



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: 933-9262-5693 Passcode: 281288

April 22, 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: March 25, 2021
- b. Approval of Checks
- c. Report: Foundation
- d. Minutes: Finance Committee

(3-6)

(7)

(8)

(9-10)

4. Public Comment and Announcements

5. Presentations:

- a. Andrew Thomas, MD and Auren O'Connell, DNP of KVH Family Medicine Cle Elum: AIMS Grant

6. Reports and Dashboards

- a. Quality – Mandee Olsen, Chief Quality Officer
- b. Chief Executive Officer – Julie Petersen
- c. Operations
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations
- d. Support Services
 - i. Michele Wurl, Chief Public Relations Officer
 - ii. Jeff Yamada, Chief Information Officer
 - iii. Ron Urlacher, Chief of Facilities
- e. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment **
 - 2. Cardiology Delineation
 - ii. Chief Medical Officer, Kevin Martin MD

(11-19)

(20-23)

(24-30)

(31-34)

(35-38)

(39-49)

(50)

(51-53)

(54)



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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: 933-9262-5693 Passcode: 281288

- f. Finance – Chief Financial Officer - Scott Olander
 - i. Operations Report (55-65)
 - ii. Capital Expenditure Request: Point of sale system for the Cafe ** (66)
 - iii. Capital Expenditure Request: Corometric 259cx series Maternal/Fetal Monitoring System (4) ** (67)

7. Education and Board Reports

- a. Strategic Plan Update

8. Old Business

9. New Business

10. Executive Session

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

11. Adjournment

Future Meetings

May 27, 2021, Regular Meeting

June 24, 2021, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B & Via Zoom

March 25, 2021

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

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

KVH STAFF PRESENT VIA ZOOM: Vicky Machorro, Rhonda Holden, Carrie Barr, Michele Wurl, Ron Urlacher, Jeff Yamada, Marcus Jaffe

Guests: Bill Mannewitz from RehabVisions

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 Matt Altman and second of Erica Libenow, the Board members unanimously approved the agenda.

3. **Consent Agenda:**

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

4. **Public Comment/Announcements:**

None.

5. **Presentations:**

Bill Mannewitz from RehabVisions presented on rehab services. They are seeing an increase in productivity. Currently it is running at 72%, with the goal being 75%. In 2019-2020 productivity was at 60%. OT/Speech program also continues to grow. Marcus reviewed the Press Ganey patient satisfaction scores. Patient satisfaction top box score was at 85.12%, with a goal of 75%. Patient satisfaction score increased from 80.68% in 2020. Inpatient evaluation response time is less than 24 hours. All patients are being contacted for outpatient evaluations within 48 hours. Currently evaluations are scheduled 2-3 weeks out, with the option to slide forward to fill a

cancelled spot. Surgical Ortho patients are prioritized and are seen within the week unless unavailable due to the patient's schedule. Cancellation rate for 2020 with the pandemic was over 16% (standard is less than 15%). Currently for 2021 the average has been 15%. Staffing metrics: two new physical therapists and one new rehab technician were hired. Recruiting efforts continue for a physical therapist with an emphasis on pelvic health, a physical therapist with general orthopedic emphasis, and an occupational therapist for Home Health and outpatients. Rehab is seeing an increase in pediatric patients and Lymphedema cases.

6. Reports and Dashboards:

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that the employee COVID vaccination rate is currently at 67%. There are two new dashboards that have been added to the report for Home Health and Hospice. The increase of needle sticks has to do with staff using new devices with new safety caps that staff are unfamiliar with as well as staff fatigue. There have only been two needle sticks at the COVID Vaccine Clinic, which is a very low number considering how many vaccines are given daily.

The Board members reviewed the CEO report with Julie Petersen. Petersen reported that State Representative Alex Ybarra has been successful in getting the hospital projects passed through the House of Representatives.

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

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

ACTION: On motion of Matt Altman and second of Erica Libenow, the Board members unanimously approved the initial appointments for Dr. Mohan Ashok Kumar, Dr. Adarsh Bhardwaj, Dr. Jesse Cone, Dr. Erik Monick, and Jordan Giesler, PA-C and the reappointments for Dr. Jonathan Hibbs, Dr. Mark Larson, and Dr. Robert Reuter, 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 February. Olander stated that KVH had a positive month and is ahead of budget. Olander presented a capital expenditure request for the renovation of the Pre-Operative clinic. The Lab expansion will include where the Pre-Operative office is currently. They will move to

what was the old General Surgery Office. The project will include new carpet in the waiting area, new flooring in the exam rooms, new cabinet doors, new lighting, removing the entrance vestibule, and replacing the front door with an ADA-compliant power assist floor. Actual cost of the project request is \$147,720.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved the Capital Expenditures request for the Pre-Operative Clinic renovation in the amount of \$147,720.

The Board members reviewed the Community Relations report.

7. Education and Board Reports:

Commissioner Terry Clark shared some information from an American Hospital Association webinar he attended.

8. Old Business:

None.

9. New Business:

None.

10. Executive Session:

At 6:55 p.m., President Davis announced that there would be a 10-minute recess followed by a 60-minute executive session regarding personnel and real estate. RCW 42.30.110(b). There is action anticipated.

At 8:05 p.m., the meeting was reconvened into open session.

ACTION: On the motion of Erica Libenow and second of Matt Altman, the board members unanimously approved to authorize administration to amend the Valley Medical Properties Medical Building Lease and associated ground lease with the understanding that the ground lease will terminate and the building title will transfer to the District at the conclusion of the amended lease term, August 31, 2025.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:05 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.

2. Motion passed to approve the consent agenda.
3. Motions passed to approve the initial appointments, reappointments, changes in status, and additional privileges as recommended by the Medical Executive Committee.
4. Motion passed authorizing the capital expenditure request for the Pre-Operative Clinic renovation.
5. Motion passed to authorize administration to amend the Valley Medical Properties Medical Building Lease and associated ground lease with the understanding that the ground lease will terminate and the building title will transfer to the District at the conclusion of the amended lease term, August 31, 2025.

