148	1,076,479
Operating Income			(104,521)	1,255,182	543,793	738,639	951,332	850,126	191,269	4,425,820
Operating Margin %			-243.20%	80.91%	77.52%	87.61%	87.08%	88.14%	62.42%	80.44%

## Combined, Organization Financials

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEPT 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	12,921,065	114,429,013
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)	(5,996,007)	(55,259,556)
Net Patient Service Revenue	6,949,922	6,452,541	6,247,506	4,823,410	6,373,486	7,193,608	7,088,021	7,115,904	6,925,059	59,169,457
Other Operating Revenue	157,814	575,625	350,245	1,859,345	995,121	1,193,426	1,010,273	1,077,466	398,976	7,618,291
Total Operating Revenue	7,107,737	7,028,166	6,597,751	6,682,755	7,368,607	8,387,034	8,098,294	8,193,371	7,324,035	66,787,748
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	7,168,034	64,090,173
Operating Income	64,997	156,842	(813,102)	(576,998)	230,302	1,426,916	1,094,056	958,561	156,000	2,697,575
Operating Margin %	0.91%	2.23%	-12.32%	-8.63%	3.13%	17.01%	13.51%	11.70%	2.13%	4.04%

# Kittitas Valley Healthcare

## Balance Sheet and Cash Flow

### Kittitas Valley Healthcare

#### Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	11,238,474	4,488,811	6,749,663
ACCOUNTS RECEIVABLE	36,847,105	40,613,365	(3,766,259)
ALLOWANCE FOR CONTRACTUAL	(24,229,146)	(22,382,150)	(1,846,996)
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	203,259	588,166	(384,907)
INVENTORY	2,047,233	1,894,491	152,742
PREPAIDS	795,213	776,900	18,313
INVESTMENT FOR DEBT SVC	1,264,304	950,100	314,204
<b>CURRENT ASSETS</b>	<b>28,166,743</b>	<b>26,929,983</b>	<b>1,236,760</b>
LOCAL GOVT INVESTMENT POOL	9,563,711	9,507,089	56,622
ACCRUED INVESTMENT INCOME	13,865	49,977	(36,112)
CONTRA CASH RESERVE FUNDS	(1,264,304)	(950,100)	(314,204)
PP&E REPLACEMENT	0	0	0
INVESTMENTS GENERAL	18,162,475	15,172,639	2,989,836
<b>INVESTMENTS</b>	<b>26,475,747</b>	<b>23,779,605</b>	<b>2,696,142</b>
PLANT PROPERTY AND EQUIPMENT	86,833,789	83,068,143	3,765,646
ACCUMULATED DEPRECIATION	(45,687,199)	(42,573,204)	(3,113,995)
<b>NET PROPERTY, PLANT, &amp; EQUIP</b>	<b>41,146,590</b>	<b>40,494,939</b>	<b>651,651</b>
OTHER ASSETS	(0)	(0)	0
<b>NONCURRENT ASSETS</b>	<b>41,146,590</b>	<b>40,494,939</b>	<b>651,651</b>
<b>ASSETS</b>	<b>95,789,080</b>	<b>91,204,527</b>	<b>4,584,552</b>
ACCOUNTS PAYABLE	1,045,493	1,395,147	(349,654)
ACCRUED PAYROLL	576,500	1,263,533	(687,033)
ACCRUED BENEFITS	722,412	268,613	453,798
ACCRUED VACATION PAYABLE	1,947,426	1,764,089	183,337
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>7,290,461</b>	<b>8,063,851</b>	<b>(773,390)</b>
ACCRUED INTEREST	170,119	311,475	(141,356)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	2,320	0	2,320
DEFERRED REVENUE HOME HEALTH	70,751	136,954	(66,203)
DEFERRED OTHER	2,557,973	0	2,557,973
<b>DEFERRED LIABILITIES</b>	<b>2,801,164</b>	<b>448,430</b>	<b>2,352,734</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 CON'	(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>22,129,599</b>	<b>19,776,865</b>	<b>2,352,734</b>
<b>LIABILITIES</b>	<b>29,420,060</b>	<b>27,840,716</b>	<b>1,579,344</b>
FUND BALANCE	63,363,812	63,363,812	0
NET REVENUE OVER EXPENSES	3,005,208	0	3,005,208
<b>FUND BALANCE</b>	<b>66,369,020</b>	<b>63,363,812</b>	<b>3,005,208</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>95,789,080</b>	<b>91,204,527</b>	<b>4,584,552</b>

