

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' SPECIAL 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/Zoom option for the other staff and the public - 5:00 p.m.

Call in by phone: 1-877-853-5257 Meeting ID: 991-6162-8585 Passcode: 898158

December 3, 2020

1. Call Regular Meeting to Order

2. Approval of Agenda **

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

3. Consent Agenda **

- a. Minutes of Board Meeting: October 15, 2020 October 22, 2020 and November 12, 2020 (3-9)
- b. Approval of Checks (10)
- c. Report: Foundation (11)
- d. Minutes: Finance Committee (12-13)
- e. Minutes: Quality Council: October 19, 2020 and November 16, 2020 (14-18)

4. Presentations:

- a. Covid Status Update

5. Public Comment and Announcements

6. Reports and Dashboards

- a. Quality - Mande Olsen, Chief Quality Officer (19-29)
- b. Chief Executive Officer – Julie Petersen (30-33)
 - i. Customer Service Staff Engagement – Manda Scott (34-35)
 - ii. Resolution 20-08 Concerning Acquisition of Property **
- c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (36)
 - ii. Chief Medical Officer, Kevin Martin MD (37-38)
- d. Finance – Chief Financial Officer – Scott Olander
 - i. Operations Report (39-49)
 - ii. Capital Expenditure Request: Cepheid GenXpert 16 Bay ** (50)
 - iii. Capital Expenditure Request: BioFire Instrument two additional bays ** (51)

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- e. Operations (52-57)
 - 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, Chief Public Relations Officer (58-60)

7. Education and Board Reports

- a. AHA Rural Health Care Leadership Conference February 17-18, 2021 a Virtual Conference and Engagement Experience (61-67)

8. Old Business

- a. Board Self Evaluation
- b. Next Steps for Strategic Refresh

9. New Business

10. Executive Session

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

11. Adjournment

Future Meetings

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 & Zoom**

October 15, 2020

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

KVH STAFF PRESENT: Julie Petersen, Dr. Martin, Scott Olander, Vicky Machorro, Rhonda Holden, Carrie Barr, Michele Wurl, 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 service lines and medical staff development planning.

With no further business and no action taken, the meeting was adjourned at 7:46 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

KVH Conference Room A/B & Virtual Zoom Meeting

October 22, 2020

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

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

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

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

1. At 5:00 p.m., President Bob Davis called the Budget Hearing to order. The Board members reviewed the 2021 budget with Scott Olander.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved Resolution No. 20-05 adopting the 2021 budget.

ACTION: On motion of Terry Clark and second of Matt Altman, the Board members unanimously approved Resolution No. 20-06 authorizing the regular property tax levy.

President Bob Davis adjourned the Budget Hearing at 5:06 p.m.

2. At 5:06 p.m., President Bob Davis called the regular board meeting to order.

3. **Approval of Agenda:**

ACTION: Board member Jon Ward requested to amend the agenda adding under line item 6. Reports and Dashboards, item d. Finance, number 3 Capital Equipment Discussion. On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the agenda as amended.

4. **Consent Agenda:**

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

5. **Presentations:**

Ron Urlacher, Chief of Facilities gave a Security and Workplace Violence presentation. He reviewed the risk assessment in each department of the hospital on

and off campus. Urlacher stated that there has been a slight increase of occurrences from 2019 to 2020. It is believed that this increase is caused by the recent pandemic and restrictions that have been implemented because of it. There was discussion regarding the camera system and footage only able to be stored for 30 days. Board member Jon Ward expressed some concern for that short time period and supports staff looking into the cost to be able to store video footage for a longer period of time. Manda Scott reported on the de-escalation training that staff members have been going through and the positive feedback she has received from it. Urlacher reviewed the security improvements that have been made and projects that are planned out into 2021. The board expressed interest in seeing an annual report on the progress made of completed projects.

6. Public Comment/Announcements:

Ms. Stacy Hammond, a member of the community discussed an event that had occurred at her home.

7. Reports and Dashboards:

The Board members reviewed the QI dashboards and summary with Mande Olsen. Olsen stated that the employee flu vaccination rate is currently at seventy percent.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that the governor is expected to present a proclamation pertaining to elective surgeries. WSHA has expressed concerns on the draft that was presented. Petersen gave an update on Kaiser, an agreement has been made for an extension however the hospital has not seen any paperwork from Kaiser. Congratulations to Dede Utleby for her appointment to the Kittitas County Board of Health. She was appointed by the Board of County Commissioners.

The Board members reviewed the Human Resources report with Manda Scott.

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

ACTION: On motion of Terry Clark and second of Matt Altman, the Board members unanimously approved the initial appointment for Dr. Anthony Longo, Dr. Susan Campeas, Dr. Michael Chang, Dr. Brian Cox, Dr. Robert Greene, Dr. Eric Lauer, Dr. Navroop Nagra, Dr. Daniel Thorner, Dr. Dwight Townsend, Dr. Matthew Uhlman, Dr. Michael Witkosky, Luis Ortega, PA-C, Michael Shultis, PA-C, reappointments for Dr. Abel LI, Dr. Vanessa Tseng, Sarah Heniges, PA-C, Lauren Musick, MMSC, PA-C, status change from Associate to Active for Dr. Frank Cruz, Dr. David Frick, Dr. Berhan

Ghermay, Dr. Kenneth Lindsey, Dr. Andrew Peet, Dr. Monica Romanko, and additional privileges for Dr. Sheldon Jensen adding Conscious Sedation, 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 for September. Olander stated that KVH had a softer month in patient volumes and ended the month with a positive revenue variance.

ACTION: On motion of Matt Altman and second of Erica Libenow, the Board members unanimously approved Resolution 20-07 Declaring surplus property. This would allow the hospital to rent property they own.

ACTION: On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved a capital equipment request to upgrade Suite B to move General Surgery to a larger area and expense for a new ultrasound machine for the new Vascular Surgeon, Dr. Zammit.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden and Carrie Barr. Holden stated that she has been working with KDR on the design and cost estimate for the lab remodel. She will be doing a walk thru with KDA to determine the options of phasing the remodel compared with moving the lab to a temporary location while the full remodel is in process. She hopes to have a presentation by the next board meeting. Total project time is estimated at 9 months to complete.

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

7. Education and Board Reports:

Nothing to report.

8. Old Business:

Nothing to report.

9. New Business:

ACTION: On motion of Erica Libenow and second of Matt Altman, the Board members unanimously approved the 2021 Board Officers: Bob Davis as President, Erica Libenow as Vice-President, and Matt Altman as Secretary.

ACTION: On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the 2021 Board Committees not making any changes from 2020.

2021 Board Calendar will be moved to next meeting under Old Business.

Julie Petersen engaged Network Engagement to assist in the Board self-evaluation. They can provide tools and discussion to assist the Board. The hospital has already paid for this service.

President Davis reviewed the process used last year for the CEO evaluation and stated that he will email the senior leadership team (SLT) a copy of the evaluation tool and, when he compiles a summary of their comments, he will meet with any SLT members who would like to provide further feedback.

10. Executive Session:

At 7:38 pm, President Davis announced that there would be a 10-minute recess followed by a 15-minute executive session regarding personnel and real estate. RCW 42.30.110(b). No action was anticipated.

At 8:02 pm, the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:02 pm.

CONCLUSIONS:

1. Motion passed approving Resolution No. 20-05 adopting the 2021 budget.
2. Motion passed approving Resolution No. 20-06 authorizing the regular property tax levy.
3. Motion passed to approve the board agenda as amended.
4. Motion passed to approve the consent agenda.
5. Motions passed to approve the initial appointments, reappointments, changes in status and additional privileges as recommended by the Medical Executive Committee.

6. Motion passed authorizing the capital expenditure request for the remodel of Suite B and the purchase of a new ultrasound machine.
7. Motion passed approving Resolution 20-07 surplus real property.
8. Motion passed approving 2021 Board Officers.
9. Motion passed approving 2021 Commissioner Board Committees.

Respectfully submitted,

Shannon Carlson, CPCS/Matt Altman
Medical Staff Coordinator, Board of Commissioners



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' WORK SESSION KVH Conference Room A & B & Zoom

November 12, 2020

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Ron Urlacher, Vicky Machorro, Rhonda Holden, Carrie Barr, Dr. Martin, Michele Wurl

The work session was called to order at 5:04 p.m. Vice-President Libenow announced that the purpose of the special meeting was to conduct a Board Retreat regarding facilities and campus planning.

With no further business and no action taken, the meeting was adjourned at 7:03 p.m.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: December 3, 2020

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>267964-268836</u>	NET AMOUNT:	<u>\$4,378,609.70</u>
		SUB-TOTAL:		<u>\$4,378,609.70</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81700-81704</u>	NET AMOUNT:	<u>\$4,137.13</u>
#2	PAYROLL CHECK NUMBERS	<u>81705-81710</u>	NET AMOUNT:	<u>\$6,423.71</u>
#3	PAYROLL CHECK NUMBERS	<u>81711-81716</u>	NET AMOUNT:	<u>\$5,799.22</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,210,894.79</u>
#5	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,321,554.66</u>
#6	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,332,798.54</u>
		SUB-TOTAL:		<u>\$3,881,608.05</u>

TOTAL CHECKS & EFTs: \$8,260,217.75

Prepared by


 Sharoll Cummins
 Staff Accountant



Annual Appeal - Our annual appeal to the community has been mailed to 6,535 households in mid-October. We have received a generous response from the community, raising over \$20,000.00 as of 11/23/2020.

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.

Gobble Wobble - Our second annual Gobble Wobble fun run for wellness was held virtually this year.

Participants could select a preferred running or walking location and complete their distance. We invited runners to dress in Thanksgiving themed costumes and to post their creations on social media to win prizes which included four turkey's donated by Safeway.

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 1st. 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**

December 1, 2020

Tuesday

7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: October 20, 2020**
- **October Financial Highlights**
- **Capital Expenditure Requests**
 - **BioFire Bays – Laboratory Department**
 - **Cepheid GenXpert 16 Bay – Laboratory Department**
- **2021 Budget**
- **Adjourn**

Next Meeting Scheduled: January 5, 2021 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
October 20, 2020

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

Members Excused: Jerry Grebb

Staff Present: Kelli Goodian Delys

The meeting was called to order at 7:47 a.m.

A motion was made to approve the agenda and the September 22, 2020 minutes. The motion carried.

Olander presented the highlights of the September 2020 financial results. Overall September 2020 experienced softer volumes which is reflected in gross revenue and revenue deductions being less than budget. Total expenses exceeded budget due to flu vaccine purchased and COVID -19 tests. We did not take any CARES dollars to revenue in September 2020. AR days decreased by 1 and days cash on hand increased by 6. The details are in the Chief Financial Officer Report.

The committee was updated on the budget for 2021. The public hearing for the 2021 budget is October 22, 2020, prior to the regular meeting for the Board of Commissioners

The committee was updated on the progress of the audit by the State Auditor's Office.

The committee was updated on neurology and vascular lines of service.

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

Quality Improvement Council	MEETING MINUTES	October 19, 2020
<p>Present: Mandee Olsen, Dr. O'Brien, Matt Altman, Julie Petersen, Vicky Machorro, Terry Clark, Carrie Barr, Jeff Yamada, Scott Olander, Ron Urlacher, Manda Scott and Dr. Martin</p> <p>Guests: Dr. Asriel, Anna Scarlett and Cody Staub</p> <p>Recording Secretary: Mandy Weed</p> <p>Minutes Reviewed by: Mandee Olsen</p>		
<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION ITEM/ RESPONSIBLE PARTY</u>
<ul style="list-style-type: none"> Called to order 	The meeting was called to order by Matt at 3:05 pm.	
<ul style="list-style-type: none"> Agenda & Minutes 	The minutes were approved as presented.	
Reports:		
<ul style="list-style-type: none"> KVH Addiction Medicine 	<p>Handouts: None</p> <p>Discussion: Dr. Asriel talked about the KVH addiction medicine program. He stated that we received a grant that is being used for community response and KCHN is looking at community problems with opioid addiction. Dr. Asriel stated that his role is to expand access and look at other addictions and he is getting geared up to start servicing the jail. He stated that he has had about 30 patients enter the system and currently still has 16 active.</p>	
<ul style="list-style-type: none"> Rural Stroke 	<p>Handouts: Stroke Quality Report 2020</p> <p>Discussion: Cody stated that the goal for stroke care is for prompt treatment in under 3 hours and our number of patients are continuing to trend up. Anna stated that a big area of focus was to get the median time to tPA and door to CT time down. Anna stated they have optimized</p>	

	the EHR order sets and have done education simulations to continue to decrease our times.	
<ul style="list-style-type: none"> Workplace Violence/Security Data, Assessment and Plan 	<p>Handouts: None</p> <p>Discussion: Ron went over the annual security assessment and reviewed the summary, risks they are trying to mitigate and the actual number of work place violence instances for 2019 and 2020. Ron stated that the ED sees the majority of workplace violence instances. Ron stated that a security guard has been added and we are planning for badge access specific to times and location for each employee and getting rid of key pads.</p>	
<ul style="list-style-type: none"> 2020 QI Council Dashboard Review 	<p>Handouts: QI Council Dashboards & Glossary</p> <p>Discussion: Anna went over the sepsis bundles for July and August stating that we had a couple of fall outs. Mandee reviewed the QI dashboards stating the data is through the end of August 2020. Mandee stated that we had 1 needlestick; no hospital acquired infections; days to referral has slightly increased; had some issues with timely starts to PT and no adverse medication events for 6 months.</p>	
QAPI Planning		
<ul style="list-style-type: none"> Process/timeline review 	<p>Handouts: None</p> <p>Discussion: Mandee stated we are wanting to stay compliant so there will be a November QI meeting that has been scheduled for November 16th at 1pm. Mandee stated at the November meeting we will be looking at the summary and draft QAPI plans for 2021. Revisions will come back to QI in December and then go to the board for approval.</p>	
New Business:		

<ul style="list-style-type: none"> 3rd Quarter SAFE Catch Winner Selection 	<p>Handouts: SAFE Catch Nominations</p> <p>Discussion: The council reviewed all nominations and decided to award the following to be presented in person and recording to be shown at next Employee Forum:</p> <p>3rd Quarter Clinical – Seth McDonald, Physical Therapist for assessing and reporting abnormal symptoms of a patient.</p> <p>3rd Quarter Non-Clinical – April Aberle, Central Supply Processing Technician for investigating when partial equipment was returned for processing. Sara May Housekeeping Aide-Environmental Services for discovering a cooler left in the mail rom and investigating it.</p>	
<p>Closing:</p>		
<ul style="list-style-type: none"> Adjourned at 4:54 pm 	<p>Next meeting November 16, 2020 at 1:00 p.m.</p>	

Quality Improvement Council	MEETING MINUTES	November 16, 2020
Present: Mandee Olsen, Dr. O'Brien, Matt Altman, Julie Petersen, Rhonda Holden, Michele Wurl, Terry Clark, Carrie Barr, Jeff Yamada, Scott Olander, Ron Urlacher, Manda Scott and Dr. Martin Guests: Recording Secretary: Mandy Weed Minutes Reviewed by: Mandee Olsen		
<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION ITEM/RESPONSIBLE PARTY</u>
<ul style="list-style-type: none"> Called to order 	The meeting was called to order by Matt at 1:01 pm.	
<ul style="list-style-type: none"> Agenda & Minutes 	The minutes were approved as presented.	
Policy Review:		
<ul style="list-style-type: none"> Quality Assessment Performance Improvement Plan Policy 	Handouts: Quality Assessment and Performance Improvement (QAPI) Program – Policy, QAPI Indicator Timeline and Reporting Flow, A3 Discussion: Mandee stated there were not many changes made to the policy but it is good practice to review it annually. QI approved the policy with proposed changes and Mandee will take to Board for approval.	Mandee will take policy to Board for approval
Reports:		
<ul style="list-style-type: none"> 2020 QI Council Dashboard Review 	Handouts: QI Council Dashboard Discussion: Mandee stated that we had 1 sepsis failure due to missed documentation; 2 falls, 1 with injury; 2 needle sticks in September; no hospital acquired infections; clinics are working on cross training staff to get days to referral down; most occurrence reports are related to workplace violence.	