Respectfully submitted,

Shannon Carlson, CPCS/Matt Altman
Medical Staff Coordinator

DATE OF BOARD MEETING: April 22, 2021

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>272025-273117</u>	NET AMOUNT:	<u>\$5,500,588.53</u>
			SUB-TOTAL:	<u>\$5,500,588.53</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81769-81776</u>	NET AMOUNT:	<u>\$6,606.33</u>
#2	PAYROLL CHECK NUMBERS	<u>81777-81783</u>	NET AMOUNT:	<u>\$7,320.70</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,264,576.00</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,251,218.14</u>
			SUB-TOTAL:	<u>\$2,529,721.17</u>

TOTAL CHECKS & EFTs: \$8,030,309.70

Prepared by



 Sharoll Cummins
 Staff Accountant



Donor Impact Report

We are finalizing our donor impact report for 2020 which will be posted on our webpage and shared via social media.

Planned Giving

As part of our planned giving outreach, we are updating our website to highlight IRA Qualified Charitable Distributions. A new form and frequently asked questions will help guide new donors through the process of setting up an IRA QCD. Additionally, The Foundation is promoting our Leave a Legacy campaign featuring ways to bequeath funds to The Foundation.

Fund-A- Need 2021

We are continuing our Fund-A-Need campaign from 2020 promoting cardiac stress testing equipment into 2021. Funds raised to date total: \$22,000.

Donor Management Software Update

The Foundation is in the process of switching donor management software providers. We will be using Bloomerang starting end of April. The new service is less expensive and features automatic donor address and obituary updates.

Foundation Volunteers

Foundation board members along with Hospice Friends have continued with their volunteer work by calling COVID positive patients and conducting 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. We thank the community for their continued support.

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

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

April 20, 2021
Tuesday

**Administration Conference Room
7:30 A.M.
or
Join Zoom Meeting**

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: March 23, 2021**
- **March Financial Highlights**
- **Capital Expenditures**
 - **Point of sale system for the Café**
 - **Corometric 259cx Maternal/Fetal Monitoring System (4)**
- **Adjourn**

Next Meeting Scheduled: May 25, 2021 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
March 23, 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 February 23, 2021 minutes. Each motion passed.

Olander presented the highlights of the February 2021 financial results. Inpatient volumes are less than January by over half resulting in inpatient revenue being less than budget. Outpatient volumes are mixed. Surgery volumes are positive resulting in outpatient revenue being above budget. The Laboratory and rehab continue to be busy. Clinic visits are ahead of budget for the month. Based on our payer contracts we are being paid at a rate higher than we budgeted and is reflected in the net patient revenue for the month. Expenses overall are above budget due to supporting the county vaccine clinic through salaries, laboratory supplies for testing, and purchased services. This results in an operating revenue of \$446,853 and net operating revenue of \$394,772. AR days increased by .4 and days cash on hand decreased 6.1 days. The details are in the Chief Financial Officer Report.

The committee reviewed the Covid activity worksheet, received updates on the progress of the 2020 financial audit and Medicare cost report, and education on provider compensation.

With no further business, the meeting was adjourned at 8:07 a.m.



QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

April 2021

Quality Improvement Dashboard Data Summary – through February 2021

Summary of Areas Meeting Goal or Showing Improvement

- Median time to CT exam and median time to CT interpretation for patients with stroke were both well below goal in the month of February.
- There has been a concerted effort to increase collaboration between referral coordinators across the clinics. If one clinic is particularly busy, referral coordinators from other clinics can assist with their queues (virtually, without leaving their normal workstation).

Summary of Improvement Opportunities

- Restraint orders and care plans were all in place, but there were some instances of missed follow-up documentation. There did not appear to be a pattern to the instances of missed documentation.
- Time out of the office for home health physical therapy staff delayed starts of care beyond the 48 hour target for several home health patients.

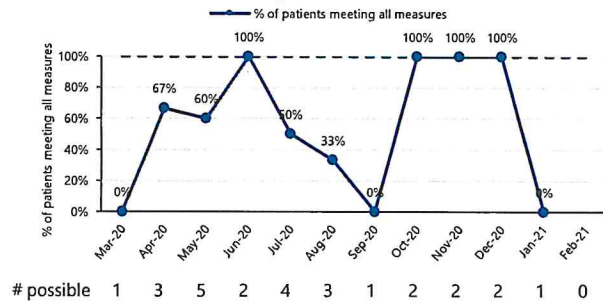
COVID 19 Work

We continue to have many Quality and KVH staff heavily involved with staffing the COVID vaccination clinics. Some of the current efforts include assisting Kittitas County Public Health Department and Central Washington University to independently run vaccine clinics, as well as planning for operationalizing ongoing vaccination at KVH in the future.

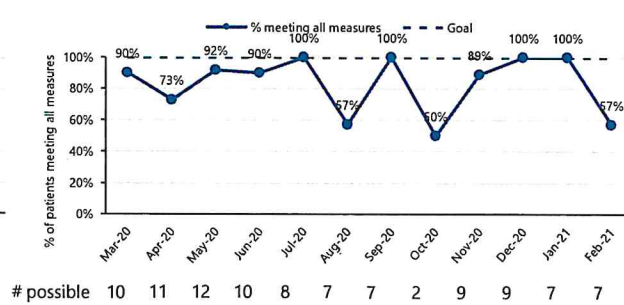
Please see the attached data on COVID testing and vaccine administration.

