

**KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1**  
**BOARD OF COMMISSIONERS' SPECIAL MEETING**  
Virtual Meeting hosted by Zoom

Call in by phone: 1-877-853-5257 Meeting ID: 999-1963-5730 Passcode: 625541

**January 7, 2021 at 5:00pm**

- 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: December 3, 2020 **(3-6)**
  - b. Approval of Checks **(7)**
  - c. Report: Foundation **(8)**
  - d. Minutes: Finance Committee **(9-10)**
  - e. Minutes: Quality Council: December 14, 2020 **(11-12)**
  
- 4. Presentations:**
  - a. Stacy Olea, Ron Urlacher, Scott Olander of KVH and Ken Camarata of KDA  
Architecture: KVH Lab Remodel
  
- 5. Public Comment and Announcements**
  
- 6. Reports and Dashboards**
  - a. Quality - Mande Olsen, Chief Quality Officer **(13-14)**
    - i. Approval of 2021 QAPI \*\* **(15-40)**
  - b. Chief Executive Officer – Julie Petersen **(41-43)**
  - c. Medical Staff
    - i. Chief of Staff, Timothy O'Brien MD
      1. Medical Executive Committee Recommendations for  
Appointment and Re-Appointment \*\* **(44)**
    - ii. Chief Medical Officer, Kevin Martin MD
  - d. Finance – Chief Financial Officer – Scott Olander **(45-61)**
    - i. Operations Report
    - ii. Capital Expenditure Request: Space Renovation Behind Hospital Front  
Desk \*\* **(62)**
    - iii. Capital Expenditure Request: IT Storage Infrastructure Expansion and  
Single Sign On (SSO) Pilot \*\* **(63)**
    - iv. Approval of 2021 Budget \*\*
  - e. Operations **(64-67)**



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- 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 **(68-70)**

**7. Education and Board Reports**

**8. Old Business**

- a. Board Self Evaluation

**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 28, 2021, Regular Meeting  
February 25, 2021, Regular Meeting

**Future Agenda Items**



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

**BOARD OF COMMISSIONERS' REGULAR MEETING  
KVH Conference Room A/B & Virtual Zoom Meeting  
December 3, 2020**

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

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

KVH STAFF PRESENT VIA ZOOM: Mandee Olsen, Vicky Machorro, Rhonda Holden, Carrie Barr, Manda Scott, Michele Wurl, Jeff Yamada, Jason Adler

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

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

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Presentations:**

The administrative team gave a status update on Covid. Michele Wurl reviewed the state-level response. Dr. Martin talked about Kittitas County situations and stated we are seeing double digit increases daily. Vicky Machorro explained the KVH Emergency Department status. Rhonda Holden went over testing and stated testing is now available in Cle Elum. Mandee Olsen described the collaborations with KVH, the county, and public health. Manda Scott summarized the work that has been done with the unions. Carrie Barr stated that the clinics have staffing plans in place to maintain service under different circumstances.

5. **Public Comment/Announcements:**

Rich Elliott, Deputy Fire Chief of Kittitas Valley Fire and Rescue, stated that KVH's senior staff decisions have mitigated the impact on our community. He thanked KVH

for its leadership. Elliott stated that we are taking huge dividends with what we are doing and the community doesn't realize how bad it could have been.

## **6. Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen reviewed the QAPI policy and the process for approving the QAPI plan. Board members should notify Matt Altman or Mandee Olsen of suggested revisions to the QAPI plan draft before the next QI Council meeting on December 14.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that the Hospital District No. 2 ambulance garage construction is being delayed until April. Manda Scott stated that HR has focused on workplace violence and staff development this year and has partnered with Idea Learning Group for customer service training.

**ACTION:** On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved Resolution 20-08 Concerning Acquisition of Real Property. The property is a medical office building and associated residence located at 107 E. Mountain View Avenue in Ellensburg.

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

**ACTION:** On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved the initial appointments for Dr. Daniel Spiger, Dr. Lauren Wikholm, Dr. David Ishimitsu, Dr. Sheila Lynam, Dr. Kevin Ma, Dr. Rachel Monick, Dr. Fatima Milfred, Dr. Viren Patel, Dr. Martin Price; and the reappointments for Dr. Thomas Mirich, Dr. Robert Wageneck, Dr. Steven O'Donnell and Dr. Ari Plosker, as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated he will be stepping away from FME to focus on his administrative duties at the end of January.

Scott Olander reported on KVH's financial performance for October. Olander stated that we had a strong month with revenue and we are closing the year-to-date gap. Olander stated that we did have some unusual expenses this month as we needed to accelerate some repair and maintenance work. Olander stated that we have received some calls from patients with radiology complaints related to billing. Olander

recommended approval of Resolution 20-09, authorization to amend the 2020 budget.

**ACTION:** On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved Resolution 20-09 amending the 2020 calendar year budget.

**ACTION:** On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved a capital equipment request for the Cepheid GenXpert 16 Bay.

**ACTION:** On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved a capital equipment request for the BioFire Instrument two additional bays.

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

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

**7. Education and Board Reports:**

President Davis asked Board members to let Mandy Weed know if they would like to attend the virtual AHA Rural Healthcare Leadership Conference in February 2021.

**8. Old Business:**

Petersen stated that we have engaged the CEO Network for the Board Self-Evaluation and they will virtually report out the tool being used at the January 7<sup>th</sup> Board meeting. They will present the results at the January 28<sup>th</sup> Board meeting.

Julie stated the work sessions with the Board were very helpful to the senior leadership team. Julie reviewed all the work that has been done on updating the strategic plan.

**9. New Business:**

None.

**10. Executive Session:**

At 7:47 pm, President Davis announced that there would be a 10-minute recess followed by a 35-minute executive session regarding personnel and real estate. RCW 42.30.110(b). No action was anticipated.

At 8:32 pm, the meeting was reconvened into open session.

**11. Adjournment:**

With no further action and business, the meeting was adjourned at 8:32 pm.

**CONCLUSIONS:**

1. Motion passed to approve the board agenda as amended.
2. Motion passed to approve the consent agenda.
3. Motion passed approving Resolution 20-08 acquisition of real property.
4. Motions passed to approve the initial appointments, reappointments, changes in status and additional privileges as recommended by the Medical Executive Committee.
5. Motion passed authoring Resolution 20-09 amending the 2020 calendar year budget.
6. Motion passed approving capital expenditure request for Cepheid GenXpert 16 Bay.
7. Motion passed approving capital expenditure request for BioFire Instrument two additional bays.

Respectfully submitted,

Mandy Weed/Matt Altman  
Executive Assistant/Board of Commissioners

**DATE OF BOARD MEETING:** January 7, 2021

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

#1	AP CHECK NUMBERS	<u>268837-269633</u>	NET AMOUNT:	<u>\$5,378,188.75</u>
		SUB-TOTAL:		<u>\$5,378,188.75</u>

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

#1	PAYROLL CHECK NUMBERS	<u>81717-81723</u>	NET AMOUNT:	<u>\$5,373.47</u>
#2	PAYROLL CHECK NUMBERS	<u>81724-81728</u>	NET AMOUNT:	<u>\$5,460.39</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,250,831.74</u>
#5	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,245,817.59</u>
		SUB-TOTAL:		<u>\$2,507,483.19</u>

**TOTAL CHECKS & EFTs:** \$7,885,671.94

Prepared by

*Sharoll Cummins*

Sharoll Cummins  
Staff Accountant



**Annual Appeal** - Our annual appeal to the community continues to receive donations. To date over \$27,000 has been donation to The Foundation's general fund, which began in October and runs for a year.

The Foundation has received a substantial donation of stocks totaling over \$91,000.00. At the request of the donor, who wishes to remain anonymous, the stocks will be placed in our permanent endowment fund from which The Foundation's annual distribution to KVH is drawn. We are grateful and thankful for the support and appreciate the generosity of the donor.

We thank you and the community for supporting us in 2020 and look forward to 2021.

Respectfully submitted,  
Laura Bobovski, Assistant  
The Foundation at KVH

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

**January 5, 2021**  
*Tuesday*

**7:30 A.M.**

**AGENDA**

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: December 1, 2020**
- **November Financial Highlights**
- **Capital Expenditure Requests**
  - **Financial Counseling and ROI Space**
  - **IT Storage**
- **2021 Budget**
- **Adjourn**

**Next Meeting Scheduled: January 26, 2021 (*Tuesday*)**

Kittitas Valley Healthcare  
Audit & Finance Committee Meeting Minutes  
December 1, 2020

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

Members Excused: Bob Davis

Staff Present: Kelli Goodian Delys and Jason Adler

The meeting was called to order at 7:29 a.m.

Two motions were made, one to approve the agenda and one to approve the October 20, 2020 minutes. Each motion carried.

Olander presented the highlights of the October 2020 financial results. Overall, October 2020 volumes were significantly above September 2020. The volumes are reflected in gross revenue and revenue deductions being above budget. Total expenses exceeded budget due to intentionally accelerating the recognition of supply and purchased expenses or due to volume. We did not take any CARES dollars to revenue in October 2020. AR days increased by 4 and days cash on hand increased by 3.8. The details are in the Chief Financial Officer Report.

The committee reviewed and recommended the two laboratory capital items, the BioFire Bays and the Cepheid GenXpert 16 Bay, go to the Board of Commissioners.

The committee was updated on the budget for 2021.

The committee was provided the 2019 State Auditor's Office Report.

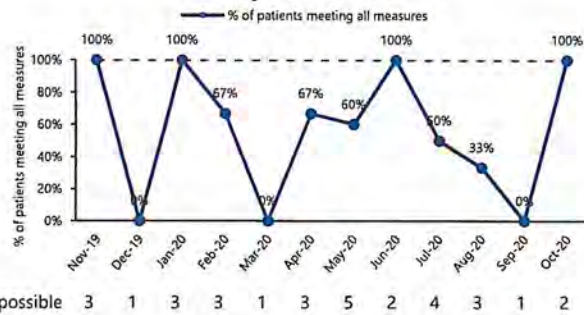
With no further business, the meeting was adjourned at 8:41 a.m.

<b>Quality Improvement Council</b>	<b>MEETING MINUTES</b>	<b>December 14, 2020</b>
<p><b>Present:</b> Mandee Olsen, Dr. O'Brien, Matt Altman, Julie Petersen, Terry Clark, Carrie Barr, Jeff Yamada, Ron Urlacher, Manda Scott and Vicky Machorro</p> <p><b>Guests:</b></p> <p><b>Recording Secretary:</b> Mandy Weed</p> <p><b>Minutes Reviewed by:</b> Mandee Olsen</p>		
<b><u>ITEM</u></b>	<b><u>DISCUSSION</u></b>	<b><u>ACTION ITEM/ RESPONSIBLE PARTY</u></b>
<ul style="list-style-type: none"> <li>Called to order</li> </ul>	The meeting was called to order by Matt at 3:01 pm.	
<ul style="list-style-type: none"> <li>Agenda &amp; Minutes</li> </ul>	The minutes were approved as presented.	
<b>Reports:</b>		
<ul style="list-style-type: none"> <li>2020 QI Council Dashboard Review</li> </ul>	<p><b>Handouts:</b> QI Council Dashboard</p> <p><b>Discussion:</b> Mandee stated that we met our sepsis bundle at 100%; no falls with injury for the month of October and no adverse medication events for 8 months.</p>	
<ul style="list-style-type: none"> <li>Annual Risk Management Review</li> </ul>	<p><b>Handouts:</b> Quality Improvement Outcomes Report-Out Slides</p> <p><b>Discussion:</b> Linda Navarre went over the annual risk management review from January 2020 to date. Linda stated the goal is to identify problems to enhance patient safety and we have had 465 reports year to date; 61 incidents related to Covid-19; 33 medication events; 109 workplace violence reports; 14 patient falls and 4 with injury; 5 RCA's; 148 complaints/grievances; 72 compliments and 117 cases have went to Peer Review.</p>	
<b>QAPI Planning</b>		

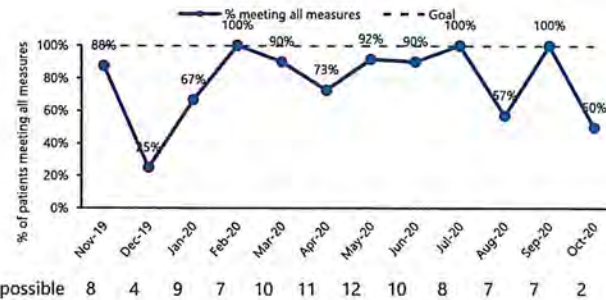
<ul style="list-style-type: none"> <li>2021 Organizational QAPI draft review and recommendation to Board</li> </ul>	<p><b>Handouts:</b> 2021 Organizational QAPI Plan Summaries – Draft</p> <p><b>Discussion:</b> Mandee reviewed the one item added in Revenue Cycle since draft was sent out to the QI committee. QI Council voted unanimously to approve forwarding the QAPI plan to the Board for approval.</p>	
<ul style="list-style-type: none"> <li>Proposed 2021 QI Dashboard Measures</li> </ul>	<p><b>Handouts:</b> Proposed 2021 QI Dashboard Measures &amp; Glossary</p> <p><b>Discussion:</b> Mandee reviewed the 2021 metrics chosen for the dashboards. Mandee stated that these will also go to the board.</p>	
<p><b>Closing:</b></p>		
<ul style="list-style-type: none"> <li>Adjourned at 4:14 pm</li> </ul>	<p>Next meeting February 8, 2021 at 3:00 p.m.</p>	