<ul style="list-style-type: none"> Patient Satisfaction Dashboard Review 	<p>Handouts: Patient Satisfaction Dashboard and Glossary</p> <p>Discussion: Mandee stated that as a reminder these are top box scores. Manda stated that as an organization we are getting ready to go through a customer service training.</p>	
QAPI Planning		
<ul style="list-style-type: none"> Process/timeline review 	<p>Handouts: None</p> <p>Discussion: Mandee stated that Covid has had a huge impact on lots of plans and improvement work that was planned for this year. Matt and Terry will take the draft plan to other board members for suggestions and have a final draft at the December board meeting.</p>	Matt and Terry to get suggestions from other board members.
<ul style="list-style-type: none"> YTD review of 2020 work 	<p>Handouts: 2020 YTD QAPI Program</p> <p>Discussion: Mandee reviewed the draft QAPI plans and stated that many look similar in 2021 to 2020 due to the pandemic and work shifting.</p>	
<ul style="list-style-type: none"> 2021 Organizational QAPI draft review 	<p>Handouts: 2021 Org QAPI Plan Summaries - Draft</p> <p>Discussion: Mandee went over changes to the QAPI's and stated that any revisions to the draft QAPI plans are due November 18th at noon.</p>	
Closing:		
<ul style="list-style-type: none"> Adjourned at 4:54 pm 	Next meeting December 14, 2020 at 1:00 p.m.	

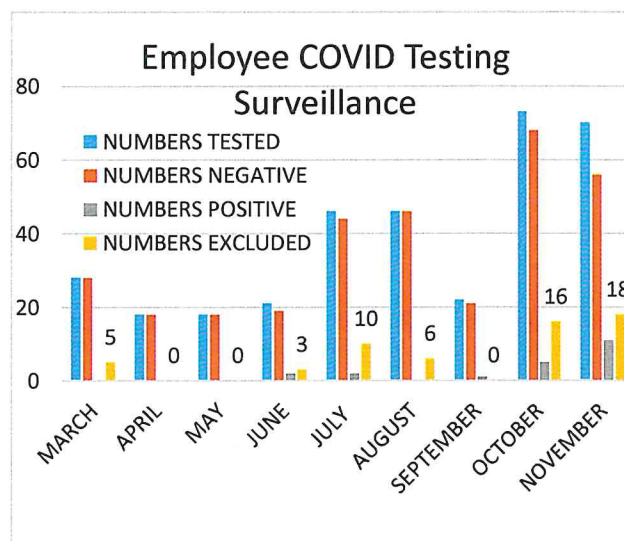
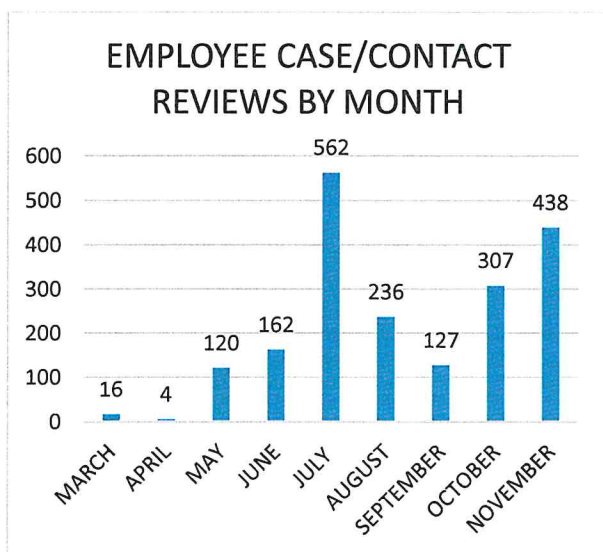
QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

November 2020

SARS-CoV-2/COVID-19

Anna Scarlett and I continue to provide guidance to KVH leaders and staff, and even external agencies, on infection control and employee health standards for managing potential SARS-CoV-2 exposures and COVID-19 infections.

As of November 24th, we continue to contact all employees who cared for infectious COVID patients via email, and assess any employees for sick calls, rapid testing, and exclusions from work.



Planning and preparation for COVID vaccine continues with KVH being in the process of enrolling. There are currently no plans to make this vaccine mandatory for employees. In a recent HR survey of staff, more than 60% said they would be interested in receiving it.

2021 QAPI Process

At the November QI Council, we reviewed departments Quality work YTD, and the 2021 plans drafted. Next steps are for those plans to be reviewed by the board to give feedback to leaders. A final version will be presented at December's QI Council, with a recommendation to approve or not going to the board at the December board meeting (held in January).



Quality Improvement Dashboard Data Summary – through September 2020

Summary of Areas Meeting Goal or Showing Improvement

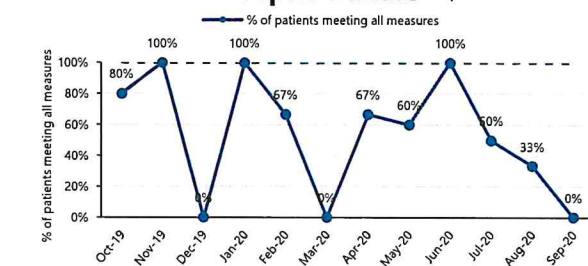
- Restraints at 100% for the month of September.
- No Hospital Acquired Infections.
- No adverse medication events that caused harm or required additional monitoring for seven months in a row.

Summary of Improvement Opportunities

- Sepsis Bundle – one patient with complicated cancer/sepsis did not have documentation by a provider of vasopressor effectiveness. No effect on outcome for patient.
- One fall with injury (abrasion).
- Two needlesticks, one in the clinic, one in the ED with a violent patient.
- Days to Referral Completion – continuing PDSA (Plan – Do – Study – Act) cycle to identify ways to better stabilize the process with FM-E.
- Timely starts for physical therapy decrease related to staffing (PT on PTO) and scheduling. Continue to help RNs document when they have start of care.
- Hospice Visits Near End of Life with two visits down in last 7 days has decreased due to very short lengths of stay. They are working to provide education to referral partners to improve length of stay.

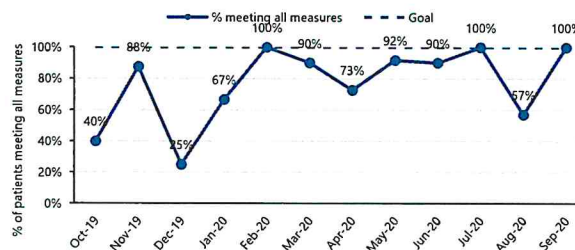
QI Council

Sepsis Bundle ↑



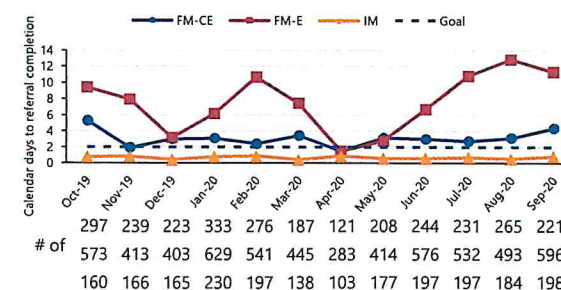
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Restraints ↑



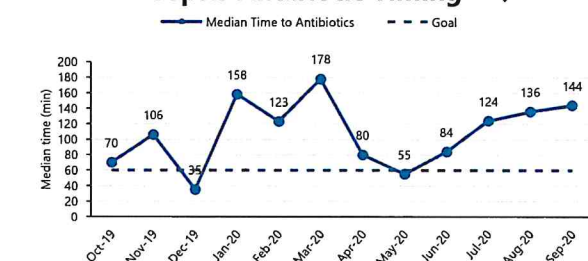
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Days to Referral Completion ↓



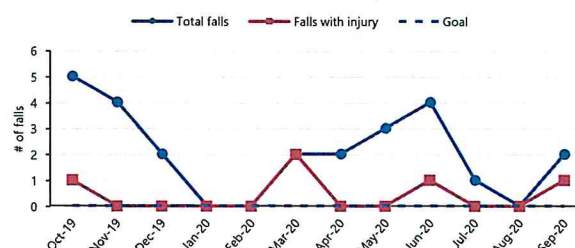
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Sepsis Antibiotic Timing ↓

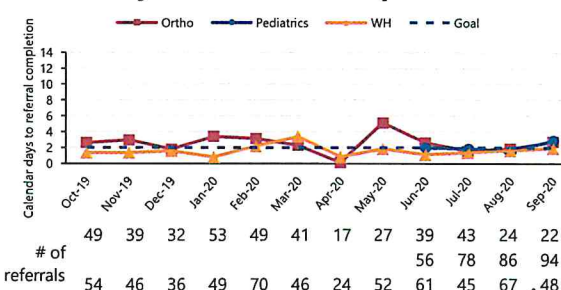


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Falls ↓

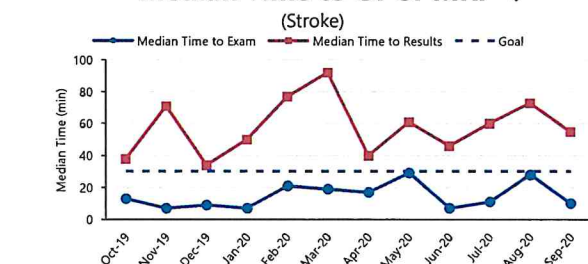


Days to Referral Completion ↓



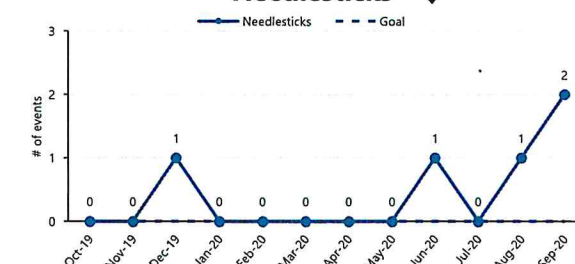
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Median Time to CT or MRI (Stroke) ↓

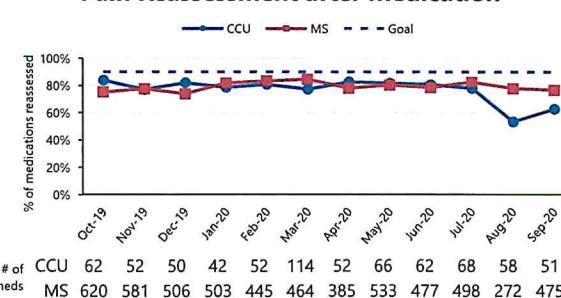


possible

Needlesticks ↓

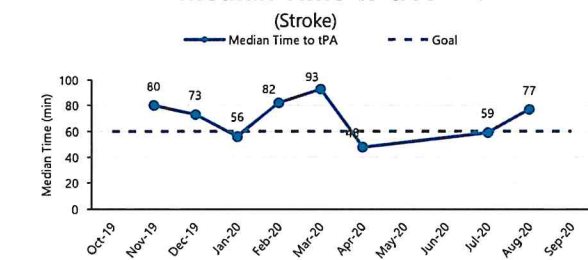


Pain Reassessment after Medication ↑



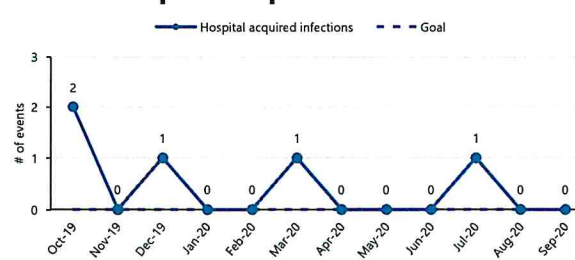
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Median Time to tPA (Stroke) ↓

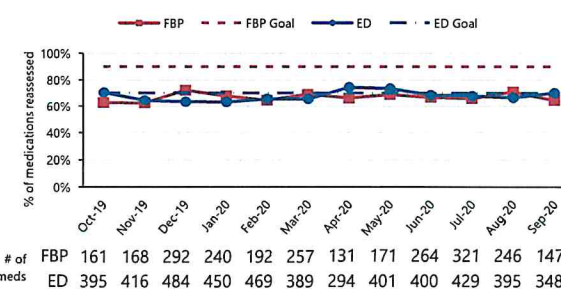


possible

Hospital Acquired Infections ↓



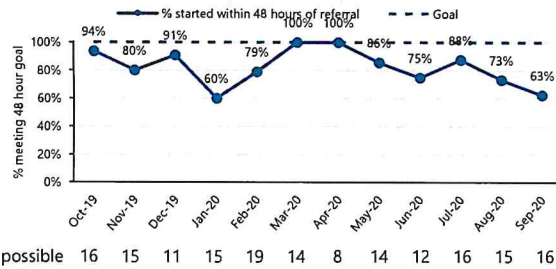
Pain Reassessment after Medication ↑



of

Timely Start for Physical Therapy

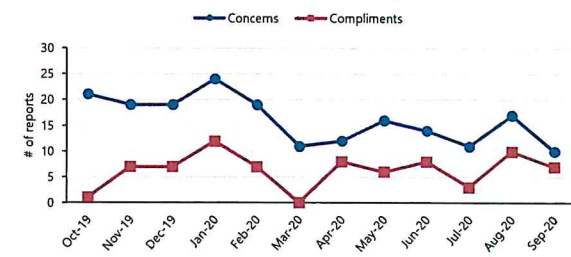
(Home Health)



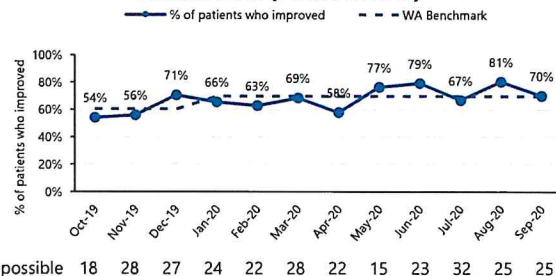
Medicare Wellness Visits



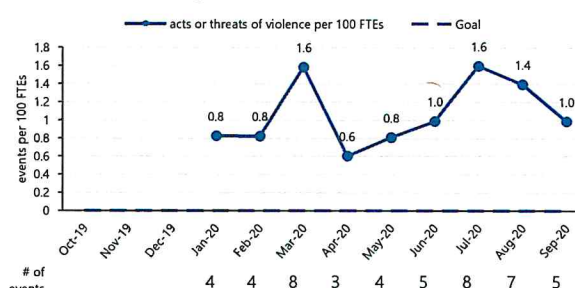
Care and Service Reports



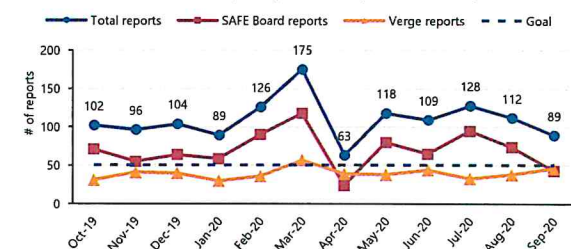
Improvement in Management of Oral Medications (Home Health)



