



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

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

Call in by phone: 1-877-853-5257 Meeting ID: 948-0570-3482 Passcode: 889603

February 25, 2021

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 Meetings: January 28, 2021 and February 9, 2021 (3-6)
- b. Approval of Checks (7)
- c. Report: Foundation (8)
- d. Minutes: Finance Committee (9-10)

4. Presentations:

- a. Federal Update: WSHA – John Flink

5. Public Comment and Announcements

6. Reports and Dashboards

- a. Quality – Mandee Olsen, Chief Quality Officer (11-21)
- b. Chief Executive Officer – Julie Petersen (22-24)
- c. Operations (25-31)
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations
- d. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (32)
 - ii. Chief Medical Officer, Kevin Martin MD (33)
- e. Finance – Chief Financial Officer - Scott Olander
 - i. Operations Report (34-44)
 - ii. Capital Expenditure Request: Laboratory Renovation and Expansion ** (45)
 - iii. Capital Expenditure Request: Diagnostic Ultrasound Machines (3) ** (46)
 - iv. Capital Expenditure Request: Ethicon Harmonic Generator (3) ** (47)
 - v. Capital Expenditure Request: Holter Monitor & Cardiac Stress Test System ** (48)



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- vi. Capital Expenditure Request: iSTATs (3) ** (49)
- vii. Capital Expenditure Request: Software upgrade to existing C-Arm for Vascular studies ** (50)
- f. Community Relations Report – Michele Wurl, Chief Public Relations Officer (51-53)

7. Education and Board Reports

8. Old Business

9. New Business

10. Adjournment

Future Meetings

March 25, 2021, Regular Meeting

April 22, 2021, Special Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL MEETING
Virtual Zoom Meeting
January 28, 2021

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Mandeel Olsen, Vicky Machorro, Rhonda Holden, Carrie Barr, Michele Wurl, Jeff Yamada, Jason Adler, Ron Urlacher, Dr. Kevin Martin, Tricia Sinek

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

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

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Public Comment/Announcements:**

None.

5. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandeel Olsen. Olsen stated that it has been all-hands-on-deck with COVID vaccines. Olsen explained the vaccination process, storage, and management. Olsen further stated that we are getting little notice as to when we will be receiving vaccine shipments.

Julie Petersen stated that the volunteer group is continuing to make contact with COVID-positive patients with the help of Laura Bobovski at the Foundation. Petersen also thanked the Foundation for the donation of the four CADD pumps.

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 Matt Altman, the Board members unanimously approved the initial appointments for Dr. Matthew Becker, Dr. Lee Beville, Dr. David Fink, Dr. Thomas King, Dr. Jeffrey Pett; and the reappointments for Dr. Dr. Berhan Ghermay, Dr. Annaliese Stone Casey, Dr. Pushapdeep Brar, Dr. Robert Yapundich, Mary Nouwens, ARNP, Jennifer Simons, ARNP, Christine Ward, ARNP and the additional privilege for Dr. John Merrill-Steskal, as recommended by the Medical Executive Committee.

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

Scott Olander reported on KVH's financial performance for December and year end. Olander stated that we were over budget on revenue for the month due to COVID testing, but for operating income and year end we are at break even for operations. Olander stated that, year to date, we had a net operating income of \$5.7 million.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved a capital expenditure request for the Stryker Prime Electric Big Wheel Stretcher.

ACTION: On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved a capital expenditure request for the Materials Management Storage Project.

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

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

6. Education and Board Reports:

None.

7. Old Business:

President Davis stated that he and Commissioner Libenow completed the CEO assessment and that they are thankful for Julie Petersen and all her expertise. Commissioner Libenow stated they really appreciate her and her leadership.

8. New Business:

None.

9. Executive Session:

At 6:30 p.m., President Davis announced that there would be a 5-minute recess followed by a 60-minute executive session regarding personnel. RCW 42.30.110(b). No action was anticipated.

At 7:35 p.m., the meeting was reconvened into open session. No action was taken.

10. Adjournment:

With no further action and business, the meeting was adjourned at 7:36 p.m.

CONCLUSIONS:

1. Motion passed to approve the Board agenda as amended.
2. Motion passed to approve the consent agenda.
3. Motions passed to approve the initial appointments, reappointments, changes in status and additional privileges as recommended by the Medical Executive Committee.
4. Motion passed approving capital expenditure request for the Stryker Prime Electric Big Wheel Stretcher.
5. Motion passed approving a capital expenditure request for the Materials Management Storage Project.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant/Board of Commissioners



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL MEETING
KVH Conference Room A & B
February 9, 2021

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

KVH STAFF PRESENT: Julie Petersen

The special meeting was called to order at 5:00 p.m. President Bob Davis announced that the purpose of the special meeting was to discuss personnel in executive session

At 5:01 p.m., President Davis announced that there would be a 0-minute recess followed by a 150-minute executive session regarding personnel. RCW 42.30.110(b). No action was anticipated.

At 7:36 p.m., the meeting was reconvened into open session. No action was taken.

With no further action and business, the meeting was adjourned at 7:36 p.m.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: February 25, 2021

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>270468-271263</u>	NET AMOUNT:	<u>\$5,470,265.48</u>
			SUB-TOTAL:	<u>\$5,470,265.48</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81745-81751</u>	NET AMOUNT:	<u>\$6,878.45</u>
#2	PAYROLL CHECK NUMBERS	<u>81752-81756</u>	NET AMOUNT:	<u>\$4,907.98</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,236,023.08</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,367,332.92</u>
			SUB-TOTAL:	<u>\$2,615,142.43</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2017 \$1M REVENUE BOND - PRINCIPAL		NET AMOUNT:	<u>\$233,193.00</u>
#2	2017 \$1M REVENUE BOND - INTEREST		NET AMOUNT:	<u>\$9,762.04</u>
#3	2017 \$12.5M REVENUE BOND - PRINCIPAL		NET AMOUNT:	<u>\$207,372.00</u>
#4	2017 \$12.5M REVENUE BOND - INTEREST		NET AMOUNT:	<u>\$188,041.33</u>
#5	2018 \$6M REVENUE BOND - PRINCIPAL		NET AMOUNT:	<u>\$180,000.00</u>
#6	2018 \$6M REVENUE BOND - INTEREST		NET AMOUNT:	<u>\$97,263.36</u>
			SUB-TOTAL:	<u>\$915,631.73</u>

TOTAL CHECKS & EFTs: \$9,001,039.64

Prepared by


 Sharoll Cummins
 Staff Accountant



Funding Requests

The Foundation recently approved \$11,571.00 for full funding for 4 CADD pumps requested by Home Health & Hospice.

Foundation Volunteers

Foundation board members along with Hospice Friends have been providing COVID positive welfare check-ins to the community thus freeing up Kittitas County Public Health. Calling started in early January and has involved over 25 volunteers. Many thanks to all of our volunteers.

Annual Appeal:

Our Annual Appeal to the community launched in October and to date we have raised over \$30,000. Donors included 50 returning donors, 101 new donors and 14 KVH employees who donate via payroll deductions.

Respectfully submitted,
Laura Bobovski, Assistant, The Foundation at KVH

2021-02-08 10:00 AM

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

**February 23, 2021
Tuesday**

**Administration Conference Room
7:30 A.M.**

**or
Join Zoom Meeting
AGENDA**

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: January 26, 2021**
- **January Financial Highlights**
- **Capital Expenditure Requests**
 - **Ethicon Harmonic Generator**
 - **Holter Monitor and Cardiac Stress Test System**
 - **iSTATs (3)**
 - **Software upgrade to existing C-Arm for vascular studies**
 - **Diagnostic Imaging Ultrasound Equipment-information to be provided at meeting**
 - **Laboratory Renovation-information to be provided at meeting**
 - **Facility Energy Efficiency Project-discussion**
- **Adjourn**

Next Meeting Scheduled: March 23, 2021 (Tuesday)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
January 26, 2021

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

Members Excused: None

Staff Present: Kelli Goodian Delys and Jason Adler

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

Two motions were made, one to approve the agenda and one to approve the January 5, 2021 minutes. Each motion carried.

Olander presented the highlights of the preliminary December 2020 financial results. Overall, December was a good month. Non-routine items include the following: revenue deductions include a \$982,123 tentative settlement for Medicare Cost Report 12-31-2019, expenses include moving \$159,573 in depreciation expense to operating from non-operating, \$3,554,395 in CARES dollars moved to non-operating from operating, and \$1,523,721 of forgiven RHC payable recorded in non-operating. AR days decreased by 4.5 and days cash on hand decreased 2.5. The details are in the Chief Financial Officer Report.

The committee reviewed two capital requests: Stryker Prime Electric Big Wheel Stretcher (2) and Materials Management Storage Project. The committee recommended the Stryker Prime Electric Big Wheel Stretcher (2) go to the Board of Commissioners and the Materials Management Storage Project would move forward to the Board of Commissioners pending a walk-through of the project occurring prior to the Board of Commissioners meeting.

With no further business, the meeting was adjourned at 8:25 a.m.



QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ
February 2021

Kittitas County SARS-CoV-2/COVID-19 Work and the Quality Department

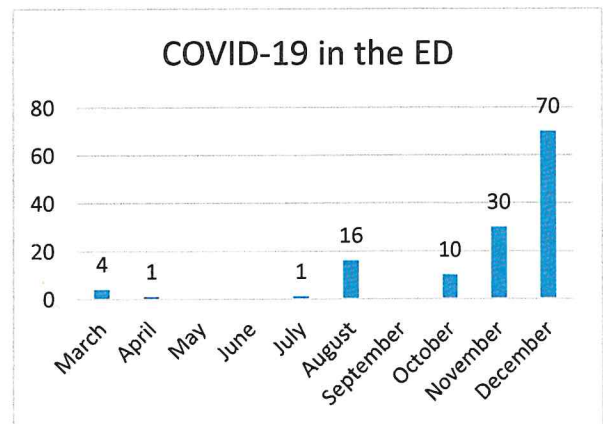
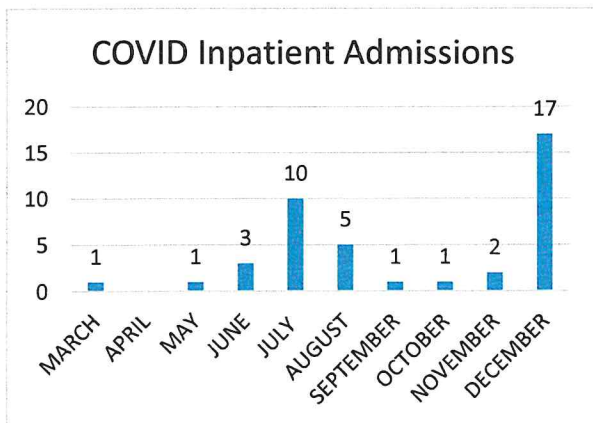
Throughout the pandemic, different leaders and staff at KVH have been instrumental in the success of our county-wide efforts to prevent spread and mortality related to COVID-19 infections. Those efforts continue still.

Most recently, most of the Quality/Infection Control team have been working to guide and staff the Kittitas County Incident Management Team efforts to vaccinate our community and those outside our county. Anna Scarlett has been fulfilling an additional role as IMT Deputy Director for the Vaccine Branch, and Kathryn Brunner as Vaccine Coordinator. Brandee Coates and myself have been coordinating patient scheduling with the Kittitas County Public Health Department. The rest of our team has been tirelessly staffing Washington immunization registry data entry, vaccinating patients, and calling in patients to get vaccinated, as have countless staff and leaders throughout the organization.