# Kittitas Valley Healthcare

## Balance Sheet and Cash Flow

### Statement of Cash Flow

	CASH
NET BOOK INCOME	3,005,208
<b>ADD BACK NON-CASH EXPENSE</b>	
DEPRECIATION	3,113,995
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
<b>NET CASH FROM OPERATIONS</b>	<b>6,119,203</b>
<b>CHANGE IN CURRENT ASSETS ( \$ )</b>	
PATIENT ACCOUNTS	5,613,255
OTHER RECEIVABLES	384,907
INVENTORIES	(152,742)
PREPAID EXPENSES & DEPOSITS	(18,313)
INVESTMENT FOR DEBT SVC	(314,204)
<b>TOTAL CURRENT ASSETS</b>	<b>5,512,903</b>
INVESTMENTS	(2,696,142)
PROPERTY, PLANT, & EQUIP.	(3,765,646)
OTHER ASSETS	0
<b>TOTAL ASSETS</b>	<b>5,170,319</b>
<b>CHANGE IN CURRENT LIABILITIES ( \$ )</b>	
ACCOUNTS PAYABLE	(349,654)
ACCRUED SALARIES	(687,033)
ACCRUED EMPLOYEE BENEFITS	453,798
ACCRUED VACATIONS	183,337
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>(773,390)</b>
<b>CHANGE IN OTHER LIABILITIES ( \$ )</b>	
ACCRUED INTEREST ON 1998, 1999 UTGO	(141,356)
DEFERRED OTHER	2,557,973
DEFERRED TAX COLLECTIONS	2,320
DEFERRED REVENUE - HOME HEALTH	(66,203)
<b>TOTAL OTHER LIABILITIES</b>	<b>2,352,734</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>1,579,344</b>
NET CHANGE IN CASH	6,749,663
BEGINNING CASH ON HAND	4,488,811
ENDING CASH ON HAND	11,238,474

Exhibit A

Kittitas County Public Hospital District 1, dba  
Kittitas Valley Healthcare

2021 Projected Operating Budget

		<u>2021 Budget</u>
Net Operating Revenue	\$	89,187,456
Operating Expense	\$	<u>86,065,895</u>
Net from Operations	\$	3,121,561
Non-Operating		
Levy-Regular	\$	9,280
Other Non-Operating	\$	<u>300,000</u>
Net Non-Operating	\$	309,280
Net Gain/Loss	\$	3,430,841

**Ordinance / Resolution No. \_\_\_\_\_**  
**RCW 84.55.120**

**WHEREAS**, the Board of Commissioners of Kittitas County Public has met and considered  
(Governing body of the taxing district) Hospital District No. 1  
(Name of the taxing district)  
its budget for the calendar year 2021; and,

**WHEREAS**, the districts actual levy amount from the previous year was 9,280.40; and,  
\$ \_\_\_\_\_  
(Previous year's levy amount)

**WHEREAS**, the population of this district is ☒ more than or ☐ less than 10,000; and now, therefore,  
(Check one)

**BE IT RESOLVED** by the governing body of the taxing district that an increase in the regular property tax levy  
is hereby authorized for the levy to be collected in 2021 tax year.  
the \_\_\_\_\_  
(Year of collection)

The dollar amount of the increase over the actual levy amount from the previous year shall be 55.87  
\$ \_\_\_\_\_

which is a percentage increase .602 % from the previous year. This increase is exclusive of  
of \_\_\_\_\_  
(Percentage increase)

additional revenue resulting from new construction, improvements to property, newly constructed wind  
turbines, solar, biomass, and geothermal facilities, and any increase in the value of state assessed property, any  
annexations that have occurred and refunds made.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If additional signatures are necessary, please attach additional page.**

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property  
tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative  
Authority no later than November 30<sup>th</sup>. As required by RCW 84.52.020, that filing certifies the total amount to  
be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form  
(REV 64 0100) for this purpose. The form can be found at:  
<http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc>.



To ask about the availability of this publication in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711. For tax assistance, call (360) 534-1400.