# QI Council

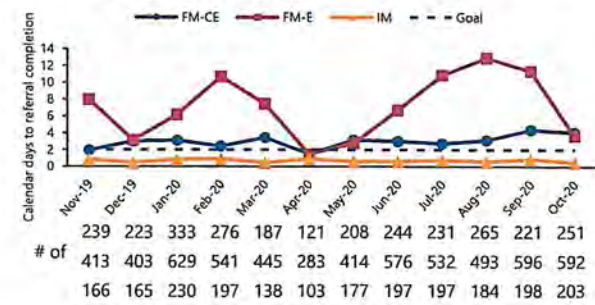
## Sepsis Bundle ↑



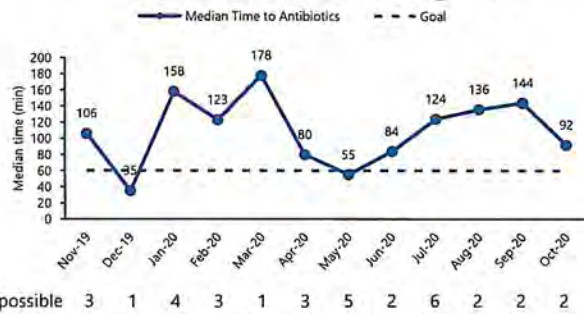
## Restraints ↑



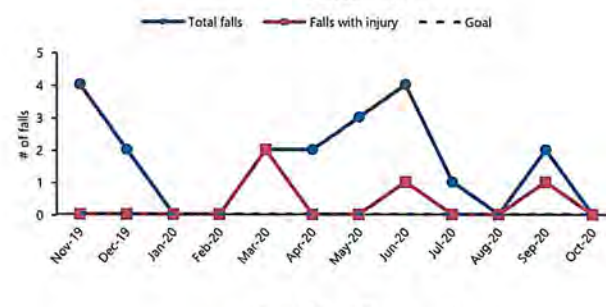
## Days to Referral Completion ↓



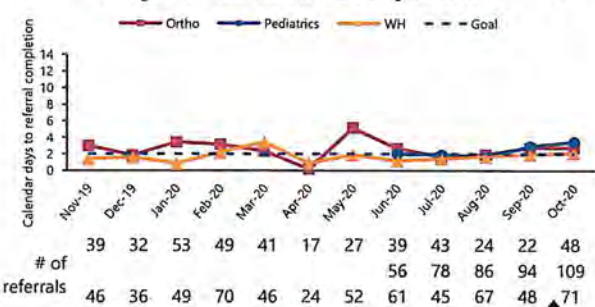
## Sepsis Antibiotic Timing ↓



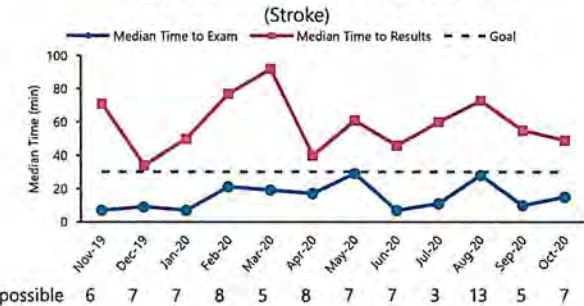
## Falls ↓



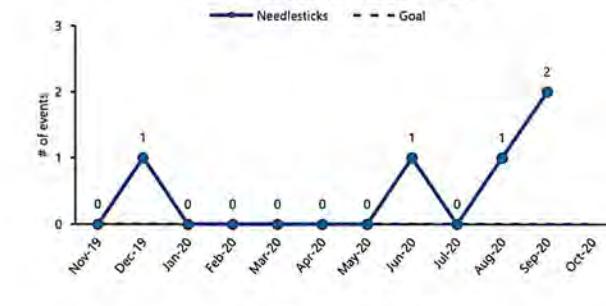
## Days to Referral Completion ↓



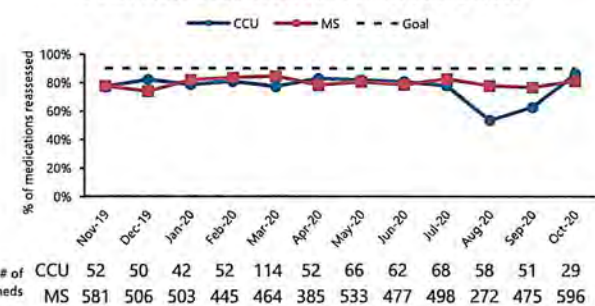
## Median Time to CT or MRI (Stroke) ↓



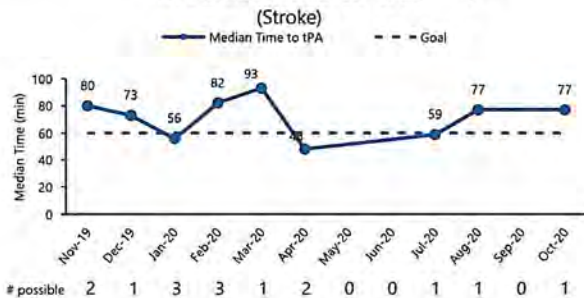
## Needlesticks ↓



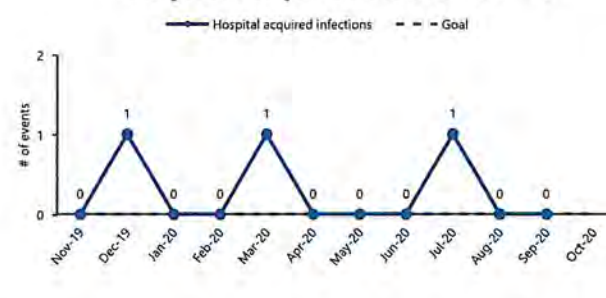
## Pain Reassessment after Medication ↑



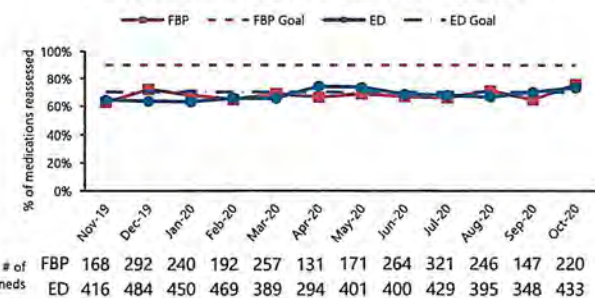
## Median Time to tPA (Stroke) ↓



## Hospital Acquired Infections ↓



## Pain Reassessment after Medication ↑



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



### Medicare Wellness Visits ↑



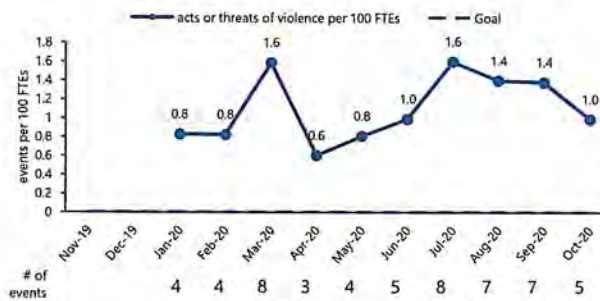
### Care and Service Reports ↓



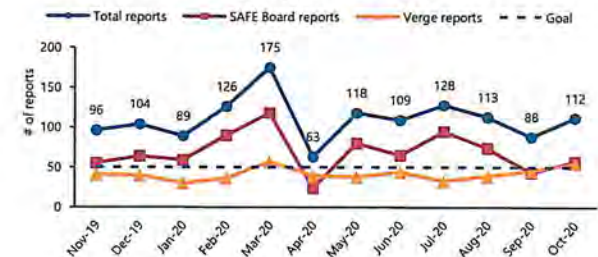
### Improvement in Management of Oral Medications (Home Health) ↑



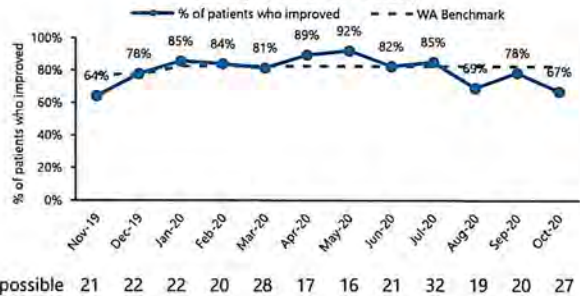
### Workplace Violence Events ↓



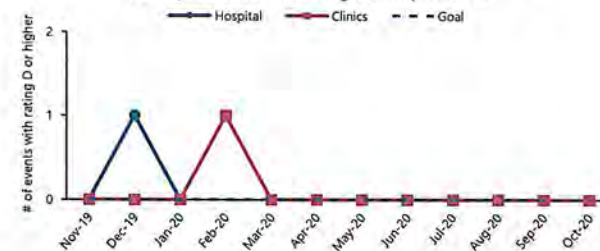
### Employee Reports ↑



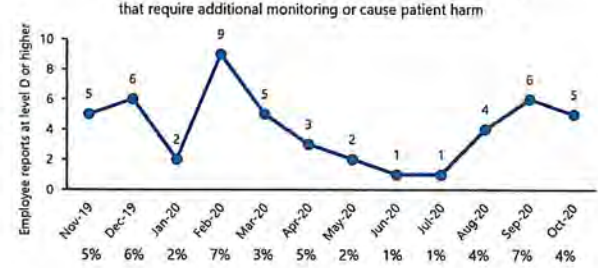
### Improvement in Pain Interfering with Activity (Home Health) ↑



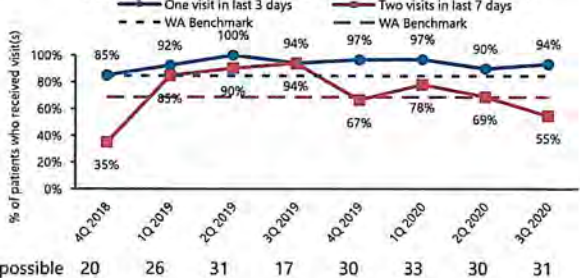
### Adverse Medication Events ↓



### Reports of Occurrences ↓



### Hospice Visits Near End of Life ↑



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Service	Division	Topic/Project Name	Access Partnerships	Comm. Fin. Sustain.	Quality	Respect	Service	Transparent	Collaboratio			General Description/Problem Statement	Ideas/Actions to Achieve Improvement	Measure(s)	How shared?	Recommend Reported to Board as metric? (on QI or other dashboard)	Additional Notes
1																		
2	Accounting	Finance	Payroll Additional Payments			X							Continue to monitor and count additional or off cycle payroll checks and train for upgraded Time & Attendance. Put in place training for new hire staff.	The payroll team will work KVH Directors to determine super users. Super user training schedule to be determined. Training schedule for all users to be determined. Follow-up with new employees to see if they have received training.	Count new user's follow up. Count super users. Count additional/off cycle checks.	Staff and CFO through meetings	N	Continue in 2021
3	Accounting	Finance	Accounting Cash Reconciliation			X				X	X		Accounting and Revenue Cycle departments to work together to develop and sustain the cash reconciliation of the general ledger and the bank.	Accounting staff (Senior and as needed the Staff Accountant) and Revenue Cycle cash posters to work together to determine that cash that is in the bank was posted directly to the GL or patient's account which will flow to the GL.	A completed bank and GL reconciliation.	Staff, CFO, and auditors.	N	Continue in 2021
4	Accounting	Finance	Accounts Payable Timeliness of Payment			X					X		The new focus will be on if Accounts Payable makes payments in time to receive discounts from vendors that provide discounts.	1) Identify vendors that give discounts for paying within a certain time 2) Track the amount of the discount taken by vendor &/or track the amount of the missed discount no taken	Number of invoices and or \$ of discount taken divided by the total number of invoices a discount was available and or total \$ amount of discounts available.	Staff and CFO	N	Continue in 2021
5	Administration	Admin	Service	X	X	X	X	X	X	X	X	X	The KVH value of "service" supports multiple strategic objectives: <ul style="list-style-type: none"> <li>Significantly improve our patient's customer service experience: the answer is yes!</li> <li>Reduce turnover in specific department / positions</li> <li>Build out community based specialty services.</li> <li>Willingness to recommend KVH</li> <li>Focus on physician leadership structure</li> <li>Sustain a reasonable operating margin</li> <li>Prepare to respond to alternative payment/delivery models</li> <li>Refresh Strategic Plan</li> <li>Monitor all providers on to new contracts with new compensation manuals.</li> </ul>	<ul style="list-style-type: none"> <li>Hire a consultant to assist with strategic plan refresh strategic plan 2020 - 2022</li> <li>Review hiring process. Provide training to hiring managers. Accountability.</li> <li>Identify a partner to provide community based specialty care</li> <li>Partner for completion of next iteration of CHA/CHIP</li> <li>Develop nontraditional revenues with the potential to improve the operating margin (grants, 340b, for profit ventures)</li> <li>Work with the Board to explore appetite to participate payment reform.</li> <li>Prepare and complete first DNV survey</li> <li>Put the patient first in all we do.</li> </ul>	Press Ganey patient satisfaction data Care and Service Reports Improved access to specialty care Employee engagement and safety surveys Reduced turn over in identified positions/ departments Financial reports and statistics	Department and Admin team meetings Medical Staff meetings QI Council and Board meetings	Y	Revised for 2021

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Service	Division	Topic/Project Name	Access	Partnerships	Comm.	Fin. Sustain.	Quality	Respect	Service	Transparent	Collaboratio	General Description/Problem Statement	Ideas/Actions to Achieve Improvement	Measure(s)	How shared?	Recommend Reported to Board as metric? (on QI or other dashboard)	Additional Notes
1	Administration	Admin	Physician Leadership											Understand responsibilities for and regularly monitor: -Contracts -Training and regulatory compliance -Evaluations -Development Plans -Chart completion Develop clinic specific peer review and patient grievance process				JP New!
6	Cardiopulmonary	Ancillary	Patient Satisfaction	X				X		X		X	Outpatient Customer/Patient Satisfaction Surveys	Continue with outpatient satisfaction surveys. Focus on completed evaluations and note areas of improvement. Make adjustment to correct identified issues and monitor for results on future surveys.	Patient responses to outpatient customer/patient satisfaction	Senior Leader	Y	Continue 2021
7	Cardiopulmonary	Ancillary	Cardiac Stress Test Volumes	X	X		X	X		X		X	We have been unable to offer services due to lack of physician oversight	Provide education for providers via Full Staff Meeting and 1 on 1. Community awareness of service - work with Michele Wurl/CRM.	Monitor volumes - goal is to grow program	Senior Leader		Dependent on hiring a provider
8	Cardiopulmonary	Ancillary	RT newborn support					X	X			X	With 24/7/365 RT support we hope to increase the attendance of RT staff at the birth of newborns born via CS or with anticipated complications to improve outcomes	1 - RT to attend OB provider meeting and review skills/services offered. 2 - RT to participate with OB staff in trainings to increase confidence and RT staff to check daily with OB regarding laboring patients and expected C-sections 3 - Work with FBP to develop criteria for attended births	Increasing volume = improvement Review with OB and Cardiopulmonary staff	Post monthly in OB/RT	N	Continue 2021
9																		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Service	Division	Topic/Project Name	Access Partnerships	Comm.	Fin. Sustain.	Quality	Respect	Service	Transparent	Collaboratio		General Description/Problem Statement	Ideas/Actions to Achieve Improvement	Measure(s)	How shared?	Recommend Reported to Board as metric? (on QI or other dashboard)	Additional Notes
1																		
10	Clinics	Clinics	Patient Satisfaction	X			X	X	X	X	X	X	Improve patient satisfaction - understand the specifics of care and service reports, patient surveys and other reported concerns.	1- Utilize Press Ganey survey data and regularly review across clinics. Apply the data to improve a practical situation or solve a problem. 2- Continue to work on just in time patient problem intervention improvements. 3- Set up regular gembas with Clinic Quality Service Coordinator (Toni Clayton) 4- Ensure aligns with provider contracts	Satisfaction scores are on the QI dashboard.  Determine how to share improvement opportunities with staff.	In department and QI dashboard	Y	Continue 2021
11	Clinics	Clinics	Empanelment	X		X							Empanelment – assess care team/provider supply and demand. Balances patient load accordingly. Proactively contact, educate and track patients by disease status, risk status, self-management status, community and family need. Patient Centered Medical Home initiative. Now that Cerner has been active for almost 3 years, it will provide an accurate picture of what our current active patient panel really is.	1- Provide regular patient panel reports to providers 2- Discuss balancing with providers 3- Provide education on what patient empanelment is, and what it means to balance a patient panel 4- Chronic Care Management - patient risk stratification, working with Analytics to get good set or reports with this information	Routine reporting will identify the improvement of balance. We will use this first process to understand our goals for empanelment.	In department only	N	Revised for 2021
12	Clinics	Clinics	Provider Efficiency	X		X				X			Provider Efficiency – to support the Value Alignment Committee work. This committee has been working all year to determine a compensation system. Part of the compensation will be tied to RVU's. With contracts being initiated January 2021, providers will be interested in having efficient workflows.	1- Ongoing work with schedule templates 2- Cerner optimization - set-up regular meetings/training sessions with Informatics/Kurtis for providers at all clinics (currently only being done in Cle Elum). 3- Ongoing work with chart prep ahead of visits 4- Ensure schedule template/numbers/expectations are adhered to	MA workflow – standard work review will be posted on huddle board. Open appointment – each day will be reported on huddle board. This will be # on the day and then how many left at the end of the day. Keep action/decision log for improvement posted in provider area. Review weekly until items completed. Augmedix appointments vs. non Augmedix	Displayed in department QI Dashboard: Annual Wellness Visits Patient Referrals	Y	Continue 2021

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
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1																		
13	Community Relations	Admin	Collaborations	X	X	X				X		X	KVH will be a strong partner with other organizations to enhance the well-being of our community. We will work on deliberate collaborations to provide the necessary services, information and events to our community.	<ol style="list-style-type: none"> <li>In-the moment, organic communications</li> <li>Participation in or creation of relevant community events</li> <li>February community benefit report</li> <li>Expand Opportunities for co-branding</li> <li>Experience Healthcare expansion – in collaboration with Karen Schock</li> </ol>	<ol style="list-style-type: none"> <li>We will monitor topics &amp; services addressed</li> <li>We will measure community engagement on Social Media topics</li> <li>We will measure how attendees rate the value of the events</li> <li>We will measure how many people attended the events</li> <li>We will monitor leads generated from events</li> <li>We will measure what types of calls to actions were generated</li> </ol>	This information will be shared through monthly report to the Board of Commissioners.	N	Continue 2021
14	Community Relations	Admin	Cohesive Medical Community			X		X	X		X		Community Relations will facilitate activities that support and develop a cohesive medical community.	<ol style="list-style-type: none"> <li>Quarterly "Kittitas County Provider Connect" newsletter for active and retired Medical Staff (Jan, late April, late July/Aug, November)</li> <li>Annual Provider Appreciation event – April 1, 2020</li> <li>The creation of additional opportunities for provider collaboration</li> <li>Attend Medical Staff meetings for feedback and ideas</li> </ol>	<ol style="list-style-type: none"> <li>We will measure how attendees rate the value of the events</li> <li>We will measure how many people attended the events</li> <li>We will measure what types of calls to actions were generated</li> <li>We will attend Medical Staff meetings to received first hand feedback</li> </ol>	<ol style="list-style-type: none"> <li>This information will be shared through monthly report to the Board of Commissioners.</li> <li>Activities will be shared at the Medical Staff meetings</li> </ol>	N	Continue 2021

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
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1	Community Relations	Admin	Service Line Promotion	X		X			X		X		Community Relations will increase awareness of KVH services lines.	1. Increase employee usage of KVH Outpatient Pharmacy 2. Increase volumes of KVH Wound Care Services 3. Increase volumes of Diabetic Outreach activities 4. Increase usage of KVH Home Sleep Studies 5. Increase public awareness of Care Team models and how they work 6. CHA/CHIP	1. See Nasser's QAPI for improvement goal 2. See Amy's QAPI for improvement goal 3. See Jim's QAPI for improvement goal 4. See Jim A's QAPI for improvement goal	1. See Nasser's QAPI for sharing plan 2. See Amy's QAPI for sharing plan 3. See Jim's QAPI for sharing plan 4. See Jim A's QAPI sharing plan	N	There was not a lot of work in this area due to COVID-19 limitations. Our primary focus for community awareness in 2020 revolved around COVID safety and resources available both within KVH and in other areas of the community. I feel we should continue this work in 2021, with updated goals based on other department's QAPI's.
15	ED Combined	Patient Care Services	Trauma Service										Implement SBIRT in the ED for Trauma patients (Full and Modified Trauma Activations). Part of compliance with new WAC for Trauma Designation.	Staff education, share data with staff	# completed	Staff meetings (ED provider and clinical staff), Trauma Committee	N	New! Need to define/write policy/educate staff
16	ED Combined	Patient Care Services	Stroke				X		X		X		tPA administration for eligible stroke patients within 45 minutes	Staff education, chart reviews, share data with staff Stroke service line workgroup (rad, pharmacy, lab)	Quality chart audits, GWTG measures: Time to tPA administration Time to head CT (to rad read and report available with Cerner	Staff meetings (ED provider and clinical staff) Stroke/Cardiac Committee	Y	Continue 2021 **Shared with ED Medical Staff Collaborate w/ EMS, Community Outreach
17	ED Combined	Patient Care Services	Sepsis				X		X		X		ED sepsis care - timing of antibiotic administration in less than 60 minutes from arrival to the ED to administration in identified septic patients.	Post results, share results, educate, feedback to staff	Quality chart audits, sepsis measures: Time to antibiotic administration (including time to triage, time to provider assessment, time to antibiotic order) CMS Sepsis measure	Staff meetings (ED provider and clinical staff) Post in ED department	Y	Continue 2021 **Shared with ED Medical Staff
18	ED Combined	Patient Care Services	Patient Satisfaction		X				X				Maintenance and improvement of community perception of ED	Presentation of quarterly data, get feedback from PFAC, get together with ancillary departments and nursing to set standards for service behavior Align with provider contracts	Press Ganey patient satisfaction data (overall and focused questions - ie nurses/doctors treat you with courtesy and respect)	Staff meetings (ED provider and clinical staff) Combined staff workshop	Y	Continue 2021 **Shared with ED Medical Staff Link to Value Alignment Committee work
19																		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
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20	ED Medical Staff	Medical Staff	Physician Competency Ultrasound	X			X		X				Bring ultrasound (US) utilization as a standard practice among all physicians for specific conditions (decreasing variability of diagnostic services offered by ED physicians)	Set standard for when US should be used (ie - all CL insertions) CME requirements for ER specific basic and advance US course completion in 2020 (or w/in previous 12 months) through an approved program by all ED physicians	Number of physicians who have completed training Adherence to standard by case review: number of cases with US used/ number of cases US should be used	Email to specific providers and ED department meetings	N	Continue in 2021 Board review by annual report out?
21	ED Medical Staff	Medical Staff	Advance Practice Clinician Supervision	X			X		X		X		Even though great collaboration and communication currently, more structured process for Advanced Practice Clinician (APC) supervision is needed	Mandatory consults with ED physician attending admissions, transfers, procedures, consults and any significantly ill patients	Co-signatures on ED physician attending consults	ED Department meeting and individually	N	Continue in 2021
22	ED Nursing	Patient Care Services	Timely Collection of Urine Analysis	X			X		X				There is a sense that there is a delay in time from urine analysis order completion to collection of urine sample, potentially delaying diagnosis and disposition of patients	Collect data to assess current performance and identify goal for timing. Share data and timing expectations with nursing staff	Time from order completion to sample collection	Staff meetings (ED provider and clinical staff) Post in ED department	N	Continue 2021 "urine my mind" :)
23	ED, MedSurg/CCU Nursing	Patient Care Services	Admit Process (Transfer Time)					X	X	X	X	X	Evaluation of time from admission order entry to patient arrival on inpatient unit (MedSurg/CCU)	Biweekly or weekly review of data, to then report out to ED/MedSurg/CCU staff Post weekly totals Staff project	Time orders for admission written in ED to time of arrival on MedSurg/CCU unit goal less than 45 minutes - manual extraction of data and chart review, report built	Department dashboards and meetings, communicate in-person or via email	N	Continue 2021 **Shared QAPI plan
24	Employee Health/Infection Control	Quality	COVID-19 Prevention and Monitoring Plan	X		X	X			X	X	X	COVID-19 has dramatically impacted KVH in 2020. We have done incredibly well creating new processes and systems to prevent the contraction and spread. As the pandemic continues, we need to incorporate this work into more long-term processes.	1- Finish COVID-19 Control Plan documentation 2- Formalize standard processes for surveillance monitoring within the organization 3- Determine standard processes for monitoring PPE/social distancing requirements over time	COVID positive tests PPE/distancing audits	Infection Control meeting, QI Council	?	New!
25	Employee Health/Infection Control	Quality	Employee Health/Infection Control Program Design	X	X	X	X	X	X	X	X	X	As the entire organization has been impacted by COVID-19, so has the functions of Employee Health and Infection Control. We have increased and changed some of the staffing models in Employee Health/Infection Control, and need to revise the program structure and assignments to consistently meet these new demands.	1- Determine daily/weekly/monthly workload and work assignments 2- Revise any policies or reporting structures to the new processes 3- Determine new data/surveillance reporting and prioritize improvement opportunities	Will depend upon measures identified	Infection Control meeting, QI Council	?	New!
26	Engineering	Admin	Compliance Improvement					X					Do an internal audit of compliance with CMS K tags and other compliance Facilities is responsible for. Understanding all the elements CMS requirements is complicated and a high volume of requirements. Emphasis on different elements happens each survey cycle.	Identify all OFIs and shore up those areas as we go. The goal is 2 fold , providing a safe environment and having a good survey.	CMS K tags and DNV NIAHO requirements	Year end QAPI	N	New!  20