Thankfully, our skilled and dedicated clinicians and leaders continue to provide care to all patients in the hospital, clinics, home, and ancillary settings; and despite having the limited staffing within in the Quality department, high quality care continues to be delivered. This month I offer some limited COVID data, along with an abbreviated QI Dashboard summary, that demonstrates a portion of this work.

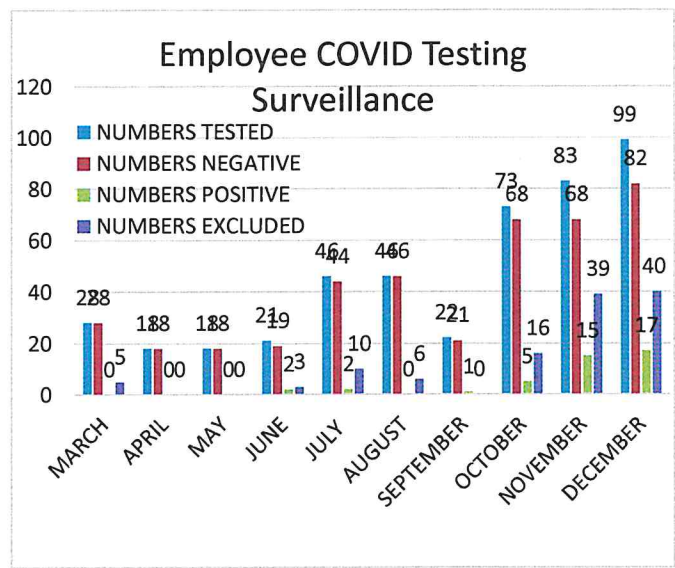
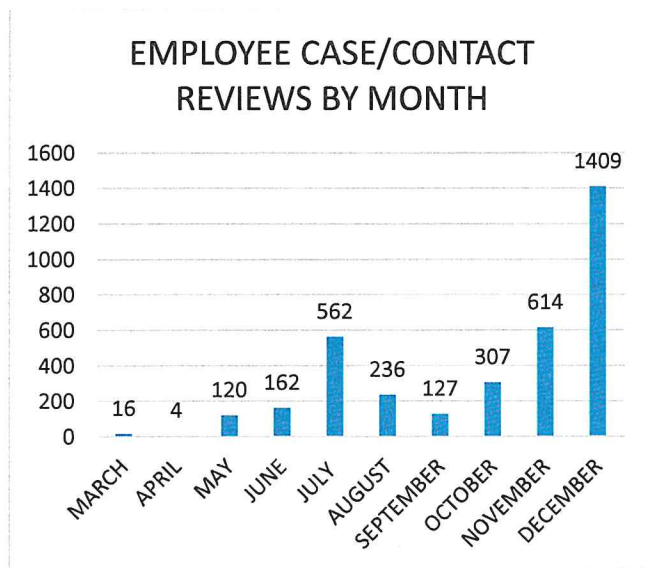
Please see the attached document for numbers of COVID testing and vaccinations given by KVH.

December saw a huge spike of COVID patients in the ED and inpatient settings.





As of February 17th, we continue to contact all employees who cared for infectious COVID patients via email, and assess any employees for sick calls, rapid testing, and exclusions from work. Thankfully, these numbers, and the overall numbers of positive cases have declined in January and February.



Quality Improvement Dashboard Data Summary – through December 2020

Some of the typical data is missing due to staffing difficulties, but as mentioned above, quality care has continued. This will be the last month of the 2020 dashboard, with board-approved changes to the dashboard for 2021 to be presented next month.

Summary of Areas Meeting Goal or Showing Improvement

- Sepsis Bundle – 100% for three months in a row
- Days to Referral Completion – FME getting closer to goal after identifying improvement opportunities. All other clinics within a day of target.
- Improvement in Management of Oral Medication and Improvement in Pain Interfering with Activity for Home Health measures are both surpassing goals.
- Hospice Visits Near End of Life at goal.
- No adverse medication events that caused harm or required additional monitoring for the month of December.

Summary of Improvement Opportunities

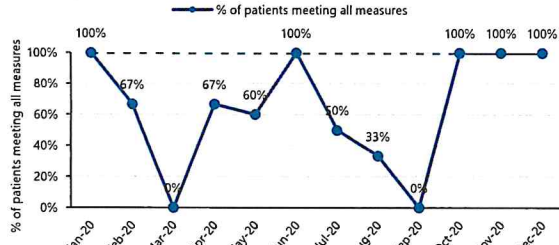
- One fall with injury, but a total of five falls.
- An increase in needlesticks over the last six months. Each case is reviewed including interview with staff and identifying any needed process or product changes.



- Continue to be below target with documentation of pain reassessment after medication administration.
- Timely starts for physical therapy not at goal.

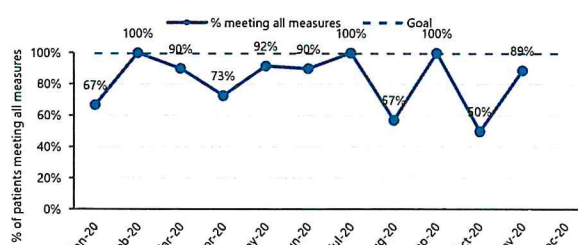
QI Council

Sepsis Bundle ↑



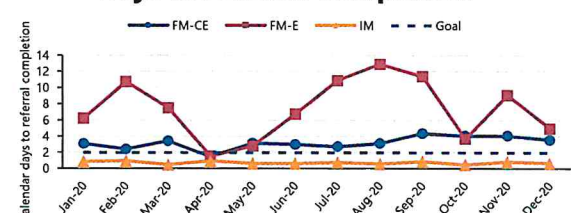
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Restraints ↑



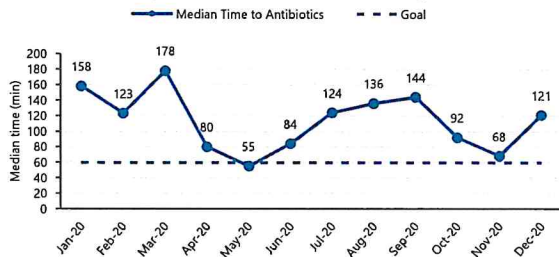
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Days to Referral Completion ↓



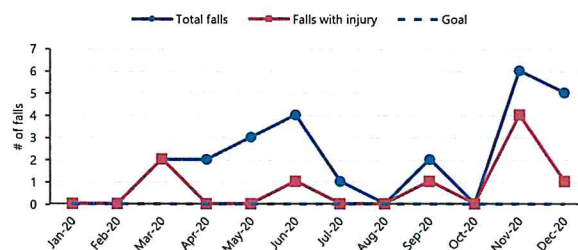
# of	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
333	276	187	121	208	244	231	265	221	251	242	196	
629	541	445	283	414	576	532	493	596	592	498	575	
230	197	138	103	177	197	197	184	198	203	239	232	

Sepsis Antibiotic Timing ↓

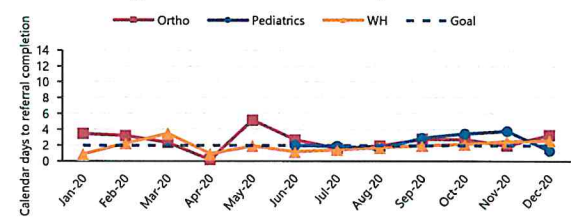


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Falls ↓

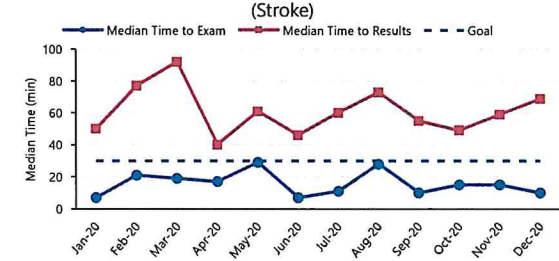


Days to Referral Completion ↓



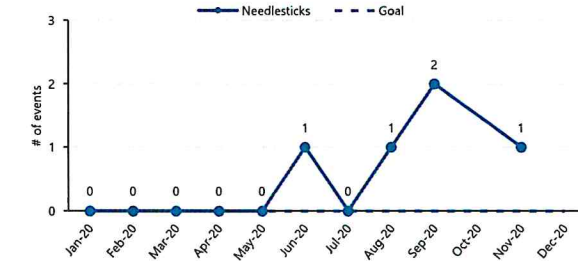
# of referrals	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
53	49	41	17	27	39	43	24	22	48	44	38	
							86	94	109	83	71	
49	70	46	24	52	61	45	67	48	71	59	56	

Median Time to CT or MRI (Stroke) ↓

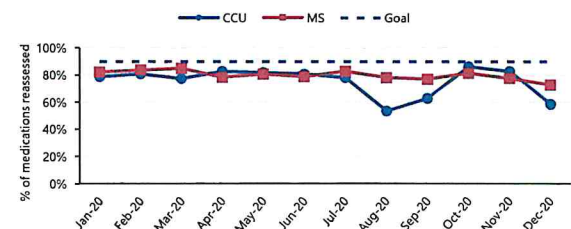


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Needlesticks ↓

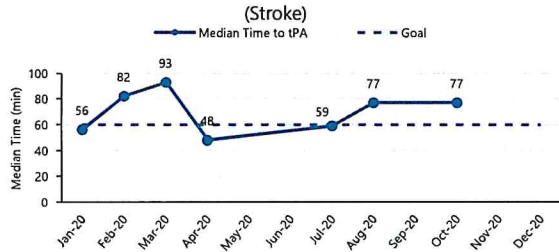


Pain Reassessment after Medication ↑



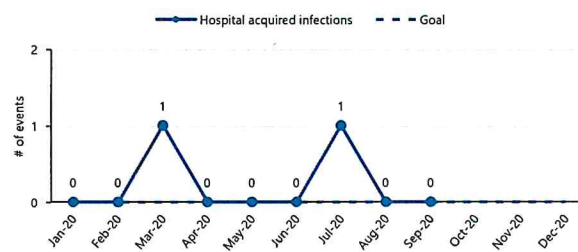
# of meds	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
CCU	42	52	114	52	66	62	68	58	51	29	81	106
MS	503	445	464	385	533	477	498	272	475	596	489	537

Median Time to tPA (Stroke) ↓

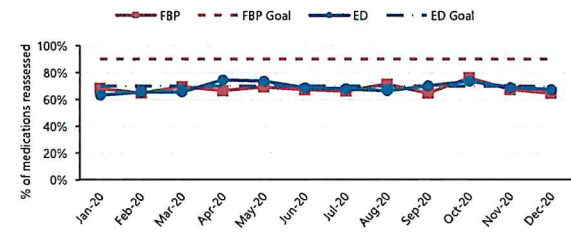


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Hospital Acquired Infections ↓

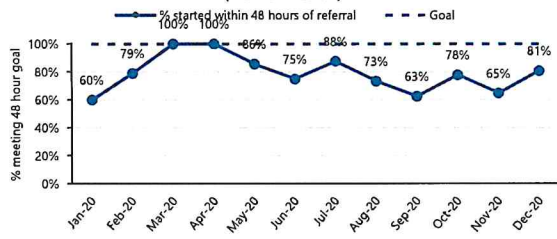


Pain Reassessment after Medication ↑



# of meds	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
FBP	240	192	257	131	171	264	321	246	147	220	175	190
ED	450	469	389	294	401	400	429	395	348	433	373	365