REV 64 0101e (w) (12/9/14)

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
Coder Training Grant	KVH	Education/Staff Development	SoCentral Workforce Council	\$3,800	Awarded	WSHA		Provides training for new coders
Rural Health Systems Capacity	KVH via KVHF	Education/Staff Development	WSHA	\$5,000	Awarded	SoCentral Workforce Council Grant	Foundation	Provider coder education
Drill Grant	KVH via KVHF	Education/Staff Development	Coverys	\$49,000	WIP	PSEF, DOH Trauma	KVFR, Law Enforcement (likely included), Foundation	Create and implement clinical and non-clinical drill program
Behavioral Health Grant	KVH via KVHF	Facilities	Premiera	\$100,000	WIP	PSEF, Rural Mental Health Integration	ED, Foundation	Remodel ED and ICU rooms to be safe rooms for behavioral holds and training staff
Breast Cancer Education	KVH via KVHF	Education/Staff Development	ASBSF	\$5,000	Awarded		Foundation	Provide community education on breast health
Blue Band Initiative	KVH via KVHF	Education/Staff Development	Shoemaker	\$6,500	Awarded		Foundation	Provide community education on preeclampsia
Rural Development Grants	KVH, D2, KCHN	Development or Construction	USDA	\$25,000	Researching			Provides funding for development of community identified needs
Emergency/Lifesaving Equipment	D2 via KVHF	Development or Construction	Firehouse Subs Foundation Grant		Denied		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	\$80,000	Applied		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	\$24,879	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.
Rural Health Network Development Grant	KCHN	Network Developm	HRSA	\$100,000	WIP	Previous Network Development Grant form 2017	KCHN	Funds to support the expansion of services and develop new partnerships for KCHN.

\* 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***

## **KITTITAS VALLEY HEALTHCARE**

### **RESOLUTION 20-07 SURPLUS REAL PROPERTY**

WHEREAS Kittitas County Public Hospital District #1, dba Kittitas Valley Healthcare has determined some real property owned by the District is not currently required for Public Hospital District purposes and hereby resolves that the real property may be leased or rented

The real property may be leased or rented in such manner and upon such terms and condition as the Board finds to be in the best interest of the District per RCW 70.44.310.

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Robert Davis, President  
Board of Commissioners

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Matthew Altman, Secretary  
Board of Commissioners





## OPERATIONS REPORT

October 2020

### PATIENT CARE OPERATIONS

- **Food and Nutrition Services:**

- Staffing. We have experienced turn over in 8 different positions since July. Some staff have moved to different positions within the department while others have retired or moved to continue their education. Regardless, lots of time and energy spent to replacing and training staff. We currently have one position open at this time.
- Overhaul of all inpatient menus completed in September.
- Although improved, we continue to have difficulties with food procurement related to the pandemic. Price variation is common. We try to use our main vendor, US Foods, but have had to seek product from alternative sources.

Clinical – No new activity in September. Continue to use Shared Decision Making tool for diabetic and hypertensive patients.

- **Diabetes Education:**

- Back to offering small group (< 10 people) diabetes class each month.
- Referral activity has been typical in September at 38.

- **House Wide Clinical:**

Final preparations are being made for the implementation of the Smart Baxter IV Pumps. This is a coordinated effort between Staff Development, Pharmacy and IT staff. Education will be provided to the nursing staff the week of October 26; with Go-Live on October 29.

Additional educational opportunities scheduled in October are AVADE training (workplace violence prevention and de-escalation training) and Safe Patient Handling and Lead Placement training.

- **Surgical Services:**

The surgical outpatient department will be hosting a 6<sup>th</sup> quarter YVC nursing student, and are pretty excited to have them back in the hospital. We also have 2<sup>nd</sup> quarter YVC students and Heritage students rotating through the department

The surgery department has received all of the new Arthrex video equipment, staff have been in serviced and cases are going well.

With new providers coming aboard, the department is anticipating changes in workflow and processes.

- **Emergency Service:**

ED Staffing: Continue with recruitment for a full time night and a per diem RN!

Orientating a new per diem RN and Patient Care Technician to the ED.

We celebrated Emergency Nurses Week during the week of Oct. 11-17<sup>th</sup>. Members of the department enjoyed a socially distanced/masked viewing of the premiere of a documentary film titled *In Case of Emergency* in honor of Emergency Nurses Day! The film was streamed for free and included a live watch party chat!

Urgent Care staff will be participating in a free drive thru Flu Vaccine Clinic in Cle Elum on Oct. 24 from 1000-1300. A big thank you to Kittitas County Public Hospital District #2, and a grant from Capture Cares for their support.

The ED will be focusing on improvement work around workplace violence and care for our behavioral health and substance use disorder patients. This will be collaborative work with other areas of the hospital and outside partners to ensure we are providing a safe environment for all.