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27	Engineering	Admin	Workforce Development				X	X		X			Train or otherwise provide education opportunities for all staff in areas deficient as relevant to the their job description. Provide background where work is compliance driven. Facilities has many systems and pieces of equipment we are responsible to keep operating safely, online and maintained. The applied science for on these systems is across the board. It is important we make educated decisions around repair, maintenance and replacement. Unfortunately there is no formal education for maintenance engineers. All engineers have the same job description and even though the may special in areas they are all in the on call rotation where they have to operate independently.	Educate all staff to a minimum standard. This will not happen within the year but the it will be go through cycles of improvement to create the framework for on going education topics and competency checking. Move from only some getting weekly training sessions to all. by the end of the year I want to have all staff to the point of not relying on old beliefs or guessing but rather logic and reason and knowing when they are missing information to make judgment. Should result in reduced purchased services, faster service, decreased safety risks.	Record training session topics and create competency check list from that.	Individual with staff and summary to Julie.	N	Continue in 2021
28	Engineering	Admin	Project Management				X	X					Project management is profession in itself. It is multi faceted and many aspects are not intuitive which can result in cost over runs, project delays, and or poor project quality.	Create a project flow work diagram and project flow work sheets, as well as tracking tools that will allow for consideration of factors that may not be obvious. The tracking sheets will be used to develop the budget, identify value engineered potentials, and track cost of the project as well as coordination triggers.	Continue to develop the framework for managing a project start to finish.	Monthly report to Julie.	N	Continue in 2021
29	Environmental Services	Engineering	Purchased Services				X						KVH uses multple companies for purchased services by EVS (ie - window cleaning, janitorial, floor care, etc.)	Looking to see what available vendor offer to identify if any cost savings may be available by bundling, or less different companies	Money saved	Department meeting	N	New
30	Environmental Services	Engineering	EVS Employee Retention										Decrease turnover	Onboarding Regular meetings				JP New!
31	Environmental Services	Engineering	Cleaning Audits										COVID pandemic has increased everyone's awareness of cleaning procedures. Have audits in some areas of hospital.	1- Identify any cleaning procedures lacking standard work 2- Determine cadence for checking adherence to SW and determine who to conduct 3- Continue and expand EcoLab checks	Adherence to SW EcoLab stats	Infection Control meeting, QI Council		JP/MO New! **Link with EH/IP
32	Environmental Services	Engineering	Security										KVH has initiated new contracted security services 24/7. We want to make sure we are compliant with onboarding these individuals to safely interact with our patients, visitors, and staff, and that they uphold KVH values.	1- Identify standard onboarding needs 2- Set-up regular cadence for meeting with departments to assess needs/service				JP New!

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33	Family Birth Place	Patient Care Services	Clinical Emergency Drills					X					Set a cadence for Clinical Emergency Drills in Family Birthing Center (for example, post-partum hemorrhage, shoulder dystocia, etc.)	Determine: <ul style="list-style-type: none"> <li>• which drills will be run (1 OB, 1 newborn)</li> <li>• how many drill per year (min 4)</li> <li>• cadence of the drills (1 each per quarter)</li> <li>• who to assign organization and running of drills in collaboration with dept. director</li> <li>• which drills will be interdepartmental</li> </ul>	FBP and Staff Development will collaborate  # drills completed #drills desired	<ul style="list-style-type: none"> <li>• Huddles</li> <li>• Emails</li> <li>• Department meetings</li> <li>• OB/Peds</li> <li>• Posted in unit</li> </ul>	N	Continue 2021
34	Family Birth Place	Patient Care Services	Blue Band Initiative	X	X		X			X		X	Community wide program to improve awareness, recognition and management of pre-eclampsia	Educate as many women as possible on the signs and symptoms, risks and when to seek care as possible  Treat women meeting criteria for severe hypertension treatment within 60 mins	# of women banded in Kittitas County) by each entity participating on a monthly basis by tracking sheet  % of women meeting criteria for severe hypertension treatment are medicated within 60 mins - Monthly chart abstraction by FBP - Amy Diaz has created a report that identifies those women with 2 or more blood pressures that meet threshold	<ul style="list-style-type: none"> <li>• Huddles</li> <li>• Emails</li> <li>• Department meetings</li> <li>• Posted in unit</li> <li>• Reported quarterly to KCHN</li> </ul>	N	continue for 2021
35	Finance	Finance	Cost Reporting				X						Starting in 2018 KVH began completing the Medicare Cost Report internally. The cost report accounts for how we're reimbursed for services by Medicare and Medicaid patient plans. The Cost Report calculation of reimbursement is complex where minor operational considerations can significantly impact CAH and RHC reimbursements.	Continue to internally prepare the Medicare Cost Report. This has provided us with a deeper understanding of how our operations fit in the Cost Reporting methodology. We can strategically manage operations to maximize reimbursements. We can continue to evaluate if we are taking full advantage of Rural Health Clinic designations. We also can improve our bad debt and charity care reporting to receive additional payment from Medicare due to bad debt.	Monitor reimbursements as % of charge by location and financial class. Evaluate current programs against cost report methodology. Share with and propose to Finance Committee and Administration of strategic operational changes to enhance reimbursement.	Finance Committee	N	New!

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36	Finance	Finance	Cascade Care Health Plans Contracts Management			X							Governor Insee has proposed a Cascade Care plan offering in Washington with specific coverage and reimbursement limitations. KVH has agreed to short-term contracts with two health plans and agreed commitment to monitor the plans over the period for how they work for KVH and the plan.	Continue to build relations and partnership with Regence and CHPW who we contracted with to assess these plan for financial sustainability and if they are serving our counties members well.	Measure reimbursement as % of charge for financial sustainability. Work with RCM to evaluate if the plan is reasonably processing claims with limited denials / appeals needed. Evaluate if the plan has a fair prior-auth processes or issues with patient transfers to other in-network facilities.	Information may be shared with finance committee to keep the board member sponsors and admin well informed of the partnership with these new cascade care plans.	N	New!	
37	Food and Nutrition	Patient Care Services	Wholesale Food Price/Cost Adjustments				X						Recently, the wholesale price of food and supplies have varied upward for a number of different reasons. It would be beneficial for the retail price of food/meals available through the KVH Café and to KVH departments be appropriately adjusted, in real time, to reflect the varied wholesale cost.	To address the ever changing cost of wholesale food and supplies, we will utilize available software (StarSolution) to adjust the retail price of food and meals available through KVH. A database of available items will be established. The database receives automatic daily price updates from the foodservice vendor, US Foods. The database will be used to determine the retail price of food and meals.	<ul style="list-style-type: none"> <li>Improvement will be measured by a baseline audit of current retail pricing versus wholesale costs in December 2020. A food cost percentage will be obtained.</li> <li>A goal 42 percent food cost threshold for food and meals requiring labor will be established.</li> <li>A goal 10 percent food cost threshold for non-labor food and supplies will be established.</li> <li>Data will be collected and reported on a monthly basis.</li> </ul>	<ul style="list-style-type: none"> <li>It will be shared to Food and Nutrition department team member via whiteboard presentation within the department monthly.</li> <li>Additionally shared in monthly report to the Patient Care Services director.</li> <li>Data reporting by the department director and dietetic technicians.</li> </ul>	N	New!	

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38	Food and Nutrition	Patient Care Services	Diabetes and Nutrition Education Engagement Expansion			X							<p>Group programs have the ability to reach a large number of people at one time. The participants also have the opportunity to network and connect with other participants with similar health concerns thus possibility improving their condition.</p> <p>We will offer two separate programs for different participant needs in 2021.</p>	<p>In 2019 our classes attracted only a maximum of 5 participants at any one class, in 2020, 4. Due to COVID, classes were cancelled April-Sept. We hope to increase participation in the two different programs to greater than 5.</p> <p>The two classes are: Diabetes 101 Survival Skills, and Diabetes Support Group.</p> <p>Collaborate with marketing and KVH clinics to increase participation in the two programs.</p>	<p>1. Number of participants who have attended each group program compared to 2019 and 2020.</p> <p>2. Offer the programs every month of the year for 12 months versus only the six months in 2019</p>	<p>1. Once a month, attend the daily staff huddle at Internal Medicine and Family Medicine to provide class attendance and promote future classes.</p> <p>2. Provide an update to the marketing staff regarding class attendance and brainstorm for improvements each month.</p> <p>3. Post program participant evaluation.</p>	N	Continue in 2021
39	Foundation at KVH	Admin	Donation platforms				X			X			To remain flexible in these difficult times, The Foundation is looking to expand virtual and online giving platforms to maximize fundraising efforts.	Implement new platforms and enhance social media presence.	Increased donations.	Monthly meetings with KVH CEO and bi-monthly meetings with Foundation board.	N	New!
40	HIM	Finance	Discharged Not Final Coded				X	X					Need to monitor discharged not final coded (DNFC) to assure it remains stable.	Monitor daily and report to CFO and Clinic Managers.	Hospital accounts should be no more than 7 days in DNFC (discharged not final coded). Clinic accounts should be no more than 3 days DNFC.	Monitor daily and report to CFO and Clinic Managers, Compliance Committee	N	Continue in 2021
41	HIM	Finance	E/M Coding Audit				X	X		X	X		Need an audit of E/M coding for ED, Urgent Care and Clinics to assure we are in alignment with CPT coding changes effective Jan 1, 2021.	Complete audit and share results to identify improvement opportunities.	Should achieve 95% accuracy in E/M code assignment and documentation.	Share results with individual providers and coders.	N	New!
42	HIM	Finance	Privacy Breach Reporting				X	X	X		X		Need to monitor compliance with Privacy Breach reporting timeliness requirements.	Monitoring by Privacy Officer	Privacy Breach timeliness	Privacy Breach timeliness to the CFO and CEO at monthly meetings	N	Continue in 2021
43	Home Health	Ancillary	PT Timely Start of Care	X									Providing timely start of care for referrals to Home Health PT.	<p>1- Review current status with staff &amp; requirements</p> <p>2- Review all charts requesting PT only for possible SN visit at SOC</p> <p>3- Change staffing models</p>	Start of care monthly report	At IDT meetings with staff, and QI Council	Y	Continue in 2021

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44	Home Health	Ancillary	PDGM Payment Models			X			X		X		Financial sustainability with new payment structure - PDGM (Patient-Driven Grouping Model from CMS)	1- Review referrals for acceptable diagnosis & comorbidities 2- Re-educate providers on required documentation 3- Monitor coding advisor and LUPAS 4- Re-educate staff on documentation requirements	Monthly variance report and monitor LUPAS	IDT and monthly financial report	N	Continue in 2021
45	Hospice	Ancillary	Symptom Management for Pain				X	X					We have continued to struggle with this measure that looks at patient satisfaction with pain management	1- Review current status with staff & documentation requirements to hit this measure 2- At start of care, review patient's baseline pain level and expectations; discuss what is realistic for adequate pain control 3- nurse to call 24 hours after start of care to assess pain level	CAHPS Hospice Survey	IDG meeting, QAPI board, QI Council	Y	Continue in 2021
46	Hospice	Ancillary	Hospice Length of Stay	X		X	X	X	X				Hospice Length of Stay (LOS) - many patients die within 24-48 hours of coming on service	1- Review LOS data with providers at full staff and department meetings 2- Utilize new community outreach liaison to promote services to providers and community	SHP Length of Stay	Hospice QAPI board/IDT and QI Council	Y	Revised for 2021
47	Human Resources	Admin	Management Development	X			X	X	X	X	X		Continue to develop management teams, with specific partnership in finance, clinics, and ancillary services	Continue Leadership Sessions with Clinics, Finance, and Ancillary services. Provide 1-2 open sessions with KVH Managers. Create KVH leadership Track- e-learning. Partner with MSS for Physician leadership, orientation, and development.	Meetings and opportunities scheduled for 2020. E-learning track with 3-4 leadership/management topics created	Summarized and shared within HR department and leadership team as appropriate	No as metric, will include as appropriate in monthly summary	JP New!
48	Human Resources	Admin	Engagement and Retention		X			X					Enhance the onboarding experience and process for our workforce, including contracted services	Implement specific tools to evaluate metrics and feedback from employees within their first year	Review metrics quarterly	Summarized and shared within HR department and leadership team as appropriate	No as metric, will include as appropriate in monthly summary.	
49	Human Resources	Admin	HR Regulatory and Compliance			X	X				X		Create and sustain a 2021 HR Compliance and Audit calendar	Audits related to benefits plan data accuracy to prepare for 2022 plan design. Audits related to DNV survey preparedness in spring 2020.	A minimum of 4 HR audits in 2021	Summarized and shared within HR department and leadership team as appropriate	No as metric, will include as appropriate in monthly summary.	Most of the work will be completed in Q1 and Q2.
50	Human Resources	Admin	Customer Service	X	X			X	X				Supporting the organizational effort to increase standardized and values driven customer service for our patients and community. Provide intensive customer service training for KVH staff that ties to leadership or strategy driven values.	Implement Customer Service Training and micro-learning tools throughout 2021	Classes scheduled for 2021 by end of January 2021.	Organization wide: Meetings, announcements, Staff Development calendar	No as metric, will include as appropriate in monthly summary.	In progress with committee
51	Imaging	Ancillary	Phone	X					X				Receive complaints from departments and patients that no one ever answers the phone	Focused surveys, Verge	Staff complaints	Displayed in department	N	Continue 2021

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52	Imaging	Ancillary	Imaging - Pt Satisfaction	X			X	X	X				Working on likelihood to recommend	Out Patient survey; Pt complaints	Out Patient survey; Pt complaints	Displayed in department	Y	Continue 2021
53	Imaging	Ancillary	Interventional Radiology Procedures	X		X			X		X		Volume on interventional radiology procedures	1 - Continue staffing with Radiologist on-site Monday through Friday 8-5 2 - Meet with providers to determine needed type of exams 3 - Inform provider/staff on services offered	Review monthly volumes	Admin Team and staff huddles, bulletin board	N	Continue 2021
54	IT	Admin	Project Management						X				Continue to improve IT Project Management process	Create standard work for: • Project pre-review process (what's the ask? Vendor selection? Technology fit? ) • Project intake (check-off list) • Prioritization • Timeline creation • Total cost of a project (capture all cost) including operational. • Post implementation review and lessons learn • Implement a Project Management software? Track time and resources? • Project review (Weekly internal) Monthly at SLT? • Online project management updated list of projects and status.	Build in process as we mature, we have already implement lots of standard work.	KVH Leadership	N	Continue in 2021
55	IT	Admin	Cybersecurity			X	X						Keep improving our Cyber Security Posture for the Enterprise	• Annual Security Risk Assessment (3yr contract with Cerner). • Work on mitigation plan (high priority) items out of the Security Risk Assessment • Review and update IT policy and procedures. • Implement technology to help eliminate risk. (example: implement single sign on to help eliminate generic log-on accounts for nursing). • Contract with outside vendors to test our current Security Structure (penetration testing). • Create standard work around device purchases to limit the variability. • Train staff and real-time testing	• Assessment of what we accomplish throughout the year according to the plan.	KVH Leadership, Compliance Com Committee	N	Continue in 2021

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56	IT	Admin	IT Ticket Management							X			Continue to improve IT ticket management (All IT systems)	<ul style="list-style-type: none"> <li>Internal IT tickets (KACE)</li> <li>Cerner tickets (all areas)</li> <li>Implement change management review process</li> <li>Segregate net new changes from break fix</li> <li>Segregate global changes from CR's.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor internal IT tickets (KACE) Daily huddle, metrics and trends</li> <li>Monitor Cerner Tickets Weekly, list and prioritization</li> <li>Implement process to capture all tickets (IT would be the source)</li> </ul>		N	Continue in 2021
57	IT	Admin	End User feedback and IT communications							X			Continue, build and improve End-user feedback methods for Enterprise IT Continuous (real-time) communications of IT issues to end-users.	<ul style="list-style-type: none"> <li>Quarterly rounds in all areas</li> <li>Implement online (Intranet) feedback loop</li> <li>Implement customer service survey after # of tickets closed</li> <li>Standard rounding process after major Cerner Upgrades</li> </ul>	<ul style="list-style-type: none"> <li>Collect feedback while rounding, create KACE tickets for support issues.</li> <li>Collect Cerner tickets, organize with the Clinical Informatics team, SR, CR, or net new request.</li> </ul>	KVH Leadership	N	Continue in 2021
58	IT	Admin	Physician Optimization	X			X	X					EMR can contribute to physician inefficiency and burnout. Message center tasks add burden to already busy days and decrease the amount of time providers can spend with patients. Decreasing message center time spent by providers can improve efficiency and job satisfaction.	<ul style="list-style-type: none"> <li>Meet with ambulatory providers to review current workflow, go over current statics</li> <li>Re-train providers to best practice to maximize efficiency</li> <li>Work with clinic managers and MA/Nurse staff to optimize message center tasks sent to providers</li> </ul>	<ul style="list-style-type: none"> <li>Obtain baseline data for each provider from Cerner Advance</li> <li>CMIO to document meetings and change in statistics on Cerner Advance</li> <li>Share with CMO and CIO quarterly.</li> </ul>	<ul style="list-style-type: none"> <li>Informatics</li> <li>Clinic Council</li> <li>Informatics</li> <li>Clinic Council</li> </ul>	N	
59	Lab	Ancillary	Laboratory - Pt Satisfaction	X			X	X					Focus on wait times and likelihood to recommend	Out patient survey; Pt complaints	Out patient survey; Pt complaints	Displayed in department	Y	Continue 2021
60	Lab	Ancillary	Blood Culture Contamination Rates			X	X						Contaminated blood cultures have a financial impact on the patient and the organization, plus lead to inappropriate use of antibiotics	Monthly contamination rates	Monthly contamination rates	Displayed in department	N	Continue 2021
61	Lab	Ancillary	Lab Proficiency Testing				X						Looking at failure count by event by discipline and comparing to acceptable % failure by event by discipline	API - proficiency testing provider reports	API - proficiency testing provider reports	Displayed in department	N	Continue 2021
62	Lab	Ancillary	Lab Remodel										Plan for consistency of operations, standards, and quality throughout remodel					JP New!