QI Council

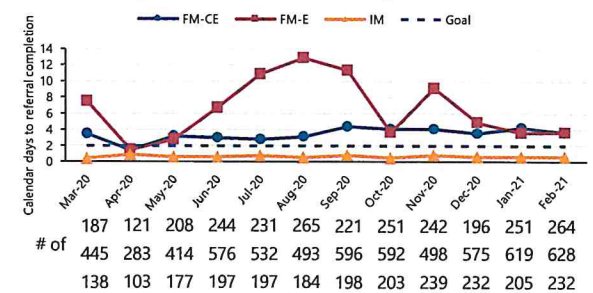
Sepsis Bundle ↑



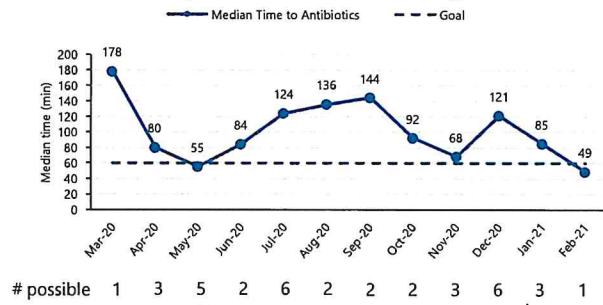
Restraints ↑



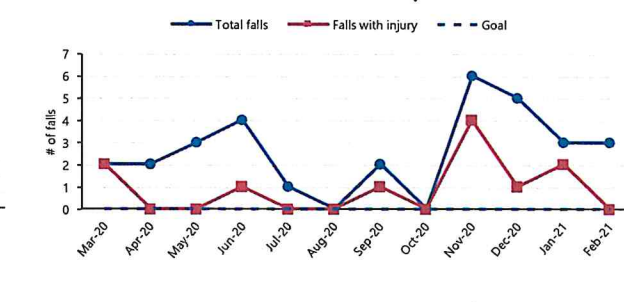
Days to Referral Completion ↓



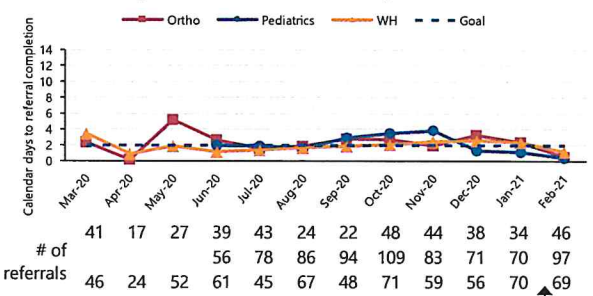
Sepsis Antibiotic Timing ↓



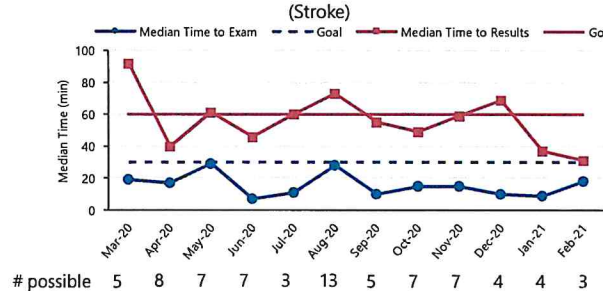
Falls ↓



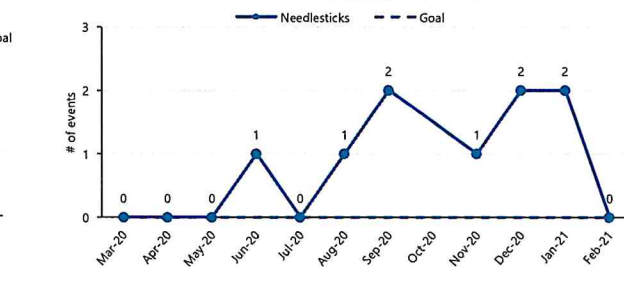
Days to Referral Completion ↓



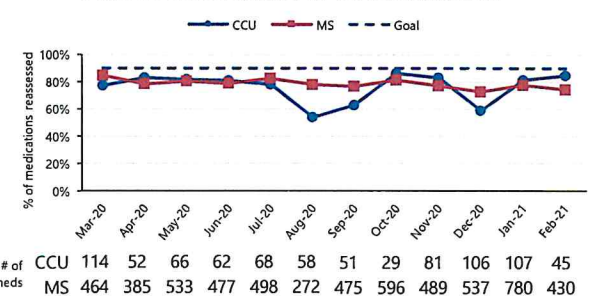
Median Time to CT or MRI (Stroke) ↓



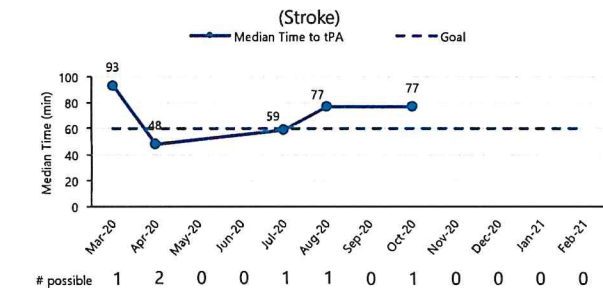
Needlesticks ↓



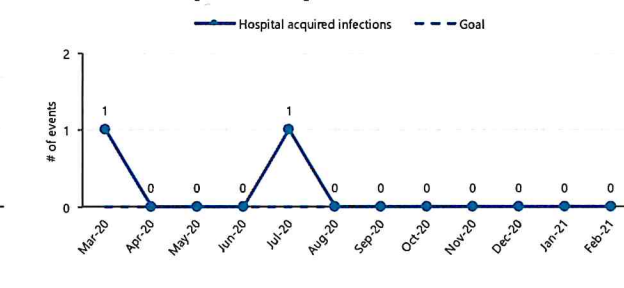
Pain Reassessment after Medication ↑



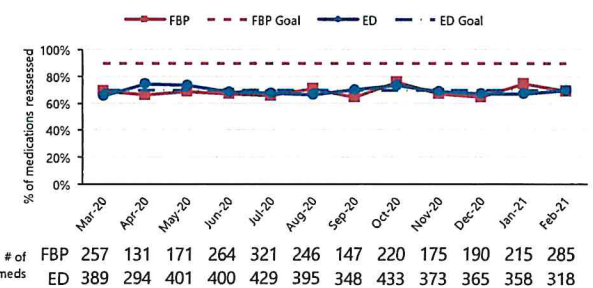
Median Time to tPA (Stroke) ↓



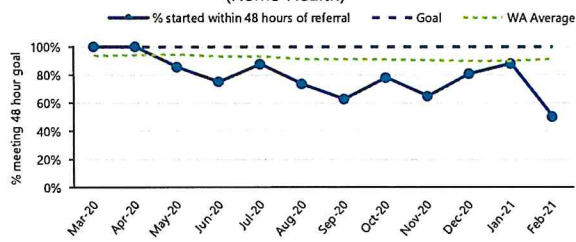
Hospital Acquired Infections ↓



Pain Reassessment after Medication ↑

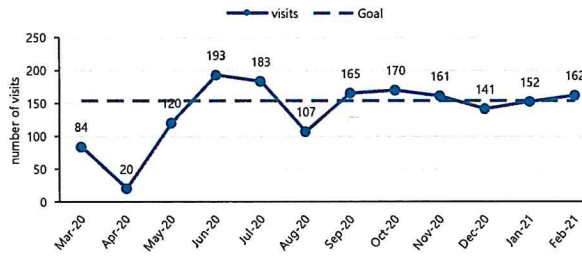


Timely Start for Physical Therapy (Home Health)