*Thank you, Vicky Machorro, Chief Nursing Officer*

## **ANCILLARY SERVICES OPERATIONS**

- **Diagnostic Services:**

We have been working with KDA on the design and cost estimate for the temporary lab space in Conference Rooms A/B/C and surrounding offices. We are hopeful to have that completed by the end of the month.

Erin Marshall has replaced Joslyn Lavera as the lead imaging technologist after Joslyn retired last month.

The Covid-19 Clinic has been very busy seeing up to 78 patients in one day. We have developed a process for parents to sign a release of information for their student's school to receive negative test results via fax, which is helping the school be able to allow students to return to class as quickly as possible and reducing the paperwork for Public Health.

- **Rehab Services:**

Nathan Everett has completed 90 days of employment with KVH Cle Elum PT and is developing a strong caseload.

Plexi-glass barriers are being installed at the reception desks at Ellensburg PT/OT/ST and they will have a kiosk installed for patients to self-monitor their temperature on arrival.

- **Pharmacy Services:**

We have scheduled our Ellensburg free flu vaccination clinic for November 7 from 8AM-2PM at the Fairgrounds. We will have adult flu vaccinations and pediatric flu, meningococcal, Tdap and HPV vaccinations. The Cle Elum free flu vaccination clinic is October 24 from 10AM-1PM at Urgent Care.

Pharmacy has been very busy programming our new "smart" IV pumps with the formulary designed for each nursing department.

We are working with incident command to plan for Covid-19 vaccinations for staff and patients in the hospital and clinics.

- **Interim Evaluation of KVVH's Covid-19 Response ("After Action Review"):**

After each incident, we always evaluate our response to determine what went well and what we could improve, as required by DOH and CMS. This one doesn't seem to want to end, so we are conducting an Interim After Action Review, to evaluate our response during the first 7 months of the pandemic. We've done so much, it is hard to put into words. To complete the review, we've asked Department Directors to provide input at the Director's meeting and in a survey monkey. We've also surveyed our Public Health partners and EOC leadership. The information will be put into an action plan, so that we can take steps to improve where we need to before the next plot twist.

*Thank you, Rhonda Holden, Chief Ancillary Officer*

## **CLINIC OPERATIONS**

- **Augmedix:**

On October 5<sup>th</sup>, Dr. Martin was our first physician to test out the new scribe service. Since then the rest of the providers (a total of 8 at Family Medicine Ellensburg) began their service. Each week the Augmedix team reviews the survey scores from the providers on their level of satisfaction. The responses have been positive. One provider mentioned she was able to leave at 5pm with all her charts completed.

- **Medical Assistant (MA) Internship:**

This is a different model than the MA apprenticeship, this is a new program we launched recently. In the past, we have had MA students who conduct their externship with us. We work with these students for 6-8 weeks and then because they are waiting for their license from the State there is a gap of employment which generally leads them to other organizations. In partnering with HR, we created a job MA Internship. These students

will transition from their school into employment with us where they are still partnered with a preceptor until they receive their license, this can take up to 3 months. Recently, we were able to employ 3 students for our MA positions we had open.

- **Pediatrics:**

This has been a busy clinic this year with a new facility, new EHR (they implemented in June) and now they have added a new pediatrician. As you know, Dr. Paul DeBusschere has joined us on October 5<sup>th</sup>. He has closed his private practice and is already enjoying the freedoms of being an employee rather than an owner.

- **Orthopedics:**

We will welcome Yuri Bobko, PA-C to our orthopedic team on November 23<sup>rd</sup>. Yuri comes to us from Renton and brings 16 years of orthopedic experience.

- **General Surgery:**

We are anticipating adding another General Surgery team in January 2021. As you can imagine, this does not allow for a lot of space for the staff and so we are looking to relocate to the former Dr. Sand's location. A team of us met to begin reviewing the space and noting the needed upgrades.

- **Phones:**

Family Medicine Cle Elum have finally received their new phones! The phones previous to the replacements were so outdated they could no longer be ordered through the company. So, if ever in need of a phone replaced or if we needed parts then we would have to find them on eBay. Needless to say, the team is very pleased!

- **Licensed Social Worker:**

As you know, we added a Licensed Social Worker to our Behavioral Health team at Family Medicine Cle Elum. She has a panel of over 30 patients just since June. She also assists with patients as needed in tandem with the other Cle Elum providers. This is the work of the AIMS model and the grant we received to create an Integrated Behavioral Health model.

- **Medication Assisted Treatment (MAT) program:**

Dr. Asriel and his nurse have done an incredible job of attending provider meetings of all the other clinics to inform them of the Medication Assisted Treatment Program. They now have over 50 patients enrolled and this continues to grow.