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63	Materials Management	Finance	Revenue Capture/Inventory Control			X			X		X		Revenue Capture / Inventory Control: Re-roll Point of Use (POU) out to the remaining departments now that we have addressed the functionality issues within Cerner. Remaining departments include; FBP, ED, Med Surg, ICU/CCU.	Collaborate with nursing departments			N	Continue in 2021
64	Materials Management	Finance	Cost Reduction			X			X		X		Work to identify a minimum of 10 items that can be switched to a lower cost alternative				N	Continue in 2021
65	Materials Management	Finance	Cost Reduction - OR			X			X		X		Work to identify a minimum of 5 items that can be removed from the OR Core				N	Continue in 2021
66	Materials Management	Finance	GPO Transition and Implementation	X		X	X						With the transition from Intalere to Premier at the start of the year; Materials needs to take every opportunity to review contract pricing and move items not currently on contract over to Premier contracts and pricing. Materials would like to recognize a minimum of \$75K cost savings on existing items.				N	Continue in 2021
67	Medical Staff Services	Admin	Advanced Practice Clinician Supervision	X			X		X	X	X		Currently sufficient supervision to meet DOH licensing requirements, however, documentation or a standardized visible structure for APC oversight is not apparent. The goal is to create greater prominence of the quality of APC supervision at KVH.	<ul style="list-style-type: none"> <li>In coordination with Value Alignment Committee, develop standards for frequency, volume and documentation of supervision, as well as set goals for compliance (if above and beyond of DOH licensing standard)</li> <li>Develop a method to carry out standards practically on a day-to-day basis</li> <li>Develop tracking/data collection method</li> <li>Roll-out supervision standards to all providers</li> </ul>	Some of the activities are done/not done. Tracking/data will be dependent on actions carried out over the year	Clinic Council, Admin Team, Strategy updates	N	Shannon?
68	MedSurg/CCU	Patient Care Services	Department Competencies				X				X		Track RN/tech annual completion of departmental competencies to ensure staff is up to date	Include monthly review of BizLibrary completion in addition to department specific competencies	*Director review of BizLibrary monthly *Update of competency spreadsheet of annual department competencies	Department metric board	N	Continue in 2021
69	MedSurg/CCU	Patient Care Services	Swing Bed Program Management	X		X	X		X				Swing bed activity documentation or documentation of offer of activity at minimum every shift	To improve documentation of activity or offer of activity to swing bed patients to encourage social interaction and movement	Data pull from chart and/or tick sheet	Department metric board	N	Continue in 2021

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70	MedSurg/CCU/ED Nursing	Patient Care Services	Restraint Documentation				X					X	Increase compliance of restraint documentation including meeting required documentation per DOH guidelines: charting, orders, re-orders	Real-time chart audits to take place during those hours/times restraints are in place	*Cerner reports - pulls visit/fin number for restraint patients *chart review for data extraction	Report/data shared monthly with ED/MedSurg/CCU staff, on department metric board, to QI Council	Y	Continue in 2021 **shared with ED Nursing
71	MedSurg/CCU/ED/FBP Nursing	Patient Care Services	Pain Medication Reassessment				X						90% compliance on pain reassessment post pain medication administration. Reassessment must occur 30-60 minutes post medication administration for symptoms	Weekly review of Cerner report to check compliance. Weekly discussion with those RNs that are outliers of the 90% standard	*Cerner reports - percent of times pain assessment was done within timeframe of administration of pain medication	Report/data shared monthly with ED/MedSurg/CCU staff, on department metric board, to QI Council; sharing with individual outliers	Y	Continue in 2021 **shared with Surgery, FBP, and ED Nursing
72	Pharmacy	Ancillary	340b ED Utilization	X		X			X		X		Monitor the dollar amount utilized for ED prescriptions	Offer 340b to patients eligible to fill their emergent prescriptions from ED	Measure number of patients and dollar amount per month utilized	Metric will be kept on the pharmacy board of metrics to be shared with staff Share during gembas, and whenever invited to QAPI meeting presentations	N	Continue in 2021
73	Pharmacy	Ancillary	Inpatient Medication Reconciliation				X		X	X	X		Inpatient medication reconciliation related to allergy evaluation - attempting to determine true allergies and correct medical record if the allergy is really a "symptom".	1-during medication reconciliation interview, ask patient regarding allergic response to meds listed as allergies. 2- collaborate with providers to determine if this is a true allergy or a symptom and change medical record if appropriate	Staff performing med rec will track number of med recs performed that had an allergy listed and number medical records amended to remove a medication that was not a true allergy	Post in pharmacy on department metric board and share monthly in huddle	N	Aligns with antimicrobial stewardship and surgical site infection prevention
74	Pharmacy	Ancillary	Outpatient Retail Pharmacy	X		X			X	X			Ensure financial sustainability of the retail pharmacy by increasing the volume of prescriptions filled on a monthly basis.	1-Partner with marketing for advertising 2-Promote services at department huddles and at community events	Monthly variance report will be reviewed with pharmacy staff	Post in pharmacy on department metric board and share monthly in huddle	N	Continue 2021
75	Quality	Admin	DNV Accreditation	X	X	X	X				X	X	KVH must remain compliant with Federal and State Laws, as well as CMS Conditions of Participation to receive payment, and ensure adequate safety and quality standards met. DNV can survey to meet these requirements as well as certifying KVH to even higher standards in stroke and safety/quality.	1- Review new NIOSH standards 2- Determine process for educating leaders about DNV/NIOSH and differences from traditional survey process 3- Prepare for initial survey 4- ID and implement any changes to QAPI oversight process	Number of DNV required metrics and those already included in displays or QAPI plans	Admin Team and QAPI gembas	N	New!

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76	Quality	Admin	Customer Service	X				X	X	X	X	X	We have seen a steady rise in the overall number of Care & Service concerns, particularly those that may have been able to be resolved at the time by improved service or communication at the point of care or contact with the patient.	1- Understand challenges and barriers to staff solving service issues at the point of contact 2- Implement as many real-time service recovery as possible 3- Assist as needed in roll-out of HR Service training	Care and Service numbers (average new per day/month, rate per patient volume)  Patient Satisfaction data	Quality department daily metrics board, Admin team, QI Council	Y	Continue in 2021 **link to Administration, HR, clinics, all patient satisfaction goals
77	Rehab	Ancillary	Total Joint Referrals				X				X		Focus on number of total joints receiving therapy at KVH	Monitor results monthly to look for trends and identify opportunities for improvement; meet with Ortho providers 2x year and prn to identify concerns and take action to address concerns	Monitor surgery schedule for total joints and track volume sent to KVH rehab	Quarterly with ortho providers	N	New!
78	Rehab	Ancillary	Patient Satisfaction				X		X	X			Focus on likelihood to recommend and patient comments	Monitor results monthly to look for trends and identify opportunities for improvement	Press Ganey surveys. Most negative comments have been related to billing or limited services during Covid pandemic.	Monthly QI Dashboard	Y	Continue 2021
79	Revenue Cycle Management	Finance	PSR Training				X	X				X	Patient Access employees get a minimum of 40 hours of training. Clinic PSR's do not receive the same amount of training. This means they do not get the level of training on insurances and eligibility that their hospital counterparts receive. This results in errors and payer denials.	The Revenue Cycle is committing staff to support clinic PSR's education and training. We will have elbow-to-elbow support. Employees going to the clinic and have clinic PSR's sit with a Registrar at the hospital. Lunch and learn sessions to target specific topics or changes that all registrars need to know. Provide scripting that will prompt patients to provide updated information if demographics/insurance has changed.	Improvement will be measured by reviewing denial data. Success will be measured by a reduction in denials due to incorrect insurance/demographic data. This data can be collected using DA2 reporting. We should also see a reduction in the number of patients calling to have us change insurance and bill to correct insurance. I don't know if there is a report that shows insurance changes.	Huddles and in messaging in reporting	N	New!

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80	Revenue Cycle Management	Finance	Charity Care Requirements										Maintain compliance with evolving charity care requirements						JP New!
81	Revenue Cycle Management	Finance	Transparency Requirements										Ensure compliance with transparency requirements						JP New!
82	Revenue Cycle Management	Finance	AR Days				X						The goal is to reduce the number of days in the AR to less than 50.	<ul style="list-style-type: none"> <li>*- Continue working through account issues</li> <li>- Continue requesting Cerner Build change to improve workflow</li> <li>- Move towards using Cerner as it is intended – Clinically driven revenue system</li> <li>- Increase emphasis on collecting money at time of service (Cashier at the hospital)</li> <li>- Calls out to patients w/ balances</li> <li>- Decrease min days to 4 – industry standard for adding charges is 1-3 days; total DNFB &lt;7-8 days</li> <li>- Bad Debt workflow</li> </ul>	Aged Trial Balance/Revenue Report Calculated AR days	Shared in our office at our huddles/White Board Board Meeting	N	**Data already presented to the board on Financials Continue in 2021	
83	Revenue Cycle Management	Finance	Chargemaster				X	X				X	Chargemaster review and charge workflow improvement	<ul style="list-style-type: none"> <li>*- Chargemaster Review ensure clean build                             <ul style="list-style-type: none"> <li>- simplification of CDM (# of charges/CPT reduction to max needed for correct billing)</li> </ul> </li> <li>- Identify and Correct Orders without charges</li> <li>- Order/Charge audit – do we have correct matches</li> <li>- Charges triggered at time of care</li> <li>- Provide clinicians the tools they need to charge at time of care (training/standard work)</li> </ul>	<ul style="list-style-type: none"> <li>*- Charge accuracy</li> <li>- Number of CDM items</li> <li>- Revenue Cycle collaboration with Informatics to maintain proper workflow</li> <li>- Ease of use for clinicians</li> <li>- Light duty nurse audits - findings</li> </ul>	EMR Standards Meeting/Revenue Cycle	N	Continue in 2021	
84	Social Services/Case Management	Patient Care Services	Swing Bed Program Management	X		X				X			Track Swing Bed patient to ensure federal regulatory requirements are met (high risk, low volume activity)	Maintain and ensure compliance with federal regulations	Social services/case management work together and monitor patient: goal - 100% compliance with documentation requirements	In the department and with Admin	N	Continue in 2021	

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85	Social Services/Case Management	Patient Care Services	Social Service Management of Boarder Patients	X			X			X		X	Improve the process for management of "Boarder" patients. Track patients not meeting medical criteria for admission and those kept in hospital awaiting disposition after medical treatment ended.	Improve time of identifying need (at admission) assess finances at admission. Capture finances.	By logging "days" in hospital after medical treatment ends. Social worker to assess daily and track on audit tool in department. Decrease lost days due to disposition.	On bulletin board in Social Services	N	Continue in 2021	
86	Surgical Services	Patient Care Services	OR Cleaning Compliance				X	X		X	X	X	OR cleanliness at turnover (between patients) and terminal cleaning (end of day). Relates to Surgical Site Infection tracking.	Openly share process and measurement to maintain above 90% cleanliness. Annual training to make sure all staff (OR and Environmental Services) are familiar with process	Ecolab program measures cleanliness of "high touch" objects with fluorescent marker. Maintain compliance with complete cleaning of high touch audits above 90%.	Staff meetings, whiteboard in Surgical Services hallway	N	Continue in 2021. Link with Infection Prevention and Housekeeping	
87	Surgical Services	Patient Care Services	Immediate Use Steam Sterilization					X			X		Track Immediate Use Steam Sterilization (IUSS) numbers. Industry standard strongly discourages this practice.	Numbers have been low the last 2 years, continue to keep numbers low with the introduction of new providers requiring additional instrumentation/equipment	Evaluate any increase in IUSS and see if it relates to a need of additional instrumentation to adhere to industry standards.	Staff meetings, huddles	N	Continue in 2021. Link with Infection Prevention	
88	Surgical Services	Patient Care Services	Cleaning GI Lab					X			X		GI Lab cleanliness. Known area of risk internationally	Need to establish a baseline	Establish a baseline and share findings with staff. Discuss goals and strategies if improvement needed.	Staff meetings and huddles	N	New! Link with Infection Prevention and Housekeeping	
89	Surgical Services	Patient Care Services	Increase Wound Care Patients	X		X							Increase number of patients based on projected numbers from board report	Meet with CR/Marketing team to explore ideas for outreach to community and referring providers. Look at opportunity for wound care in FM-CE.	Collected monthly on Wound Care board - number of patients, number of new patients, number of visits (30 minute)	Wound care team - Vicky	N	Continue in 2021.	
90	Surgical Services	Patient Care Services	Central Processing GI Endoscopes					X			X		ATP testing to monitor the manual cleaning step when processing GI endoscopes.	Implement program to test manual cleaning step. Establish a baseline and set goals based on findings. This may impact training and how often we send out scopes for repair.	Establish a baseline and share findings with staff. Discuss goals and strategies if improvement needed.	Staff meetings and huddles	N	New! Link with Infection Prevention.	
91	Surgical Services	Patient Care Services	Increasing OR Volumes										Anticipating increasing OR volumes, how will we adjust to accommodate patient demand	Consider need for opening more OR rooms				JP New!	