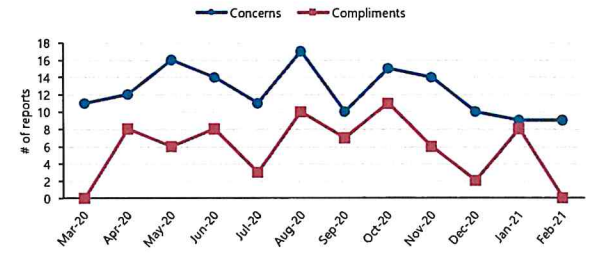


possible 14 8 14 12 16 15 16 18 17 26 25 22

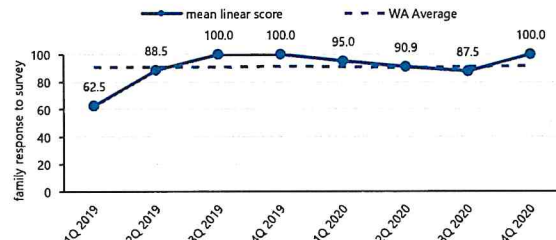
Medicare Wellness Visits



Care and Service Reports

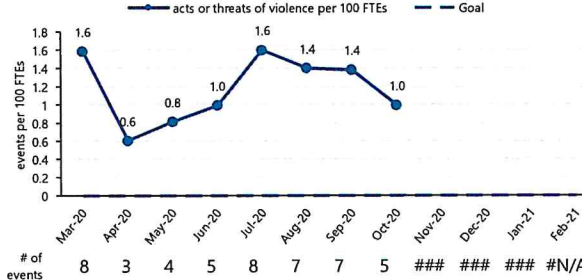


Hospice Pain Control



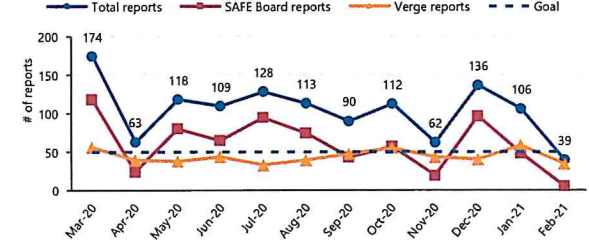
of responses 4 13 11 3 10 11 4 9

Workplace Violence Events

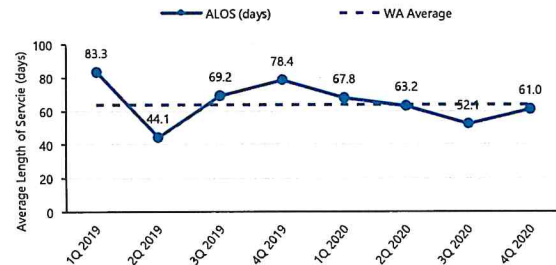


of events 8 3 4 5 8 7 7 5 ### ### ### #N/A

Employee Reports

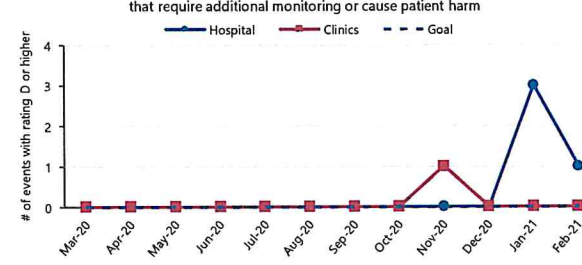


Hospice Average Length of Service

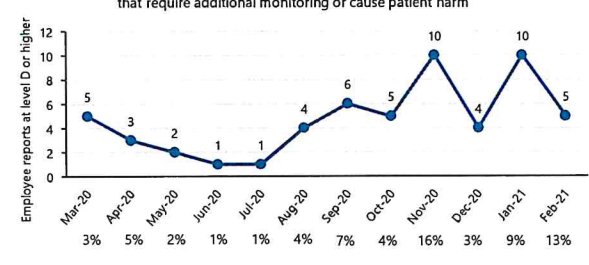


of patients 28 43 19 40 34 36 38 40

Adverse Medication Events



Reports of Occurrences



	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
Mar-20	278	52	11	17		42	400	352	9	1	362				
Apr-20	138	36	3	33		28	238	258	3	3	264				
May-20	427	38	3	17	99	217	801	693	81	10	784	15	13	2	
Jun-20	598	50	16	33	127	80	904	693	41	1	735	13	11		
Jul-20	1051	156	8	60	169	144	1588	1566	171	7	1744	3	5		
Aug-20	921	164	16	64	201	124	1490	1424	65	15	1504	3	3		
Sep-20	883	155	11	58	209	72	1388	1271	78	4	1353	2	1		
Oct-20	1771	218	18	70	246	88	2411	2210	170	7	2387	1	2		
Nov-20	2684	236	6	56	182	112	3276	2796	340	27	3163	2	2		
Dec-20	3280	240	18	54	166	100	3858	3364	544	42	3950	10	7	2	975
Jan-21	2439	224	19	68	235	103	3088	2841	305	17	3163	12	11	1	3482
Feb-21	1365	163	5	44	199	90	1866	1732	116	3	1851	1	2		7360
1-Mar	82	11	0	0	11	6	110	49	8		57				13
2-Mar	53	2	0	4	14	7	80	104	8		112				431
3-Mar	62	6	0	2	3	2	75	74	5		79				846
4-Mar	47	3	1	1	1	3	56	67	5		72				606
5-Mar	52	3	1	5	20	1	82	51	9		60				610
6-Mar	22	4	0	3	6	1	36	72	6		78				0
7-Mar	35	6	1	0	16	2	60	33	2		35				0
8-Mar	50	6	0	1	11	4	72	61	3		64				0
9-Mar	40	10	0	4	13	6	73	71	5		76				337
10-Mar	43	6	0	3	4	0	56	65	8		73				425
11-Mar	42	5	1	2	1	2	53	49	3		52				448
12-Mar	49	3	0	2	22	2	78	42	9		51				293
13-Mar	27	6	0	2	9	3	47	73	4		77	1			0
14-Mar	42	6	0	0	10	1	59	27	9		36		1		0
15-Mar	75	11	0	0	17	5	108	68	8		76				0
16-Mar	89	6	0	3	8	4	110	100	8		108				0
17-Mar	65	5	0	6	1	5	82	103	9		112				410
18-Mar	58	2	0	3	0	4	67	66	12		78				361
19-Mar	85	2	0	3	20	2	112	60	3		63	1			602
20-Mar	25	4	0	4	8	0	41	103	11		114		1		0
21-Mar	44	9	0	0	1	1	55	41			41				0