Timely Start for Physical Therapy (Home Health) ↑

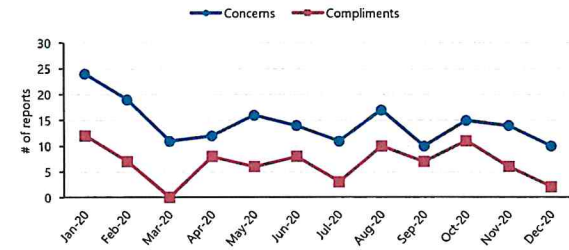


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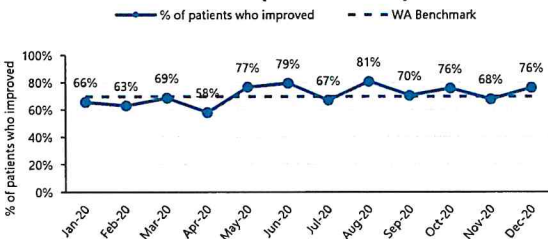
Medicare Wellness Visits ↑



Care and Service Reports ↓

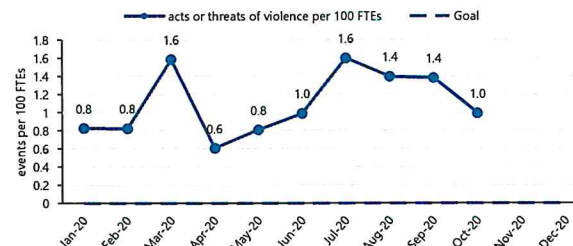


Improvement in Management of Oral Medications (Home Health) ↑



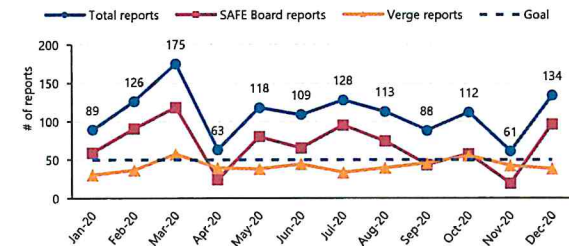
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Workplace Violence Events ↓

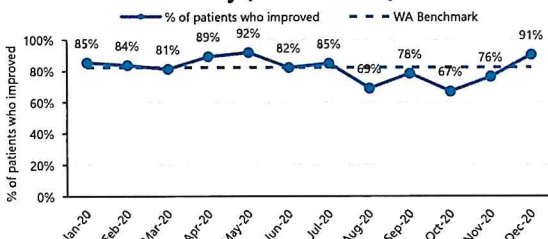


of events 8 8 3 4 5 8 7 7 5

Employee Reports ↑

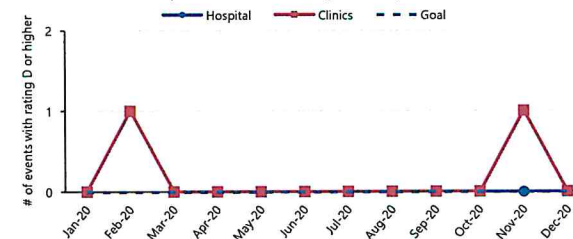


Improvement in Pain Interfering with Activity (Home Health) ↑

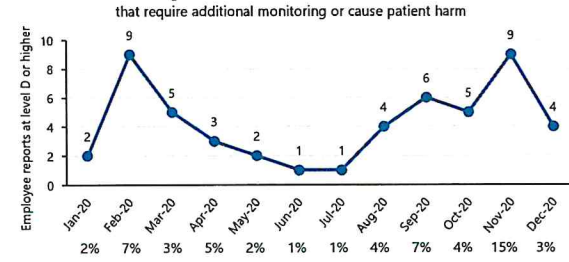


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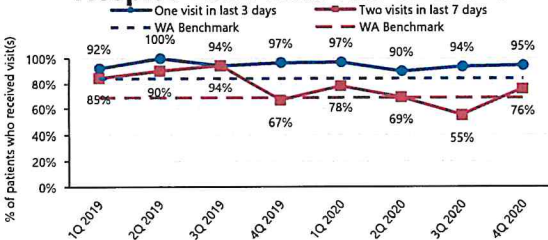
Adverse Medication Events ↓



Reports of Occurrences ↓



Hospice Visits Near End of Life ↑



possible 26 31 17 30 33 30 31 37

	PCR Tests Sent							PCR Results Received				Antibody			Vaccine
	COVID clinic	ED	UC	MS/CCU	Pre Op	Other	Total Sent	Negative	Positive	Indet.	Total Received	Antibody Tests Sent	Antibody Neg.	Antibody Pos.	Vaccine Given
March	278	52	11	17		42	400	352	9	1	362				
April	138	36	3	33		28	238	258	3	3	264				
May	427	38	3	17	99	217	801	693	81	10	784	15	13	2	
June	598	50	16	33	127	80	904	693	41	1	735	13	11		
July	1051	156	8	60	169	144	1588	1566	171	7	1744	3	5		
August	921	164	16	64	201	124	1490	1424	65	15	1504	3	3		
September	883	155	11	58	209	72	1388	1271	78	4	1353	2	1		
October	1771	218	18	70	246	88	2411	2210	170	7	2387	1	2		
November	2684	236	6	56	182	112	3276	2796	340	27	3163	2	2		
December	3280	240	18	54	166	100	3858	3364	544	42	3950	10	7	2	975
1-Jan	20	5	0	3	13	0	41	8			8				0
2-Jan	140	7	3	3	3	2	158	87	18		105			1	0
3-Jan	68	9	0	0	11	0	88	92	18	2	112				0
4-Jan	187	12	1	0	8	5	213	148	20		168				91
5-Jan	102	3	1	6	8	4	124	155	20	2	177				0
6-Jan	137	9	0	4	1	8	159	122	13		135				61
7-Jan	81	8	1	3	0	1	94	147	22		169				0
8-Jan	115	6	0	2	19	10	152	106	20		126	1			62
9-Jan	63	8	1	2	5	1	80	93	11	1	105		1		103
10-Jan	72	12	0	0	13	2	99	32	2		34				100
11-Jan	128	13	2	0	8	2	153	124	14		138	2			95
12-Jan	102	4	1	2	11	5	125	184	13	3	200		2		106
13-Jan	73	6	0	1	5	3	88	108	11		119				75
14-Jan	86	6	1	2	0	4	99	81	12	5	98	1			0
15-Jan	101	10	1	5	13	5	135	91	11		102	1			0
16-Jan	32	9	1	2	0	8	52	30	1		31		1		0
17-Jan	44	12	0	0	16	2	74	145	9		154		1		0
18-Jan	71	3	2	0	12	2	90	55	8		63	1			109
19-Jan	95	7	0	3	10	3	118	86	9		95				95
20-Jan	77	6	0	1	1	1	86	110	7		117	1	1		103
21-Jan	70	5	1	1	5	5	87	69	8	1	78		1		108
22-Jan	121	5	0	4	14	2	146	84	11	2	97	2			111
23-Jan	49	6	0	4	8	1	68	135	10	1	146		2		0

	PCR Tests Sent							PCR Results Received				Antibody			Vaccine
	COVID clinic	ED	UC	MS/CCU	Pre Op	Other	Total Sent	Negative	Positive	Indet.	Total Received	Antibody Tests Sent	Antibody Neg.	Antibody Pos.	Vaccine Given
24-Jan	40	7	0	0	11	0	58	62	4		66				0
25-Jan	69	9	2	1	7	7	95	58	5		63				97
26-Jan	78	8	0	1	11	5	103	83	10		93	1			569
27-Jan	54	7	0	4	0	4	69	91	4		95				524
28-Jan	65	1	0	6	1	1	74	67	2		69	1	1		533
29-Jan	52	6	1	3	18	8	88	80	6		86	1	1		540
30-Jan	17	7	0	2	0	1	27	74	1		75				0
31-Jan	30	8	0	3	3	1	45	34	5		39				0
1-Feb	64	7	0	2	11	3	87	38	3		41				11
2-Feb	76	3	0	1	2	6	88	78	4		82		1		284
3-Feb	56	7	0	2	1	1	67	93	3	3	99				661
4-Feb	38	8	0	1	2	2	51	63	1		64				269
5-Feb	62	2	0	4	10	4	82	13			13				264
6-Feb	27	4	0	1	2	3	37	110	2		112				0
7-Feb	17	8	0	1	6	0	32	39	5		44				0
8-Feb	62	3	0	0	15	7	87	25			25				0
9-Feb	40	7	0	2	6	5	60	72	2		74				0
10-Feb	50	4	0	2	1	5	62	71	4		75	1			341
11-Feb	54	3	0	3	3	3	66	58	2		60		1		609
12-Feb	15	6	0	3	13	3	40	60	6		66				333
13-Feb	14	2	0	1	6	1	24	26	2		28				0
14-Feb	28	2	3	4	13	1	51	26	2		28				0
15-Feb	54	12	0	1	10	2	79	50	2		52				0
16-Feb	52	7	0	1	12	7	79	14	1		15				418
TOTAL	15179	1654	132	559	1747	1163	20434	18304	1846	137	20287	62	57	5	7647
											<i>PCR Pending Tests</i>				<i>Antibody Pending Tests</i>
											147				0

KVH Quality Improvement Council Dashboard Glossary

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

KVH Quality Improvement Council Dashboard Glossary

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

KVH Quality Improvement Council Dashboard Glossary

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

KVH Quality Improvement Council Dashboard Glossary

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

Chief Executive Report February 2021

Surgical Capacity— Over the past year we have added a number of service lines that are impacting our surgical volumes. We discussed with the Board the need to expand storage space for surgery but as cases increase we anticipate and are working to mitigate other growing pains. Amy Krogstad is recruiting for additional clinical staff to meet the demand. Amy is also looking carefully at scheduling, turn-around time and resource management including rooms and anesthesia.

Hospital District #2 — I reported last month that Melissa Becker was relocating to Arizona which left an opening on the HD#2 Board of Commissioners. That vacancy has been filled by none other than our own (formerly) Carrie Youngblood.

AHA Annual Rural Leadership Conference — I will not lie; two days of zooming the conference was not as rewarding as the annual in person meeting but there were still great opportunities to hear what other rural facilities are doing around reducing health disparities, diversity, chronic care management and mitigating employee burnout. The federal update was, as usual, a highlight.

One concrete idea that surfaced from the AHA conference was a request for a Board / Leadership retreat. Given that the WSHA Chelan conference will probably not be occurring, the thinking is that Chelan in June might be a good time to schedule a KVH Strategic Planning retreat.

Reimbursement Models — Mid 2020, CMS released information about a new rural transformation model. You may recall, there are two tracts associated with this model. The global budget tract, referred to as CHART, is the version that the State of Washington seems to be interested in perusing. The Health Care Authority envisions themselves as the lead agency on this project but they require 10,000 Medicare lives in order to advance their application. Letters of interest are due to the HCA by Friday, February 19th. I do not believe that any of the hospitals traditionally defined as rural, including KVH, will be signaling interest in participating in the CHART tract. For purposes of this project, CMS has expanded the definition of rural to include facilities such as Yakima Memorial, Lourdes and Skagit. These larger facilities may have an interest in participating and may be able to deliver the 10,000 lives. Going forward I believe there will be more interest in the ACO tract.