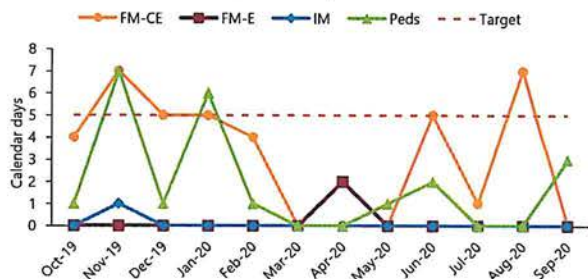
*Thank you, Carrie Barr, Chief of Clinic Operations*



## Clinic Operations Dashboard

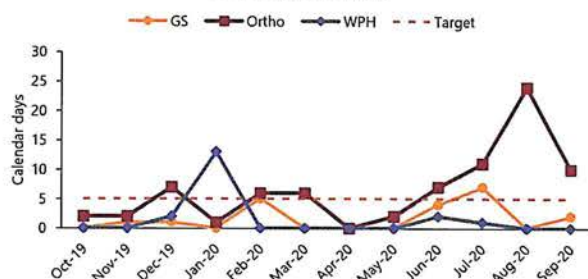
### Third available appointment

for established patients



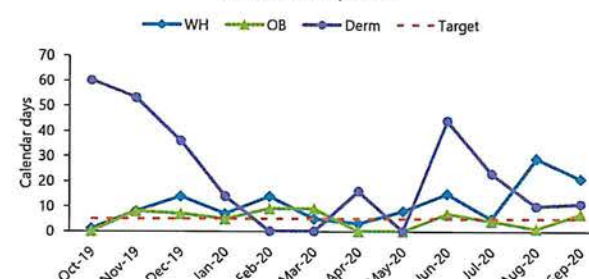
### Third available appointment

for established patients



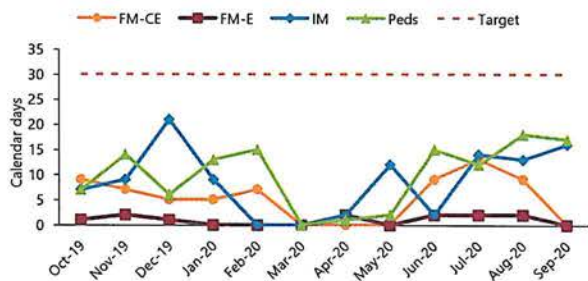
### Third available appointment

for established patients



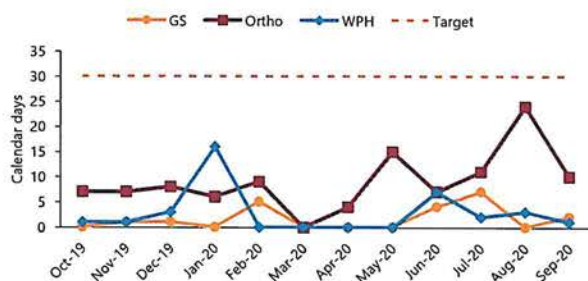
### Third available appointment

for new patients



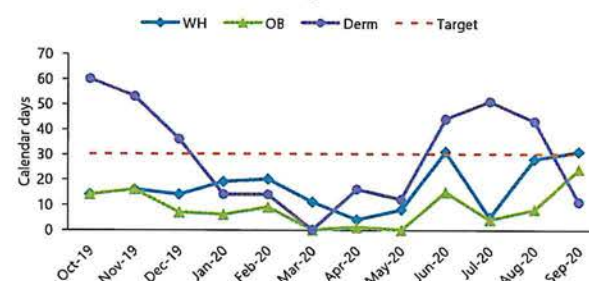
### Third available appointment

for new patients

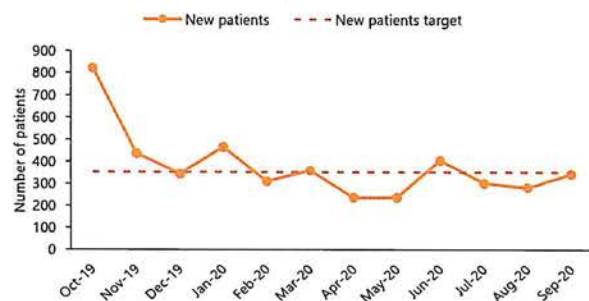


### Third available appointment

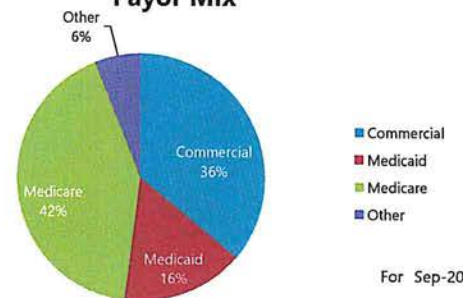
for new patients



### New patients



### Payor Mix



## **COMMUNITY RELATIONS – Michele Wurl**

**September 17 – October 14, 2020**

### **External Outreach activities:**

- Children's mask distribution to schools
- Fire Prevention Week – thank you lunch to KVFR

### **Internal Outreach activities:**

- Employee appreciation BBQ (in lieu of Rodeo BBQ) the week of August 24
- Code of Excellence updates
- Preparation work for Veteran's Day & National Rural Health Day (11/19)

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

- Incident Command activities for COVID 19
- Washington State and HHS required reporting
- Continuation of COVID Chronicles