Vaccines Given by Date and Clinic Location

Week	Date	Cle Elum	Ellensburg	Total by Day	Total by Week
1	1/26/2021	288	281	569	2167
	1/27/2021	262	262	524	
	1/28/2021	267	266	533	
	1/29/2021	277	264	541	
2	2/2/2021		273	273	1374
	2/3/2021	293	275	568	
	2/4/2021		269	269	
	2/5/2021		264	264	
3	2/10/2021		341	341	1283
	2/11/2021	279	330	609	
	2/12/2021		333	333	
4	2/16/2021		418	418	2025
	2/17/2021		551	551	
	2/18/2021		553	553	
	2/19/2021		503	503	
5	2/23/2021	262	264	526	2563
	2/24/2021	278	263	541	
	2/25/2021	298	461	759	
	2/26/2021	316	421	737	
6	3/2/2021		431	431	2452
	3/3/2021	324	493	817	
	3/4/2021		606	606	
	3/5/2021		598	598	
7	3/9/2021		337	337	1502
	3/10/2021	98	327	425	
	3/11/2021		447	447	
	3/12/2021	293		293	
8	3/17/2021		410	410	1373
	3/18/2021		361	361	
	3/19/2021		602	602	
9	3/23/2021		547	547	1788
	3/24/2021		522	522	
	3/25/2021	74	347	421	
	3/26/2021		298	298	
10	3/30/2021		250	250	1157
	3/31/2021		400	400	
	4/1/2021		507	507	
11	4/6/2021	125	224	349	1098
	4/7/2021		197	197	
	4/8/2021		552	552	
Total		3734	15048	18782	18782

Vaccines Given by Dose, Week, and Location

Week	Dates	Cle Elum		Ellensburg	
		1	2	1	2
1	1/24/21 - 1/30/21	1094		1072	1
2	1/31/21 - 2/6/21	293		1077	4
3	2/7/21 - 2/13/21	278	1	1002	2
4	2/14/21 - 2/20/21			916	1109
5	2/21/21 - 2/27/21	111	1043	344	1065
6	2/28/21 - 3/6/21	36	288	1159	969
7	3/7/21 - 3/13/21	116	275	255	856
8	3/14/21 - 3/20/21			1061	312
9	3/21/21 - 3/27/21	3	71	702	1012
10	3/28/21 - 4/3/21			910	247
11	4/4/21 - 4/10/21	14	111	565	408
Total		1945	1789	9063	5985

Total first doses: 11008

Total second doses: 7774

Overall total: 18782

*This table shows first/second dose **from KVH vaccine inventory** only. If a patient receives a dose of vaccine from another facility or vaccine supply, it would not be captured here. In that case, even a fully vaccinated patient would appear here as having received a first dose only.*

Vaccines Given to Individuals with Kittitas County Address

	Cle Elum clinics	Ellensburg clinics	<i>Combined - All Clinics</i>
Week 1	92.1%	97.1%	94.7%
Week 2	95.8%	86.5%	88.9%
Week 3	87.4%	88.2%	88.0%
Week 4	N/A	84.0%	84.0%
Week 5	91.3%	85.3%	88.0%
Week 6	95.3%	76.9%	79.6%
Week 7	87.5%	73.4%	76.9%
Week 8	N/A	83.4%	83.4%
Week 9	98.6%	76.7%	77.6%
Week 10	N/A	87.6%	87.6%
Week 11	91.1%	86.3%	86.9%
Total	91.9%	83.3%	85.0%

**Invalid ZIPs or patients without address recorded in immunization registry are excluded
Total excluded: 348*

First Dose Vaccines Given by Age and Week

All mass clinic locations

Age	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Total
15-19	1		2	5	1	12	6	35	21	58	32	173
20-24	8	8	10	10	6	60	36	114	81	110	104	547
25-29	11	9	7	21	18	69	16	89	56	66	39	401
30-34	19	6	8	20	13	61	16	81	60	52	45	381
35-39	20	14	15	31	13	83	10	93	76	72	48	475
40-44	20	14	11	31	15	97	29	81	67	74	53	492
45-49	19	23	21	34	24	86	34	97	55	92	66	551
50-54	51	50	49	63	33	113	40	104	55	64	49	671
55-59	70	54	79	88	53	121	37	100	92	74	51	819
60-64	117	99	111	114	58	150	41	112	64	212	76	1154
65-69	609	338	302	214	67	150	35	56	39	14	6	1830
70-74	553	326	289	132	65	99	30	48	22	13	3	1580
75-79	340	197	193	71	53	47	18	21	4	6	4	954
80-84	178	151	127	46	26	30	11	19	7	2		597
85-89	86	55	39	24	7	13	6	8	5		3	246
90-94	49	21	15	12	2	4	2	3	1	1		110
95-100	15	5	2		1		4					27
Total	2166	1370	1280	916	455	1195	371	1061	705	910	579	11008

Color scales are by week. Within each week, green represents the highest number of patients in any age bracket grouping, then yellow, then red indicating the lowest number of patients per age bracket. Colors have no linking to countywide population age breakout; they are intended to show the distribution of patients during a specific week of clinics.

Chief Executive Report April 2021

Hospital District #2 – As mentioned by both Ron and Rhonda, construction will resume on the Ambulance Station, April 19th. The project should be complete in September of this year. Prior to shutting down the District #2 project last fall, Ron had the contractor lay in many of the materials for the project. Ron wanted to lock in prices and be prepared for an efficient restart. Lumber, due to its nature, was not one of the materials we pre-purchased and the cost of lumber is skyrocketing. Ron is working with the contractor to identify alternative materials where possible. I expect that this will be a concern for all of our near term construction projects. Both the Ambulance Station and Laboratory project are still on the list of state capital projects. I should have more news on that by the Board meeting.

COVID Update – As you know, KVH has been part of an amazing COVID response and we remain committed to supporting the entire county with COVID testing and vaccinating. However, the needs of the county are changing with each new pronouncement and we have begun planning for a future, particularly around vaccines, where volumes decline dramatically. When the time comes that the county no longer requires a mass vaccine site, KVH wants to be ready. Ready includes continuing to signal to the community that testing and vaccine is available to every resident. We feel that this will require an interim solution; something between the fairgrounds and individual overwhelming our primary care clinics, lab or ED. In true KVH style, the same people who are engaged in the current testing/vaccinating efforts are planning for the future. This may make some of our partners nervous that we are pulling back from the current work but our commitment will not change.