Strategic Planning - Senior leadership met to talk about strategic planning. You already have heard from your team, in fact Financial Sustainability has met. Access and Financial Sustainability seem to be well defined. Collaboration and Engagement will need some additional work. This is consistent with what I remember from 2017 as well.

Human Resources & Staff Development- February 2021

January Metrics

<i>Employee Population</i>				
	<i>21-Jan</i>	<i>20-Dec</i>	<i>20-Nov</i>	<i>20-Oct</i>
Full-time	411	414	410	401
Part-time	131	132	130	129
Total Employees	637	643	640	634

<i>Turnover</i>			
	<i>YTD</i>	<i>21-Jan</i>	<i>2020 Year End</i>
Turnover (People)	11	11	102
Turnover (Percentage)	1.72%	1.72%	16.19%
Voluntary	10	10	97
Involuntary	1	1	5

<i>General Recruitment</i>				
	<i>21-Jan</i>	<i>20-Dec</i>	<i>20-Nov</i>	<i>20-Oct</i>
Open Postings	11	21	26	23
Unique Applications Received	229	198	201	212
Employees Hired	9	8	14	21
Time to Fill (Median)	28	26	25	27
Time to Fill (Average)	37.85	25.22	24.23	26.41

<i>Annual Evaluations</i>	
	YTD
Percent complete	93.30%
Total evaluations over due	44
# of employee evals over due	30
# of provider evals over due	14

Recruitment: Fairly typical hiring month; lower than average number of postings and number of employees hired. This is common for January and February.

Benefits and Wellness: We have started the meetings with Parker, Smith & Feek for our 2022 benefits. We anticipate costs increasing due to our previous contract with Premera expiring.

Student and Volunteer Services: As of 2/16/2021 there are 366 people including staff and volunteers helping at the vaccine clinics. We have volunteers from Chelan, Grant, King and Yakima counties driving over to help. Volunteers range from retired professionals to college students. The community commitment to help at the vaccine clinic has been invaluable and heartwarming. Currently we have 25 active students. Of the 25 there are 11 Nursing students, 2 Pharmacy Students, 3 Radiology Tech students, 1 Dietetic Intern, 2 Paramedic Student, 3 Physician Assistant students, 2 Nurse Practitioner students, and 1 Medical Student.

Staff Development: Will be relaunching the Customer Service Training in March. It was put on hold due to COVID but we will relaunch with smaller groups than originally intended. The curriculum does not work as well for zoom groups; discussion and conversation are important.

HR Operations/Staffing: Same as previous months; HR staff is looking forward to having Manda back in the office. She is expected back the first week of April.

Staff Feedback and Engagement: We will be launching another Engagement Survey, aiming for a "go-live" of April 5, the survey will be open for two weeks. We plan to have initial data for the Board by April 21 with an action plan ready by the May board meeting.



OPERATIONS REPORT

February 2021

PATIENT CARE OPERATIONS

- **Emergency Services / Urgent Care:**

Staffing continues to be our focus in both departments for nurses and patient care technicians.

We continue with implementation of Pulsara. Next steps are mapping out process flows and working with IS on hardware. We are excited to bring Pulsara to KVH to improve communication amongst our providers and others, to include EMS and other acute care facilities in our state.

Many staff members have been assisting in the COVID Vaccine Clinic and are finding the time rewarding. Thank you to Administration for supporting our staff to assist and be a part of this exciting, hopeful, and celebratory event.

Urgent Care is assisting with COVID testing on the weekends. This began the weekend of Feb. 13-14th and we tested 17 community members.

ED staff have been participating with FBP and Lab on a massive transfusion policy. This is a high risk, low frequency event which can happen in childbirth, trauma or other medical emergencies. These protocols have been associated with a reduction in patient mortality. In addition, EMS has been included in this planning as these patients will most likely be transferred to a higher level of care.

- **Food and Nutrition Services:**

Food Service:

- Department has all necessary staff at this time. Recent hire of a per diem cook has greatly assisted staffing pattern.
- Putting together components of a remodel of the Café. We have a good plan in place to improve flow through the Café and eliminate bottle necks during meal service. Also creates ability for more efficient production while alleviating some storage issues.
- Obtaining bids for an updated point of sale system in the Café. The system will be more user friendly, organized, available remotely, incorporates patient meal delivery, increases payment options, and improves transaction conversions. Should be easier to up-sell items as well.
- January was a new department record for number of patient meals served at 1381. I believe the prior record was 1186 meals per month.
- Continue to have some difficulties for the food supply chain.

Clinical nutrition in the hospital:

- No new initiative this past month, just busy with patients. Lots of diabetes related inpatient care this past month.

Outpatient and Diabetes Education:

- Had a 97% (35 or 36) appointment scheduling rate last month. This has been QAPI work with trying to improve the number of patients who are given a referral by their provider actually having an appointment scheduled. Baseline two years ago when starting the project was in the 50% range (I think 56% of patients given a referral actually scheduled an appointment). We've modified our work system for patients receiving a scheduled appointment at the time of the referral from their provider.

- **Medical/Surgical/CCU:**

Maintaining staffing and education is an ongoing challenge for MS and CCU. There are 2 new RN staff who will be starting next week. Both come with a vast degree of knowledge and experience. The CCU staff were able to care for and discharge a patient undergoing a carotid endarterectomy. This is a "first" for KVH. Dr. Zammitt was able to provide staff with a "zoom" education session about his upcoming cases and procedures.

- **Surgical Services**

The department staff is currently adjusting to meet the needs of the new services lines, in particular the vascular and urology.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services-**

The Ellensburg Covid-19 testing clinic continues to see fewer patients, running 14-54 per day since February 8. The Cle Elum clinic is seeing x per day for testing and 0-7 per day on the weekends. Due to the declining volume, we moved the Cle Elum weekend testing from FMC to Urgent Care. We have changed our reference lab for Covid-19 testing back to Lab Corp as they have added capacity for testing and are half the expense to us as Incyte. Our turn around times (TAT) for test results has remained consistent at 48 hours. Our Biofire rapid testing kits continue to have a stable supply, but we are now experiencing a shortage of pipette tips and green topped vacutainers for blood draws.

In response to FME providers requesting additional lab capacity at the MAC, Stacy will begin training a current phlebotomist to become a lab assistant. This will allow the MAC lab to

perform stat microscopic exams and aid in a rapid diagnosis for the patient and provider. We will also be adding two additional point of care tests for the providers.

Tonight the Board will review the projected costs of the Lab Expansion. During the expansion we will be moving our specimen collection area to the gift shop for approximately 6 weeks, provided of course, that the Lab Expansion is approved.

We were very pleased to have Commissioner Jon Ward visit the Imaging Department on February 10 to discuss tonight's Capital Request for 3 new ultrasound machines and gain a deeper understanding of our request.

We remain very busy working on our Vascular Lab for Dr. Zammit and are problem-solving issues with the VascuPro software program that he will be utilizing. We are also very busy developing policies and procedures that Dr. Hoppe will be utilizing in Imaging and Cardiopulmonary.

Our imaging TAT report is included in the packet for 2020 and Jan 2021. Since April, we have very good TAT's for ED and Inpatient Exams. We are working with OnRad to improve the TAT for outpatient critical test results (currently 361 minutes) and plan to begin having OnRad call the Critical Outpatient results to the imaging department after hours and on the weekends and allow the imaging tech to reach the provider with results.

- **Pharmacy Services-**

Pharmacy remains at the helm providing drawn up Covid-19 vaccines in Ellensburg. Nasser is working with the Pharmacy students to start their rotations early and be at KVH by 6 am to assist.

- **Home Health & Hospice-**

We have an applicant for one of our RN vacancies and should be interviewing her this month.

- **Athletic Trainer-**

Moving into Phase 2 is allowing more school sports. Zane Davies attended the first soccer game with EHS on 2/16/21. The students and volunteers worked for two days to plow the snow off the field in order to play. It was worth it as they won 7-0. Girls soccer, Cross Country, Football, Volleyball and Cheer are in full swing at all 3 schools. Zane is providing 1:1 services to about 20 people per day as well as attending games and practices.

- **Cle Elum PT-**

Joe Smith has returned from FMLA and is very busy in the clinic. Our volumes should return to normal in March, but he will be taking intermittent Washington State Paid Leave throughout the year to spend time with his new son.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Chain of Custody:**

Workplace Health will be scanning all chain of custody's from previous testing and current testing. This allows for a more streamline process for our billing department to reconcile statements.

Employer Drug Screen: Effective July 1st, KVH Workplace Health will be the only service in town offering employer drug screens. Merit Resource Services will be turning their focus on Behavioral Health treatment and terminating employment drug testing collection services.

- **Non-Verbal:**

As we continue to wear masks, we are making sure staff understand the non-verbal communication is quite a bit more difficult. We have addressed this and made sure folks understand the importance of using our voices and hands to be sure patients know who is talking to them. For example, at the front desk we may say "May I help you?" but with the masks it is hard to know who was speaking.

- **Recall:**

Workplace Health has initiated a recall system for CDL/DOT exams. These exams are to be completed 1-2 years. We have relied our patients to call us to schedule a follow up however, we are now calling them.

- **2020 Award for Family Medicine Cle Elum & Pediatrics:**

Family Medicine Cle Elum & Pediatrics received an award from Department of Health, project Immunize Washington. They received the Silver Status on their immunization rate for children. The silver status is when the immunization rate is 70% or higher. Our rate was 77% at Family Medicine Cle Elum and 75% at Pediatrics and to achieve the Gold Status it would have to have been 80% or above. The data calculated was the percentage of the clinic's 24-35 month old patients who are up-to-date with DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, and 4 doses of PCV.

- **2020 Award from Greater Columbia Accountable Community of Health:**

Family Medicine Ellensburg, Family Medicine Cle Elum and the hospital received an award of Performance in Excellence for our Practice Transformation Year 1 (2019) and Year 2 (2020).