- KVH Emergency Management Plan update completed
- COVID-19 Interim After Action work with Rhonda

### **Collaborations & Partnerships:**

- Kittitas County Public Health and County IMT
- Upper County Flu & Vaccine Clinic outside of KVH Urgent Care 10/24 from 10-1 in collaboration with HD2
- Ellensburg Flu & Vaccine Clinic – Western Village KC Fair Grounds 11/7 from 10-1 in collaboration with KCPHD
- Gard Against Cancer with Gard Vintners and the Foundation
- Paint Ellensburg – arts correlation with the Medical Arts Center
- HD2 Ambulance Garage ground breaking and press release
- Gobble Wobble (Foundation Virtual 5K – November 14)

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

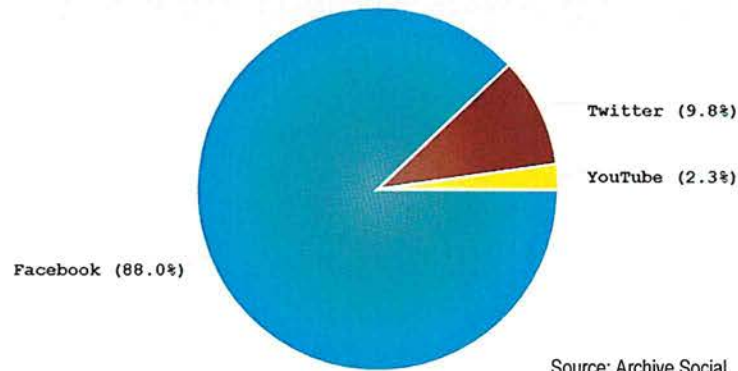
- Neurology service line
- Rehab services – recognition month advertising and creation of patient forms
- New provider notification (DeBusschere – Peds and Gustafson – Neurology)
- Pediatric and Join our Team website enhancements
- Fall's Awareness – Rehab services and Neurology
- Patient portal user guide creation
- Pre-op surgical packet development for General Surgery, Internal Medicine, Women's Health, ENT & Ortho

### **Upcoming:**

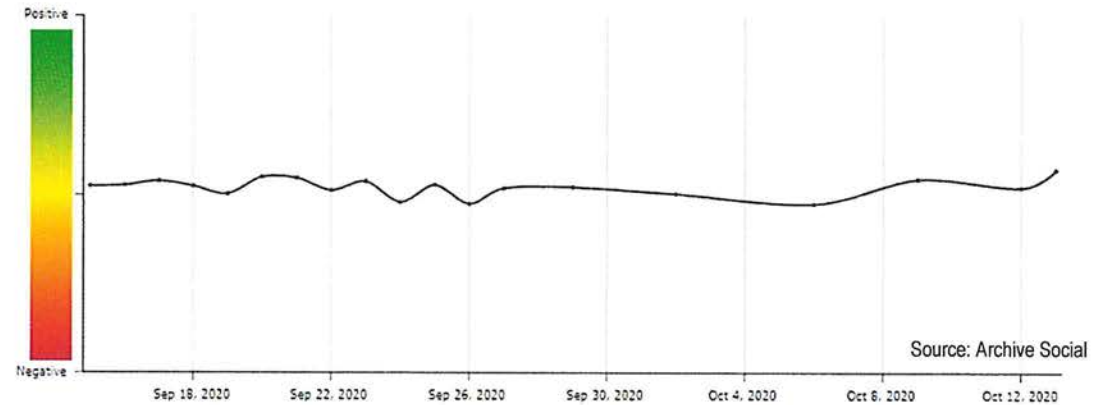
- Development of our 1<sup>st</sup> Provider Connect newsletter for current and retired medical staff
- Preparation for Vascular Surgery program