1/10 of 1% - On the evening of April 14th the Kittitas County Board of Commissioners held a public hearing to address the question of whether to assess a tax of 1/10 of 1% on certain sales in Kittitas County. The proceeds would be used exclusively to support behavioral health care. Kittitas County Health Network acted as the convening (my term) agency for a grassroots campaign to demonstrate the urgent need for coordinated behavioral health care, the hard costs associated with continuing to ignore these needs and the human cost of turning a blind eye to these neighbors. It is easy and common to bring passion to such an urgent issue, but these volunteers brought data, facts and a detailed, county wide, multi-agency solution. I am as impressed with these volunteers and their 18 month effort as I am disappointed in the outcome of the hearing. Both Hospital District #1 and #2 wrote in support of the initiative and testimony was provided by many of our medical and clinical staff members. I would encourage all of you to view the hearing.

State Legislature and Budget - In June of 2020 healthcare providers who are reliant on public payers like Medicaid and L&I began preparing for a state budget showdown. We anticipated an enormous Covid-19 related budget shortfall. Instead, we have spent much more time defending against policy and regulatory challenges than reimbursement issues.

The legislature met virtually, of course, which was less than ideal from a transparency and advocacy perspective. Testimony was awkward and committee work difficult to follow. There was a concerted effort to narrow the number and scope of the bills being introduced but, none the less, there was plenty to advocate for and defend against.

Bills still moving through the process will provide rural residents with additional access to telemedicine including audio only and behavioral health. Some of the waivers, that the state was slow to enact, will be

available more readily in the case of another state-wide state of emergency. At this writing the question of whether providers will have some legal liability protections during a state of emergency is still up in the air.

I don't think anyone was surprised to see a number of bills introduced based on labor issues that have emerged during the pandemic. They included bills that would have created regional, rather than local, public health jurisdictions, bills that created a presumption of work related exposure for anyone affiliated with a healthcare provider and new PPE regulations to mention a few. Several of these bills are still moving but, due to advocacy efforts, they are "less bad" in their current form than they were originally.

The last report I received is that our capital request for state funding for the Ambulance Station was still in the budget.

COVID-19 and Vaccine Related News - I had planned to update the Board on an anticipated May 1, J&J vaccine clinic in Upper County, but breaking news has intervened. Plans for upper county and CWU that focused largely on J&J are all up in the air. Using Moderna and Pfizer, we continue to provide more than 1,000 doses, both primary and booster, each week.

Testing volumes, while down from the peak of hundreds a day, are still steady. Unfortunately our positivity rate also remains steady and is higher than desirable. Our plan is that testing, as well as vaccines, will continue to be available in both Hospital Districts. I will provide an up-to-the-minute update at the meeting.

Ready Set Return – Manda Scott is BACK

Human Resources & Staff Development- April 2021

March Metrics

<i>Employee Population</i>				
	<i>21-Mar</i>	<i>21-Feb</i>	<i>21-Jan</i>	<i>20-Dec</i>
Full-time	417	415	411	414
Part-time	129	131	131	132
Total Employees	643	642	637	643

<i>Turnover</i>			
	<i>YTD</i>	<i>21-Mar</i>	<i>2020 Year End</i>
Turnover (People)	25	12	102
Turnover (Percentage)	3.89%	1.86%	16.19%
Voluntary	22	10	97
Involuntary	3	2	5

<i>General Recruitment</i>				
	<i>21-Mar</i>	<i>21-Feb</i>	<i>21-Jan</i>	<i>20-Dec</i>
Open Postings	13	12	11	21
Unique Applications Received	148	140	229	198
Employees Hired	8	11	9	8
Time to Fill (Median)	21	26	28	26
Time to Fill (Average)	26.36	30.25	37.85	25.22

<i>Annual Evaluations</i>	
	<i>YTD</i>
Percent complete	91.1%
Total evaluations over due	55
# of employee evals over due	46
# of provider evals over due	9

Recruitment: Fairly typical month for recruiting. We were able to post and fill a couple of positions pretty quickly due to candidates that had applied for similar positions. Total open positions continues to remain high, between 50-60 openings. Please spread the word and encourage colleagues to consider a career at KVH.

Benefits and Wellness: We are reviewing our medical rates for 2022. As many other healthcare organizations, we are anticipating a rate increase. We are working with our consultants to receive more information and guidance. We continue to hear from new employees that our benefits are competitive compared to competing organizations. Our goal is to have as minimal impact as possible on employee rates.

Student and Volunteer Services: As of 4/12/2021 there are 451 volunteers/staff who have helped at the vaccine clinic. Volunteers and staff have worked 11,535.5 hours since we started using the Sign Up Genius system on 1/25/2021. The average number of hours per person is 25.6. Currently we have 32 active students. Of the 32 there are 10 Nursing Students, 3 Pharmacy Students, 3 MA Students, 1 Imaging Tech Student, 3 Exercise Physiology Students, 7 Paramedic Students, 2 Physician Assistant Students, 1 Nurse Practitioner Student, and 2 Medical Students.

Staff Development: *Workplace Violence/De- Escalation training:* We are now scheduling new hires into our AVADE De- Escalation training to increase knowledge and awareness. We are flexible if staff are unable to attend. The next classes are scheduled for April 22nd & 23rd.

We have an open position for a Staff Development Coordinator. This role will help both nursing and HR implement initiatives, help us prepare for our DNV survey, assist with customer service training, and partner with managers to develop training and competencies for their departments.

HR Operations/Staffing: Manda has returned from Maternity Leave. The HR team received many compliments about the work they have done while short staffed and without a Director. Well done!

Staff Feedback and Engagement: Engagement survey is active from the 8th to the 22nd of April. As of the 12th we already had a 41% response rate. We plan on having initial data to report to the board by May. The partnership between leadership and the commissioners appears to have made quite a difference in response rates.



OPERATIONS REPORT

April 2021

PATIENT CARE OPERATIONS

- **Emergency Services / Urgent Care:**

Both the ED and UC have been very busy these last several weeks focusing on COVID-19 and our role in the response for our County. In addition, ED staff have been involved at a state level working with the REDi Healthcare Coalition on development of the REDi Operations Center (ROC). The ROC features include medical surge, patient movement, and rescue coordination.

Regular operations continue as usual...Trauma, Cardiac, Stroke, Sepsis and SANE...we are here to care for our community and provide quality care!