Thank you, Carrie Barr, Chief of Clinic Operations



Kittitas Valley Healthcare

TAT Report 2021

Overall Turnaround Time

Month	# ERPT	AVR TA ER (mins)	# INPT	AVR TA IN (mins)	# OPT	AVR TA (mins)
January	1272	16	54	16	1425	120
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
AVR OVERALL	1272	16	54	16	1425	120

Critical Test Results Turnaround Time

Month	# ERPT	AVR TA ER (mins)	# INPT	AVR TA IN (mins)	# OPT	AVR TA (mins)
January	65	14	3	29	7	361
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
AVR OVERALL	65	14	3	29	7	361



Kittitas Valley Healthcare

TAT Report 2020

Overall Turnaround Time

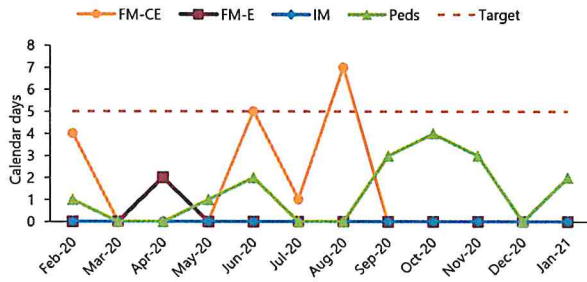
Month	# ERPT	AVR TA ER (mins)	# INPT	AVR TA IN (mins)	# OPT	AVR TA (mins)
January	730	36	73	267	134	1265
February	905	49	155	219	401	2123
March	1036	26	58	191	1160	1941
April	853	11	40	13	889	38
May	1132	13	74	18	1088	38
June	1257	16	77	20	1412	74
July	1161	14	81	19	1407	71
August	1275	18	41	22	1420	186
September	1095	18	55	22	1350	135
October	1299	18	70	19	1441	66
November	1071	16	72	19	1328	84
December	1223	19	67	15	1381	170
AVR OVERALL	13037	21	863	70	13411	516

Critical Test Results Turnaround Time

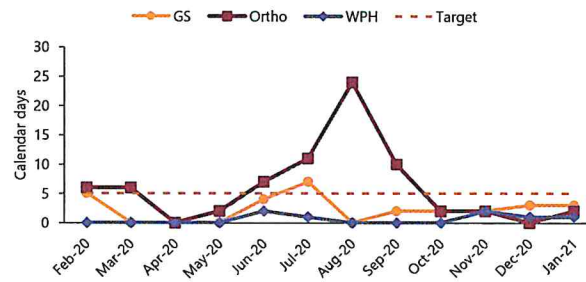
Month	# ERPT	AVR TA ER (mins)	# INPT	AVR TA IN (mins)	# OPT	AVR TA (mins)
January	52	23	4	30	5	343
February	78	20	11	426	7	533
March	58	22	3	182	14	542
April	62	11	7	11	18	31
May	83	12	4	9	16	27
June	64	17	6	13	21	74
July	71	14	4	32	8	107
August	91	13	6	25	7	8
September	70	14	7	25	11	145
October	80	13	4	10	14	71
November	62	12	4	13	15	13
December	62	16	2	10	12	263
AVR OVERALL	833	16	62	66	148	180

Clinic Operations Dashboard

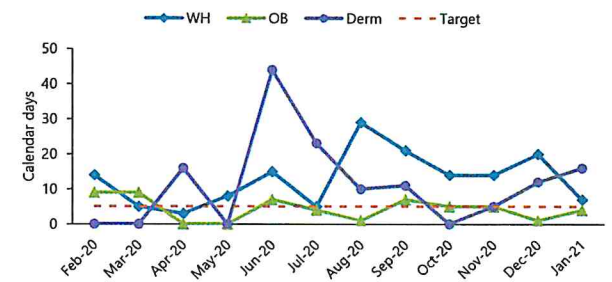
Third available appointment for established patients



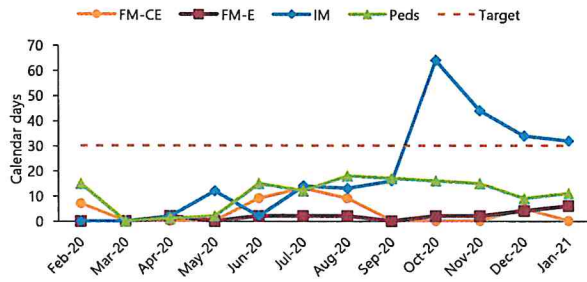
Third available appointment for established patients



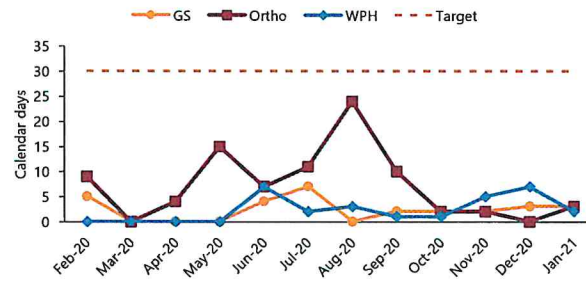
Third available appointment for established patients



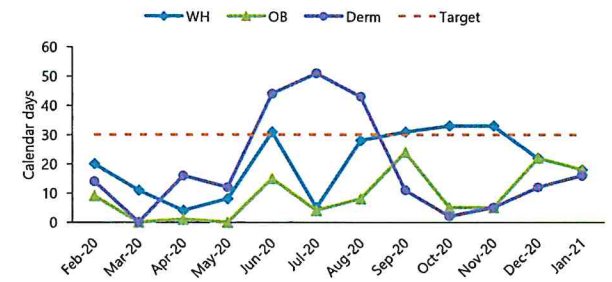
Third available appointment for new patients



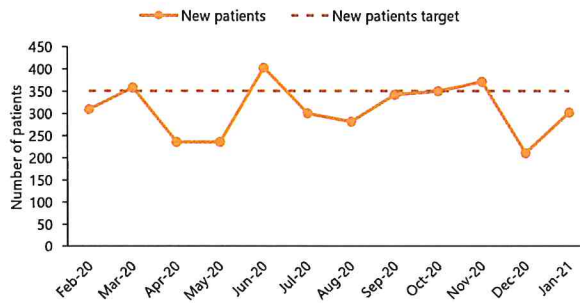
Third available appointment for new patients



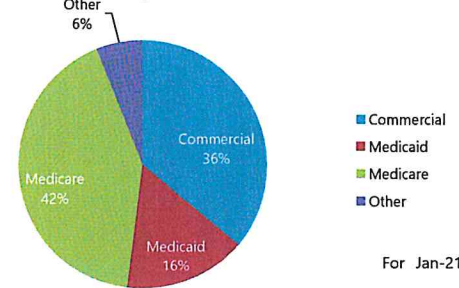
Third available appointment for new patients



New patients



Payor Mix



NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date February 15, 2021

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>
Canada, Amy, MD	Prov. Active	Initial Appt.	CHCW
Molina, Arthur, MD	Prov. Assoc.	Initial Appt.	NorthStar
Ritch, Karl, MD	Prov. Assoc.	Initial Appt.	ONRAD
Suvarna, Rajendra, MD	Active	Reappoint.	KVH Hospitalist
Greenberg, Todd, MD	Associate	Reappoint.	ONRAD
Krueger, David, MD	Associate	Reappoint.	Heart Central of WA
Ortiz, Robert, MD	Associate	Reappoint.	Heart Central of WA
Sandquist, Dane, MD	Associate	Reappoint.	Incyte
Wright, Vanessa, MD	Associate	Reappoint.	KVH FME
Dahl, Carissa, ARNP	AHP	Request to add Normal Well Baby Newborn Care	

CHIEF MEDICAL OFFICER – Kevin Martin, MD
February 2021

Medical Staff Services:

- **Recruiting:** Mitch Engel reports:
 - In January we conducted one physician interview – a Family Medicine/Physician who has accepted our offer and has a tentative start date of June 1.
- **Medical staff:** Shannon Carlson reports:
 - For February we have 3 initial appointments and 6 reappointments. There are 7 applications in process

CMO activities:

- **COVID-19:**
 - As of this writing, our work with Kittitas County Public Health Department and the Incident Management Team has resulted in over 8500 doses of vaccines administered in the county, and increase of 6900 since my last report. Our capacity to administer vaccines is at this point a function of supply chain. KVH staff, volunteers, and even some board members have contributed to this success.
 - Numbers are trending down across the state, and as of the week ending 2/12, our case rates are lower than they have been since October.
- **Community & Regional Partnerships**
 - Greater Columbia Accountable Community of Health Leadership Council met 18 February.
 - The Washington Rural Health Collaborative Physician Leadership Committee met 15 February. The meeting largely focused on regional similarities and COVID-19 response and an exchange of information about early vaccination experience. We also are working toward the ability to provide robust credentialing for member organizations.
 - The Regional Emergency Disaster Healthcare Coalition (REDi) stood down their Regional Triage Teams (RTT) call schedule for the time being. I have been asked to co-chair this group, and my first meeting with the other chairs is pending at the time of this report
- **Changes:**
 - Dr. Jonathan Fish continues as interim Medical Director for Hospital Medicine.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer



January Operating Results

- January patient volumes for the organization were, with a few exceptions, very strong. KVH's inpatient census averaged 12 patients per day and exceeded budgeted patient days by 118 days. There were a number of days in January when all 6 ICU beds and all 13 Med/Surg beds were occupied. In January KVH had negative variances in deliveries, inpatient surgery procedures, GI procedures, ER visits and Urgent Care visits. KVH postponed elective inpatient surgery cases so that the hospital has beds available to care for Covid-19 patients. Lab tests exceeded budget by nearly 15% for the month. Much of the positive lab volume was for Covid-19 testing. In January the lab did 3,088 Covid-19 tests, down from 3,858 tests in December.
- KVH broke \$16 million in Gross Revenue in January. Gross revenue of \$16,184,787 exceeded budget by \$1,585,618. Inpatient revenue had a positive variance of \$643,301, outpatient revenue had a positive variance of \$788,358 and clinic revenue exceeded budget by \$153,959. The laboratory department exceeded their monthly revenue budget by \$821,602 due to Covid-19 testing. In January the laboratory department billed \$1,014,560 for Covid-19 tests.
- Deductions from revenue tracked with the positive revenue variance and exceeded budget by \$861,276 for the month. Contractual adjustments exceeded budget by \$752,332. Bad debt deductions exceeded budget by \$11,908. Financial assistance exceeded budget by \$78,012 and other deductions exceeded budget by \$19,024.
- January other operating revenue was below budget by \$252,027 due to a December year-end accrual for 340B receipts. We expect 340B receipts to normalize in the coming months.
- January expenses were at or below budget for nearly all of the expense categories. We learned in early February that KVH's 2021 insurance rates will increase nearly \$141k per year so we accrued \$30k for additional insurance expense in January. License and taxes are over budget due to a lease hold tax accrual of \$16k relating to back rent received from a Medical Arts Center building tenant of \$126k in January. Unbudgeted expenses to assist the County Health Department in administering the Covid-19 vaccine in January totaled \$67,223. Total expenses for January were \$167,099 below budget.
- KVH posted operating income of \$737,381 compared to a budgeted operating income of \$97,968, a positive variance of \$639,413; a very good start to FY 2021.

- Non-operating revenue/expense exceeded budget by \$86,228 due the receipt of Medical Art Center Clinic back rent of \$126k. KVH did not recognize any CARES income in January.
- KVH reported Net Income for January of \$874,690.
- Days in Accounts Receivable increased 2.8 days from 73.5 days to 76.3 days. Gross Accounts Receivable increased by \$1,743,791 from \$38,670,560 in December to \$40,414,351 in January. January collections were \$8,254,901.
- Days Cash on Hand decreased 11.5 days to 164.3 days in January from 175.8 days in December. The decrease was due to principle and interest payments that were paid in early January.
- Average daily cash collections per working day decreased to \$434,468 in January from \$484,786 per working day in December.