## KVH Social Media Channels: Past 30 days

### 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="#">101</a>	50	51	50.5%
@KVHealthcare	<a href="#">13</a>	11	2	15.4%
Upper Kittitas County Medic One	<a href="#">6</a>	6	0	0.0%
Kittitas Valley Healthcare	<a href="#">3</a>	3	0	0.0%

Source: Archive Social

### Social Media Channel Overview (09.16 thru 10.13.2020)

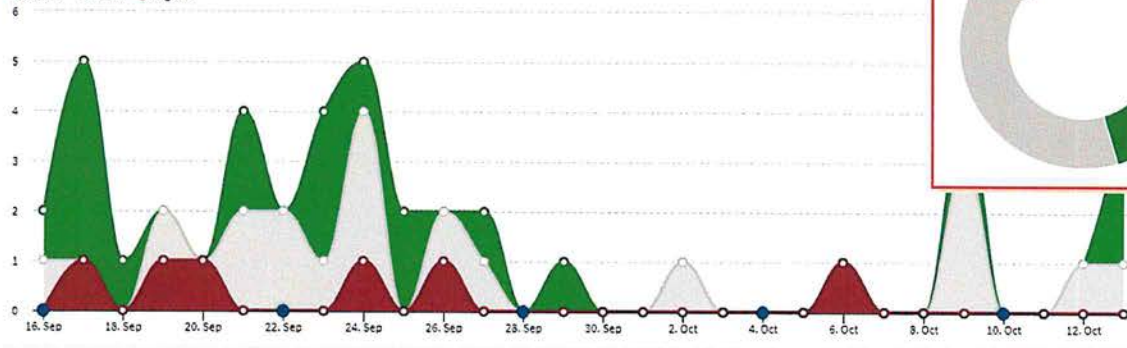




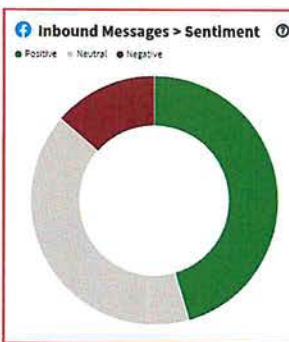
## Facebook Activity (09.16 thru 10.13.2020)