- **TRAUMA:** The trauma committee approved a flow sheet to augment patient documentation. This flow sheet captures all the necessary data and helps “paint the picture” of care provided to the trauma patient. Part of our responsibility as a Level IV Trauma Center is to submit trauma data to the Department of Health for our state and national trauma databanks. We have a new Trauma Registrar, Annette Titus, who is doing an amazing job.
- **CARDIAC:** We continue to work closely with Virginia Mason Memorial for our acute cardiac patients that need immediate cardiology services. Recently, we met with Confluence Health in Wenatchee to discuss their cardiology resources and having an alternate resource if VMM is unable to accept patients.
- **STROKE:** Our relationship with Virginia Mason Seattle continues with our telestroke program. They are a valuable resource to our Providers for care of the acute stroke patient. Monthly meetings continue to discuss operations, best policy and patient follow-up.
- **SEPSIS:** Unfortunately, a two-day Sepsis Conference held in Seattle each year was cancelled. They will be holding a one-day virtual event for sepsis education with international experts at the table (camera!) KVH has been involved for a couple of years to ensure the rural voice is also heard. Cody Staub, Special Programs Coordinator, once again is on the planning committee.
- **SANE:** Pam Clemons, our SANE Coordinator continues to ensure that KVH’s program is providing the best care possible and follow current legislation. We continue to have a strong relationship with our partners at the Prosecutor’s office, ASPEN and six local law enforcement agencies. In 2019 KVH staff provided care for 25 cases.

Both the ED and UCC are fully staffed and they have been going above and beyond these last several weeks to look at current operations and policy. We have taken this

opportunity to improve on what we do every day and prepare for what the future may bring.

- **Food and Nutrition Services:**

- Staffing – We will be losing a valuable staff member to the medical assistant apprenticeship program in April. Victor Torres will be moving to a new role after two and a half years in Food and Nutrition Services. He has done an outstanding job. We have filled his 1.0 FTE with a current employee leaving a 0.4 FTE Dietary Aide position open. Also have an open per diem cook position.
- Café remodel – much planning has taken place involving remodel plans.
- Point of Sale system – Working on a new point of sale system for the Café and Gift Shop. The current system was installed in 2007 and has become outdated and not well supported by the vendor. A team from IT, Finance, and HR along with myself have viewed four different vendor demonstrations of their systems. We have chosen a company from South Carolina called Bepoz. Hoping to have the new system installed and running by mid-June.
- Analyzing several different waste reduction and recycling measures.

Clinical: Working on implementation of a hospital wide nutrition manual reference for clinical and nutrition staff.

- **Diabetes Education:**

Completed another Diabetes 101 class through Zoom. We received with positive participant comment on content and tele-delivery of the class.

In March, a high number of nutrition/diabetes outpatient referrals were made at 45 patients. CHCW contributed 19 of the referrals as I believe they are without a RD at this time.

- **QAPI:**

QAPI activity for 2021 involves accurate and timely adjustment of the retail price of food/meals through the KVH Café and to KVH departments as sharp variability in wholesale food prices have been occurring over the past year. We continue to work on this process by utilizing current ordering software.

- **Family Birthing Place:**

We continue to improve our model of family-centered care.

- Trailing new equipment that will allow family to hold newborn in continuous skin-to-skin contact while receiving phototherapy, fewer interruptions in treatment while mother and infant are initiating breastfeeding.
- Transitioning to Eat, Sleep, Console (ESC) approach for the treatment of Neonatal Abstinence Syndrome (NAS)/ Neonatal Opioid Withdrawal Syndrome (NOWS) due to growing evidence this approach results in the less pharmacological management of withdrawal symptoms and reduction in length of stay.

- Blue Band Initiative - Another healthcare entity out of state has contacted us to learn more about the successful implementation of the Blue Band Initiative due to our internet presence. We have shared our program information so other communities can benefit from our leadership.
 - ❖ In 2020 we banded 54 mothers in our community.
 - ❖ So far in 2021 we have banded 17 mothers, increasing our rate of surveillance in the community and preventing adverse outcomes from pregnancy induced hypertension.
- Staff Education - We are holding two drills every months with cross-departmental attendance. We are addressing the care of the dyad with drills dedicated to both mother and infant.
- Childbirth & Family Education Program - Expanding class offerings this year to provide more focused attention on 4th trimester, including newborn care, postpartum transition, postpartum mental health.

Quarterly webinar series will be recorded and shared on KVH's public website. Local speakers will present on a range of topics related to maternal & newborn wellness, early childhood development.

We continue to utilize the Zoom platform to offer remote classes. We are just finishing an e-learning component that will be available on the KVH website to supplement the in-person teaching.

Expanding the childbirth educator position to include scope as postpartum nurse so families have continuity from prenatal education through postpartum transition.

- **Surgical Services:**

March was one of the busiest months we have ever seen. Staff did an amazing job of keeping up and working through a busy time.

Pre-Op is excited about their move to the old GS office, looking forward to making the space their own.

We continue to work through processes for Dr. Hoppe, including how to provide high level disinfection for her TEE equipment.

OR, SOP and Revenue Cycle are partnering on a project to capture charges and streamline charting.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Covid-19 Vaccination Clinic & Testing:**

As Covid-19 vaccinations are being offered in local pharmacies and the County IMT is moving out of large scale vaccination clinics, we are looking to safely begin offering vaccinations and testing out of the same location on the KVH campus. This will likely be designed to offer vaccinations in the mornings and testing in the afternoons, allowing us to keep patients potentially infectious with Covid-19 away from those arriving for a vaccination. Pharmacy has sequestered the Johnson & Johnson vaccine until it is again approved for use in the US.

- **Covid-19 Treatments at KVH:**

Our P&T Committee has approved tocilizumab and bamlanivimab/etesevimab combination therapy to be utilized at KVH. Tocilizumab is currently approved by the FDA for treatment of various types of arthritis and cytokine release syndrome. Research is showing improved outcomes when tocilizumab is used in conjunction with dexamethasone in hospitalized patients. Bamlanivimab was previously given an FDA Emergency Use Authorization for treatment of Covid-19 patients prior to admission to the hospital or requiring oxygen use. More recent research shows that bamlanivimab combined with etesevimab is more promising to prevent hospitalization or further progression of illness. Informed consents and order sets have been developed for these medications to be utilized at KVH. The P&T Committee has also removed Covid-19 Convalescent Plasma from our formulary due to ongoing research finding it to be less beneficial than originally thought.

- **Cle Elum Physical Therapy:**

NW PT has signed a lease on the Parlour Car building and hope to reopen in that location in 2 months. FMC PT continues to be quite busy- we saw 40 new patient evaluations in March. Nathan had a 92% productivity rate and Joe had an 87% productivity rate (target 75%) . Cancellation rates are 6-9% between the two therapists (target less than 15%). We are working with the KVH Preop Clinic and Ortho to prioritize surgical patients needing PT in Cle Elum. Our resources were stretched even further this month with one therapist in quarantine April 12-19 after an exposure to Covid-19.