Kittitas Valley Healthcare
 Financial and Operating Indicators
 January 2021 - Key Statistics and Indicators

L	Measure	2021 YTD	2021 Budget	2021 Annualize	2020	2019	2018	2017	2016	2015	2014	2013
1	Total Charges	16,184,787	174,017,958	190,562,812	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699	113,679,975
2	Net Revenue	8,440,116	95,045,342	99,375,556	89,252,245	83,527,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460	64,503,948
3	Operating Income	737,381	2,089,736	8,682,063	(32,269)	2,901,869	474,120	885,655	(5,893)	3,620,482	4,662,688	3,861,302
4	Operating Margin %	8.7%	2.2%	8.7%	0.0%	3.5%	0.6%	1.2%	0.0%	5.2%	6.7%	6.0%
5	Net Income	5,767,384.0	2,702,536	5,767,384	5,767,387	3,690,537	2,526,547	2,648,415	1,543,915	5,094,564	6,379,461	
6	Net Margin %	6.5%	2.8%	5.8%	6.5%	4.4%	3.2%	3.7%	2.2%	7.3%	9.2%	
7	Cash	38,817,474	43,313,639	NA	40,852,244	29,218,516	27,408,625	33,213,447	29,859,717	32,816,113	29,641,010	
8	Days Cash on Hand	164.3	178.5	NA	175.8	138.6	133.5	178.7	156.0	189.4	175.8	
9	Surgeries	142	1,567	1,672	1,354	1,305	1,461	1,396	1,510	1,578	1,675	
10	Gastrointestinal Procedures	102	1,400	1,201	1,211	1,416	1,250	1,383	1,396			
11	Emergency Visits	1,034	13,320	12,175	12,207	13,861	13,930	13,162	13,789	13,618	12,250	
12	% ED visits To Bed	10.1%	10.0%	10.1%	10.1%	9.5%	n/a	n/a	n/a	n/a	n/a	
13	Radiology Exams	2,573	30,831	30,295	29,338	30,397	30,843	33,836	33,471			
14	Laboratory Tests	24,180	251,261	284,700	237,710	209,144	207,040	190,587	181,082			
15	Clinic Visits	6,483	81,100	76,332	70,676	72,711	59,241	50,917	48,525			
16	Telehealth Visits	327	3,595	3,850	3,793							
17	IP & Obs Days (no swing)	488	3,930	5,751	3,717	3,805	3,999	3,440	3,937	3,740	4,976	
18	Deliveries	17	324	200	284	309	342	322	312	368	334	
19	Admits w/Swing	83	912	977	860	941	984	899	1,043	1,299	1,433	
20												
21	FTEs	517.3	540.2	NA	499.0	477.4	469.4	457.6	449.1	437.9	437.7	
22	AR Days	76.3	75.0	NA	73.5	88.1	92.0	50.8	47.5	45.0	49.5	

Normalize charges across years by adjusting for charge master increases:

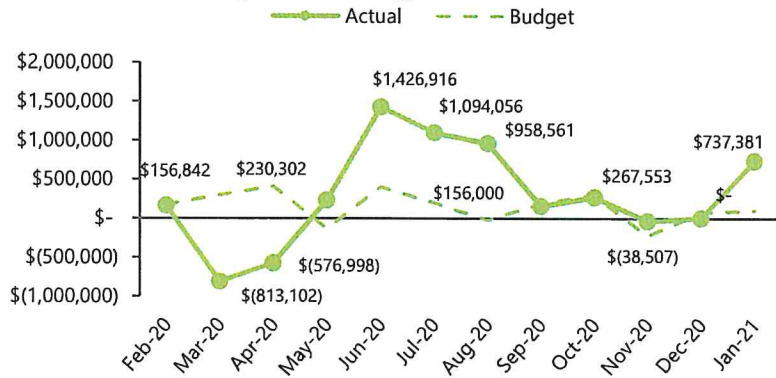
Normalized Charges to 2021	174,017,958	190,562,812	163,507,662	158,843,135	150,618,153	146,731,754	145,056,050	146,600,399	154,890,261	150,549,863
Operations Growth	6.43%	16.55%	2.94%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%	
Operations Growth Exclude COVID Testing		12.45%	-0.54%							

Kittitas Valley Healthcare
January 2021 - Key Statistics and Indicators

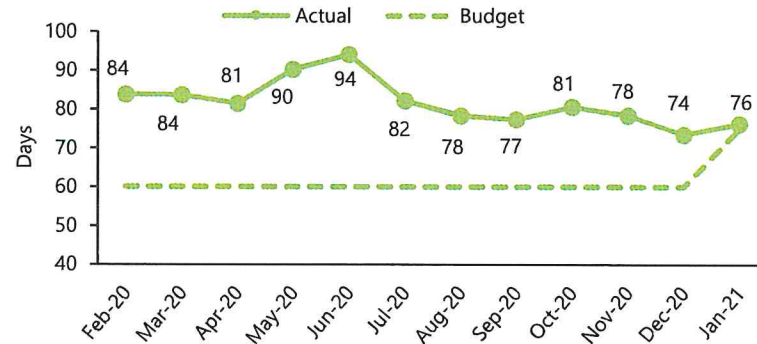
Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions w/Swingbed	83	78	6.5%	83	78	6.5%	70	18.6%	01
02 Patient Days - W/O Newborn	352	234	50.6%	352	234	50.6%	203	73.5%	02
03 Patient Days - Swingbed	20	14	42.9%	20	14	42.9%	NA	NA	03
04 Avg Daily IP Census w/Swingbed	12.0	8.0	50.1%	12.0	8.0	50.1%	6.5	83.3%	04
05 Average Length of Stay	4.2	3.0	41.4%	4.2	3.0	41.4%	2.9	46.3%	05
06 Average Length of Stay w/Swingbed	4.5	3.2	41.0%	4.5	3.2	41.0%	2.9	54.6%	06
07 Deliveries	17	27	-38.1%	17	27	-38.1%	28	-39.3%	07
08 Case Mix Inpatient	1.21	1.00	21.0%	1.21	1.00	21.0%	1.08	12.0%	08
09 Surgery Minutes - Inpatient	2,250	2,305	-2.4%	2,250	2,305	-2.4%	1,468	53.3%	09
10 Surgery Minutes - Outpatient	8,877	7,550	17.6%	8,877	7,550	17.6%	6,990	27.0%	10
11 Surgery Procedures - Inpatient	19	21	-7.9%	19	21	-7.9%	14	35.7%	11
12 Surgery Procedures - Outpatient	123	111	10.9%	123	111	10.9%	103	19.4%	12
11 Gastrointestinal Procedures	102	118	-13.2%	102	118	-13.2%	132	-22.7%	11
12 ER Visits	1,034	1,073	-3.6%	1,034	1,073	-3.6%	1,177	-12.1%	12
13 Urgent Care Cle Elum Visits	283	368	-23.1%	283	368	-23.1%	485	-41.6%	13
14 Laboratory	24,180	21,108	14.6%	24,180	21,108	14.6%	19,475	24.2%	14
15 Radiology Exams	2,573	2,590	-0.6%	2,573	2,590	-0.6%	2,697	-4.6%	15
16 Rehab Visit	1,640	1,609	1.9%	1,640	1,609	1.9%	1,585	3.5%	16
17 Outpatient Percent of Total Revenue	85.6%	88.5%	-3.2%	85.6%	88.5%	-3.2%	90.6%	-5.5%	17
18 Clinic Visits	6,483	6,756	-4.0%	6,483	6,756	-4.0%	7,115	-8.9%	18
19 Telehealth Visits	327	302	8.3%	327	302	8.3%	-	NA	19
20 Adjusted Patient Days	2,450	2,029	20.7%	2,450	2,029	20.7%	2,156	13.6%	20
21 Equivalent Observation Days	136	96	41.5%	136	96	41.5%	99	38.2%	21
22 Avg Daily Obs Census	4.4	3.1	41.5%	4.4	3.1	41.5%	3.2	38.2%	22
23 Home Care Visits	379	613	-38.2%	379	613	-38.2%	418	-9.3%	23
24 Hospice Days	607	732	-17.1%	607	732.4	-17.1%	774	-21.6%	24
Financial Measures									
25 Salaries as % of Operating Revenue	46.5%	51.3%	9.4%	46.5%	51.3%	9.4%	51.2%	-9.3%	25
26 Total Labor as % of Operating Revenue	59.0%	64.2%	8.1%	59.0%	64.2%	8.1%	64.6%	-8.7%	26
27 Revenue Deduction %	48.7%	48.1%	-1.3%	48.7%	48.1%	-1.3%	47.7%	2.0%	27
28 Operating Margin	8.7%	1.2%	610.6%	8.7%	1.2%	610.6%	0.9%	855.4%	28
Operating Measures									
29 Productive FTE's	449.6	478.2	6.0%	449.6	478.2	6.0%	436.9	2.9%	29
30 Non-Productive FTE's	67.7	62.0	-9.2%	67.7	62.0	-9.2%	62.1	9.1%	30
31 Paid FTE's	517.3	540.2	4.2%	517.3	540.2	4.2%	499.0	3.7%	31
32 Operating Expense per Adj Pat Day	\$ 3,144	\$ 3,878	18.9%	\$ 3,144	\$ 3,878	18.9%	\$ 3,266	-3.7%	32
33 Operating Revenue per Adj Pat Day	\$ 3,445	\$ 3,927	-12.3%	\$ 3,445	\$ 3,927	-12.3%	\$ 3,296	4.5%	33
34 A/R Days	76.3	60.0	-27.2%	76.3	60.0	-27.2%	85.3	-10.6%	34
35 Days Cash on Hand	164.3	127.6	28.8%	164.3	127.6	28.8%	133.3	23.3%	35

Financial Dashboard

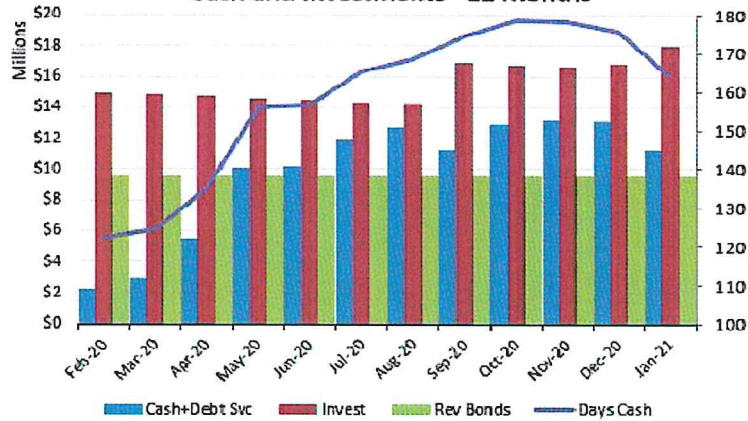
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2019	CY 2020	YTD 2021
Medicare	41.97%	39.42%	42.58%
Medicaid	18.72%	19.41%	19.20%
Commercial	32.81%	34.97%	32.19%
Self Pay	2.21%	2.66%	2.73%
Other	4.30%	3.55%	3.30%