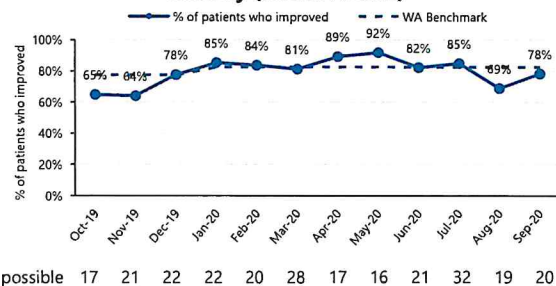
Workplace Violence Events



Employee Reports

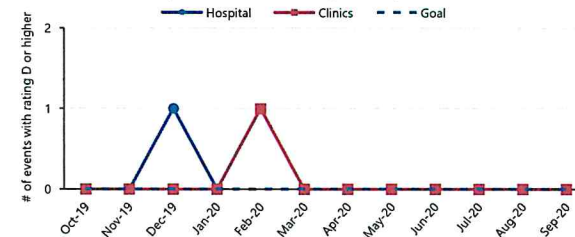


Improvement in Pain Interfering with Activity (Home Health)



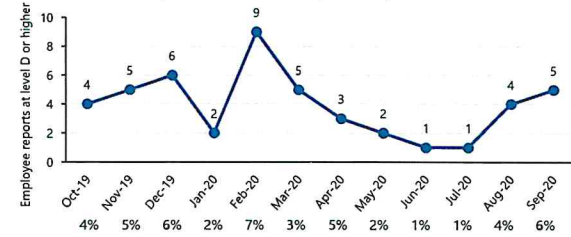
Adverse Medication Events

that require additional monitoring or cause patient harm

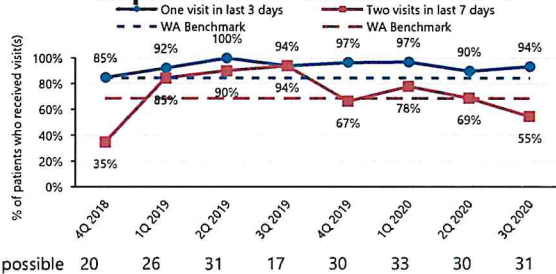


Reports of Occurrences

that require additional monitoring or cause patient harm

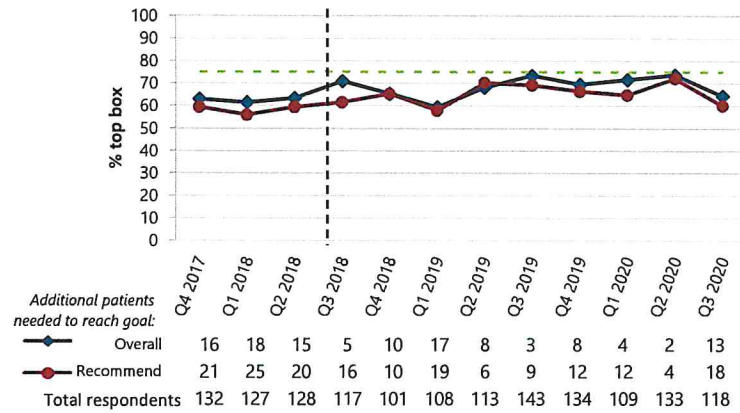


Hospice Visits Near End of Life

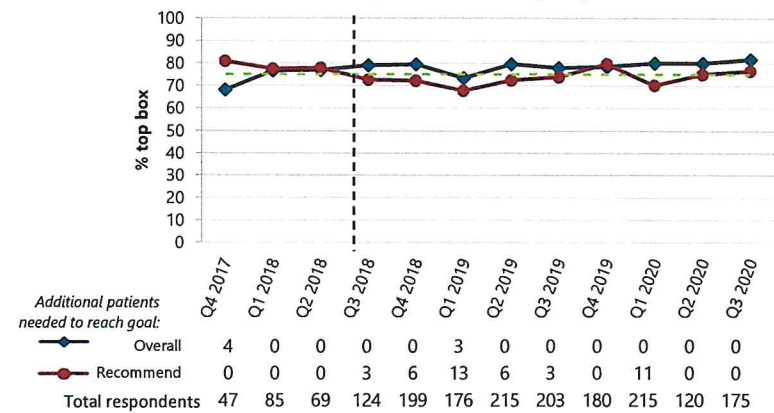


Patient Satisfaction Dashboard

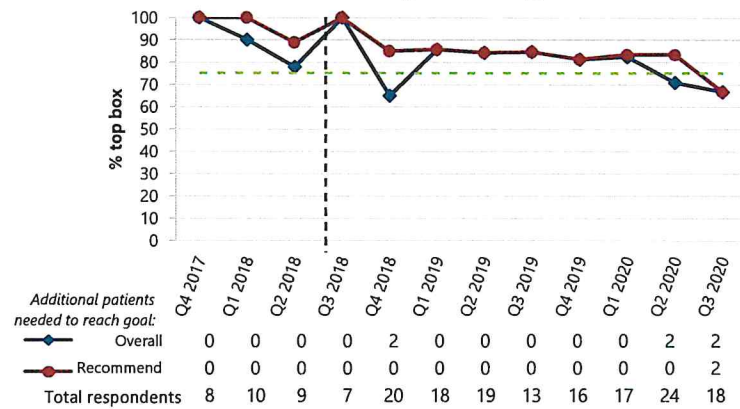
Emergency Department



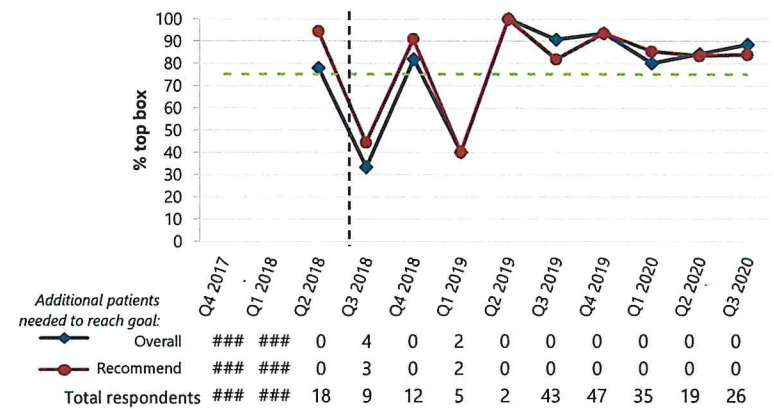
Outpatient Surgery



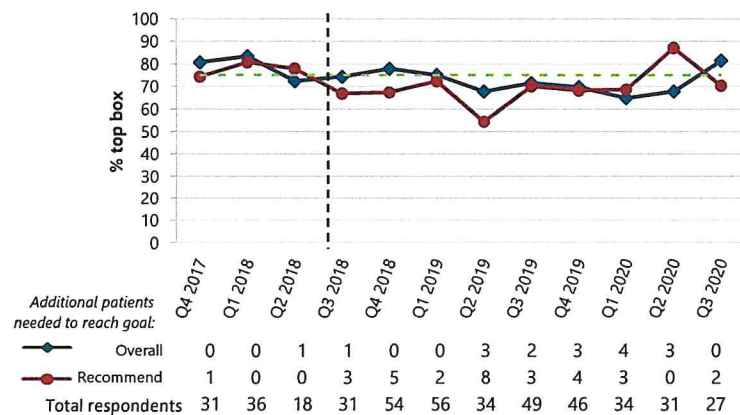
Family Birthing



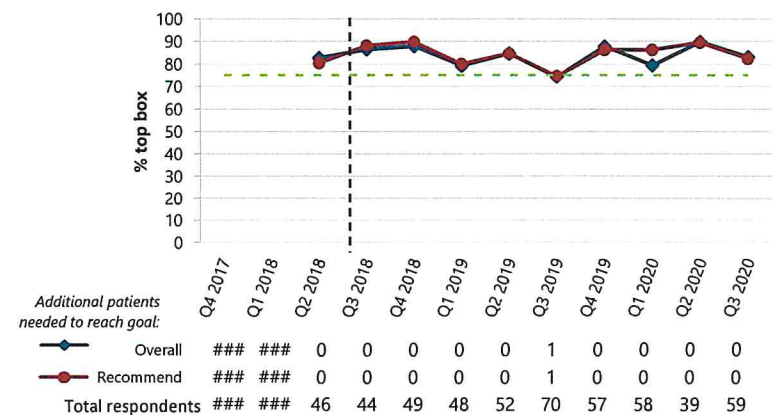
Outpatient Rehab



MedSurg/CCU

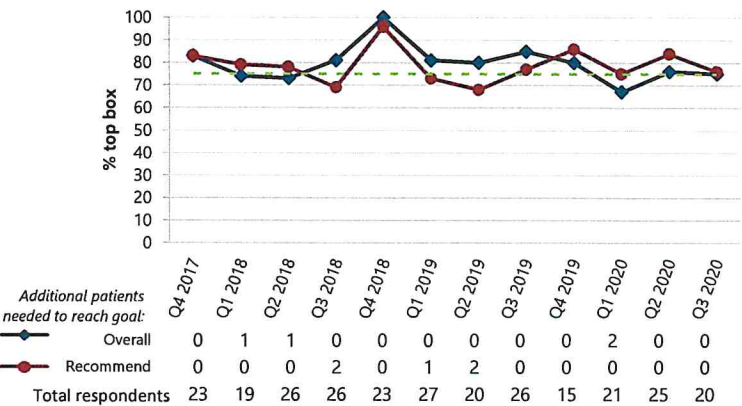


Urgent Care - Cle Elum

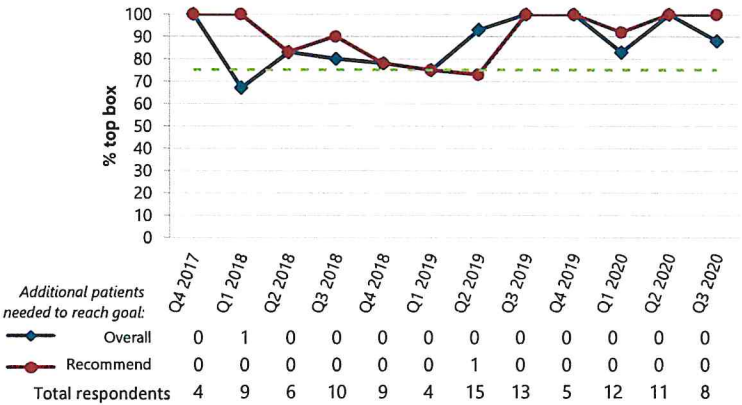


Patient Satisfaction Dashboard

Home Health

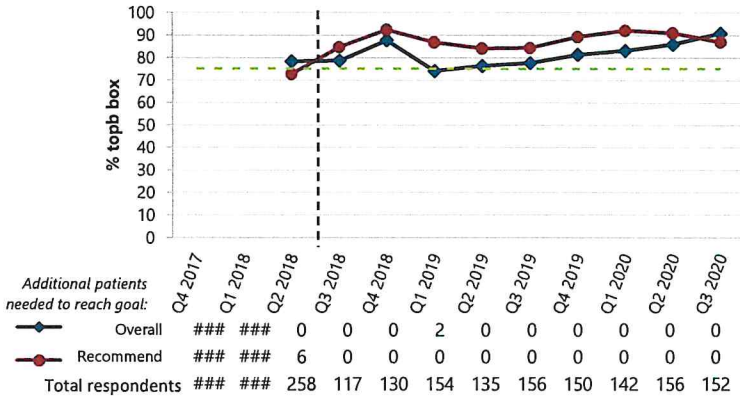


Hospice

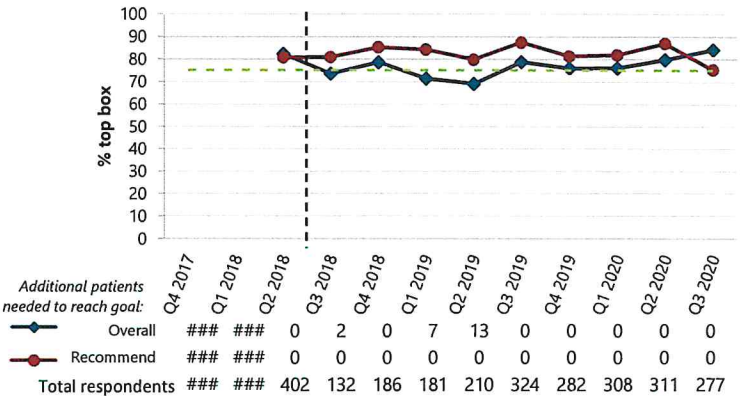


Patient Satisfaction Dashboard

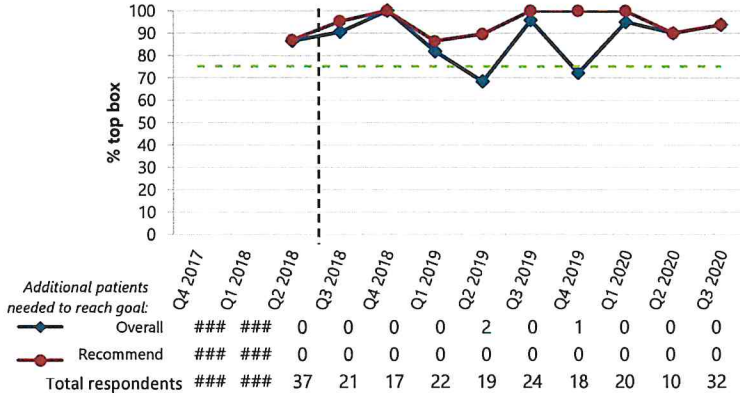
Family Medicine - Cle Elum



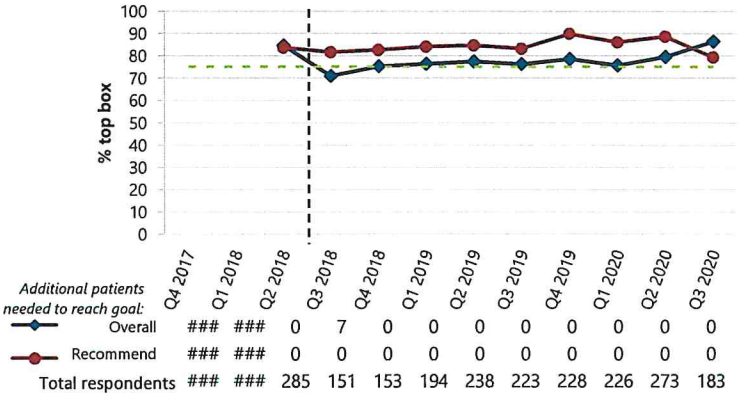
Family Medicine - Ellensburg



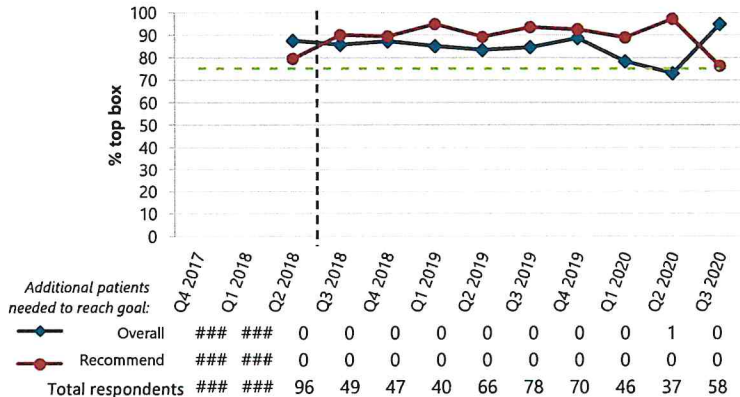
General Surgery



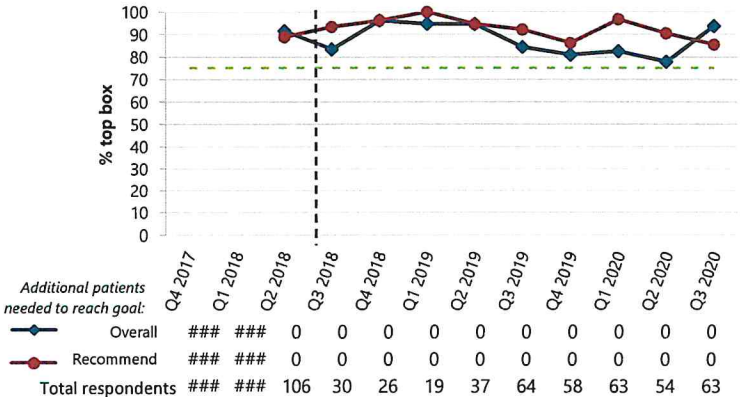
Internal Medicine



Orthopedics



Women's Health



KVH Quality Improvement Council Dashboard Glossary

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

KVH Quality Improvement Council Dashboard Glossary

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

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Improvement in Pain Interfering with Activity (Home Health)	The percentage of home health patients who had less pain when moving around	Improvement is measured from the beginning of the home health episode of care to the end of the episode of care.	Tracked by the month of patient discharge from service
Hospice Visits Near End of Life	The percentage of hospice patients who receive at least one visit in the last three days or life and the percentage who receive at least two visits in the last seven days of life	Within the last three days: at least one visit from a registered nurse, physician, nurse practitioner, or physician assistant. Within the last seven days: at least two visits from medical social workers, chaplains or spiritual counselors, licensed practical nurses, or hospice aides	Tracked by the month of patient discharge from service
Medicare Wellness Visits	Number of Medicare Wellness Visits billed by service date	Medicare Wellness Visits are an opportunity for patients with Medicare to develop or update a personalized prevention plan with their care team. This might include: ► A review of medical and family history ► Developing or updating a list of current medications ► Height, weight, blood pressure, and other routine measurements ► Cognitive impairment screening ► Personalized health advice ► A screening schedule (checklist) for appropriate preventive services like cancer screenings	Visits can only cover preventive care. They cannot address current medical concerns. Most recent month may be an undercount due to timing of billing.
Workplace Violence Events	Number of harm events related to workplace violence per 100 FTEs	As defined by the Occupational Safety and Health Administration, workplace violence includes any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site.	Threats and verbal abuse are included as events.
Adverse Medication Events	The number of medication events that are Category D or greater, separated by setting of clinics or hospital	A Category D error is an error that reaches the patient and requires monitoring to confirm that it did not results in harm to the patient and/or required intervention to preclude harm	Unanticipated medication allergies can be included in Category D or greater medication events

KVH Quality Improvement Council Dashboard Glossary

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

Chief Executive Report November 2020

Planning for a Busy December— Given the increase in COVID cases and community spread, we have revisited our plans to respond to a surge in patient volumes. We will be providing a comprehensive update on the status of COVID in Kittitas County and our plans to respond at the meeting.

Purchase and Sale - I have signed the purchase and sale agreement for the EMV Properties transaction. We are putting the finishing touches on the resolution to confirm the purchase and will be asking for action at the meeting. The closing date is set for December 31, 2020.

And Then This Happened – Back in the pre-COVID days, one of our goals for 2020 was to begin the process of becoming DNV accredited. Rhonda contacted DNV early in the year to delay the survey process until 2021 due to the pandemic. Well, someone at DNV failed to pass along the message and we had a survey team show up on a Tuesday morning to begin their work. Your Admin Team, being who they are, took a deep breath and said “sure bring it on” or something to that affect. We clarified with DNV that there had been a mix up but that we were ready to proceed regardless. At the end of the day, their team left without conducting a survey but it is noteworthy that your leadership team and clinicians, without notice, in the middle of a pandemic were confident of our survey readiness. We are currently overdue for our state survey and we are planning to become DNV accredited next year. You play like you practice and your team at KVH is always at the top of their game.

Hospital District #2 – Weather is likely to delay or, at the very least, complicate construction of the new ambulance station in Cle Elum. There are still some other options available but, Administration is recommending a four to five month construction delay. If that is the direction the PHD #2 Board decides to take, hopefully we will be back to work in April with a completion date of October or November.

Manda's Leave - Manda plans to give you an update on the KVH Customer Services program but this will likely be her last Board meeting for a while. Baby girl Scott will be debuting in December and Manda is looking forward to devoting herself full time to being a mom for a few months. Human Resources will be in good hands in her absence. Congratulations Manda!

Human Resources & Staff Development- November 2020

October Metrics

<i>Employee Population</i>				
	<i>20-Oct</i>	<i>20-Sept</i>	<i>20-Aug</i>	<i>20-July</i>
Full-time	401	396	396	399
Part-time	129	127	128	131
Total Employees	634	621	621	631

<i>Turnover</i>			
	<i>YTD</i>	<i>20-Oct</i>	<i>2019 Year End</i>
Turnover (People)	88	8	138
Turnover (Percentage)	14.02%	1.26%	22.44%
Voluntary	83	7	109
Involuntary	5	1	9

<i>General Recruitment</i>				
	<i>20-Oct</i>	<i>20-Sept</i>	<i>20-Aug</i>	<i>20-July</i>
Open Postings	23	24	23	30
Unique Applications Received	212	257	281	295
Employees Hired	21	17	7	8
Time to Fill (Median)	27	23	26	27
Time to Fill (Average)	26.41	27.29	38.68	32.10

<i>Annual Evaluations</i>	
	YTD
Percent complete	70.8%
Total evaluations over due	182
# of employee evals over due	148
# of provider evals over due	34

Recruitment: It was a busy month for hiring, 21 new employees started. We have attempted to streamline the clinic recruitment process and rather than have individual postings for each clinic we have created general Patient Service Representative, Clinic Medical Assistant, and Clinic Nurse openings. This will hopefully eliminate candidate confusion, previously they would have to apply for each position separately, and allow the hiring managers to have a conversation with the candidate to determine the best location for their skill set and interest.

Benefits and Wellness: 2021 Benefits Enrollment is running smoothly. This year is the second year for electronic enrollment. HR open sessions in the computer lab allowed staff to pop in with questions. Our benefits advisory partners, Parker, Smith and Feek, also conducted two Zoom open sessions for employees. The staff have shared their surprise about how easy it was to complete open enrollment. Most staff completed their transactions within about 5 minutes. Two HR staff will be available on Friday the 27th for last minute questions.