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92	Urgent Care	Patient Care Services	Patient Satisfaction										Although Urgent Care does extremely well on their Press Ganey patient satisfaction scores, we want to focus on "Info you were given about caring for yourself at home". This is an area of opportunity within the patient satisfaction surveys and also an area of risk with Urgent Care.	Start post-discharge follow-up phone calls with patients	Press Ganey patient satisfaction data	Post within the department for staff	Y	Continue 2021 **Overall care and willingness to recommend already part of QI Council patient satisfaction dashboard	

### Proposed 2021 QI Dashboard Measures (highlighted)

3-hour Sepsis Bundle
Adverse Drug Events (ADEs)
Adverse/Harm Events
Falls with Injury
Harm Events Related to Workplace Violence (OSHA definition)
Home Health Timely Start for Physical Therapy
Hospice Length of Stay
Hospice Symptom Management for Pain
Hospital Acquired Infections - CAUTI, CLABSI and SSIs (HAI-1, HAI-2, HAI-3, HAI-4)
Incidents
Medicare Wellness Visits
Medication Errors
Needlesticks
Pain Reassessment after Medication
Patient Grievances
Patient Referrals (including Home Health)
Patient Satisfaction (all other, non-HCAHPS)
Patient Satisfaction (HCAHPS)
Restraint Use and Compliance
Sepsis (SEP-1)
Sepsis Antibiotic Timing
Stroke Care (STK-1, STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10, STK-OP-1, CSTK-01)
30 Day Death Rates (MORT-30-AMI, MORT-30-AMI, MORT-30-PN, MORT-30-STK, MORT-30-COPD, MORT-30-CABG)
Acute Myocardial Infarction/Chest Pain (OP-2, OP-3, OP-5)
Admission rates
Admission/discharge wait times
Adolescent Immunizations
Adolescent Visits
Alcohol Use Screening and Brief Intervention (SUB-2, SUB-3)
Antidepressant Medication Management
Antimicrobial Stewardship (ASP)
Asthma Medication (Med Ratio, Med Mgmt Compliance)
Blood Component Usage and Transfusion Reactions
Breast Cancer Screening (PREV-5)
Cataract Surgery Outcome (OP-31)
Cervical Screening
Clostridium difficile Infection (CDI, HAI-6)
Colonoscopy (OP-29, OP-30)
Colonoscopy Outcomes (OP-32)
Colorectal Cancer Screening (PREV-6)

Condition Specific Readmission (READM-30-AMI, READM-30-HF, READM-30-PN, READM-30-STK, READM-30-COPD, READM-30-CABG, READM-30-HIP-KNEE)
Controlling High Blood Pressure (HTN-2)
CT Results within 45 min for outpt Stroke (OP-23)
Depression Remission at 12 Months (MH-1)
Diabetes Neuropathy
Diabetes Statin Use
Diabetes: Eye Exam (DM-7)
Diabetes: HbA1C Poor Control (DM-2)
Discrepancy Reports (imaging or pathology)
ED care times (ED-1, ED-2, OP-18)
ED Transfer Communication (EDTC)
Environmental Cleaning Audits
Excess Days in Acute Care (EDAC-30-AMI, EDAC-30-HF, EDAC-30-PN)
Falls Unassisted/100 patient days
Falls: Screening for Future Fall Risk (CARE-2)
Home Health Improvement in Management of Oral Medications
Home Health Improvement in Pain Interfering with Activity
Hospice Visits Near End of Life
Hospital Acquired Infections/100 patient days
Hospital Visits after Hospital Outpatient Surgery
Hospital Wide Readmission (READM-30-HOSPWIDE)
Imaging Efficiency (OP-8, OP-9, OP-10, OP-11, OP-13, OP-14)
Influenza Immunization for Inpts (IMM-2)
Influenza Vaccination for Healthcare Personnel (OP-27, IMM-3-FAC-ADHPCT)
Left Without Being Seen (OP-22)
MCO Roster
Medical Record Delinquency
Medication Reconciliation Post-Discharge (CARE-1)
Medication Reconciliation Within the Hospital
Methicillin-Resistant Staphylococcus Aureus (MRSA, HAI-5)
Mortality rate (all cause inpatient)
Number of Patients Served/Volume of Services Provided
Opioid Medication Management
Other pathogen surveillance, including BSI
Patient and Family Engagement (PFE)
Patient Safety Indicators (PSI-3 - Pressure Ulcers, PSI-4, PSI-6, PSI-8, PSI-9, PSI-10, PSI-11, PSI-12 - Post-Op PE/VTE, PSI-13, PSI-14, PSI-15, PSI-90)
Pediatric Immunizations
Percentage of Return ER Visits w/in 72 hrs with Same/Similar Dx
Perinatal Care (PC-01 + WSHA/MDC OB measures - NTSV and TSV C-section rates, severe newborn complications, maternal morbidity, maternal blood transfusion)

Physical Environment Management Systems
Physician Empanelment
Preventive Care and Screening: Influenza Immunization (PREV-7)
Preventive Care and Screening: Screening for Clinical Depression and F/U Plan (PREV-12)
Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention (PREV-10)
Procedure rates and review
Readmission rates (all cause inpatient)
Severe Sepsis and Septic Shock Mortality
Social Determinants of Health Screening and Coding (SDOH)
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (PREV-13)
Structural Measures (SM-5, SM-6, OP-12, OP-17, OP-25)
Surgical Complications (COMP-HIP-KNEE)
Third Available Appointment
Tobacco Use Screening and Treatment (TOB-2, TOB-3)
Unanticipated deaths
Venous Thromboembolism Prevention (VTE-6)
Ventilator-Associated Conditions (VAC, iVAC)
Well Child Exams (15 mo., 3-6 yrs.)

## KVH Quality Improvement Council Dashboard Glossary

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

## KVH Quality Improvement Council Dashboard Glossary

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

### KVH Quality Improvement Council Dashboard Glossary

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

### KVH Quality Improvement Council Dashboard Glossary

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

## Chief Executive Report December 2020

**Surge Planning** – Staffing, as we anticipated, is the limiting factor for admitting and caring for inpatients. At any given time we have more than a dozen staff members either ill or excluded from work. We have had great cooperation from some of our SOP and surgery staff floating to a variety of acute care, CCU and ED shifts. Inpatient surgeries have been cancelled through January and we have a plan to cancel all scheduled surgeries at a moment's notice.

**Vaccine** – Some of the vaccine update will be delivered verbally since the facts are changing so rapidly. Kittitas County is trying to get as many 1A qualified people through the first round as possible then moving down to other people working in high risk environments. By the end of the year we will have delivered more than 800 doses. January 8<sup>th</sup>, we will begin providing the second dose to those individuals.

The Governor's office has still not released the definition for the 1b classification.

**Hospital District #2** – Breaking news from HD #2, Melissa Becker has resigned her position on the Board of Commissioners. Melissa will be relocating to a sunnier location.

**Lizzie Ann** - Manda welcomed a happy, healthy baby girl on Monday, December 28<sup>th</sup>. She is reportedly pretty darn perfect. Congratulations!

See you all in the New Year!

# Human Resources & Staff Development- December 2020

## November Metrics

<i>Employee Population</i>				
	<i>20-Nov</i>	<i>20-Oct</i>	<i>20-Sept</i>	<i>20-Aug</i>
Full-time	410	401	396	396
Part-time	130	129	127	128
Total Employees	640	634	621	621

<i>Turnover</i>			
	<i>YTD</i>	<i>20-Nov</i>	<i>2019 Year End</i>
Turnover (People)	94	6	138
Turnover (Percentage)	14.95%	0.93%	22.44%
Voluntary	89	6	109
Involuntary	5	0	9

<i>General Recruitment</i>				
	<i>20-Nov</i>	<i>20-Oct</i>	<i>20-Sept</i>	<i>20-Aug</i>
Open Postings	26	23	24	23
Unique Applications Received	201	212	257	281
Employees Hired	14	21	17	7
Time to Fill (Median)	25	27	23	26
Time to Fill (Average)	24.23	26.41	27.29	38.68

<i>Annual Evaluations</i>	
	<b>YTD</b>
Percent complete	74.4%
Total evaluations over due	155
# of employee evals over due	120
# of provider evals over due	35

**Recruitment:** It was a slightly slower month for hiring than last month. We anticipate an increase in applicants after the first of the year. We have 37 current postings; 10 for hospital nurses, 16 for various clinical positions, and 11 for various non-clinical positions.

**Benefits and Wellness:** Open enrollment has finished! It went smoother this year than in previous years, likely due to the lack of many changes and being the same process to enroll as last year.

**Student and Volunteer Services:** We are developing a position control system to track our capacity for learners in each department and ensure that we don't schedule more than our capacity to teach. We are working with our volunteers to see if they can support the COVID-19 Vaccine effort while ensuring their safety. Currently, we have 1 active volunteer and 12 learners. Of the 12 there are 3 Radiology Tech Students, 1 Nursing Student, 2 Pharmacy Students, 1 OT Student, 1 Dietetic Intern, 1 Physician Assistant Student, 1 Nurse Practitioner Student, and 2 Medical Students.

**Staff Development:** We had to reschedule our initial customer service training for Mid-January due to the rollout of the COVID vaccine. We have begun scheduling drop-in sessions for the 2021 calendar year. At this time we are expecting them to be a mix of in-person and via zoom but that may change as conditions allow. We continue to recruit for our Staff Development Program Coordinator as well.

**HR Operations/Staffing:** Manda Scott, CHRO, is now out on FMLA until March/April.

**Staff Feedback and Engagement:** We completed the PEAK assessment via TinyPulse on 12/28/20. We received a 20% response rate, lower than we would have liked, but we will be reviewing the data and summarizing it during Q1.

NOTIFICATION OF CREDENTIALS FILES  
FOR REVIEW

Date            December 29, 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>
Radhakrishnan, Jay, MD Reisenauer, Christin, MD	Provisional Associate Provisional Associate	Initial Appt. Initial Appt.	Onrad Teleradiology Onrad Teleradiology
Cleland-Zamudio, Suzanne MD	Provisional Active	Re-appointment	KVH ENT
Castner, Matthew, DO Meyer, Jonathan MD	Associate Associate	Re-appointment Re-appointment	KVH Hospitalist Onrad Teleradiology



**November Operating Results**

- November patient volumes for the organization were mixed. Negative variances in admissions, deliveries, GI procedures, ER visits, Urgent Care Visits and radiology exams were offset by positive variances in inpatient and outpatient surgeries, rehab visits, clinic visits and an extraordinary number of laboratory tests. Lab tests exceed budget by nearly 35% for the month. Much of the positive lab volume was for Covid-19 testing. In November the lab performed 3,276 Covid-19 tests. The previous record in October was 2,411 Covid-19 tests.
- Gross revenue of \$14,644,043 exceeded budget by \$1,995,489. Historically, November has been relatively slow month for KVH so we budgeted November revenue accordingly. Inpatient revenue had a positive variance of \$155,731. Outpatient revenue had a positive variance of \$1,367,439. Clinic revenue exceeded budget by \$472,319. The laboratory department exceeded their monthly revenue budget by \$1,340,789. \$1,108,762 of this positive revenue variance was related to Covid-19 testing. YTD the laboratory is exceeding their budgeted revenue by \$5,160,037. YTD Covid-19 testing revenue totals \$4,237,780.
- KVH started offering Neurology services with Dr. Gustavson in October. The Neurology service line and related clinic visits are included within the Internal Medicine Rural Health Clinic statistics. In October Dr. Gustavson had 18 clinic visit and in November 79 clinic visits. Total charges resulting from the clinic visits and ancillary services ordered by Dr. Gustavson were \$37,678 in October and \$123,395 in November.
- Deductions from revenue tracked with the revenue variance and exceeded budget by \$670,052 for the month. Contractual adjustments exceeded budget by \$384,469. Bad debt deductions exceeded budget by \$42,010. Financial assistance exceeded budget by \$63,061 and other deductions exceeded budget by \$180,512. In November, KVH wrote-off \$34,312 for free Covid-19 and balances after insurance has paid, \$119,596 for not obtaining a pre-authorization and \$88,647 for untimely billing.
- November other operating revenue was below budget by \$84,637. The variance was due to a timing difference between 340B and outpatient pharmacy receipts and how the budget was spread. YTD 340B revenue and outpatient pharmacy are tracking with their budget. KVH did not recognize any additional income from the CARES funds. KVH has recognized \$3,864,240 in CARES Revenue year to date, with no additional revenue recognized in November.

- There were significant negative expense variances for salaries, supplies, purchased services and depreciation in November. Approximately \$75k of the salary variance was due to the unbudgeted ENT and Neurology programs. \$53k of the variance was due to Covid-19 testing and the remainder was due to volume variances two holidays – Veterans Day and Thanksgiving in November and how the budget was spread. The salary budget was spread evenly between months and did not account for double time holiday pay for two holidays that occurred in November. Supplies were over budget by \$556,794. A year-end inventory adjustment of \$364,160 accounted a good portion of the variance and volume related excess supply utilization in the laboratory of \$217k accounted for the balance. Purchased services exceeded budget by \$260,570. \$287k of the variance was to purchase Covid-19 lab testing from lab vendor Incyte. The depreciation variance is due to the difference between actual and an estimate. In November, KVH began capitalizing the improvements to the Medical Arts Center Clinic building. Previously, we had been accruing an estimated depreciation amount for the Medical Arts Center building improvements. The YTD depreciation variance is only \$10,485. In November, expenses to operate the unbudgeted ENT Clinic totaled \$58,214 and expenses to operate the Covid-19 pop up clinic were \$85,954. For the month of November, KVH had a negative expense variance of \$1,052,314.
- In November, KVH posted operating loss of \$38,507 compared to a budgeted operating loss of \$226,993, a positive variance of \$188,486. Increased patient volumes, better than expected reimbursement for services provided, and an improving payer mix are factors that contributed to a favorable variance for November. YTD operating income is \$2,926,621 compared to budget of \$1,644,672, resulting in a positive variance of \$1,281,949.
- Non-operating revenue/expense was below budget by \$54,414 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 \$444,083. This trend will continue.
- In spite of a positive revenue variance of \$1,995,489, Days in Accounts Receivable decreased 3 day from 81 days to 78 days. Gross Accounts Receivable decreased by \$154,812 from \$39,463,226 in October to \$ 39,308,414 in November. November collections were strong. November cash receipts of \$8,234,575 were \$209,978 lower than the prior month. This is the fifth consecutive month that receipts have exceeded \$8 million dollars.
- Days Cash on Hand decreased .2 days to 178.3 days in November from 178.5 days in October. The slight decrease in the days calculation is due to the growth in expenses that has happened in October and November. Total KVH cash actually increased from the prior month by \$411,503.

- Average daily cash collections per working day increased slightly to \$411,729 in November from \$402,729 per working day in October. November receipts were really quite remarkable given that there were two holidays in November a near holiday the day after Thanksgiving.

# Kittitas Valley Healthcare

## Financial and Operating Indicators

November 2020 - Key Statistics and Indicators

L	Measure	2020 YTD	2020 Budget	2020 Annualize	2019	2018	2017	2016	2015	2014	2013
1	Total Charges	144,823,605	162,287,212	157,792,883	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699	113,679,975
2	Net Revenue	83,634,360	87,947,737	91,124,005	83,527,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460	64,503,948
3	Operating Income	2,926,621	1,720,871	3,188,707	2,901,869	474,120	885,655	(5,893)	3,620,482	4,662,688	3,861,302
4	Operating Margin %	3.5%	2.0%	3.5%	3.5%	0.6%	1.2%	0.0%	5.2%	6.7%	6.0%
5	Cash	40,979,562	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	178.3	127.6	NA	138.6	133.5	178.7	156.0	189.4	175.8	
7											
8	Surgeries	1,220	1,547	1,329	1,305	1,461	1,396	1,510	1,578	1,675	
9	Gastrointestinal Procedures	1,123	1,596	1,224	1,416	1,250	1,383	1,396			
10	Emergency Visits	11,184	13,807	12,186	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	26,702	31,692	29,093	30,397	30,843	33,836	33,471			
13	Laboratory Tests	213,403	213,227	232,514	209,144	207,040	190,587	181,082			
14	Clinic Visits	64,360	77,747	70,124	72,711	59,241	50,917	48,525			
15	Telehealth Visits	3,269	NA	3,562							
16	IP & Obs Days (no swing)	3,343	4,074	3,642	3,805	3,999	3,440	3,937	3,740	4,976	
17	Deliveries	264	340	288	309	342	322	312	368	334	
18	Admits	780	969	850	941	984	899	1,043	1,299	1,433	
19											
20	FTEs	497.8	506.6	NA	477.4	469.4	457.6	449.1	437.9	437.7	
21	AR Days	78.4	60.0	NA	88.1	92.0	50.8	47.5	45.0	49.5	

**Normalize charges across years by adjusting for charge master increases:**

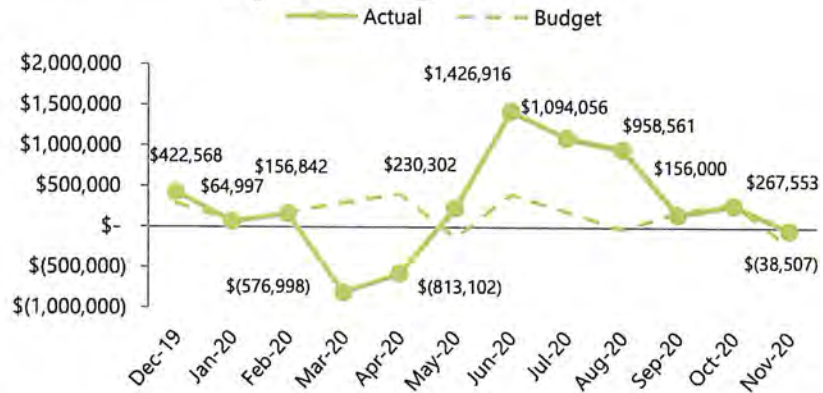
Normalized Charges to 2020	162,287,212	157,792,883	155,728,564	147,664,856	143,854,660	142,211,813	143,725,881	151,853,197	147,597,905
Operations Growth	4.21%	1.33%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%	
Operations Growth w/Out COVID Testing		-1.64%							