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	2,325,287	1,681,987	643,301	2,325,287	1,681,987	643,301	1,251,373
OUTPATIENT REVENUE	11,349,145	10,560,786	788,358	11,349,145	10,560,786	788,358	9,874,977
PROF FEE REVENUE	2,510,355	2,356,396	153,959	2,510,355	2,356,396	153,959	2,172,654
REVENUE	16,184,787	14,599,169	1,585,618	16,184,787	14,599,169	1,585,618	13,299,004
CONTRACTUALS	7,225,606	6,473,273	752,332	7,225,606	6,473,273	752,332	5,676,648
PROVISION FOR BAD DEBTS	322,626	310,717	11,908	322,626	310,717	11,908	309,193
FINANCIAL ASSISTANCE	172,095	94,083	78,012	172,095	94,083	78,012	43,735
OTHER DEDUCTIONS	159,107	140,083	19,024	159,107	140,083	19,024	319,506
DEDUCTIONS FROM REVENUE	7,879,434	7,018,157	861,276	7,879,434	7,018,157	861,276	6,349,081
NET PATIENT SERVICE REVENUE	8,305,353	7,581,012	724,341	8,305,353	7,581,012	724,341	6,949,922
OTHER OPERATING REVENUE	134,763	386,790	(252,027)	134,763	386,790	(252,027)	157,814
TOTAL OPERATING REVENUE	8,440,116	7,967,802	472,314	8,440,116	7,967,802	472,314	7,107,737
SALARIES	3,923,577	4,090,323	(166,746)	3,923,577	4,090,323	(166,746)	3,642,582
TEMPORARY LABOR	17,909	33,242	(15,333)	17,909	33,242	(15,333)	11,452
BENEFITS	1,057,818	1,024,460	33,358	1,057,818	1,024,460	33,358	952,477
PROFESSIONAL FEES	22,263	65,958	(43,695)	22,263	65,958	(43,695)	152,182
SUPPLIES	829,008	841,587	(12,579)	829,008	841,587	(12,579)	713,902
UTILITIES	103,369	100,026	3,343	103,369	100,026	3,343	80,793
PURCHASED SERVICES	985,400	981,716	3,684	985,400	981,716	3,684	831,273
DEPRECIATION	379,635	365,592	14,043	379,635	365,592	14,043	313,197
RENTS AND LEASES	110,896	120,008	(9,113)	110,896	120,008	(9,113)	120,379
INSURANCE	81,132	50,958	30,174	81,132	50,958	30,174	45,183
LICENSES & TAXES	91,082	69,525	21,557	91,082	69,525	21,557	59,647
INTEREST	51,458	51,683	(226)	51,458	51,683	(226)	54,349
TRAVEL & EDUCATION	19,308	25,057	(5,749)	19,308	25,057	(5,749)	28,482
OTHER DIRECT	29,880	49,698	(19,818)	29,880	49,698	(19,818)	36,842
EXPENSES	7,702,735	7,869,834	(167,099)	7,702,735	7,869,834	(167,099)	7,042,740
OPERATING INCOME (LOSS)	737,381	97,968	639,413	737,381	97,968	639,413	64,997
OPERATING MARGIN	8.74%	1.23%	135.38%	8.74%	1.23%	135.38%	0.91%
NON-OPERATING REV/EXP	137,309	51,082	86,228	137,309	51,082	86,228	61,586
NET INCOME (LOSS)	874,690	149,050	725,640	874,690	149,050	725,640	126,583
UNIT OPERATING INCOME							
HOSPITAL	915,075	302,768	612,306	915,075	302,768	612,306	48,265
URGENT CARE	(10,093)	(2,829)	(7,264)	(10,093)	(2,829)	(7,264)	(30,897)
CLINICS	(216,391)	(210,696)	(5,696)	(216,391)	(210,696)	(5,696)	(6,424)
HOME CARE COMBINED	48,790	8,724	40,066	48,790	8,724	40,066	54,053
OPERATING INCOME	737,381	97,968	639,413	737,381	97,968	639,413	64,997

Kittitas Valley Healthcare

COVID operations detail
Estimated, Year to date 2021

Organization, Net of COVID Related Operations

	Jan-21	YTD
Total Revenue	15,170,227	15,170,227
Total Deductions	7,392,445	7,392,445
Net Patient Service Revenue	7,777,782	7,777,782
Other Operating Revenue	134,763	134,763
Total Operating Revenue	7,912,544	7,912,544
Total Expense	6,883,463	6,883,463
Operating Income	1,029,082	1,029,082
Operating Margin %	13.01%	13.01%

COVID Related Activity Estimates

	Jan-21	YTD
Total Revenue (COVID Lab Charges)	1,014,560	1,014,560
Total Deductions	486,989	486,989
Net Patient Service Revenue	527,571	527,571
Total Testing Expense	536,219	536,219
Total Other COVID Management Expense	283,053	283,053
CARES/Other Non-Operating Income	-	-

Combined, Organization Financials

	Jan-21	YTD
Total Revenue	16,184,787	16,184,787
Total Deductions	7,879,434	7,879,434
Net Patient Service Revenue	8,305,353	8,305,353
Other Operating Revenue	134,763	134,763
Total Operating Revenue	8,440,116	8,440,116
Total Expense	7,702,735	7,702,735
Operating Income	737,381	737,381
Operating Margin %	8.74%	8.74%

01/31/2021

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	11,079,861	13,111,089	(2,031,228)
ACCOUNTS RECEIVABLE	40,414,351	38,670,560	1,743,791
ALLOWANCE FOR CONTRACTUAL	(27,556,682)	(26,628,109)	(928,573)
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	352,620	334,992	17,628
INVENTORY	1,762,877	1,779,361	(16,484)
PREPAIDS	810,684	767,063	43,622
INVESTMENT FOR DEBT SVC	178,381	954,770	(776,388)
CURRENT ASSETS	27,042,393	28,990,025	(1,947,632)
INVESTMENTS	27,559,232	26,786,385	772,847
PLANT PROPERTY AND EQUIPMENT	89,909,054	89,653,286	255,768
ACCUMULATED DEPRECIATION	(47,257,604)	(46,872,713)	(384,891)
NET PROPERTY, PLANT, & EQUIP	42,651,449	42,780,573	(129,124)
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	42,651,449	42,780,573	(129,124)
ASSETS	97,253,074	98,556,983	(1,303,909)
ACCOUNTS PAYABLE	773,315	1,438,500	(665,184)
ACCRUED PAYROLL	181,952	1,578,007	(1,396,056)
ACCRUED BENEFITS	822,046	332,413	489,632
ACCRUED VACATION PAYABLE	1,994,530	2,139,719	(145,189)
THIRD PARTY PAYABLES	753,000	353,000	400,000
CURRENT PORTION OF LONG TERM DEBT	1,053,427	1,673,992	(620,565)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	5,578,269	7,515,632	(1,937,362)
ACCRUED INTEREST	55,876	299,485	(243,609)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	8,715	0	8,715
DEFERRED REVENUE HOME HEALTH	60,607	66,950	(6,343)
DEFERRED OTHER	3,268,710	3,268,710	0
DEFERRED LIABILITIES	3,393,908	3,635,145	(241,237)
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,124,345	12,564,910	(440,565)
LTD - 2018 REVENUE BOND	5,460,000	5,640,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	1,744,090	1,744,090	0
CURRENT PORTION OF LONG TERM DEBT CONT	(1,053,427)	(1,673,992)	620,565
LONG TERM DEBT	18,275,008	18,275,008	0
NONCURRENT LIABILITIES	21,668,916	21,910,153	(241,237)
LIABILITIES	27,247,186	29,425,784	(2,178,599)
FUND BALANCE	69,131,198	69,131,198	0
NET REVENUE OVER EXPENSES	874,690	(0)	874,690
FUND BALANCE	70,005,888	69,131,198	874,690
TOTAL LIABILITIES & FUND BALANCE	97,253,074	98,556,983	(1,303,909)

01/31/2021

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	874,690
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	384,891
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	1,259,581
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(815,218)
OTHER RECEIVABLES	(17,628)
INVENTORIES	16,484
PREPAID EXPENSES & DEPOSITS	(43,622)
INVESTMENT FOR DEBT SVC	776,388
TOTAL CURRENT ASSETS	(83,596)
INVESTMENTS	(772,847)
PROPERTY, PLANT, & EQUIP.	(255,768)
OTHER ASSETS	0
TOTAL ASSETS	147,371
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(665,184)
ACCRUED SALARIES	(1,396,056)
ACCRUED EMPLOYEE BENEFITS	489,632
ACCRUED VACATIONS	(145,189)
COST REIMBURSEMENT PAYABLE	400,000
CURRENT MATURITIES OF LONG-TERM DEBT	(620,565)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(1,937,362)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(243,609)
DEFERRED OTHER	0
DEFERRED TAX COLLECTIONS	8,715
DEFERRED REVENUE - HOME HEALTH	(6,343)
TOTAL OTHER LIABILITIES	(241,237)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(440,565)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	620,565
TOTAL LONG-TERM DEBT & LEASES	0
TOTAL LIABILITIES	(2,178,599)
NET CHANGE IN CASH	(2,031,228)
BEGINNING CASH ON HAND	13,111,089
ENDING CASH ON HAND	11,079,861

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
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 Development	HRSA	\$100,000	Applied	Previous Network Development Grant form 2017	KCHN	Funds to support the expansion of services and develop new partnerships for KCHN.
Community Health Services Outreach	KCHN	Care Coordination	HRSA	\$800,000	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.
Building Communities of Recovery	KCHN	Opioids	SAMHSA	\$200,000	Researching	Opioid Implementation Grant, Opioid Resource Network Manager, Opioid Recovery Resources		Funding for 3 years to build a sustainable recovery community in Kittitas County.
Rural Mental Health Integration	KVH	PCMH	UW/AIMS	\$245,000	WIP	GCACH	Greater Columbia	Provides training and education for integrated mental health at FME
Capital Funding Request	District 2	Facilities	Washington State Legislature	\$761,080	Applied			Capital Funding to assist in the construction of Station 99
Capital Funding Request	KVH	Facilities	Washington State Legislature	\$385,627	Applied			Capital Funding to assist in the remodel of KVH Lab
Kittitas County Jail MAT and Behavioral Health RFP	KCHN	Behavioral Health	Kittitas County Corrections	\$600,000	Applied	HRSA RCORP, HRSA Care Coordination		KCHN is applying with a joint application with its partners to provide direct treatment services in the jail. Three year Contract
Rural Emergency Medical Services Training Grant	District 2	Education/Staff Development	SAMHSA	Up to \$200,000	Researching			Funding to recruit and train emergency medical services (EMS) personnel in rural areas.

* Grants under research may not have a grant amount associated yet

** Bold and larger fonts are new opportunities

*** Denied Applications

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

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Laboratory Services

Capital Item Requested: Laboratory Expansion

Function of Project: Laboratory testing and outpatient sample collection.

Reason Requested: The current lab is at capacity for space and electrical needs, has no quiet workspace for complex tasks, had no dedicated supply area and can only perform a limited backup test menu. Expanded space, modular casework, and adding testing equipment builds for the future and will allow the lab to provide full redundancy testing and an expanded onsite test menu that better supports our providers and patients. Modular/mobile workstations will allow the lab to flex the design when they need to bring in new equipment or make changes to the workflow.

Budget: \$2,000,000

Actual Cost: \$2,643,081

Submitted By: Stacy Olea, Director – Imaging and Laboratory Services **Date:** 02/19/2021

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Imaging Services

Capital Item Requested: Three Diagnostic Ultrasound Machines

Function of Project: Ultrasound machines are used by community OB, Cardiology, Vascular Surgery and other providers.

Reason Requested: The three ultrasound currently owned by KVH are all over 6 years old. The image quality of these machines is significantly poorer than the image quality of the machines being requested.

Budget: \$500,000

Actual Cost: \$461,253

Submitted By: Stacy Olea, Director – Imaging and Laboratory Services **Date:** 02/19/2021

KITTITAS VALLEY HEALTHCARE

Capital Expenditure Board Narrative

Requesting Department: Surgical Services

Capital Item Requested: Ethicon Harmonic Generator (2)

Function of Project: An efficient vessel sealing, dissection, and cutting tool. Increases safety and efficiency of procedures. Used in multiple specialties including ENT, general, and GYN.