### Inbound Messages > Sentiment

Positive Neutral Negative



Source: Hootsuite



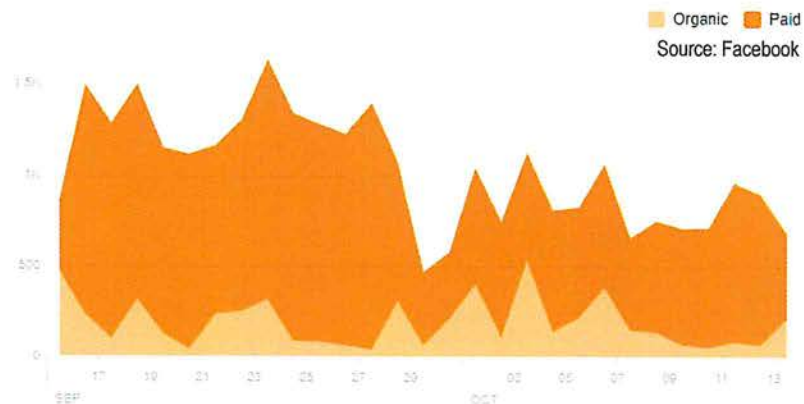
### Engagement > Type

Reactions 167 500

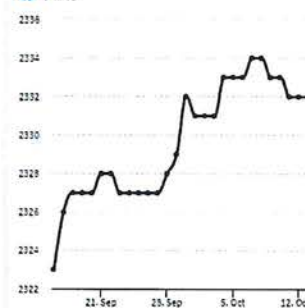
Comments 59 117

Shares 2 73

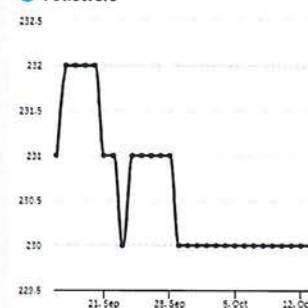
Source: Hootsuite



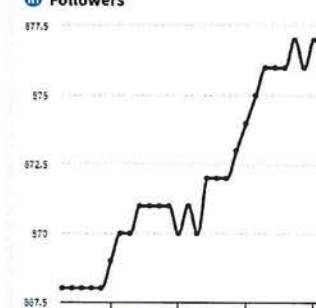
### Fans



### Followers



### Followers

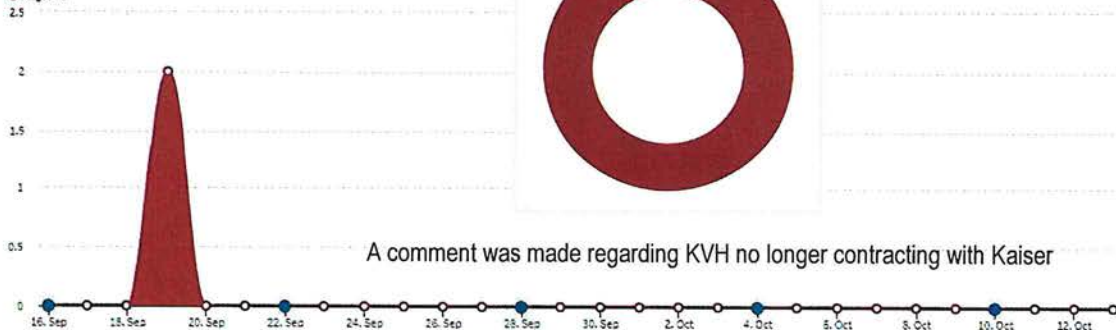


Source: Hootsuite

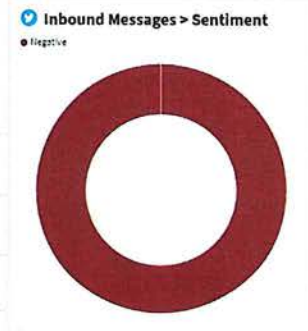
## Twitter Activity (09.16 thru 10.13.2020)

### Inbound Messages > Sentiment

Negative



A comment was made regarding KVH no longer contracting with Kaiser



### Engagement > Type

Likes 0 2

Replies 0 0

Retweets 1 0

### Engagement > Type

Reactions 0 13

Shares 2 3

Comments 1 0



# Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2021

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Regular Meeting	24 5pm	25 5pm	25 5pm	22 5pm	27 5pm	24 5pm	22 5pm	26 5pm	23 5pm	28 5pm	12/2 5pm Special Meeting	12/30 5pm Special Meeting
Standing Items			Compliance Plan and Policies		Acceptance of Financial Audit			Approve Budget Assumptions (Operating & Capital)	Board Self-Evaluation	Plan Board Retreat Budget Hearing Annual CEO Evaluation Election of 2022 Officers Approve 2022 Board Committees 2022 Board Calendar	Approve 2022 Operating and Capital Budgets	Update 2021 Operating Budget 2022 QAPI Approval
Presentation Subject to Change												
EDUCATION, CONFERENCES & SPECIAL MEETINGS												



	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Events												
Board Finance	2 7:30am	23 7:30am	23 7:30am	20 7:30am	25 3:00pm	22 7:30am	20 7:30am	24 7:30am	21 7:30am	26 7:30am	11/30 7:30am	12/28 7:30am
MEC	13 5:15pm	10 5:15pm	10 5:15pm	14 5:15pm	12 5:15pm	9 5:15pm	14 5:15pm	11 5:15pm	8 5:15pm	13 5:15pm	10 5:15pm	8 5:15pm
QI Council		8 3:00pm		12 3:00pm		14 3:00pm		9 3:00pm		11 3:00pm		13 3:00pm
Foundation Board	26 5:30pm		23 5:30pm		25 5:30pm		27 5:30pm		28 5:30pm		16 5:30pm	
Compliance	14 3:30pm	11 3:30pm	11 3:30pm	8 3:30pm	13 3:30pm	10 3:30pm	8 3:30pm	12 3:30pm	9 3:30pm	14 3:30pm	11 3:30pm	9 3:30pm
Strategic Planning												
Joint Districts												
HD #2	18 6:30pm	15 6:30pm	15 6:30pm	19 6:30pm	17 6:30pm	21 6:30pm	19 6:30pm	16 6:30pm	20 6:30pm	18 6:30pm	15 6:30pm	20 6:30pm

Emerging Topics:

WRHC Initiatives  
Kittitas County Health Department  
WRHA  
ACO  
WSHA/AWPHD