Retirement- We are working on updating our retirement plan documents for January 2021. We are pursuing moving the eligible waiting period to receive pension from two years to one year. The vesting schedule remains, meaning that the overall payout of benefits does not immediately increase, and this allows KVH to be more competitive in its offerings. Enabling In-Plan ROTH Conversion aligns with some predicted legislative changes. KVH is making competitive changes and working closely with our advisors.

Student and Volunteer Services: We met with Central Washington Family Medicine Residency Program to work on coordinating Ellensburg student rotations. We are working on new ways for our volunteers to help while ensuring their safety. Currently, we have 1 active volunteer and 15 students. Of the 15 there are 3 Nursing students, 2 Pharmacy Students, 2 Radiology Tech students, 2 Physician Assistant students, 1 Nurse Practitioner student, 3 Medical Students and 2 Family Medicine Residents.

Staff Development: We have completed our first draft of our virtual customer service workshop (see attached). We will be hiring a Full- Time Staff Development Coordinator to continue moving forward on the Staff Development Plan in 2021 and help with department specific and organizational training. Reviewing competencies in preparation for our DNV survey will be one of the first priorities of this role. With this support in staff development, the CHRO will be working on a Leadership Development plan and partner closely with Physician Leadership.

HR Operations/Staffing: Our new HR Business Partner, Ginger McIntosh, started in October and is doing a fantastic job. Her primary focus will be Benefits/Leave planning and administration, Labor and Employee Relations, HR regulatory and compliance, and other areas of HR support.

Staff Feedback and Engagement: Through our Employee Engagement program TinyPulse, we will be launching the PEAK Assessment the first week of December and have it open until December 25th. The survey consists of 47 questions ranging from their onboarding/orientation experience to their satisfaction at work and likelihood of leaving. We will also be exploring our "Cheers for Peers" recognition process to include the ability for managers to send rewards (such as gift cards). Our goal is to increase 1-year anniversaries and department-specific recognition.



Customer Service Training 2020-2021

Executive Summary

Purpose: To create a comprehensive initial customer service training that provides a foundation for excellent service and serves as a *starting point* for further development and conversation.

Training Details: Two hour virtual workshop facilitated by trained KVH staff (may have limited live sessions). Post training micro-learnings and tools.

Audience: KVH workforce-all

Core concepts:

- Empathy
- Perspective Shifting
- Communication and Interaction
- Understanding Bias and Judgment
- Personal Reflection
- Managing Behaviors
- KVH Values and Code of Excellence

Learning Objectives:

At the end of this session, learners should 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).

Learning methodology:

The program has been designed by professional industry experts. KVH partnered with the *Idea Learning Group* who incorporated best practices for adult learning. Program includes:

- Participant guide provided for notes and resources
- Informational presentation
- Industry examples from leaders in Customer Service
- Interactive dialogue
- Participant poll survey data-
 - What does great service feel like to you?
 - How do you demonstrate great service?
- Data summary from the voice of KVH patients and staff (PG, verge, PFAC)
- Activities- Example: Empathy Map and Customer needs booklet
- Personal commitment statement

Next steps and timeline:

December 2020: Facilitator training and trial session scheduled with committee participants 12/2.

January 2021: Communication and sessions scheduled for 2021

2021 (continued): Follow up by staff development and leaders with continued tools/communication and assess department specific needs

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date November 23, 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>
Spiger, Daniel, DO	Provisional Active	Initial Appt.	KVH Hospitalist
Wikholm, Lauren, MD	Provisional Active	Initial Appt.	KVH General Surgery
Ishimitsu, David, MD	Provisional Associate	Initial Appt.	Onrad Teleradiology
Lynam, Shelia, MD	Provisional Associate	Initial Appt.	Incyte Pathology
Ma, Kelvin, MD	Provisional Associate	Initial Appt.	VM Telestroke
Monick, Rachel, MD	Provisional Associate	Initial Appt.	KVH Emergency Dept
Milfred, Fatima, MD	Provisional Associate	Initial Appt.	VM Telestroke
Patel, Viren, MD	Provisional Associate	Initial Appt.	VM Telestroke
Price, Martin, MD	Provisional Associate	Initial Appt.	Onrad Teleradiology
Mirich, III, Thomas, MD	Active	Re-appointment	KVH Orthopedics
Wageneck, Robert, DO	Active	Re-appointment	CHCW
O'Donnell, Steven, MD	Associate	Re-appointment	VM Telestroke
Plosker, Ari, MD	Associate	Re-appointment	Onrad Teleradiology

CHIEF MEDICAL OFFICER – Kevin Martin, MD

November 2020

Medical Staff Services:

- **Recruiting:** Mitch Engel reports
 - We had one interview with an orthopedics PA-C, to whom we did not make an offer. We do have an offer out to another candidate.
 - I am excited to share the news that Dr. Jonathan Hibbs will be our first Medical Director, Clinic Operations. He will assume this role 16 January. Initially, he envisions this being 0.5 FTE in his administrative role, with the balance of his time being spent seeing patients at Internal Medicine. Prior to becoming our lead hospitalist, Dr. Hibbs oversaw a large provider panel providing primary care in the VA in Walla Walla. In his first few months, he will be visiting each of our clinics and talking with all of our providers. It is his hope and mine that we can standardize practices and culture across our clinics. Currently in our organization, we see up to 50 patients daily in our emergency department and 12-15 in the hospital. We have medical directors for each of those settings. We see over 300 clinic visits daily and did not have a medical director providing guidance and support. We created this position to recognize the increasing role that outpatient medicine plays in our operation.
 - We have 3 candidates for Medical Director, Hospital Medicine.
- **Medical staff:** Shannon Carlson has returned as our Medical Staff Services Coordinator.
 - You have the report of MEC.

CMO activities:

- **COVID-19:**
 - Leading into the Thanksgiving weekend, our case counts began climbing at an accelerated rate. By the time the board meets, we will have early indications of how well people protected themselves and their loved ones over the holiday. It is my expectation that we will have increase since this. As of this writing, we have today, the 24th, broken 1000 cases and stand at 1050. There are 155 active cases in the community. By the time the board meets on 3 December, we could very easily be at 1500.
 - In October, roughly half of the counties cases were occurring in Central Washington University students. In November, cases were occurring across all ages and the vast majority were in the community, with at least 7 small outbreaks.
 - There is no reason to expect less than exponential growth in the coming weeks. 23 November saw the highest volumes of air travel nationwide since 16 March. It is my belief that the time from now until we achieve widespread availability of vaccines will be our greatest challenge I have faith in our medical staff and our teams and know that we will continue to deliver excellent care, but I am concerned that they will have abundant opportunity to do so.
- **Community & Regional Partnerships**
 - Greater Columbia Accountable Community of Health Leadership Council met 19 November and I participated in a panel sharing our organizations experience with value based purchasing, practice transformation, and implementation of patient centered medical homes. We had a robust conversation about the barriers to transformation, including technical expertise, cost, and lack of reimbursement for improved care.