Reason Requested: Requested by multiple surgeons. A trial was completed to compare Ethicon with Covidien and all providers were included in the trial. Ethicon was the unanimous winner.

Budget: \$

Actual Cost: \$20,653

Submitted By: Amy Krogstadt, Director-Surgical Services

Date: 02/25/2021

KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative

Requesting Department: Cardiopulmonary Department

Capital Item Requested: Holter Monitor and Cardiac Stress Test System

Function of Project: Holter Monitor performs 24 hour cardiac rhythm studies. Stress Test System performs cardiac stress testing.

Reason Requested: The current systems are at the end of their life with the Windows PC versions being outdated.

Budget: \$60,971

Actual Cost: \$134,026

Submitted By: Jim Allen, Director-Cardiopulmonary

Date: 02/25/2021

KITTITAS VALLEY HEALTHCARE

Capital Expenditure Board Narrative

Requesting Department: Laboratory

Capital Item Requested: iSTATs (3)

Function of Project: Perform rapid troponin testing for the ED, perform backup chemistry testing when main analyzer is down, perform backup blood gas testing, will allow respiratory therapists to perform blood gas testing in CCU; replace the iSTAT at Urgent Care that is near end of life.

Reason Requested: Last year The Foundation at KVH gave KVH funds to purchase 3 iSTATs. The vendor was having problems with the FDA at that time, so the iSTATs were not purchased. Later that year the iSTATs were approved for use and we are now requesting the purchase to use the contributed funds.

Budget: \$ 45,000

Actual Cost: \$36,488

Submitted By: Stacy Olea, Director-Diagnostic Services

Date: 02/25/2021

KITTITAS VALLEY HEALTHCARE

Capital Expenditure Board Narrative

Requesting Department: Imaging Service

Capital Item Requested: Software upgrade to existing C-Arm for vascular studies

Function of Project: Expand current C-Arm to include vascular studies

Reason Requested: We now have a vascular surgeon and our existing C-Arm does not have the vascular program. Unable to perform certain vascular exams without it.

Budget: \$ **Actual Cost: \$34,385**

Submitted By: Stacy Olea, Director-Diagnostic Services **Date:** 02/25/2021

External Outreach activities:

- COVID Vaccination activities

Internal Outreach activities:

- The KVH Intranet was refreshed on Tuesday, February 9. Our goal is to make the Intranet a more user friendly and more useful resource for the employees.

COVID-19 & Emergency Preparedness Activities:

- Incident Command activities for COVID 19
- Washington State and HHS required reporting
- Trusted Voices – #MyWhy – launched internally with KVH employees being the main focus
- Vaccination clinic support
- Emergency Preparedness Committee charter development
- Development of 2021 Emergency Preparedness Committee goals and assignments

Collaborations & Partnerships:

- Worked with KCPHD in the development of an educational video with our pharmacist Nasser on the vaccine preparation process and the importance of keeping scheduled appointments

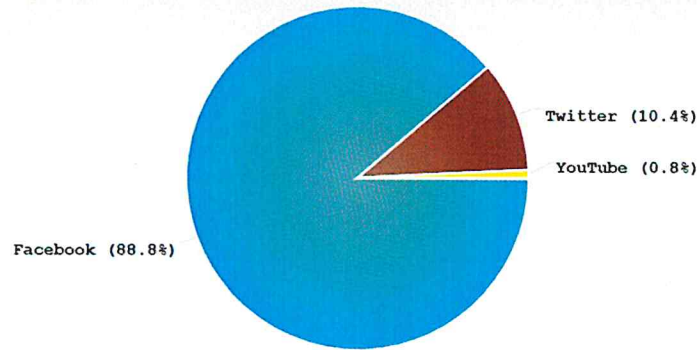
KVH Service Line Marketing Activities:

- General Surgery and Vascular
- Vascular lab service line development
- Workplace Health
- Cardio – as this program is being developed I am working closely with Tricia to understand the services we will be offering and developing the subsequent outreach plan
- Patient Portal – I am gathering data on our patients' current usage of the portal and the services available through the Portal. We will use this information to enhance the patient experience and patient usage of this resource.

Upcoming:

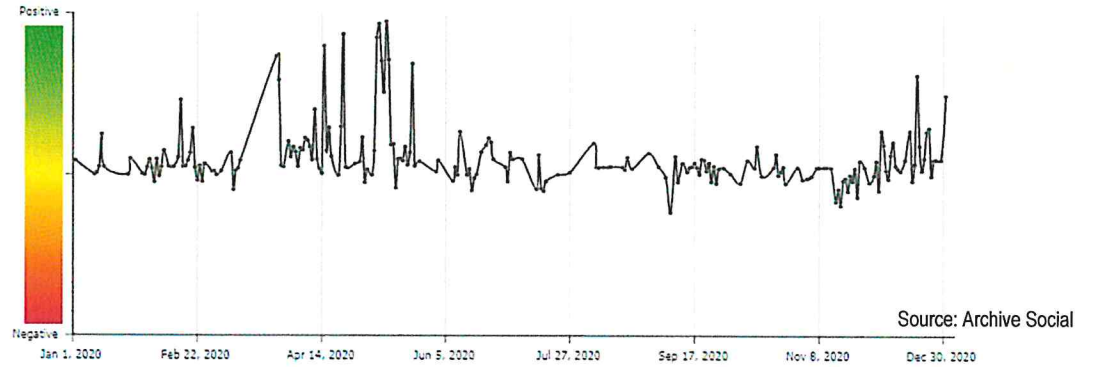
- Community Benefit Report – February 2021
- Strategic Planning
- Doctor's Day planning – March 2021
- Employee Engagement Survey campaign – March/April 2021

Social Network Usage - 2020



Source: Archive Social

General Sentiment Trend - 2020

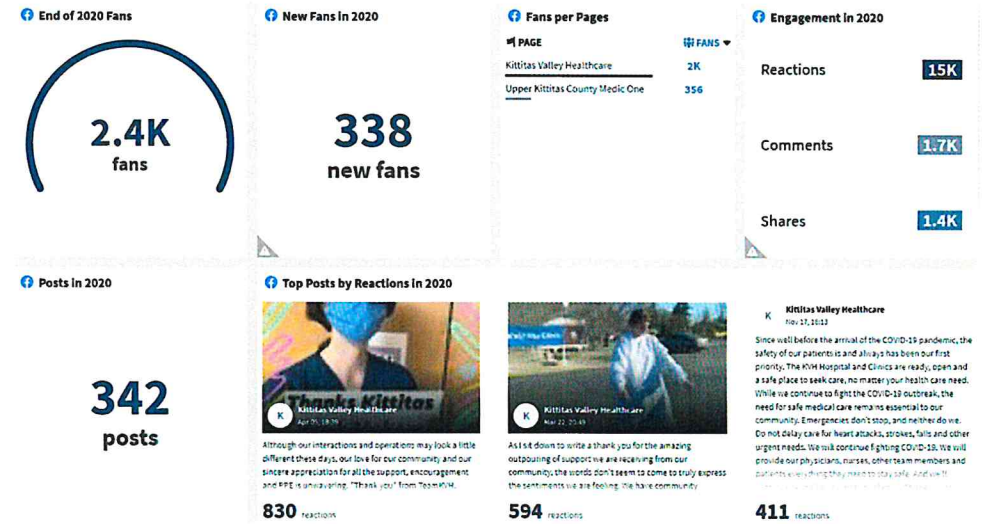


Social Media Activity Comparison - 2020

Source: Archive Social

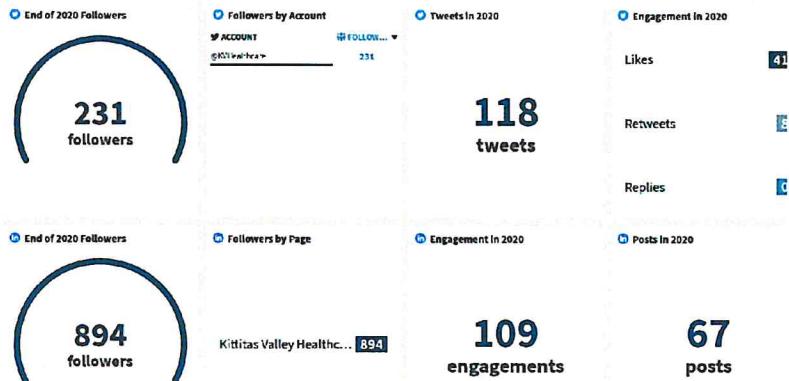
Account	Total Activity	Outgoing Activity	Incoming Activity	Incoming Percentage
Kittitas Valley Healthcare	2492	1003	1489	59.8%
@KVHealthcare	325	300	25	7.7%
Upper Kittitas County Medic One	190	173	17	8.9%
Kittitas Valley Healthcare	24	24	0	0.0%

Facebook Channel Overview (2020 Year in Review)



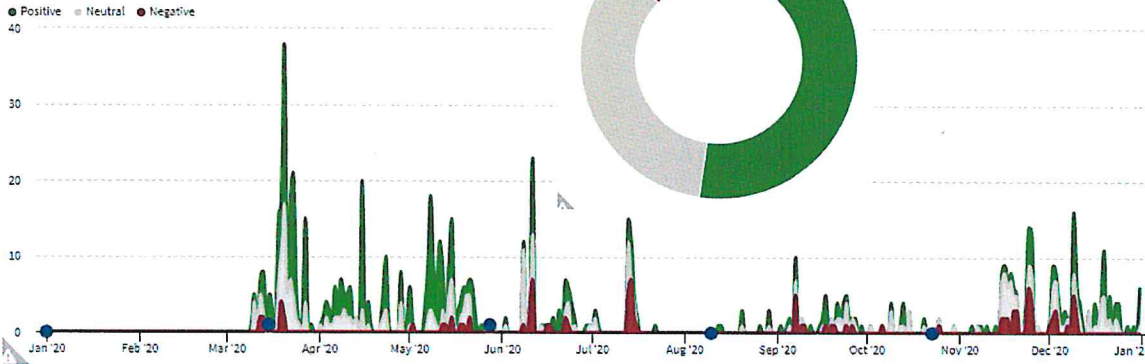
Source: Hootsuite

Twitter & LinkedIn 2020 Channel Overview



Facebook Activity - 2020

Inbound Messages > Sentiment

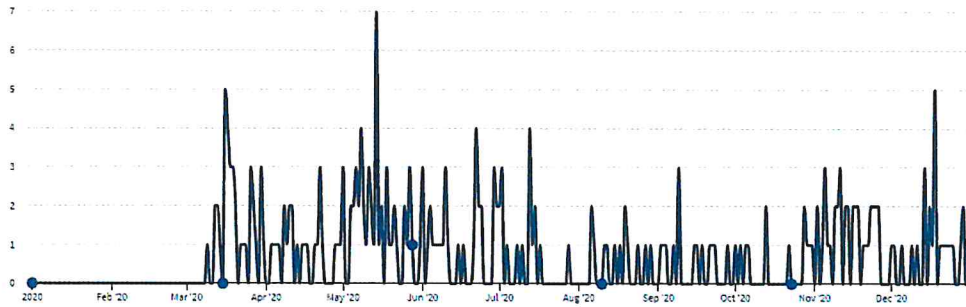


Engagement > Type

- Reactions **14K**
- Comments **1.7K**
- Shares **1.3K**

Source: Hootsuite

Posts



Tweets