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

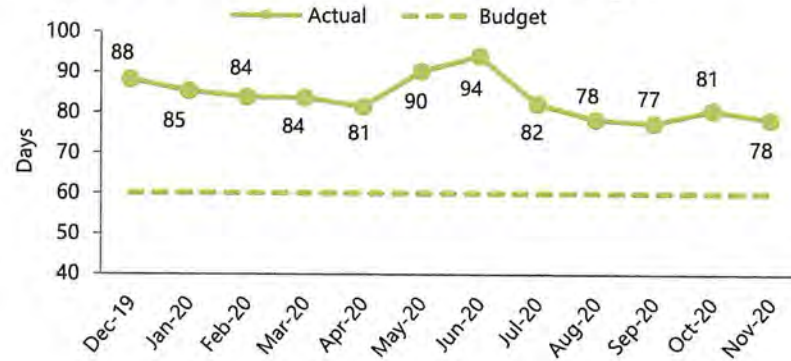
Activity Measures	Current Month			Year to Date			Prior YTD			
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %		
	01	Admissions w/Swingbed	63	77	-18.5%	780	901	-13.5%		861
02	Patient Days - W/O Newborn	216	216	0.1%	2,403	2,517	-4.5%	2,422	-0.8%	02
03	Patient Days - Swingbed	-	14	-100.0%	123	154	-20.1%	NA	NA	03
04	Avg Daily IP Census w/Swingbed	7.2	7.7	-6.0%	7.5	8.0	-5.4%	7.3	4.0%	04
05	Average Length of Stay	3.4	2.8	22.8%	3.1	2.8	10.3%	2.8	9.5%	05
06	Average Length of Stay w/Swingbed	3.4	3.0	15.3%	3.2	3.0	9.3%	2.8	15.1%	06
07	Deliveries	19	28	-31.9%	264	311	-15.0%	283	-6.7%	07
08	Case Mix Inpatient	0.96	1.00	-4.5%	1.02	1.00	1.6%	1.11	-8.5%	08
09	Surgery Minutes - Inpatient	2,554	2,647	-3.5%	23,136	31,065	-25.5%	32,073	-27.9%	09
10	Surgery Minutes - Outpatient	7,267	6,979	4.1%	68,901	80,680	-14.6%	65,137	5.8%	10
11	Surgery Procedures - Inpatient	23	20	15.3%	200	234	-14.5%	245	-18.4%	11
12	Surgery Procedures - Outpatient	105	102	2.7%	1,020	1,182	-13.7%	938	8.7%	12
11	Gastrointestinal Procedures	114	126	-9.2%	1,123	1,461	-23.2%	1,296	-13.3%	11
12	ER Visits	979	1,081	-9.4%	11,184	12,646	-11.6%	12,643	-11.5%	12
13	Urgent Care Cle Elum Visits	242	430	-43.7%	3,693	5,014	-26.4%	4,626	-20.2%	13
14	Laboratory	22,592	16,715	35.2%	213,403	195,310	9.3%	191,328	11.5%	14
15	Radiology Exams	2,365	2,487	-4.9%	26,702	29,025	-8.0%	27,748	-3.8%	15
16	Rehab Visit	1,705	1,516	12.5%	14,922	17,709	-15.7%	17,225	-13.4%	16
17	Outpatient Percent of Total Revenue	87.2%	86.4%	0.9%	88.1%	86.4%	1.9%	85.3%	3.3%	17
18	Clinic Visits	6,008	5,893	2.0%	64,360	71,229	-9.6%	66,632	-3.4%	18
19	Telehealth Visits	343	-	NA	3,269	-	NA	-	NA	19
20	Adjusted Patient Days	1,681	1,582	6.2%	20,185	18,551	8.8%	16,497	22.4%	20
21	Equivalent Observation Days	90	104	-14.2%	940	1,215	-22.6%	1,068	-12.0%	21
22	Avg Daily Obs Census	3.0	3.5	-14.2%	2.8	3.6	-22.6%	3.2	-12.0%	22
23	Home Care Visits	468	535	-12.5%	6,006	6,254	-4.0%	6,099	-1.5%	23
24	Hospice Days	676	890	-24.1%	7,399	9,912.9	-25.4%	8,953	-17.4%	24
<b>Financial Measures</b>										
25	Salaries as % of Operating Revenue	48.8%	52.3%	6.6%	48.7%	49.4%	1.4%	50.1%	-2.7%	25
26	Total Labor as % of Operating Revenue	59.2%	64.9%	8.7%	60.5%	61.3%	1.3%	61.7%	-2.0%	26
27	Revenue Deduction %	46.5%	48.6%	4.2%	48.3%	48.4%	0.2%	47.8%	1.0%	27
28	Operating Margin	-0.5%	-3.3%	-85.6%	3.5%	2.0%	71.4%	2.7%	27.7%	28
<b>Operating Measures</b>										
29	Productive FTE's	457.3	452.1	-1.2%	436.7	452.1	3.4%	419.0	4.2%	29
30	Non-Productive FTE's	53.2	54.4	2.2%	61.1	54.4	-12.2%	58.4	4.5%	30
31	Paid FTE's	510.6	506.6	-0.8%	497.8	506.6	1.7%	477.4	4.3%	31
32	Operating Expense per Adj Pat Day	\$ 4,831	\$ 4,468	-8.1%	\$ 3,998	\$ 4,255	6.0%	\$ 4,475	-10.6%	32
33	Operating Revenue per Adj Pat Day	\$ 4,808	\$ 4,324	11.2%	\$ 4,143	\$ 4,343	-4.6%	\$ 4,601	-9.9%	33
34	A/R Days	78.4	60.0	-30.7%	78.4	60.0	-30.7%	86.3	-9.2%	34
35	Days Cash on Hand	178.3	127.6	39.7%	178.3	127.6	39.7%	152.3	17.1%	35

# Financial Dashboard

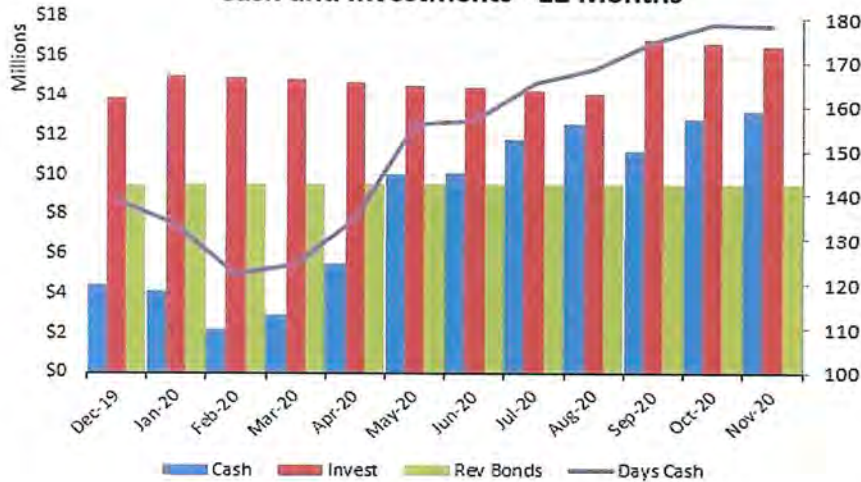
## Operating Income



## Accounts Receivable Days



## Cash and Investments - 12 Months



## Payer Mix

	CY 2018	CY 2019	YTD 2020
Medicare	41.85%	41.97%	39.49%
Medicaid	18.45%	18.72%	19.28%
Commercial	32.03%	32.81%	34.78%
Self Pay	3.52%	2.21%	2.91%
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	1,878,959	1,723,229	155,731	17,238,437	20,170,669	(2,932,232)	20,366,313
OUTPATIENT REVENUE	10,543,927	9,176,488	1,367,439	105,134,889	107,306,277	(2,171,388)	98,567,424
PROF FEE REVENUE	2,221,157	1,748,838	472,319	22,450,279	21,191,231	1,259,048	19,766,850
<b>REVENUE</b>	<b>14,644,043</b>	<b>12,648,554</b>	<b>1,995,489</b>	<b>144,823,605</b>	<b>148,668,177</b>	<b>(3,844,572)</b>	<b>138,700,587</b>
CONTRACTUALS	6,154,315	5,769,847	384,469	63,778,390	67,490,841	(3,712,451)	61,824,283
PROVISION FOR BAD DEBTS	299,607	257,596	42,010	3,097,760	3,098,059	(299)	2,859,686
FINANCIAL ASSISTANCE	101,063	38,002	63,061	947,494	459,670	487,824	431,402
OTHER DEDUCTIONS	256,673	76,161	180,512	2,119,075	905,741	1,213,334	1,239,616
<b>DEDUCTIONS FROM REVENUE</b>	<b>6,811,658</b>	<b>6,141,606</b>	<b>670,052</b>	<b>69,942,720</b>	<b>71,954,312</b>	<b>(2,011,592)</b>	<b>66,354,988</b>
NET PATIENT SERVICE REVENUE	7,832,386	6,506,949	1,325,437	74,880,885	76,713,865	(1,832,980)	72,345,598
OTHER OPERATING REVENUE	250,604	335,241	(84,637)	8,753,475	3,856,427	4,897,048	3,553,852
<b>TOTAL OPERATING REVENUE</b>	<b>8,082,989</b>	<b>6,842,189</b>	<b>1,240,800</b>	<b>83,634,360</b>	<b>80,570,293</b>	<b>3,064,068</b>	<b>75,899,450</b>
SALARIES	3,945,974	3,577,466	368,509	40,770,424	39,829,119	941,305	38,033,732
TEMPORARY LABOR	60,275	41,786	18,488	638,433	465,221	173,212	293,793
BENEFITS	841,084	861,418	(20,335)	9,814,276	9,540,392	273,884	8,798,538
PROFESSIONAL FEES	13,670	111,362	(97,692)	1,114,292	1,239,826	(125,534)	867,926
SUPPLIES	1,299,887	743,093	556,794	9,702,084	8,548,061	1,154,024	7,999,963
UTILITIES	76,762	82,817	(6,055)	944,006	940,656	3,350	864,229
PURCHASED SERVICES	1,161,627	901,057	260,570	10,405,629	10,018,311	387,318	9,497,540
DEPRECIATION	441,896	336,899	104,996	3,719,664	3,709,179	10,485	3,387,437
RENTS AND LEASES	116,057	132,089	(16,032)	1,244,204	1,454,204	(210,000)	1,343,924
INSURANCE	50,780	56,848	(6,067)	529,832	625,426	(95,594)	491,725
LICENSES & TAXES	49,516	76,362	(26,846)	712,418	887,201	(174,782)	772,219
INTEREST	11,130	57,150	(46,020)	554,617	628,650	(74,033)	628,719
TRAVEL & EDUCATION	14,779	37,981	(23,202)	205,563	450,930	(245,366)	325,615
OTHER DIRECT	38,060	52,854	(14,795)	352,297	588,446	(236,149)	514,690
<b>EXPENSES</b>	<b>8,121,496</b>	<b>7,069,182</b>	<b>1,052,314</b>	<b>80,707,739</b>	<b>78,925,621</b>	<b>1,782,118</b>	<b>73,820,049</b>
<b>OPERATING INCOME (LOSS)</b>	<b>(38,507)</b>	<b>(226,993)</b>	<b>188,486</b>	<b>2,926,621</b>	<b>1,644,672</b>	<b>1,281,949</b>	<b>2,079,401</b>
OPERATING MARGIN	-0.48%	-3.32%	15.19%	3.50%	2.04%	41.84%	2.74%
NON-OPERATING REV/EXP	12,955	67,369	(54,414)	295,857	739,940	(444,083)	734,674
<b>NET INCOME (LOSS)</b>	<b>(25,552)</b>	<b>(159,623)</b>	<b>134,072</b>	<b>3,222,478</b>	<b>2,384,612</b>	<b>837,866</b>	<b>2,814,075</b>
<b>UNIT OPERATING INCOME</b>							
HOSPITAL	379,444	34,297	345,147	5,614,931	3,146,481	2,468,450	3,302,443
URGENT CARE	(40,042)	(30,440)	(9,602)	(88,414)	(305,974)	217,560	(319,390)
CLINICS	(391,915)	(262,261)	(129,654)	(2,785,788)	(1,679,780)	(1,106,009)	(1,306,196)
HOME CARE COMBINED	14,006	31,410	(17,404)	185,892	483,945	(298,053)	402,637
<b>OPERATING INCOME</b>	<b>(38,507)</b>	<b>(226,993)</b>	<b>188,487</b>	<b>2,926,621</b>	<b>1,644,673</b>	<b>1,281,949</b>	<b>2,079,494</b>

**Kittitas Valley Healthcare**  
Operating Income Statement with COVID operations detail  
Through November 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	NOV 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	13,535,281	140,585,826
Total Deductions	(6,349,081)	(6,257,081)	(5,887,671)	(3,878,367)	(5,460,889)	(6,885,352)	(7,085,242)	(6,640,038)	(5,737,972)	(7,447,441)	(6,279,452)	(67,908,586)
<b>Net Patient Service Revenue</b>	<b>6,949,922</b>	<b>6,452,541</b>	<b>6,208,298</b>	<b>4,797,316</b>	<b>6,288,581</b>	<b>7,084,046</b>	<b>6,753,216</b>	<b>6,822,331</b>	<b>6,645,521</b>	<b>7,419,639</b>	<b>7,255,829</b>	<b>72,677,240</b>
Other Operating Revenue	157,814	575,625	350,245	336,555	386,727	470,471	284,829	434,713	398,976	801,445	250,604	4,448,002
<b>Total Operating Revenue</b>	<b>7,107,737</b>	<b>7,028,166</b>	<b>6,558,543</b>	<b>5,133,872</b>	<b>6,675,307</b>	<b>7,554,517</b>	<b>7,038,045</b>	<b>7,257,043</b>	<b>7,044,497</b>	<b>8,221,083</b>	<b>7,506,433</b>	<b>77,125,242</b>
Total Expense	7,042,740	6,759,158	7,119,414	6,839,017	6,840,479	6,691,837	6,483,683	6,808,326	6,728,072	7,840,720	7,574,457	76,727,904
<b>Operating Income</b>	<b>64,997</b>	<b>269,008</b>	<b>(560,871)</b>	<b>(1,705,146)</b>	<b>(165,172)</b>	<b>862,679</b>	<b>554,363</b>	<b>448,717</b>	<b>316,424</b>	<b>380,363</b>	<b>(68,024)</b>	<b>397,339</b>
Operating Margin %	0.91%	3.83%	-8.55%	-33.21%	-2.47%	11.42%	7.88%	6.18%	4.49%	4.63%	-0.91%	0.52%

**COVID Related Activity Estimates**

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEPT 2020	OCT 2020	NOV 2020	YTD
Total Revenue (COVID Lab Charges)			75,400	50,180	163,280	210,695	643,855	564,565	537,573	883,469	1,108,762	4,237,780
Total Deductions			(36,192)	(24,086)	(78,374)	(101,134)	(309,050)	(270,991)	(258,035)	(424,065)	(532,206)	(2,034,134)
<b>Net Patient Service Revenue</b>			<b>39,208</b>	<b>26,094</b>	<b>84,906</b>	<b>109,561</b>	<b>334,805</b>	<b>293,574</b>	<b>279,538</b>	<b>459,404</b>	<b>576,556</b>	<b>2,203,645</b>
Other Operating Revenue (Grants)			1,522,790	608,394	722,956	725,444	642,753	-	-	83,136	-	4,305,473
<b>Total Operating Revenue</b>			<b>39,208</b>	<b>1,548,884</b>	<b>693,299</b>	<b>832,517</b>	<b>1,060,248</b>	<b>936,327</b>	<b>279,538</b>	<b>542,540</b>	<b>576,556</b>	<b>6,509,118</b>
Administration/Community Planning		78,985	78,985	78,985	78,985	78,985	78,985	78,985	78,985	78,985	78,985	789,853
Bio-Fire Tests						9,202	54,346	49,137	51,047	71,708	70,840	306,280
Lab Sendout Purchased Service							166,756	110,242	121,347	320,333	230,621	949,298
PPE Increase at \$5 per registration		33,180	64,955	45,540	61,170	75,680	79,360	73,690	73,435	83,730	80,980	671,720
Vaccination Services												0
COVID Testing Clinic & 24/7 Security			147,499	296,211	157,670	104,413	141,109	114,429	115,148	100,593	85,612	1,262,684
<b>Total Expense Estimate</b>	<b>-</b>	<b>112,165</b>	<b>291,439</b>	<b>420,736</b>	<b>297,825</b>	<b>268,281</b>	<b>520,556</b>	<b>426,483</b>	<b>439,962</b>	<b>655,350</b>	<b>547,038</b>	<b>3,979,835</b>
<b>Operating Income</b>		<b>(112,165)</b>	<b>(252,231)</b>	<b>1,128,148</b>	<b>395,474</b>	<b>564,236</b>	<b>539,693</b>	<b>509,844</b>	<b>(160,424)</b>	<b>(112,810)</b>	<b>29,518</b>	<b>2,529,283</b>
Operating Margin %			-643.32%	72.84%	57.04%	67.77%	50.90%	54.45%	-57.39%	-20.79%	5.12%	38.86%

**Combined, Organization Financials**

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEPT 2020	OCT 2020	NOV 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	14,644,043	144,823,605
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)	(6,811,658)	(69,942,720)
<b>Net Patient Service Revenue</b>	<b>6,949,922</b>	<b>6,452,541</b>	<b>6,247,506</b>	<b>4,823,410</b>	<b>6,373,486</b>	<b>7,193,608</b>	<b>7,088,021</b>	<b>7,115,904</b>	<b>6,925,059</b>	<b>7,879,043</b>	<b>7,832,386</b>	<b>74,880,885</b>
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	250,604	8,753,475
<b>Total Operating Revenue</b>	<b>7,107,737</b>	<b>7,028,166</b>	<b>6,597,751</b>	<b>6,682,755</b>	<b>7,368,607</b>	<b>8,387,034</b>	<b>8,098,294</b>	<b>8,193,371</b>	<b>7,324,035</b>	<b>8,763,623</b>	<b>8,082,989</b>	<b>83,634,360</b>
Total Expense	7,042,740	6,871,323	7,410,853	7,259,753	7,138,304	6,960,118	7,004,238	7,234,809	7,168,034	8,496,070	8,121,496	80,707,739
<b>Operating Income</b>	<b>64,997</b>	<b>156,842</b>	<b>(813,102)</b>	<b>(576,998)</b>	<b>230,302</b>	<b>1,426,916</b>	<b>1,094,056</b>	<b>958,561</b>	<b>156,000</b>	<b>267,553</b>	<b>(38,507)</b>	<b>2,926,621</b>
Operating Margin %	0.91%	2.23%	-12.32%	-8.63%	3.13%	17.01%	13.51%	11.70%	2.13%	3.05%	-0.48%	3.50%

11/30/2020

## Kittitas Valley Healthcare Balance Sheet and Cash Flow

Kittitas Valley Healthcare  
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	13,252,654	4,488,811	8,763,842
ACCOUNTS RECEIVABLE	39,308,414	40,613,365	(1,304,950)
ALLOWANCE FOR CONTRACTUAL	(26,690,836)	(22,382,150)	(4,308,686)
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	219,242	588,166	(368,924)
INVENTORY	1,703,533	1,894,491	(190,959)
PREPAIDS	598,573	776,900	(178,327)
INVESTMENT FOR DEBT SVC	1,543,819	950,100	593,720
<b>CURRENT ASSETS</b>	<b>29,935,698</b>	<b>26,929,983</b>	<b>3,005,715</b>
<b>INVESTMENTS</b>	<b>26,183,089</b>	<b>23,779,605</b>	<b>2,403,483</b>
PLANT PROPERTY AND EQUIPMENT	86,739,433	83,068,143	3,671,290
ACCUMULATED DEPRECIATION	(46,492,947)	(42,573,204)	(3,919,743)
<b>NET PROPERTY, PLANT, &amp; EQUIP</b>	<b>40,246,486</b>	<b>40,494,939</b>	<b>(248,452)</b>
OTHER ASSETS	(0)	(0)	0
<b>NONCURRENT ASSETS</b>	<b>40,246,486</b>	<b>40,494,939</b>	<b>(248,452)</b>
<b>ASSETS</b>	<b>96,365,273</b>	<b>91,204,527</b>	<b>5,160,746</b>
ACCOUNTS PAYABLE	1,009,654	1,395,147	(385,493)
ACCRUED PAYROLL	1,168,315	1,263,533	(95,218)
ACCRUED BENEFITS	307,716	268,613	39,103
ACCRUED VACATION PAYABLE	2,156,511	1,764,089	392,422
THIRD PARTY PAYABLES	1,876,721	1,742,630	134,091
CURRENT PORTION OF LONG TERM DEBT	1,024,910	1,629,839	(604,929)
OTHER CURRENT LIABILITIES	0	0	0
<b>CURRENT LIABILITIES</b>	<b>7,543,827</b>	<b>8,063,851</b>	<b>(520,024)</b>
ACCRUED INTEREST	278,817	311,475	(32,658)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	773	0	773
DEFERRED REVENUE HOME HEALTH	69,159	136,954	(67,795)
DEFERRED OTHER	2,557,973	0	2,557,973
<b>DEFERRED LIABILITIES</b>	<b>2,906,722</b>	<b>448,430</b>	<b>2,458,292</b>
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,564,910	12,989,839	(424,929)
LTD - 2018 REVENUE BOND	5,640,000	5,820,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,148,435	2,148,435	0
CURRENT PORTION OF LONG TERM DEBT CONT	(1,024,910)	(1,629,839)	604,929
<b>LONG TERM DEBT</b>	<b>19,328,435</b>	<b>19,328,435</b>	<b>0</b>
<b>NONCURRENT LIABILITIES</b>	<b>22,235,157</b>	<b>19,776,865</b>	<b>2,458,292</b>
<b>LIABILITIES</b>	<b>29,778,984</b>	<b>27,840,716</b>	<b>1,938,268</b>
FUND BALANCE	63,363,812	63,363,812	0
NET REVENUE OVER EXPENSES	3,222,478	0	3,222,478
<b>FUND BALANCE</b>	<b>66,586,289</b>	<b>63,363,812</b>	<b>3,222,478</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>96,365,273</b>	<b>91,204,527</b>	<b>5,160,746</b>