- The Washington Rural Health Collaborative Physician Leadership Committee met 19 October and 16 November. Both meetings largely focused on regional similarities and COVID-19 response and an exchange of information about testing resources.
- **Changes:**
 - In the process of creating the Medical Director, Clinic Operations role and as we looked at how the organization has responded to COVID-19, it became apparent that Chief Medical Officer during a pandemic is not a half-time job. Accordingly, in late January, I will step out of my primary care role at Family Medicine Ellensburg and my CMO role will become a 0.8 FTE. I will continue clinically as Medical Director, Community Based Care Services which includes my role with home health and hospice.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer

October Operating Results

- October patient volumes throughout the organization were up significantly over September levels. Patient days, inpatient surgery minutes, inpatient surgery cases, laboratory tests, rehab visits, and clinic visits all exceeded their monthly budget target. Lab tests exceed budget by nearly 23% for the month. Much of the positive lab volume was for Covid-19 testing. ER visits for October were nearly at pre-Covid-19 levels. Patient volumes in nearly all other departments, although below budget, are trending favorably.
- KVH exceeded \$15 million in gross revenue for the first time. Gross revenue of \$15,750,549 exceeded budget by \$1,723,187. Inpatient revenue had a positive variance of \$77,181. Outpatient revenue had a positive variance of \$819,059. Clinic revenue exceeded budget by \$826,947. The laboratory department exceeded their monthly revenue budget by \$1,043,901, \$883,469 of this positive revenue variance was related to Covid-19 testing. YTD the laboratory is exceeding their budgeted revenue by \$3,819,248. YTD Covid-19 testing revenue totals \$3,129,017.
- Deductions from revenue tracked with the revenue variance and exceeded budget by \$1,088,801 for the month. Contractual adjustments exceeded budget by \$955,371. Bad debt deductions exceeded budget by \$68,755. Financial assistance exceeded budget by \$56,717 and other deductions exceeded budget by \$7,957. In October, KVH wrote-off \$59,244, for untimely billing and \$23,220 for no prior authorization.
- October other operating revenue exceeded budget by \$523,023. In October KVH received an advance of \$107,640 from GCACH for practice transformation work, a settlement from the Caravan ACO for \$202,000, a Covid-19 related grant from the state of \$83,000 and miscellaneous other receipts. KVH did not recognize any additional income from the CARES funds. KVH was recognizing \$586,769 per month of CARES dollars.
- There were significant negative expense variances for salaries, supplies and purchased services in October. Most of the variance was due to intentional decisions to accelerate the recognition of supply and purchase service expenses or were volume related. The negative salary variance of \$224,176 was volume and budget related. \$52,727 of the variance is related to the unbudgeted ENT clinic. \$76,454 of the variance was due to higher clinic volumes. Another \$28,625 was due to staffing the Covid-19 clinic and \$22,607 was due to higher ER visit volumes. Supplies were over budget by \$700,983. KVH expensed \$597,767 of non-capital small equipment related to the Medical Arts Center Clinic in October. Laboratory Covid-19 testing supplies accounted for another

\$75,634 of the supply expense variance. Purchased services exceeded budget by \$386,187. \$161,330 of the variance was for repair expenses related to District housing and \$190,203 was to purchase Covid-19 lab testing from lab vendor Incyte. In October, expenses to operate the unbudgeted ENT Clinic totaled \$69,901 and expenses to operate the Covid-19 pop up clinic were \$100,593. For the month of October, KVH had a negative expense variance of \$1,186,690.

- In October, KVH posted operating income of \$267,553 compared to a budgeted operating income of \$296,837, a negative variance of \$29,283. Increased patient volumes, better than expected reimbursement for services provided, and an improving payer mix are factors that contributed to positive results for October. YTD operating income is \$2,965,128 compared to budget of \$1,871,665, resulting in a positive variance of \$1,093,463.
- Non-operating revenue/expense was below budget by \$92,051 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 \$389,669. This trend will continue.
- Due to a positive revenue variance of \$1,723,187, Days in Accounts Receivable increased 4 day from 77 days to 81 days. Gross Accounts Receivable increased by \$2,616,121 from \$36,847,105 in September to \$ 39,463,226 in October. October collections were very strong. October cash receipts of \$8,444,553 were just \$29,294 lower than the prior month and \$50,765 below monthly receipt record of \$8,495,318 set in August. This is the fourth consecutive month that receipts have exceeded \$8 million dollars.
- Days Cash on Hand increased 3.8 days to 178.5 days in October from 174.7 days in September. The total amount of the cash increase from the prior month was \$1,589,534.
- Average daily cash collections per working day decreased slightly to \$402,122 in October from \$403,517 per working day in September.

Financial and Operating Indicators
October 2020 - Key Statistics and Indicators

L	Measure	2020 YTD	2020 Budget	2020 Annualize	2019	2018	2017	2016	2015	2014
1	Total Charges	130,179,562	162,287,212	155,788,656	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699
2	Net Revenue	75,551,371	87,947,737	90,413,936	83,527,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460
3	Operating Income	2,965,128	1,720,871	3,548,431	2,901,869	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	3.9%	2.0%	3.9%	3.5%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Cash	40,568,059	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	178.5	127.6	NA	138.6	133.5	178.7	156.0	189.4	175.8
7										
8	Surgeries	1,092	1,547	1,307	1,305	1,461	1,396	1,510	1,578	1,675
9	Gastrointestinal Procedures	1,009	1,596	1,207	1,416	1,250	1,383	1,396		
10	Emergency Visits	10,205	13,807	12,213	13,861	13,930	13,162	13,789	13,618	12,250
11	% ED visits To Bed	10.1%	0	10.1%	9.5%	n/a	n/a	n/a	n/a	n/a
12	Radiology Exams	24,337	31,692	29,125	30,397	30,843	33,836	33,471		
13	Laboratory Tests	190,811	213,227	228,348	209,144	207,040	190,587	181,082		
14	Clinic Visits	58,352	77,747	69,831	72,711	59,241	50,917	48,525		
15	Telehealth Visits	2,926	NA	3,502						
16	IP & Obs Days (no swing)	3,037	4,074	3,635	3,805	3,999	3,440	3,937	3,740	4,976
17	Deliveries	245	340	293	309	342	322	312	368	334
18	Admits	717	969	858	941	984	899	1,043	1,299	1,433
19										
20	FTEs	496.6	506.6	NA	477.4	469.4	457.6	449.1	437.9	437.7
21	AR Days	80.6	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:

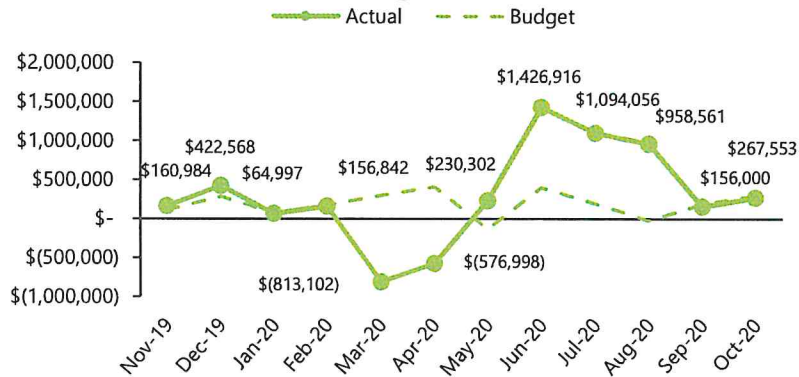
Normalized Charges to 2020	162,287,212	155,788,656	155,728,564	147,664,856	143,854,660	142,211,813	143,725,881	151,853,197
Operations Growth	4.21%	0.04%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%

Kittitas Valley Healthcare
October 2020 - Key Statistics and Indicators

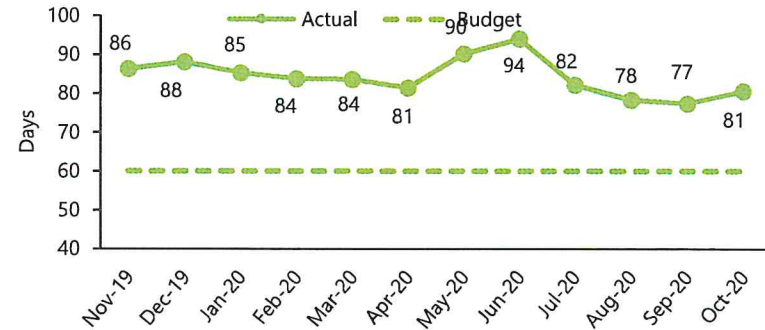
Activity Measures		Current Month			Year to Date			Prior YTD		
		Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01	Admissions w/Swingbed	85	85	0.2%	717	824	-13.0%	790	-9.2%	01
02	Patient Days - W/O Newborn	245	237	3.5%	2,187	2,301	-5.0%	2,224	-1.7%	02
03	Patient Days - Swingbed	-	14	-100.0%	123	140	-12.1%	NA	NA	03
04	Avg Daily IP Census w/Swingbed	7.9	8.1	-2.3%	7.6	8.0	-5.4%	7.3	3.5%	04
05	Average Length of Stay	2.9	2.8	3.3%	3.1	2.8	9.2%	2.8	8.4%	05
06	Average Length of Stay w/Swingbed	2.9	3.0	-2.5%	3.2	3.0	8.7%	2.8	14.5%	06
07	Deliveries	25	29	-13.3%	245	283	-13.4%	260	-5.8%	07
08	Case Mix Inpatient	1.13	1.00	13.3%	1.02	1.00	2.4%	1.12	-8.6%	08
09	Surgery Minutes - Inpatient	3,135	2,930	7.0%	20,582	28,417	-27.6%	29,762	-30.8%	09
10	Surgery Minutes - Outpatient	6,287	7,575	-17.0%	61,634	73,701	-16.4%	58,005	6.3%	10
11	Surgery Procedures - Inpatient	24	22	8.7%	177	214	-17.3%	227	-22.0%	11
12	Surgery Procedures - Outpatient	99	111	-10.8%	915	1,080	-15.2%	840	8.9%	12
11	Gastrointestinal Procedures	133	137	-3.3%	1,009	1,336	-24.5%	1,191	-15.3%	11
12	ER Visits	1,143	1,192	-4.1%	10,205	11,565	-11.8%	11,514	-11.4%	12
13	Urgent Care Cle Elum Visits	296	472	-37.3%	3,451	4,584	-24.7%	4,212	-18.1%	13
14	Laboratory	22,585	18,397	22.8%	190,811	178,595	6.8%	174,715	9.2%	14
15	Radiology Exams	2,616	2,733	-4.3%	24,337	26,538	-8.3%	25,338	-4.0%	15
16	Rehab Visit	1,787	1,668	7.1%	13,217	16,193	-18.4%	15,694	-15.8%	16
17	Outpatient Percent of Total Revenue	87.4%	86.4%	1.1%	88.2%	86.4%	2.0%	85.2%	3.5%	17
18	Clinic Visits	6,640	6,830	-2.8%	58,352	65,336	-10.7%	60,430	-3.4%	18
19	Telehealth Visits	247	-	NA	2,926	-	NA	-	NA	19
20	Adjusted Patient Days	1,953	1,749	11.7%	18,536	16,968	9.2%	15,043	23.2%	20
21	Equivalent Observation Days	73	114	-36.5%	850	1,110	-23.4%	986	-13.7%	21
22	Avg Daily Obs Census	2.3	3.7	-36.5%	2.8	3.6	-23.4%	3.2	-13.7%	22
23	Home Care Visits	548	589	-7.0%	5,538	5,720	-3.2%	5,652	-2.0%	23
24	Hospice Days	688	920	-25.2%	6,723	9,022.6	-25.5%	8,270	-18.7%	24
Financial Measures										
25	Salaries as % of Operating Revenue	44.7%	48.6%	7.9%	48.7%	49.2%	0.9%	49.9%	-2.3%	25
26	Total Labor as % of Operating Revenue	55.1%	60.1%	8.5%	60.6%	60.9%	0.5%	61.5%	-1.4%	26
27	Revenue Deduction %	50.0%	48.4%	-3.4%	48.5%	48.4%	-0.2%	47.8%	1.4%	27
28	Operating Margin	3.1%	3.9%	-21.8%	3.9%	2.5%	54.6%	2.8%	41.2%	28
Operating Measures										
29	Productive FTE's	450.2	452.1	0.4%	434.8	452.1	3.8%	419.0	3.8%	29
30	Non-Productive FTE's	54.5	54.4	-0.2%	61.8	54.4	-13.5%	58.4	5.7%	30
31	Paid FTE's	504.7	506.6	0.4%	496.6	506.6	2.0%	477.4	4.0%	31
32	Operating Expense per Adj Pat Day	\$ 4,350	\$ 4,179	-4.1%	\$ 3,916	\$ 4,235	7.5%	\$ 4,460	-12.2%	32
33	Operating Revenue per Adj Pat Day	\$ 4,487	\$ 4,349	3.2%	\$ 4,076	\$ 4,345	-6.2%	\$ 4,588	-11.2%	33
34	A/R Days	80.6	60.0	-34.3%	80.6	60.0	-34.3%	89.9	-10.3%	34
35	Days Cash on Hand	178.5	127.6	39.9%	178.5	127.6	39.9%	153.0	16.7%	35

Financial Dashboard

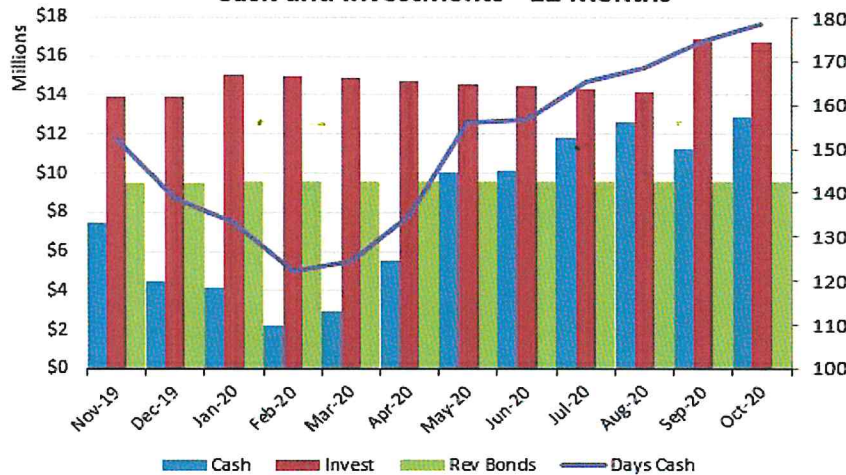
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2018	CY 2019	YTD 2020
Medicare	41.85%	41.97%	39.46%
Medicaid	18.45%	18.72%	19.50%
Commercial	32.03%	32.81%	34.78%
Self Pay	3.52%	2.21%	2.72%
Other	4.15%	4.30%	3.54%