Kittitas Valley Healthcare  
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	3,222,478
<b>ADD BACK NON-CASH EXPENSE</b>	
DEPRECIATION	3,919,743
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
<b>NET CASH FROM OPERATIONS</b>	<b>7,142,220</b>
<b>CHANGE IN CURRENT ASSETS ( \$ )</b>	
PATIENT ACCOUNTS	5,613,637
OTHER RECEIVABLES	368,924
INVENTORIES	190,959
PREPAID EXPENSES & DEPOSITS	178,327
INVESTMENT FOR DEBT SVC	(593,720)
<b>TOTAL CURRENT ASSETS</b>	<b>5,758,127</b>
INVESTMENTS	(2,403,483)
PROPERTY, PLANT, & EQUIP.	(3,671,290)
OTHER ASSETS	0
<b>TOTAL ASSETS</b>	<b>6,825,574</b>
<b>CHANGE IN CURRENT LIABILITIES ( \$ )</b>	
ACCOUNTS PAYABLE	(385,493)
ACCRUED SALARIES	(95,218)
ACCRUED EMPLOYEE BENEFITS	39,103
ACCRUED VACATIONS	392,422
COST REIMBURSEMENT PAYABLE	134,091
CURRENT MATURITIES OF LONG-TERM DEBT	(604,929)
CURRENT MATURITIES OF CAPITAL LEASES	0
<b>TOTAL CURRENT LIABILITIES</b>	<b>(520,024)</b>
<b>CHANGE IN OTHER LIABILITIES ( \$ )</b>	
ACCRUED INTEREST ON 1998, 1999 UTGO	(32,658)
DEFERRED OTHER	2,557,973
DEFERRED TAX COLLECTIONS	773
DEFERRED REVENUE - HOME HEALTH	(67,795)
<b>TOTAL OTHER LIABILITIES</b>	<b>2,458,292</b>
<b>CHANGE IN LT DEBT &amp; CAPITAL LEASES ( \$ )</b>	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(424,929)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	604,929
<b>TOTAL LONG-TERM DEBT &amp; LEASES</b>	<b>0</b>
<b>TOTAL LIABILITIES</b>	<b>1,938,268</b>
NET CHANGE IN CASH	8,763,842
BEGINNING CASH ON HAND	4,488,811

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	Premera	\$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	Denied			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	Awarded		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 Developme	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	Applied	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.
<b>Building Communities of Recovery</b>	KCHN	<b>Opioids</b>	<b>SAMHSA</b>	<b>\$200,000</b>	<b>Researching</b>	<b>Opioid Implementation Grant, Opioid Resource Network Manager, Opioid Recovery Resources</b>		<b>Funding for 3 years to build a sustainable recovery community in Kittitas County.</b>

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

## 2021 Budget Summary

### Focus Areas for 2021

- Increase Access to Care and continue to support other pillars of the strategic plan
- Financial Sustainability pillar - Continue to seek reimbursement optimization opportunities such as charge capture, timely billing adjustments, contracting, contract compliance monitoring, obtaining grant funding, maximizing RHC benefits, 340B program expansion, etc.
- Continue optimization of OneSource (Cerner) integrated electronic health record system
- Control unit costs, with emphasis on labor, as we grow volumes and services
- Collaborate with HCA and other partners to consider new reimbursement models

### 2021 Budget Assumptions

#### **Volume and Revenue**

- 2020 patient volumes varied significantly from month to month so we are not using only 2020 data as a starting point for the 2021 Budget. We feel good about the 2020 Budget and how it was developed so we used the 2020 Budget and actual volumes from 2017 through 2019 as reference points in projecting patient volumes which projects the revenue.
- The 2021 Budget assumes growth in the surgical department, continued growth at the KVH clinics and a return to normal volumes in other departments.

A summary of volume decreases and increases that drive revenue are noted as follow:

- Patient days will increase 35 days to 2,783 patient days from the 2020 budget and 159 days from 2020 projected patient days.
- Deliveries will decrease 16 deliveries to 324 from the 2020 budget and increase 30 deliveries from 2020 projected deliveries.
- Inpatient surgery cases will decrease 10 cases to 246 cases from the 2020 budget but increase 34 cases from 2020 projected cases.
- Outpatient surgery cases will increase 30 cases to 1321 from the 2020 budget and increase 223 cases from 2020 projected cases.
- GI procedures will decrease 196 cases to 1400 from the 2020 budget but increase 189 cases from 2020 projected.
- ER visits will decrease 487 visits from the 2020 budget but increase 1,074 visits from 2020 projected visits.
- Lab tests will increase 38,034 from the 2020 budget to 251,261 and increase 22,288 from 2020 projected tests.
- Radiology scans will decrease 861 scans to 30,831 from the 2020 budget but increase 1,627 from 2020 projected scans.
- Clinic visits will increase 2,249 visits to 79,996 from the 2020 budget and 6,462 visits from 2020 projected visits.

- Budget assumes that reimbursement for services from Medicare and Medicaid to be at the same equivalent percentage of charges as 2020 reimbursement, including the Rural Health Clinic encounter rate.
- Programs and services being considered such as a cardiac rehab, a pulmonary rehab, oncology services, podiatry services and urology services are excluded. These programs will be brought to the Board for review and consideration
- Practice transformation grants associated with the Greater Columbia Accountable Community of Health (GCACH), grant work with the Kittitas County Health Network and other grant work of approximately \$500,000 are included in the 2021 budget.
- There are no anticipated changes to the current payer mix of 59% Medicare and Medicaid, 35% Commercial, 2.5% Self Pay, and 3.5% other though commercial insurance has been trending upward since 2019.
- We plan to implement an overall average charge increase for hospital services of 2.5% in January.

### **2021 Expense Assumptions**

- Salaries, Wages and Benefits represent 65.3% of our operating expense. The 2021 budget includes the following changes from current year:
  - WSNA – an annual increase of 3%
  - Teamsters – 2.5% compensation adjustments in line with the contract.
  - Non-contract employee – annual increase of 2% plus steps.
  - Exempt - annual increase of 2% with no steps.
  - Physicians and APCs – we will be transitioning to a market based compensation model based on recommendation of the provider alignment committee.
  - Wage Increases – the budget has factored in wage increases for existing employees of \$1,546,626 and wages for the new FTEs are \$2,424,286.
- Employee Benefits budget reflects a 9% increase in rates from Premera Blue Cross for medical, dental and vision. In addition, KVH will be reducing retirement plan eligibility from 2 years to 1 years.
- Expenses for 24/7 contract security coverage of \$180,000 is included in the budget.
- Depreciation expense for the new Haney Clinic Building is included in the budget.
- Expenses of approximately \$1,060,000 to operate the Covid Clinic for the entire year is included in the budget.
- Interest expense is adjusted to reflect 2017 and 2018 revenue bonds.
- KVH expects to receive only \$9,336 in levy support in 2021. Non-operating income will remain at the same level but appears to be increasing because depreciation expense is shifting from non-operating to operating.

## **Capital**

The operating budget assumes routine capital expenditures of approximately \$2,000,000 plus \$2,500,000 to expand the hospital laboratory. Total capital expenditures will be from \$4,500,000 to \$5,000,000. The capital equipment replacement will occur throughout the year. The laboratory expansion is not expected to be completed until the end of fiscal 2021.

## **Summary**

2020 was a challenging year for KVH and our community. We expect 2021 to be every bit as challenging. KVH will need to be nimble and attentive to hospital and clinic operations, the needs our community, federal and state regulatory changes, events in other parts of the state that impact KVH's ability to treat and transfer patients and changes related to CARES funding.

**Kittitas Valley Healthcare**  
**Statement of Revenue and Expense**

	2016 Actual	2017 Actual	2018 Actual	2019 Actual	2020 Oct An.	2020 Budget	2021 Budget
INPATIENT REVENUE	22,128,168	20,028,423	21,564,135	22,228,147	18,431,373	22,020,289	20,021,649
OUTPATIENT REVENUE	87,250,572	94,586,338	100,772,059	108,873,768	113,509,154	117,148,404	125,711,070
PROF FEE REVENUE	14,774,896	15,996,626	17,767,810	21,573,148	24,274,947	23,118,518	28,285,239
<b>REVENUE</b>	<b>124,153,636</b>	<b>130,611,388</b>	<b>140,104,003</b>	<b>152,675,062</b>	<b>156,215,474</b>	<b>162,287,212</b>	<b>174,017,958</b>
CONTRACTUALS	50,703,830	56,514,228	59,416,447	67,862,504	69,148,890	73,680,593	77,030,766
PROVISION FOR BAD DEBTS	2,289,449	2,401,261	3,112,296	3,211,739	3,357,785	3,380,400	3,727,200
FINANCIAL ASSISTANCE	633,490	1,109,403	955,198	459,763	1,015,717	501,507	1,129,000
OTHER DEDUCTIONS	570,997	780,176	763,375	1,444,260	2,234,883	988,500	1,681,000
<b>DEDUCTIONS FROM REVENUE</b>	<b>54,197,766</b>	<b>60,805,068</b>	<b>64,247,316</b>	<b>72,978,266</b>	<b>75,757,274</b>	<b>78,551,000</b>	<b>83,567,966</b>
<i>Deduction % of Revenue</i>	<i>43.65%</i>	<i>46.55%</i>	<i>45.86%</i>	<i>47.80%</i>	<i>48.50%</i>	<i>48.40%</i>	<i>48.02%</i>
<b>NET PATIENT SERVICE REVENUE</b>	<b>69,955,871</b>	<b>69,806,320</b>	<b>75,856,687</b>	<b>79,696,797</b>	<b>80,458,200</b>	<b>83,736,212</b>	<b>90,449,992</b>
OTHER OPERATING REVENUE	1,550,948	1,684,644	2,897,122	3,831,172	10,203,445	4,211,525	4,595,350
<b>TOTAL OPERATING REVENUE</b>	<b>71,506,819</b>	<b>71,490,964</b>	<b>78,753,810</b>	<b>83,527,969</b>	<b>90,661,645</b>	<b>87,947,737</b>	<b>95,045,342</b>
SALARIES	36,935,365	38,214,588	40,233,287	41,754,316	44,189,339	43,525,835	48,160,251
TEMPORARY LABOR	1,014,241	444,410	531,464	330,830	693,790	508,400	391,400
BENEFITS	9,192,048	9,182,016	9,363,173	9,592,681	10,767,830	10,418,008	12,169,400
PROFESSIONAL FEES	2,968,269	756,789	681,817	935,291	1,320,747	1,354,900	776,600
SUPPLIES	8,776,905	8,505,849	8,935,180	8,646,007	10,082,637	9,335,163	9,997,360
UTILITIES	814,319	881,610	939,910	962,731	1,040,693	1,033,300	1,111,400
PURCHASED SERVICES	5,315,787	5,949,903	10,355,298	10,434,676	11,092,803	10,945,750	11,576,860
DEPRECIATION	2,727,666	2,825,897	3,317,747	3,701,760	3,933,322	4,046,900	4,387,100
RENTS AND LEASES	1,130,628	1,344,699	1,427,745	1,451,271	1,353,776	1,586,600	1,440,100
INSURANCE	535,426	487,863	457,699	530,331	574,862	682,300	611,500
LICENSES & TAXES	916,416	853,293	734,984	845,366	795,483	968,700	827,600
INTEREST	288,612	246,933	405,804	507,287	652,185	685,800	620,200
TRAVEL & EDUCATION	354,277	388,567	327,410	362,355	228,941	492,148	300,680
OTHER DIRECT	542,754	522,890	568,170	571,198	377,084	643,062	585,155
<b>EXPENSES</b>	<b>71,512,712</b>	<b>70,605,309</b>	<b>78,279,690</b>	<b>80,626,100</b>	<b>87,103,492</b>	<b>86,226,866</b>	<b>92,955,606</b>
<b>OPERATING INCOME (LOSS)</b>	<b>(5,893)</b>	<b>885,655</b>	<b>474,120</b>	<b>2,901,869</b>	<b>3,558,153</b>	<b>1,720,871</b>	<b>2,089,736</b>
OPERATING MARGIN	-0.01%	1.24%	0.60%	3.47%	3.92%	1.96%	2.20%
NON-OPERATING REV/EXP	1,549,808	1,762,760	2,052,428	788,668	339,482	806,952	812,800
<b>NET INCOME (LOSS)</b>	<b>1,543,915</b>	<b>2,648,415</b>	<b>2,526,547</b>	<b>3,690,537</b>	<b>3,897,635</b>	<b>2,527,823</b>	<b>2,702,536</b>
Salaries % Net Rev	51.65%	53.45%	51.09%	49.99%	48.74%	49.49%	50.67%
Total Labor % Net Rev	65.93%	66.92%	63.65%	61.87%	61.38%	61.91%	63.89%

**Charges Volume/Rate Analysis**

	2021 Budget	Rate Change	Volume	Volume %
INPATIENT REVENUE	20,021,649	583,155	1,007,122	5.46%
OUTPATIENT REVENUE	125,711,070	2,464,923	9,736,993	8.58%
PROF FEE REVENUE	28,285,239	0	4,010,292	16.52%
<b>REVENUE</b>	<b>174,017,958</b>	<b>3,048,078</b>	<b>14,754,406</b>	<b>9.44%</b>

**Kittitas Valley Healthcare**  
**2021 Budget Draft as of 11/26/2019**

Activity Measures		2017 Actual	2018 Actual	2019 Actual	2020 Oct Ann.	2020 Budget	2021 Budget	
01	Admissions w/Swingbed	899	984	941	860	985	912	01
02	Patient Days - W/O Newborn	2,508	2,814	2,652	2,624	2,748	2,783	02
03	Patient Days - Swingbed		NA	51	148	168	150	03
04	Avg Daily IP Census w/Swingbed	6.9	7.7	7.4	7.6	8.0	8.0	04
05	Average Length of Stay	2.8	2.9	2.8	3.1	2.8	3.1	05
06	Average Length of Stay w/Swingbed	2.8	2.9	2.9	3.2	3.0	3.2	06
07	Deliveries	322	342	309	294	340	324	07
08	Case Mix Inpatient	1.07	1.14	1.11	1.02	1.12	1.00	08
09	Surgery Minutes - Inpatient	32,252	38,568	34,834	24,698	33,912	27,439	09
10	Surgery Minutes - Outpatient	80,911	82,606	71,917	73,961	88,100	89,876	10
11	Surgery Procedures - Inpatient	279	278	270	212	256	246	11
12	Surgery Procedures - Outpatient	1,362	1,183	1,035	1,098	1,291	1,321	12
11	Gastrointestinal Procedures	1,383	1,250	1,416	1,211	1,596	1,400	11
12	ER Visits	13,162	13,930	13,861	12,246	13,807	13,320	12
13	Urgent Care Cle Elum Visits	3,035	4,267	5,241	4,141	5,475	4,380	13
14	Laboratory	19,587	219,805	209,144	228,973	213,227	251,261	14
15	Radiology Exams	NA	30,843	30,397	29,204	31,692	30,831	15
16	Rehab Visit	NA	16,359	18,718	15,860	19,335	19,152	16
17	Outpatient Percent of Total Revenue	84.6%	84.9%	85.4%	88.2%	86.4%	88.5%	17
18	Clinic Visits w/Telehealth	50,917	59,241	72,673	73,534	77,747	79,996	18
19	Adjusted Patient Days	16,355	15,219	18,214	22,243	20,252	24,188	19
20	Equivalent Observation Days	932	1,186	1,153	1,020	1,326	1,147	20
21	Avg Daily Obs Census	2.6	3.2	3.2	2.8	3.6	3.0	21
22	Home Care Visits	8,686	8,019	6,553	6,646	6,828	7,298	22
23	Hospice Days	9,581	11,123	9,692	8,068	10,833	8,623	23
<b>Financial Measures</b>								
24	Salaries as % of Operating Revenue	54.4%	51.8%	50.2%	48.7%	49.5%	50.7%	24
25	Total Labor as % of Operating Revenue	67.1%	63.6%	61.8%	60.6%	61.9%	63.9%	25
26	Revenue Deduction %	46.2%	46.7%	48.1%	48.5%	48.4%	48.0%	26
27	Operating Margin	1.2%	0.6%	3.5%	3.9%	2.0%	2.2%	27
<b>Operating Measures</b>								
28	Productive FTE's	407.7	417.0	419.0	434.8	452.1	478.2	28
29	Non-Productive FTE's	51.5	52.4	58.4	61.8	54.4	62.0	29
27	Paid FTE's	459.2	469.4	477.4	496.6	506.6	540.2	27
28	Operating Expense per Adj Pat Day	\$ 4,321	\$ 4,238	\$ 4,426	\$ 3,916	\$ 4,258	\$ 3,843	28
29	Operating Revenue per Adj Pat Day	\$ 4,396	\$ 4,230	\$ 4,564	\$ 4,076	\$ 4,343	\$ 3,929	29
30	A/R Days	50.8	92.0	88.1	80.6	60.0	75.0	30
31	Days Cash on Hand	178.7	133.5	138.6	178.5	127.6	178.5	31

**KITTITAS VALLEY HEALTHCARE  
Capital Expenditure Board Narrative**

**Requesting Department:** Revenue Cycle and HIM

**Capital Item Requested:** Space Renovation Behind the Hospital Front Desk Area

**Function of Project:** To consolidate financial counseling and release of information (ROI) to a patient friendly, centrally located site on the main hospital campus.

**Reason Requested:** For patient convenience and to standardize the ROI function. If financial counseling is offered in a centrally located, easily accessible location, the Revenue Cycle team may be able to meet with and assist more patients in applying for Medicaid assistance or coverage through the exchanges.

**Budget:** \$200,000

**Actual Cost:** \$121,104

**Submitted By:** Becky Littke, Revenue Cycle Director and  
Cindy Kelly, HIM Director

**Date:** 01/07/2021

**KITTITAS VALLEY HEALTHCARE  
Capital Expenditure Board Narrative**

**Requesting Department:** Information Systems

**Capital Item Requested:** IT Storage Infrastructure Expansion and Single Sign On (SSO) Pilot

**Function of Project:** This asset will expand the backup of hospital wide data to include PACS images, email, HR systems, system files, etc. This includes an upgrade to current technology and to implement "Best Practices" for backup and storage. This will combine and add the first layer of SSO in 2021.

**Reason Requested:** KVH is currently running out of IT storage space. System Administrators on a daily basis have to spend time cleaning up systems to make space for backup, so they don't fail. This is especially critical on weekends and holidays, as the System Administrators are not around for a couple of days. Information Systems would like to implement additional best practices around more frequent complete, incremental, snap shots, and air-gapping backups. This is critical if we ever get hit by Ransomware, Malware, or viruses. How complete and frequent our backups are will determine how fast (days) we would be able to recover and move off of paper documents.

**Budget:** \$293,333

**Actual Cost:** \$295,118

**Submitted By:** Jeff Yamada, Chief Information Officer

**Date:** 01/07/2021



## **OPERATIONS REPORT**

**November 2020**

### **PATIENT CARE OPERATIONS**

- **Patient Care Services:**

As the Covid positives counts go up in the community so does the number of patients seen in the hospital throughout all of the departments. Through put times in the ED have lengthened and care just takes longer with all the precautions put into place. Staff continue to care for our patients and at times get weary and tired. The arrival of the vaccine has provided a sense of hope for some.

We continually evaluate staffing and census and strive to care for our community. Covid has impacted our staffing particularly on CCU, MS and FPB. We currently have 7 RNs out due to exposure protocol and or COVID diagnosis. Cases in the Surgical Services department are under assessment in the event we need to re-deploy the staff to the inpatient areas.

All to say, we look forward to 2021. It may or may not look differently, but we are optimistic. We have several goals to achieve that would impact and enhance the care provided to our patients.

I am encouraged with the dedication, steadfastness and devotion the clinical staff have displayed over the year. Getting through the week, day, shift, and takes determination and hard work. I applaud them.

Thank you for your continual support, encouragement and understanding.

Hoping for new challenges in the New Year.

*Thank you, Vicky Machorro, Chief Nursing Officer*

### **ANCILLARY SERVICES OPERATIONS**

- **Diagnostic Services:**

We are continuing to see 150-190 patients in the Covid-19 testing clinic. Turn around times for test results has remained consistent at 48 hours.

Last month we discussed patient complaints related to inaccurate billing by our contracted radiology service. It turns out that there was an error in the interface, and the insurance

information was pulling from the wrong field in Cerner. As soon as the problem was identified, it was corrected. OnRad/AllRad has been very helpful in addressing our customer complaints, even sending a letter to patients affected to explain the problem.

Imaging continues to work very closely with clinics to determine the equipment and staffing needs for the vascular clinic, but the vascular lab in the imaging department will not be up and running until after the arrival of our vascular surgeon.

- **Pharmacy Services:**

We have completed the year-end inventory for the retail and hospital pharmacies on top of learning how to manage the first Covid-19 vaccinations from Pfizer and Moderna. Pharmacy Director, Nasser Basmeh participated in the Employee Forum to discuss the complexities of storing, thawing and preparing the vaccines for administration. We have been very successful with the Covid-19 vaccination clinic. It has been "all hands on deck" for pharmacy and every KVH department.

- **Home Health & Hospice:**

We have hired a new RN for HHH and she started work on December 28. Clinical Manager Kathy Murray and QA RN Lisa Leonard have picked up clinical shifts to help us through our staffing shortage.

- **Pulsara:**

Lab, Imaging, Pharmacy and Cardiopulmonary Services are involved in planning for the implementation of Pulsara as a tool to communicate between EMS, ED and all hospital departments. This tool will alert all team members prior to patient arrival for a Code, STEMI, Stroke, Trauma or general ED care. It will also allow KVH to securely communicate patient information to hospitals in Yakima or the Seattle area. The tentative go live is set for March 15, 2021.

- **Athletic Trainer:**

Zane Davies has been assisting in the Covid-19 Vaccination Clinic during his winter break from school activities.

- **Adult Family Homes:**

At the request of the Public Health Department, Linda Navarre and I traveled to Cle Elum with the Covid-19 Vaccine to vaccinate the staff and residents of Bel Air Adult Family Home. Unlike Long Term Care Facilities, The Adult Family Home is not covered by a contract with CVS or Walgreens and the residents were unable to travel to KVH.

*Thank you, Rhonda Holden, Chief Ancillary Officer*

## **CLINIC OPERATIONS**

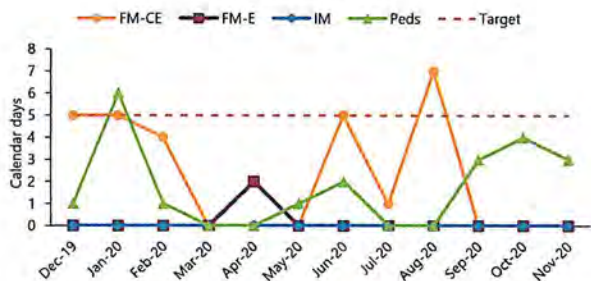
- National Health Service Corp (NHSC):**  
 After submitting 4 applications and 50 plus supporting documents to National Health Service Corp, we found out on November 30<sup>th</sup>, we have been approved. The NHSC provides loan repayment to providers and nursing staff in primary care. This has been a great recruitment tool and continues to be a great retention tool for these roles. This application process included the Hospital, Family Medicine Cle Elum, Internal Medicine and Family Medicine Ellensburg. I was able to include Pediatrics and Women's Health in the Family Medicine Ellensburg application which will be a great benefit to offer to these employees. We currently have 11 employees enrolled in this loan repayment program.
- Certified Occupational Hearing Conservation Certification:**  
 Congratulations to Daniela Mendoza, she is now CAOHC certified! This allows her to conduct official CAOHC testing. This is a required test for some employers.
- Official move of General Surgery:**  
 By the time you will be reading this we will have officially moved General Surgery into the former Dr. Sand location. We did not need to change the address as this address was previously suite A and so we just communicated the change to the post office. This removed many billing/insurance hassles as well as not having to change letterhead and business cards. *\*The 4<sup>th</sup> clinic we have moved in 2020.\**

Dr. Lauren Wikholm-Meyers will be joining our General Surgery team on January 11<sup>th</sup>.
- Vascular 1<sup>st</sup> day:**  
 Dr. Zammit joined our KVH team on January 5<sup>th</sup>. This being the 3<sup>rd</sup> new service line this year as we opened ENT and Neuro in 2020 as well.
- MA Apprenticeship:**  
 We have selected our January 2021 MA applicants. The two deserving KVH folks are Rebecca Packet (Patient Service Representative) and Ashley Holloway (Scribe). These ladies are extremely appreciative of this opportunity.

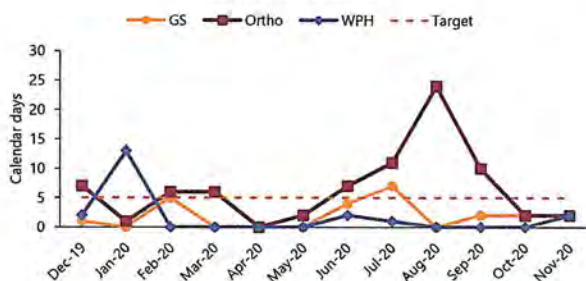
*Thank you, Carrie Barr, Chief of Clinic Operations*

# Clinic Operations Dashboard

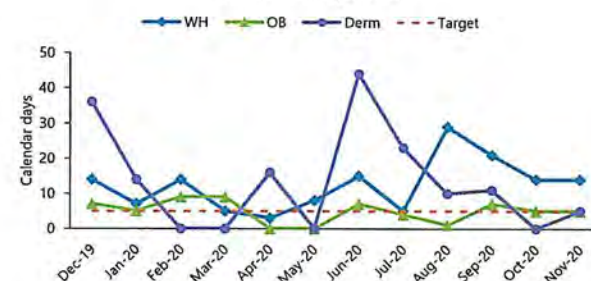
### Third available appointment for established patients



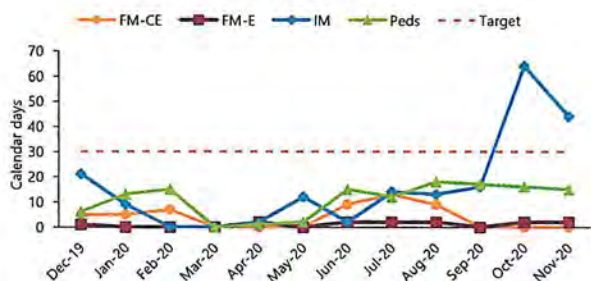
### Third available appointment for established patients



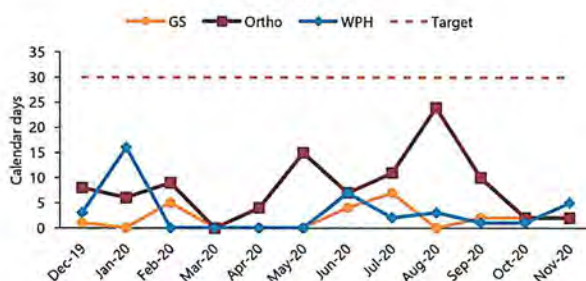
### Third available appointment for established patients



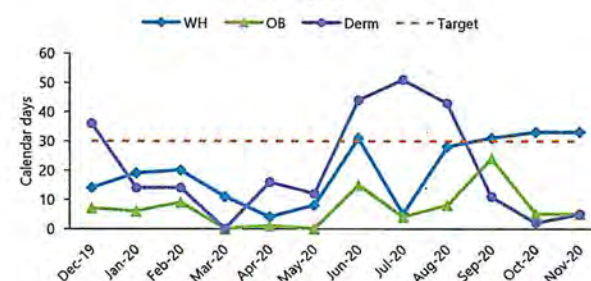
### Third available appointment for new patients



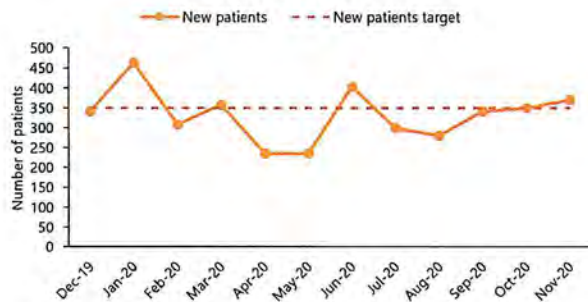
### Third available appointment for new patients



### Third available appointment for new patients



### New patients



### Payor Mix



## **COMMUNITY RELATIONS – Michele Wurl**

**November 24 – January 7, 2021**

### **External Outreach activities:**

- First baby of 2021
- Notifying patients of Dr. Martin’s transition out of FM-E

### **Internal Outreach activities:**

- Recognition team gratefulness activities
- Employee Forum – December 22

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

December’s work was primary focused on COVID-19 activity and Emergency Preparedness Program review and updates.

- Incident Command activities for COVID 19
- Washington State and HHS required reporting
- Continuation of COVID Chronicles
- Trusted Voices - COVID-19 masking
- COVID patient experience story – to be released the first week of January
- Vaccination clinic support
- Emergency Preparedness Policy review and updates

### **Collaborations & Partnerships:**

- Kittitas County Public Health and County IMT

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

I look forward to getting back in to a more regular schedule for non COVID-19 service line promotion throughout the community in 2021.

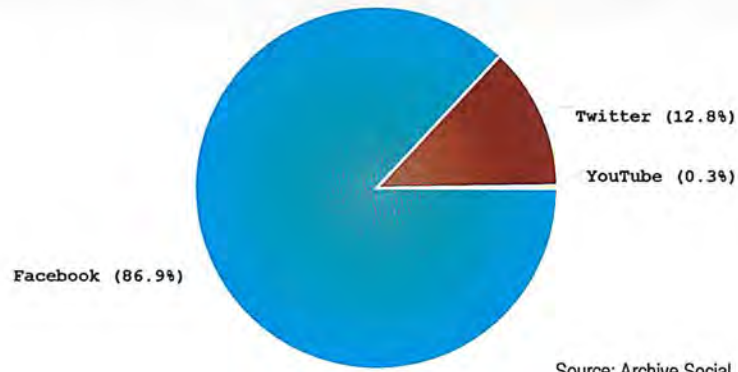
- Neurology service line
- General Surgery and Vascular program development
- Vascular lab service line development
- Enhancement of KVH HR recruitment website

### **Upcoming:**

- Development of our 1<sup>st</sup> Provider Connect newsletter for current and retired medical staff
- Community Benefit Report – February 2021
- #MyWhy – COVID vaccine messaging

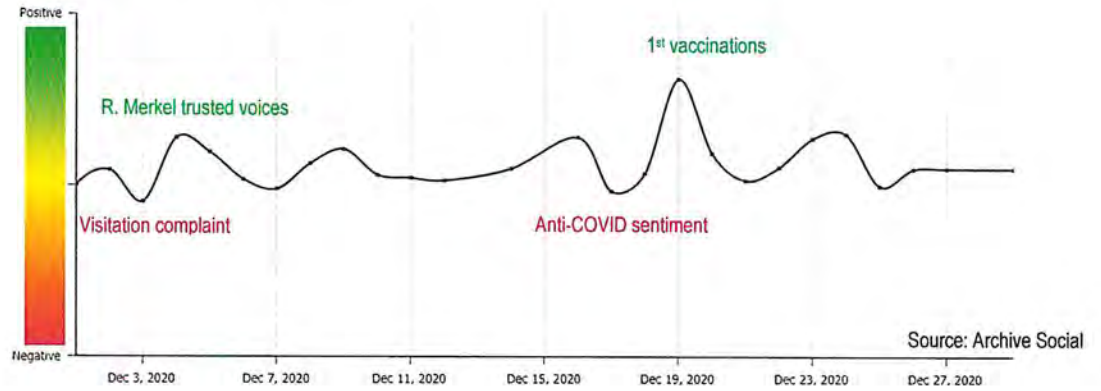
# KVH Social Media Channels: Past 30 days

## Overall Social Media Activity



Source: Archive Social

## Overall Social Media Sentiment Report



## Social Media Channel Activity

Account	Total Activity	Outgoing Activity	Incoming Activity	Incoming Percentage
Kittitas Valley Healthcare	<a href="#">244</a>	95	149	61.1%
@KVHealthcare	<a href="#">41</a>	36	5	12.2%
Upper Kittitas County Medic One	<a href="#">27</a>	23	4	14.8%
Kittitas Valley Healthcare	<a href="#">1</a>	1	0	0.0%

Source: Archive Social

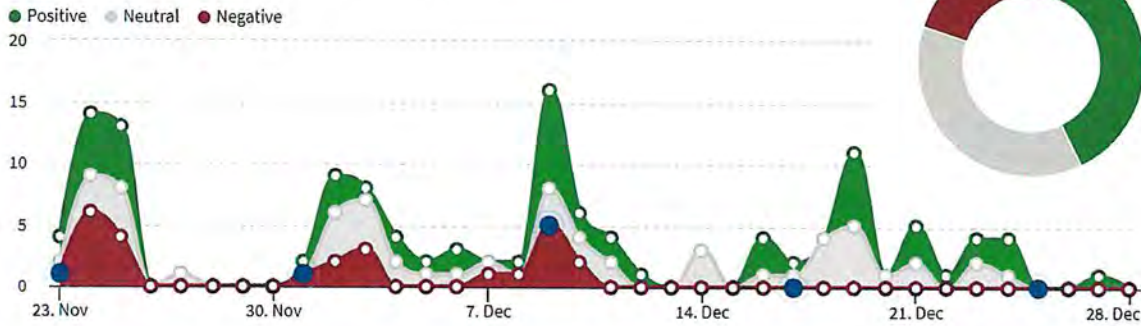
## Social Media Channel Overview (10.14 thru 11.22.2020)



Source: Hootsuite

## Facebook Activity (11.23.20 thru 12.28.20)

### Inbound Messages > Sentiment



### Engagement > Type

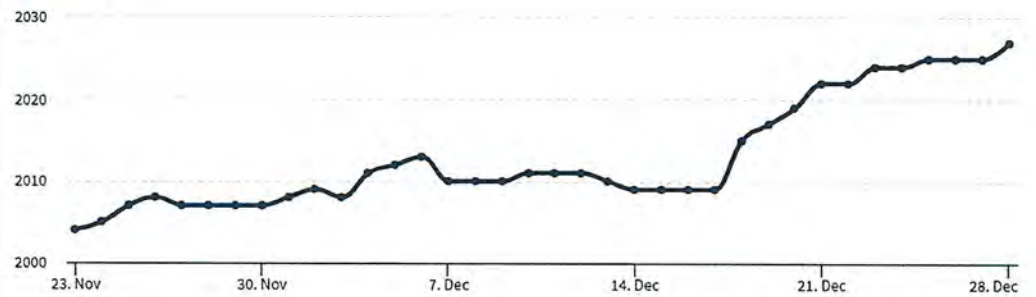


Source: Hootsuite

Source: Facebook



### Fans



Source: Hootsuite

## Twitter Activity (11.23 thru 12.28.2020)

### Engagement > Type



## LinkedIn Activity 11.23 thru 12.28.2020