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	1,978,124	1,900,942	77,181	15,359,477	18,447,440	(3,087,963)	18,646,972
OUTPATIENT REVENUE	10,928,966	10,109,907	819,059	94,590,962	98,129,789	(3,538,827)	89,603,341
PROF FEE REVENUE	2,843,459	2,016,512	826,947	20,229,123	19,442,393	786,729	17,888,506
REVENUE	15,750,549	14,027,362	1,723,187	130,179,562	136,019,623	(5,840,061)	126,138,818
CONTRACTUALS	7,314,468	6,359,097	955,371	57,624,075	61,720,994	(4,096,920)	56,422,949
PROVISION FOR BAD DEBTS	362,919	294,164	68,755	2,798,154	2,840,463	(42,309)	2,601,521
FINANCIAL ASSISTANCE	100,433	43,716	56,717	846,431	421,668	424,763	390,771
OTHER DEDUCTIONS	93,686	85,729	7,957	1,862,403	829,581	1,032,822	908,847
DEDUCTIONS FROM REVENUE	7,871,506	6,782,706	1,088,801	63,131,062	65,812,706	(2,681,644)	60,324,089
NET PATIENT SERVICE REVENUE	7,879,043	7,244,656	634,386	67,048,500	70,206,917	(3,158,417)	65,814,730
OTHER OPERATING REVENUE	884,581	361,560	523,020	8,502,871	3,521,187	4,981,685	3,201,987
TOTAL OPERATING REVENUE	8,763,623	7,606,216	1,157,407	75,551,371	73,728,103	1,823,268	69,016,717
SALARIES	3,920,891	3,696,715	224,176	36,824,449	36,251,653	572,796	34,436,138
TEMPORARY LABOR	32,425	43,179	(10,754)	578,158	423,435	154,723	285,988
BENEFITS	903,569	877,616	25,953	8,973,192	8,678,974	294,218	7,992,826
PROFESSIONAL FEES	60,781	115,074	(54,293)	1,100,622	1,128,465	(27,842)	808,686
SUPPLIES	1,502,406	801,423	700,983	8,402,197	7,804,968	597,230	7,276,666
UTILITIES	95,652	83,007	12,644	867,244	857,839	9,405	805,727
PURCHASED SERVICES	1,313,709	927,522	386,187	9,244,002	9,117,254	126,749	8,692,640
DEPRECIATION	327,420	337,721	(10,301)	3,277,768	3,372,280	(94,511)	3,092,034
RENTS AND LEASES	108,956	132,395	(23,440)	1,128,146	1,322,115	(193,969)	1,211,598
INSURANCE	62,252	56,873	5,379	479,052	568,579	(89,527)	453,118
LICENSES & TAXES	79,355	83,428	(4,073)	662,902	810,839	(147,936)	701,718
INTEREST	54,349	57,150	(2,801)	543,488	571,500	(28,012)	571,558
TRAVEL & EDUCATION	7,632	42,660	(35,028)	190,784	412,949	(222,164)	297,573
OTHER DIRECT	26,674	54,616	(27,942)	314,237	535,591	(221,355)	472,027
EXPENSES	8,496,070	7,309,380	1,186,690	72,586,243	71,856,439	729,805	67,098,300
OPERATING INCOME (LOSS)	267,553	296,837	(29,283)	2,965,128	1,871,665	1,093,463	1,918,417
OPERATING MARGIN	3.05%	3.90%	-2.53%	3.92%	2.54%	59.97%	2.78%
NON-OPERATING REV/EXP	(24,732)	67,319	(92,051)	282,902	672,571	(389,669)	697,852
NET INCOME (LOSS)	242,821	364,156	(121,334)	3,248,029	2,544,235	703,794	2,616,270
UNIT OPERATING INCOME							
HOSPITAL	711,042	391,456	319,587	5,235,487	3,112,184	2,123,303	2,835,083
URGENT CARE	(13,954)	(27,196)	13,241	(48,372)	(275,534)	227,163	(285,588)
CLINICS	(464,622)	(116,746)	(347,876)	(2,393,873)	(1,417,519)	(976,354)	(1,079,883)
HOME CARE COMBINED	35,087	49,324	(14,236)	171,886	452,535	(280,649)	448,898
OPERATING INCOME	267,553	296,837	(29,284)	2,965,128	1,871,666	1,093,462	1,918,510

Kittitas Valley Healthcare
Operating Income Statement with COVID operations detail
Through October 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	OCT 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	14,867,079	127,050,544
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)	(7,491,614)	(61,785,584)
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	7,375,465	65,264,960
Other Operating Revenue	157,814	575,625	350,245	336,555	386,727	470,471	284,829	434,713	398,976	801,445	4,197,398
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	8,176,910	69,462,358
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	8,395,477	71,409,171
Operating Income	64,997	156,842	(708,581)	(1,832,180)	(313,491)	688,277	142,723	108,435	(35,268)	(218,567)	(1,946,813)
Operating Margin %	0.91%	2.23%	-10.81%	-35.71%	-4.70%	9.12%	2.04%	1.50%	-0.50%	-2.67%	-2.80%

COVID Related Operations

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEPT 2020	OCT 2020	YTD
Total Revenue (Lab Charges)			75,400	50,180	163,280	210,695	643,855	564,565	537,573	883,469	3,129,017
Total Deductions			(32,422)	(21,577)	(70,210)	(90,599)	(276,858)	(242,763)	(231,156)	(379,892)	(1,345,477)
Net Patient Service Revenue			42,978	28,603	93,070	120,096	366,997	321,802	306,417	503,577	1,783,540
Other Operating Revenue (Grants)				1,522,790	608,394	722,956	725,444	642,753	-	83,136	4,305,473
Total Operating Revenue			42,978	1,551,393	701,463	843,052	1,092,441	964,555	306,417	586,713	6,089,013
Total Expenses (COVID Clinic)			147,499	296,211	157,670	104,413	141,109	114,429	115,148	100,593	1,177,072
Operating Income			(104,521)	1,255,182	543,793	738,639	951,332	850,126	191,269	486,120	4,911,941
Operating Margin %			-243.20%	80.91%	77.52%	87.61%	87.08%	88.14%	62.42%	82.85%	80.67%

Combined, Organization Financials

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEPT 2020	OCT 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	15,750,549	130,179,562
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)	(7,871,506)	(63,131,062)
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	7,879,043	67,048,500
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	884,581	8,502,871
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	8,763,623	75,551,371
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	8,496,070	72,586,243
Operating Income	64,997	156,842	(813,102)	(576,998)	230,302	1,426,916	1,094,056	958,561	156,000	267,553	2,965,128
Operating Margin %	0.91%	2.23%	-12.32%	-8.63%	3.13%	17.01%	13.51%	11.70%	2.13%	3.05%	3.92%

10/31/2020

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	12,859,542	4,488,811	8,370,730
ACCOUNTS RECEIVABLE	39,463,226	40,613,365	(1,150,139)
ALLOWANCE FOR CONTRACTUAL	(26,721,864)	(22,382,150)	(4,339,714)
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	215,310	588,166	(372,855)
INVENTORY	2,027,534	1,894,491	133,042
PREPAIDS	704,157	776,900	(72,743)
INVESTMENT FOR DEBT SVC	1,404,061	950,100	453,962
CURRENT ASSETS	29,952,267	26,929,983	3,022,284
INVESTMENTS	26,304,456	23,779,605	2,524,851
PLANT PROPERTY AND EQUIPMENT	86,607,335	83,068,143	3,539,192
ACCUMULATED DEPRECIATION	(46,033,134)	(42,573,204)	(3,459,929)
NET PROPERTY, PLANT, & EQUIP	40,574,201	40,494,939	79,262
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	40,574,201	40,494,939	79,262
ASSETS	96,830,924	91,204,527	5,626,397
ACCOUNTS PAYABLE	1,924,179	1,395,147	529,032
ACCRUED PAYROLL	854,683	1,263,533	(408,850)
ACCRUED BENEFITS	259,618	268,613	(8,996)
ACCRUED VACATION PAYABLE	1,998,995	1,764,089	234,906
THIRD PARTY PAYABLES	1,973,721	1,742,630	231,091
CURRENT PORTION OF LONG TERM DEBT	1,024,910	1,629,839	(604,929)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	8,036,105	8,063,851	(27,746)
ACCRUED INTEREST	224,468	311,475	(87,007)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	1,547	0	1,547
DEFERRED REVENUE HOME HEALTH	70,556	136,954	(66,399)
DEFERRED OTHER	2,557,973	0	2,557,973
DEFERRED LIABILITIES	2,854,543	448,430	2,406,114
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 CONT	(1,024,910)	(1,629,839)	604,929
LONG TERM DEBT	19,328,435	19,328,435	0
NONCURRENT LIABILITIES	22,182,978	19,776,865	2,406,114
LIABILITIES	30,219,083	27,840,716	2,378,368
FUND BALANCE	63,363,812	63,363,812	0
NET REVENUE OVER EXPENSES	3,248,029	0	3,248,029
FUND BALANCE	66,611,841	63,363,812	3,248,029
TOTAL LIABILITIES & FUND BALANCE	96,830,924	91,204,527	5,626,397

10/31/2020

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH -
NET BOOK INCOME	3,248,029
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	3,459,929
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	6,707,959
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	5,489,853
OTHER RECEIVABLES	372,855
INVENTORIES	(133,042)
PREPAID EXPENSES & DEPOSITS	72,743
INVESTMENT FOR DEBT SVC	(453,962)
TOTAL CURRENT ASSETS	5,348,447
INVESTMENTS	(2,524,851)
PROPERTY, PLANT, & EQUIP.	(3,539,192)
OTHER ASSETS	0
TOTAL ASSETS	5,992,363
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	529,032
ACCRUED SALARIES	(408,850)
ACCRUED EMPLOYEE BENEFITS	(8,996)
ACCRUED VACATIONS	234,906
COST REIMBURSEMENT PAYABLE	231,091
CURRENT MATURITIES OF LONG-TERM DEBT	(604,929)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(27,746)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(87,007)
DEFERRED OTHER	2,557,973
DEFERRED TAX COLLECTIONS	1,547
DEFERRED REVENUE - HOME HEALTH	(66,399)
TOTAL OTHER LIABILITIES	2,406,114
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(424,929)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	604,929
TOTAL LONG-TERM DEBT & LEASES	0
TOTAL LIABILITIES	2,378,368
NET CHANGE IN CASH	8,370,730
BEGINNING CASH ON HAND	4,488,811
ENDING CASH ON HAND	12,859,542

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	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	Rural Mental Health Integration	ED, Foundation	Remodel ED and ICU rooms to be safe rooms for behavioral holds and training staff
Breast Cancer Education	KVH via KVHF	Education/Staff Development	ASBSF	\$5,000	Awarded		Foundation	Provide community education on breast health
Blue Band Initiative	KVH via KVHF	Education/Staff Development	Shoemaker	\$6,500	Awarded		Foundation	Provide community education on preeclampsia
Rural Development Grants	KVH, D2, KCHN	Development or Construction	USDA		Researching			Provides funding for development of community identified needs
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	Applied	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 Development	HRSA	\$100,000	Applied	Previous Network Development Grant form 2017	KCHN	Funds to support the expansion of services and develop new partnerships for KCHN.
Community Health Services Outreach	KCHN	Care Coordination	HRSA	\$800,000	WIP	HRSA Rural Health Network Development, GCACH	KCHN Participants	Funding to implement community health workers program
Advanced Nursing Education - Sexual Assault Nurse Examiners (ANE-SANE) Program	KVH	Education/Staff Development	HRSA	Up to \$500,000	Researching			Funding to educate nursing staff, expand nurse examiners, and improve sexual assault support for patients.

To date, the with the Capture Cares grant, KVH has provided community members with 467 flu vaccines for adults and pediatric patients.

I have also placed my name on a list with Representative Ybarra's office to be notified for applications for next years

* 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 Capital Expenditure Board Narrative

Requesting Department: Laboratory

Capital Item Requested: Cepheid GenXpert 16 bay

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

Reason Requested: We originally requested and were approved for a Cepheid GenXpert 4 bay instrument. The 4 bay machine allows the lab to test approximately 40 patients per day. As need for COVID-19 testing has increased, KVH needs the ability to process more tests. The 16 bay instrument will allow KVH to process up to 160 tests per day. KVH is currently paying \$100 per test to Incyte lab for COVID-19 testing. We expect the cost to operate the 16 bay instrument to be significantly less than the \$100 per test KVH is currently paying. This instrument is included in the laboratory expansion project. This individual instrument is being brought forward now to get into the manufacturer's and Cerner cue. In addition to COVID-19 testing, this will allow us to be able to perform other respiratory tests, before the next respiratory season. Another factor in bringing this revised request is related to Medicare reimbursement for COVID-19. Medicare reimbursement for COVID-19 will be \$100 provided testing is completed within 2 days of sample collection and \$75 if the two day requirement cannot be met. The 4 bay instrument would limit us to 4 tests an hour and not allow us to keep up and meet the 2 day test reporting requirement.

Budget: included in laboratory expansion project **Actual Cost:** \$225,381.10

Submitted By: Stacy Olea, Director – Laboratory and Diagnostic Services **Date:** 12/03/2020

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Laboratory

Capital Item Requested: BioFire Instrument two additional bays

Function of Project: The purchase of two additional bays will allow a more rapid throughput of testing for respiratory panel (including COVID-19), GI panel, and blood culture ID. Current testing time is 1-1.5 hours.

Reason Requested: We currently have two bays and multiple times we had to wait until testing was completed to be able to perform testing on the next patient sample. Delays in receiving test results has also lead to delays in transferring patients from the ER because the receiving hospitals are not requiring test results before they will accept a patient transfer. Internally, not knowing if a patient is COVID-19 positive or not requires KVH to treat the patients as COVID-19 positive until we could get diagnostic test results.

Budget: \$0.00

Actual Cost: \$45,486

Submitted By: Stacy Olea, Director – Laboratory and Diagnostic Services

Date: 12/03/2020



OPERATIONS REPORT

November 2020

PATIENT CARE OPERATIONS

- **Foodservice:**

Staffing - Two new staff members have been trained and are working well. The total number of new staff that have joined the department since summer is six. We currently have a per diem diet aide and two per diem cook positions vacant.

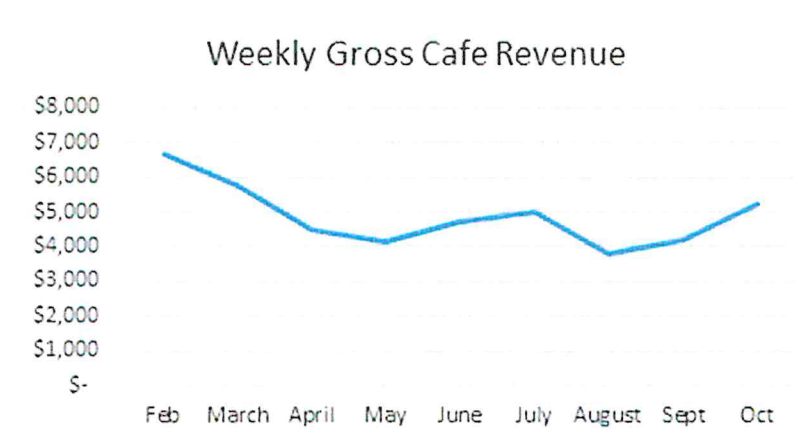
Just completed complimentary breakfast, lunch and dinner to staff as part of National Rural Healthcare Day. A total of 565 meals were served in the day.

- **Diabetes Education:**

Completed the first ever "Diabetes 101" class via Zoom versus in person. Everything went well.

- **QAPI:**

Goal has been to increase Café revenue through tracking and analyses processes. October has shown to be a little better month in total revenue. We continue to focus on keeping an updated food offering and menu along with keeping many of the favorites. Also we continue to be sensitive with retail prices matching whole food costs.



- **Emergency Services / Urgent Care:**

ED Staffing: Continue with recruiting, hiring and training new staff for both RN and PCT roles.

UC Staffing: Recruiting for a difficult to fill position of our UC "Clerk"-more like a Technician as they register patients, process labs, and take simple x-rays.

Virtual Education has been encouraged for our nurses this last month with topics including trauma and SANE.

Work continues on process improvement with care of our potentially violent patients. Includes Cerner chart alerts for communication amongst all staff areas, identifying staff and providing education for "sitters", and exploring the role of our security officers on our team and working on a KVH Orientation for them. This is a collaborative project with many areas involved.

- **Medical/Surgical/CCU:**

The staff would like to acknowledge the retirement of Becky Arington, RN. She has been at KVH for 21 years and prior to that she worked at Memorial Hospital in Yakima for 15 years. She worked on the Medical Surgical Unit and Case Management department at KVH. Thank you for your service to KVH and our patients.

The M/S and CCU staff have been orienting new staff members; patient care technicians and registered nurses. Currently there are no vacant positions. We will be re-evaluating the need for additional staff in the event of Covid/flu related illnesses.

The last ECG class for 2020 was offered last week. This is mandatory for the Telemetry accreditation certification KVH is opting for.

- **Surgical Services:**

The Surgical Outpatient nurses are working on developing a protocol for giving Bamlanivimab (monoclonal antibody) to COVID positive patients in the Outpatient setting.

They are making progress on building preference cards and supply lists for Dr. Zammit, partnering closely with the Materials Team to make this happen!

Amy has been working closely with the CRNA team and surgeons to adjust and adapt surgery block times to accommodate new staff and services.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services:**

We are continuing to see record numbers of patients in the Covid-19 clinic, testing over 120 patients/day in Ellensburg. Unfortunately we are seeing more positive cases in the county and the volume of testing is causing long turn around times for results. FMC clinic and lab staff have worked out a process to accept walk in patients or "drive by testing" for patients in Cle Elum who are unable to commute to Ellensburg to be tested. The Cle Elum Covid testing site is seeing over 20 per day. This is proving to be beneficial for students in the CERSD and very appreciated by the residents. In addition to our send out nasal swabs, we try to keep a stock of 1000 Biofires on hand for rapid testing of staff and patients in ED, MS, CCU or Family Birthing

Center. We've been having difficulty obtaining our standing supply order from the manufacturer and are putting plans in place to determine priority of testing when our supply is low for this product. We have 2 Biofire rapid testing cassettes and ordered 2 additional Biofires in June, but that order has not been fulfilled. We are attempting to purchase a 16 bay Biofire and/or a Cephied instrument, but do not have estimates from the manufacturer on when they might arrive or if the supply of reagents will be reliable.

Several patient complaints have been received regarding our former radiology group (MDIG) turning their accounts over to collections. I'm working with the collection agency to determine the number of KVH patients and the dollar amount associated with those accounts to see how KVH might assist in the matter.

Our current contract with PCO (OnRad/AllRad) for radiology services has a \$105,000/mo revenue guarantee to PCO. For the month of November, we only had to pay PCO \$6,633 for their services, the other costs were fulfilled by patient's insurance and copays. Dr. Jensen has been performing interventional radiology procedures weekly and we are working with process improvement, surgical outpatient, pharmacy and information systems to make this a smooth process for the physicians and patients.

Imaging is working very closely with clinics to determine the equipment and staffing needs for the vascular clinic.

- **Rehab Services:**

I have obtained a PT traveler for FMC to cover for a staff member on FMLA starting January 11 for 6 weeks.

Marcus Jaffe has returned from his military leave, where he was trained in setting up and running a hospital incident command. It is great to have his expertise with us. The aquatic therapy pool is currently not holding a comfortable temperature and is being repaired. We are having to cancel patients needing aquatic services or convert them to "land therapy" until the pool is operational.

We are looking at contracting with Rehab Visions for an occupational therapist in Home Health, as the position has been open for a year with no applicants.

- **Pharmacy Services:**

We had a successful "go-live" with our smart pump implementation on October 29. This was a huge effort with Pharmacy programming the pump formulary, information systems integration, staff training and working with each nursing department and physician leaders to determine the drugs/setting to be utilized.

Pharmacy still has 2 staff members on FMLA and have been filling in with per diem staff. They are implementing a "Take Back Meds" kiosk at KVH and the MAC and preparing for year end inventory.

Our Influenza Vaccination clinic was very successful in both Cle Elum and Ellensburg.

- **Home Health & Hospice:**

We have hired a new Patient Financial Services Representative in the front office and are currently recruiting for 3 nursing positions. The Radio Hill staff in HHH have been working with HR and Finance to determine standard procedures for use/scheduling of the Radio Hill Conference Rooms.

- **Athletic Trainer:**

Zane Davies has been seeing 5-7 students per day for half hour sessions of rehab. He is having parents and grandparents attend when possible, which is helping to spread the word on the services we are offering. In addition, he is covering 3-4 sports team practices a day and has revamped the EHS Emergency Action Plan and applying for a Safe Sport School Award.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Orthopedics:**

We were prepared to have Yuri Bobko, PA join our orthopedic team (as mentioned in previous report). He has since decided to continue working on the west side of the State. We have already conducted another PA interview and are still hoping to fill this opening.

- **Augmedix:**

We are a month into this scribe service and things are going really well. We do not have data yet in terms of productivity however the feedback from providers are the documentation is completed timely and they are able to leave on time. Data on productivity will be compiled when we have enough data points to make sense.

- **Vascular:**

We continue to prepare for our new service line with Dr. Michael Zammit. A multidisciplinary team is meeting weekly to discuss the details to ensure we are up and running. We are planning on moving the general surgery clinic into the former Dr. Sand's location and this will happen closer to the middle of January.

- **New Clinic Manager:**

As we continue to grow service lines and open new clinics, the need for additional leadership has become apparent. We have recently hired, Jonika Mattsen into the role of Clinic Manager for General Surgery, Orthopedics and Vascular. Jonika has been with KVH since 2018 and has been supervising the registration staff. We are looking forward to her joining our clinic leadership team.

- **Clinic contingency planning:**

In March, we planned and prepared for the hospital to have a surge and how the clinics could assist in terms of staffing and supplies. However, as patients have returned to the clinics our staff in the clinics are now the area of focus. We are breaking this up into three 3p's – People, process and preparation. With people, we need to determine a minimum staffing matrix for each clinic to determine what we get by with in a pinch. In terms of process, we are looking at the different clinics and which ones we could combine and which ones we cannot. Lastly, for preparation this means we need to be ready to move/adjust as needed. We are creating "grab and go" lists and getting support departments involved.

- **PSR manuals:**

With the above mentioned clinic contingency planning, we have created PSR (Patient Service Representative) manuals. These manuals will assist employees in that role for scheduling, prior authorization and medical record guidelines specific to each clinic.

- **Drills/Scavenger Hunts:**

In the last couple of months we have had a couple of intense and emergent situations with patients in the clinics. Luckily all good outcomes but truly a time for us to review our response team set up and equipment. In our JIT (Just in Time) huddles after the events, staff has requested more frequent drilling. April Grant has been conducting scavenger hunts for staff so they can be certain where items are in case of an emergency. She has also been conducting random drills at different clinics to review the staff response and response time. There has already been some identified items which could result in saving lives. For example, after a drill it was realized we only have one AED (automated external defibrillator) in the whole Cle Elum clinic. The space is large and is essential to have an AED close enough for a quick response when a patient needs help.

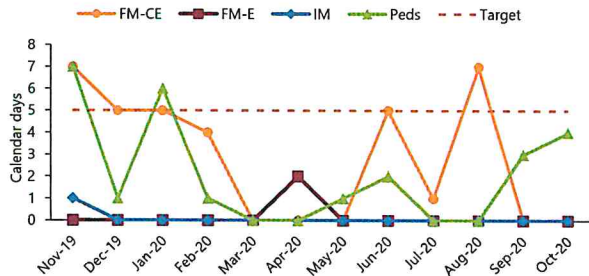
- **Inventory:**

When Family Medicine Ellensburg moved into the MAC, we tried to look at all the inventory prior to the move and reduce what we didn't need. However, we found out quickly we had brought too much into our new space and didn't bring over the labels with PAR levels. Angela Bennett, Trinity Turner and April Grant worked with Materials Management to reduce the volume of inventory. There are now PAR levels on all inventory and reduces additional errors in ordering. We will be doing the same project in Women's Health and Pediatrics.

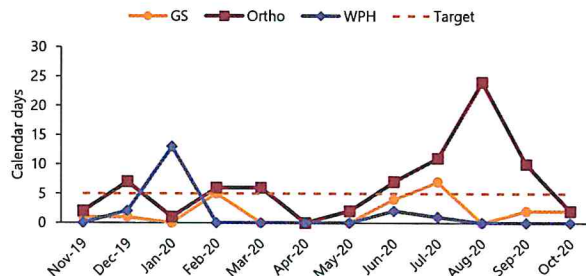
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

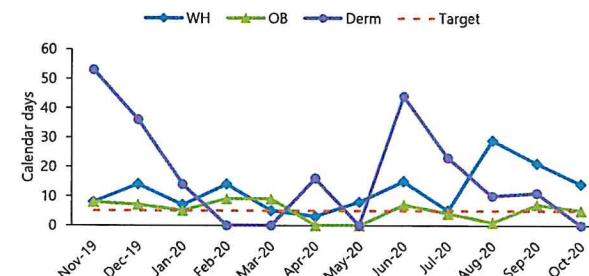
Third available appointment
for established patients



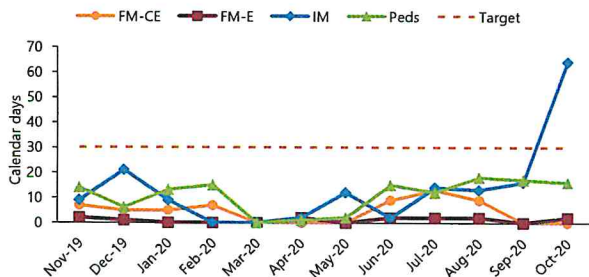
Third available appointment
for established patients



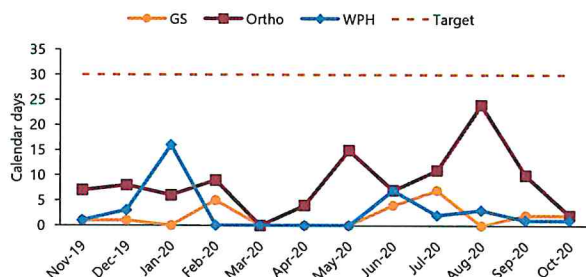
Third available appointment
for established patients



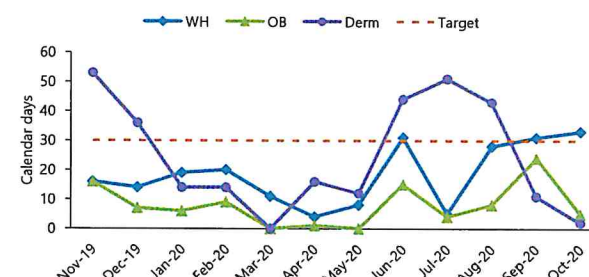
Third available appointment
for new patients



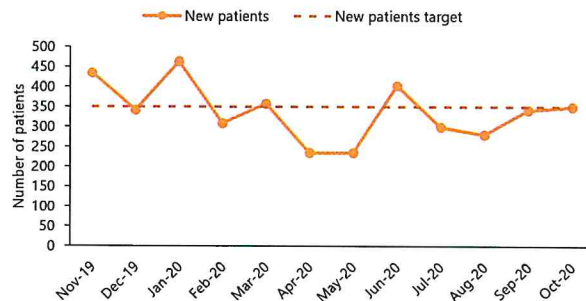
Third available appointment
for new patients



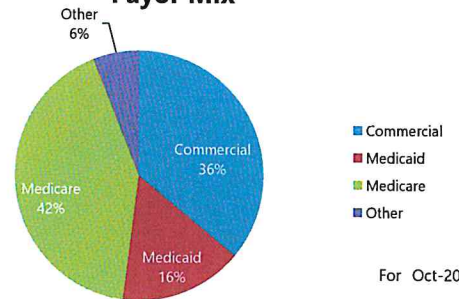
Third available appointment
for new patients



New patients



Payor Mix



COMMUNITY RELATIONS – Michele Wurl

October 15 – November 23, 2020

External Outreach activities:

- Virtual Leadership Kittitas County Hospital presentation – 10/9
- Upper County Flu & Vaccine Clinic – 10/24
- Ellensburg Community Trick or Treat bags full of KVH swag – 10/31
- Ellensburg Flu & Vaccine Clinic – 11/7
- KVH Continues COVID work – op ed by Matt Altman 11/17
- County IMT panel (Julie Petersen represented KVH) – 11/19
- Appreciation lunch to KVFR for Fire Prevention week

Internal Outreach activities:

- COVID employee forum 11/5
- Veteran's Day recognition 11/11
- Rural Health Days (free meals and team KVH shirt) – 11/19
- Recognition committee employee give-a-ways
- Safe catch video shoots and promotion

COVID-19 & Emergency Preparedness Activities activities:

- Incident Command activities for COVID 19
- Washington State and HHS required reporting
- Continuation of COVID Chronicles
- KVH Trusted Voices campaign
- Opening of Cle Elum COVID clinic at KVH Family Medicine – Cle Elum

Collaborations & Partnerships:

- Kittitas County Public Health and County IMT
- Upper County Flu & Vaccine Clinic outside of KVH Urgent Care in collaboration with HD2
- Ellensburg Flu & Vaccine Clinic – Western Village KC Fair Grounds collaboration with KCPHD
- HD2 Ambulance Garage "Coming soon" signage
- Gobble Wobble (Foundation Virtual 5K – November 14)
- Photo and promotion of new CHCW residents

KVH Service Line Marketing Activities:

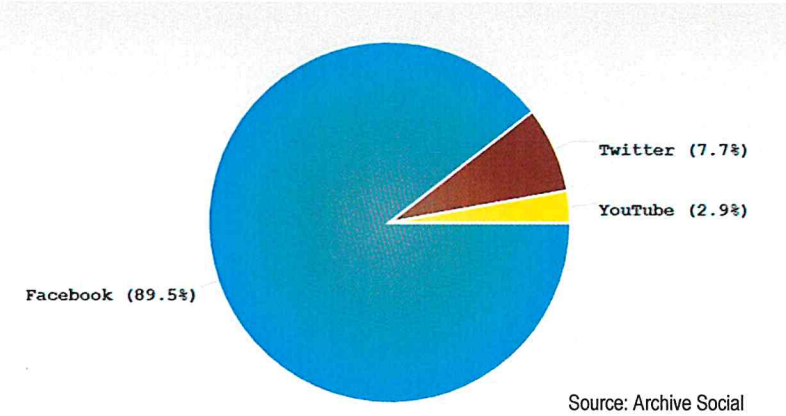
- Neurology service line
- General Surgery and Vascular program development
- Hospice and Home Health awareness
- Open Enrollment communications
- Story re: Dr. Hibbs change in roles
- Enhancement of KVH HR recruitment website

Upcoming:

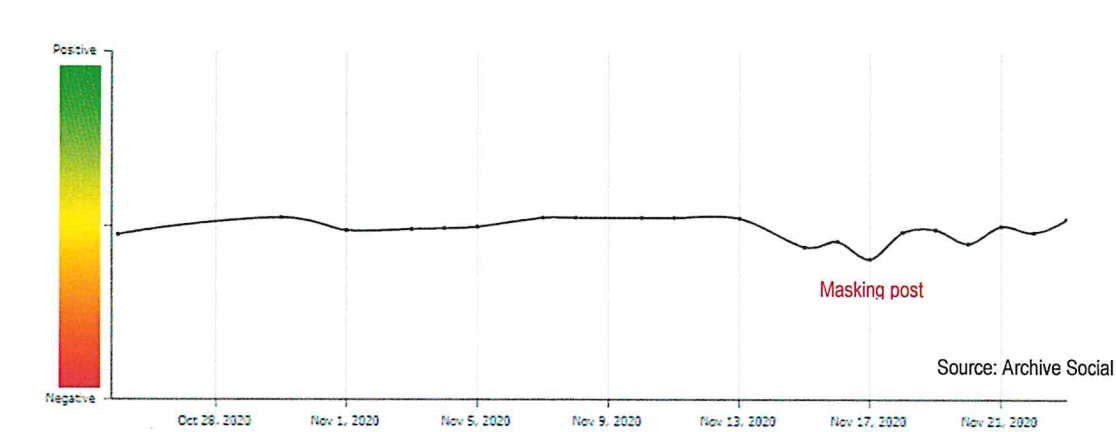
- Development of our 1st Provider Connect newsletter for current and retired medical staff
- Preparation for Vascular Surgery program

KVH Social Media Channels: Past 30 days

Overall Social Media Activity



Overall Social Media Sentiment Report

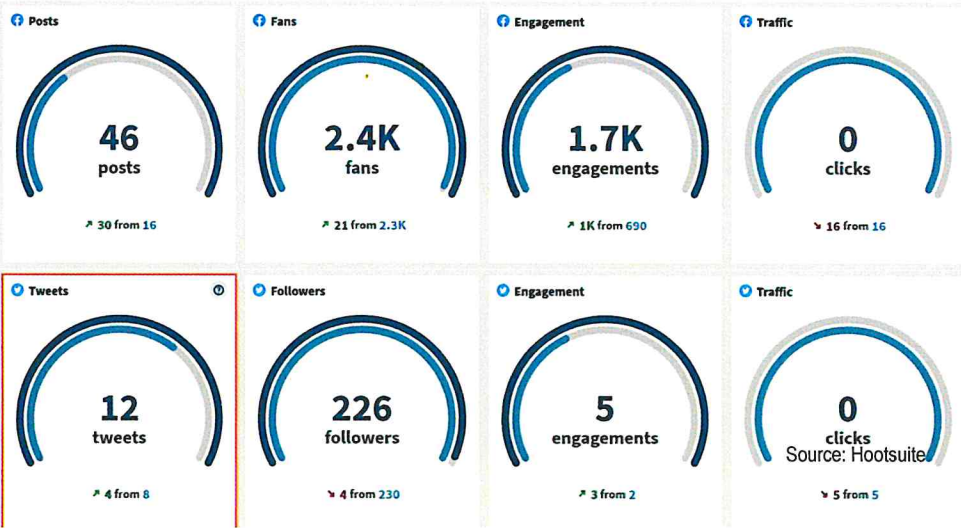


Social Media Channel Activity

Account	Total Activity	Outgoing Activity	Incoming Activity	Incoming Percentage
Kittitas Valley Healthcare	158	89	69	43.7%
Upper Kittitas County Medic One	23	21	2	8.7%
@KVHealthcare	16	16	0	0.0%
Kittitas Valley Healthcare	6	6	0	0.0%

Source: Archive Social

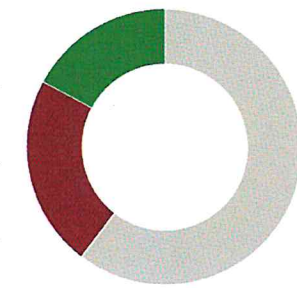
Social Media Channel Overview (10.14 thru 11.22.2020)



Facebook Activity (10.14.20 thru 11.22.20)

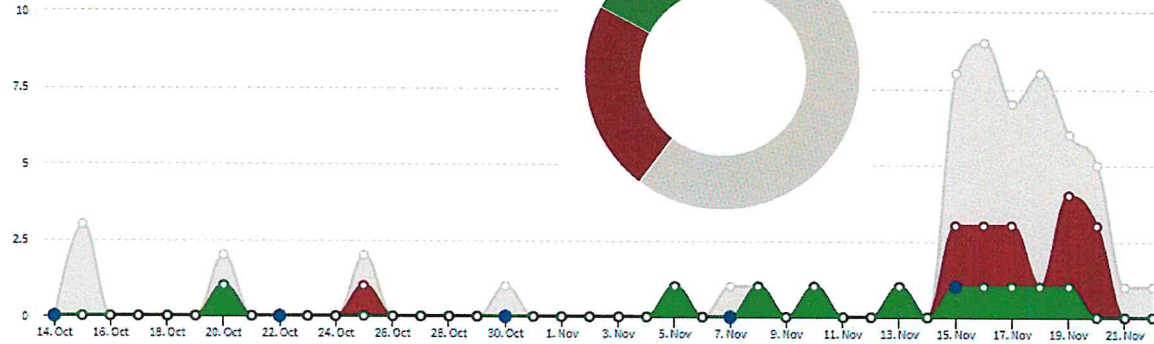
Inbound Messages > Sentiment

Neutral Negative Positive



Inbound Messages > Sentiment

Neutral Negative Positive



Source: Hootsuite

Engagement > Type

Reactions ↗ 881 **1.4K**

Shares ↗ 94 **167**

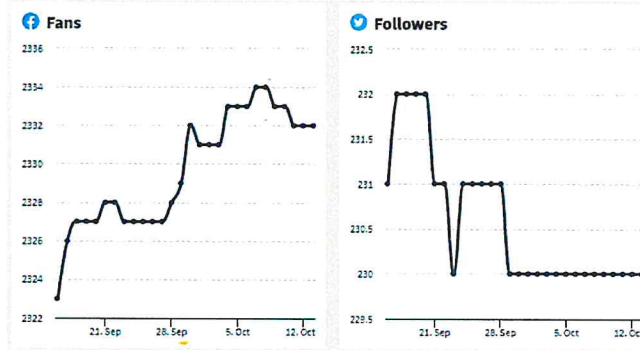
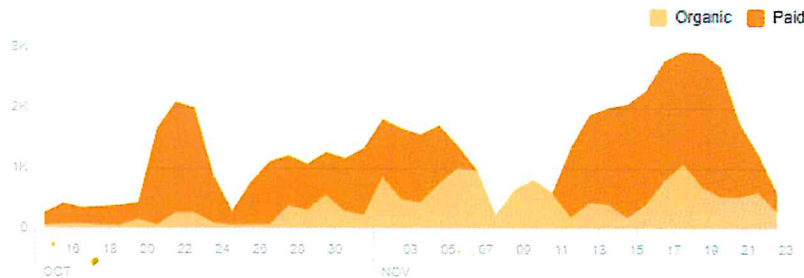
Comments ↗ 34 **151**

Source: Hootsuite

Total Reach

Source: Facebook

The number of people who saw any content from your Page or about your Page. This metric is estimated.



Source: Hootsuite

Twitter Activity (10.14 thru 11.22.2020)

Engagement > Type

Likes ↗ 2 **4**

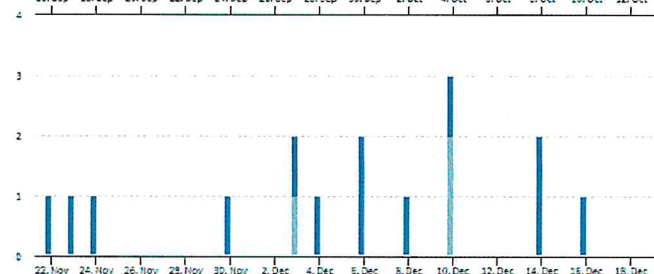
Retweets ↗ 1 **1**

Replies **0** **0**

LinkedIn Activity (10.14 thru 11.22.2020)

Engagement > Type

Reactions Shares Comments Comments Reactions Shares





(<https://www.aha.org>)

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HEALTH CARE | CONFERENCE (/)

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2021 Schedule

Wednesday | Thursday

Check back as we continue to add sessions!

Click on the session title to be taken to the description.

Wednesday, February 17

10:00 – 10:30 am CT

OPENING REMARKS

10:45 – 11:30 am CT

KEYNOTE

Solving for Why: Lessons on Life, Work and the Transformative Power of Purpose (<https://ruralconference.aha.org/program/keynote-sessions#shrine>)

Mark Shrimel, MD, O'Brien Chair of Global Surgery, Royal College of Surgeons, Dublin, Ireland and lecturer in the Department of Global Health and Social Medicine, Harvard Medical School

11:45 am – 12:30 pm CT

STORY SLAM

COVID-19 Highlights the Value of Value in Rural Communities
(<https://ruralconference.aha.org/program/strategy-sessions#storyslam>)

12:45 pm – 1:30 pm CT

CONCURRENT SESSIONS

Preserving Local Access to Care in Rural Communities
(<https://ruralconference.aha.org/program/strategy-sessions#preserving>)

Members of the AHA's The Future of Rural Health Care Task Force. Moderated by Joy Lewis, VP, Strategic Policy Planning, American Hospital Association

Is Your Rural Board Prepared for Constant Disruption?
(<https://ruralconference.aha.org/program/strategy-sessions#isyour>)

Kimberly Russel, Russel Advisors

How Rural Hospitals Can Revive Revenue, Manage Cost and Be Prepared for the Future (<https://ruralconference.aha.org/program/strategy-sessions#howrural>)

Anthony F. Oliva, DO, MMM, FACPE, VP & CMO, Nuance Healthcare

1:45 – 2:15 pm CT

INTERACTIVE ROUNDTABLES

1. The #1 Governance Unmentionable: Succession Planning for the Rural Board (<https://ruralconference.aha.org/program/strategy-sessions#thentheumberone>)

Kimberly Russel, Russel Advisors and Rebekah Mussman, CEO, RuralMed Management Resources

2. Preparing Your Culture for an Unforeseeable Future: Culture as a Strategic Imperative (<https://ruralconference.aha.org/program/strategy-sessions#preparing>)

Joel Beiswenger, President & CEO, Tri-County Health Care and Joe Tye, CEO & Head Coach, Values Coach Inc.

3. Improving Access to Behavioral Health Services – The Important Role of a Trustee (<https://ruralconference.aha.org/program/strategy-sessions#improving>)

Bill Menner, Founder, The Bill Menner Group, and Executive Director, Iowa Rural Health Association and Jennifer Havens, CEO, UnityPoint Health-Grinnell Regional Medical Center

2:30 – 3:15 pm CT

KEYNOTE

Through a Glass Darkly: A Year in Review and Implications of the Pandemic for the Future of Rural Health Care and its Leadership

(<https://ruralconference.aha.org/program/keynote-sessions#orlikoff>)

James E. Orlikoff, President, Orlikoff and Associates, Inc.

3:30 – 4:15 pm CT

CONCURRENT SESSION

Rural Hospitals Teaming Up for Shared Expertise, Resources and Scale

(<https://ruralconference.aha.org/program/strategy-sessions#rural>)

Konnie Martin, CEO, San Luis Valley Health; Steve Simonin, CEO, Iowa

Specialty Hospital; Kelley Evans, CEO, Beartooth Billings Clinic; and Todd Linden, President, Linden Consulting and CEO Emeritus, Grinnell Regional Medical Center

Thursday, February 18

9:15 – 10:00 am CT

COFFEE AND CONVERSATION

Each of our rural experience Affinity Groups will offer roundtable discussion sessions during this time. Attendees are welcome to join any session. (<https://ruralconference.aha.org/program/affinity-groups>)

- Rural Maternal Health
- Resilience in Ongoing Crisis
- Rural Behavioral Health: Challenges and Solutions
- Rural Community Health Investment and Improvement
- Innovation and Digital Transformation
- Pathways to Recovery
- Governance Excellence

10:00 – 10:45 am CT

KEYNOTE

AHA Washington Update (<https://ruralconference.aha.org/program/keynote-sessions#washington>)

Erika Rogan, PhD, Senior Associate Director, Policy, American Hospital Association and Travis Robey, Senior Associate Director, Federal Relations, American Hospital Association

11:00 – 11:45 am CT

CONCURRENT SESSIONS

Innovation, Artificial Intelligence and Rural Hospitals

(<https://ruralconference.aha.org/program/strategy-sessions#innovation>)

Jason Cohen, MD

Improvements in Care Management and Chronic Disease Self-management, Stress and Social Isolation

(<https://ruralconference.aha.org/program/strategy-sessions#improvements>)

Cindy Esser, BSN, MBA, MHA, Director Emerging Technologies and Knowledge Management, Butler Health System; Kathy Selvaggi, MD, Medical Director, Division of Palliative Care, Butler Health System; and Erin Stewart, BSN, Program Director HRSA Grant, Butler Health System

Pivoting in a Pandemic with Value-Based Care Strategies

(<https://ruralconference.aha.org/program/strategy-sessions#pivoting>)

Tim Gronniger, CEO & President, Caravan Health; Marcus Lewis, CEO, First Care Health Center; and Naomi Clancy, MD, Medical Director, Gila Health Resources

12:00 – 12:45 pm CT

INTERACTIVE ROUNDTABLES**1. Setting and Achieving Organizational Goals: The Role of Governance and Leadership** (<https://ruralconference.aha.org/program/strategy-sessions#setting>)

Jane McLeod, Principal/Co-Founder, Capstone Leadership Solutions, Inc., and Sue Tetzlaff, Principal/Co-Founder, Capstone Leadership Solutions, Inc.

2. Managing Cybersecurity Risk in Health Care: The Leader's Role

(<https://ruralconference.aha.org/program/strategy-sessions#managing>)

John Riggi, Sr. Advisor for Cybersecurity and Risk Advisory Services, American Hospital Association

3. Governance Clinic (<https://ruralconference.aha.org/program/strategy-sessions#governance>)

James E. Orlikoff, President, Orlikoff & Associates, Inc.

1:00 – 1:45 pm CT

KEYNOTE

Compose Your World (<https://ruralconference.aha.org/program/keynote-sessions#kight>)

Kai Knight, Composer and Musician

2:00 – 2:45 pm CT

CONCURRENT SESSIONS

The Pursuit of Professionalism: Every Day and Especially During a Crisis
(<https://ruralconference.aha.org/program/strategy-sessions#thepursuit>)

Cindy Baldwin, Senior Associate, Department of Pediatrics, Center for Patient and Professional Advocacy, Vanderbilt University Medical Center and Gerald B. Hickson, MD, Joseph C. Ross Chair of Medical Education and Administration, Professor of Pediatrics, and Founding Director of the Center for Patient and Professional Advocacy, Vanderbilt University Medical Center

Leadership in Crisis: A Case Study of St. Charles Health System Stepping in to Fill the Covid-19 Information Void

(<https://ruralconference.aha.org/program/strategy-sessions#leadership>)

Joe Sluka, President and CEO, St. Charles Health System and James E. Orlikoff, President, Orlikoff & Associates, Inc.

3:00 – 3:45 pm CT

CONCURRENT SESSION

Improving Patient Care and Reducing Health Disparities through Cultural Competence (<https://ruralconference.aha.org/program/strategy-sessions#patientcare>)

Candy Canga-Picar, Chief Nursing Officer, St. Charles Hospital Madras; Rebecca Doherty, Program Manager, Oregon Office of Rural Health; and Salamatou Barrie, Public Health Analyst, Health Resources and Services Administration, Federal Office of Rural Health Policy

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