- **Pharmacy:**

Staff continue to be very busy supporting the Covid-19 Vaccination efforts. In addition to this and their regular work, they have been working with Baxter on a software recall on our new IV pumps. The pumps must be upgraded by Baxter, trading out 15 pumps at a time.

- **Home Health and Hospice:**

On April 1 we transitioned our coding service to WellSky/Fazzi. We are hoping for improved TAT with our coding (and subsequent billing) as they have coders available 7 days a week.

- **EMS & Trauma Steering Committee:**

My work on the committee has had me reviewing Regional EMS & Trauma Plans for the Central and Southwest Regions. It is very interesting to learn about the challenges and accomplishments of other regions in the state.

- **Laboratory:**

We are very busy finalizing the expansion plans so that we can have a final DOH review and then send them out to bid. There has been considerable escalation of construction costs since our cost estimate, which is concerning to our team.

American Red Cross has historically picked up unused blood products that are close to their expiration date and distributed them to larger facilities to use. They have notified us that they are no longer going to provide this service. We are reaching out to other blood banks to see if they will service our area. In the meantime, lab is taking steps to release blood products based on compatibility and expiration date, rather than type specific.

- **Imaging:**

Our MRI was scheduled for periodic maintenance on Monday 4/12. It failed to start and required a new main coil, taking it out of service the week of 4/12. We are booking patients for Saturday 4/17 to help get patients rescheduled.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Women's Health Education:**

The team has been working hard on developing 2nd and 3rd trimester education visits and collaborating with Family Birthing Place on 4th trimester/post-partum visits to improve OB education and patient outcomes.

- **Childhood Immunizations:**

Pediatrics clinic is working to address care gaps with childhood immunizations by running regular reports. Then reaching out to parents to address barriers, hesitations, COVID concerns, etc. to close these gaps.

- **Fluoride Varnish:**

Pediatrics, Family Medicine Ellensburg and Family Medicine Cle Elum will be adding fluoride varnish services to meet standard of care and work to prevent tooth decay in children. The timeline for launch is June 2021.

- **Cerner photos:**

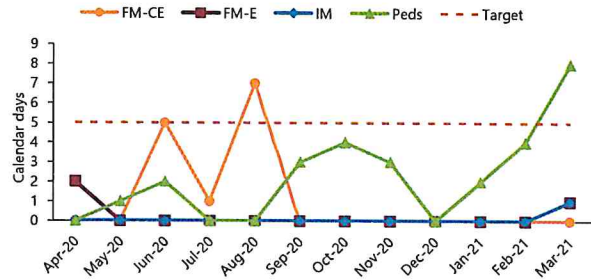
When a patient wants to send us photos, they can now do this securely through patient portal into Cerner. This process has been rolled out to all clinics.

- **Skookum House:**
The pediatric team is working with the Skookum House. This is a program for emergency foster care. Our physicians have agreed to provide a physical exam (required for placement). These exams are required within 72 hours of placement.
- **Ear Nose and Throat:**
Met with Dr. Randall from NW Audiology and continue to collaborate with her and her office on mutual referrals. NW Audiology is able to get our patients in for testing within the same week for urgent referrals and 24-48 hours for sudden hearing loss.
- **Allergy shots:**
We are now offering allergy shots at Ear Nose and Throat clinic now. Previously, we only offered sublingual treatment in addition to allergy testing.

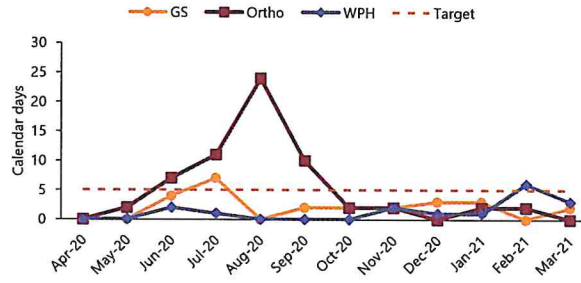
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

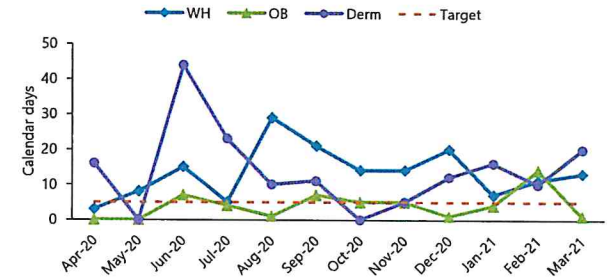
Third available appointment for established patients



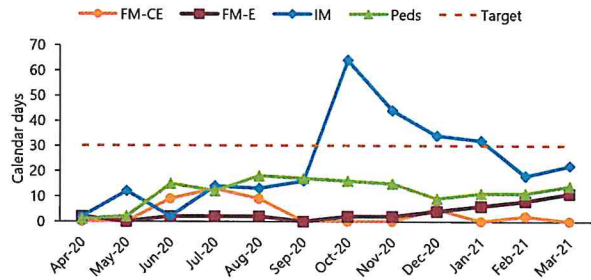
Third available appointment for established patients



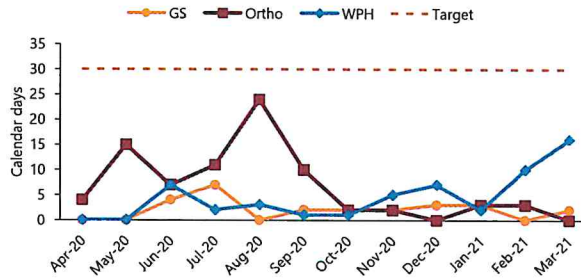
Third available appointment for established patients



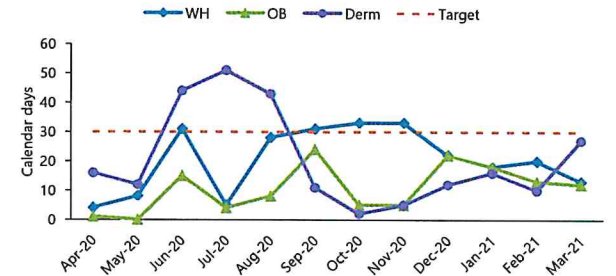
Third available appointment for new patients



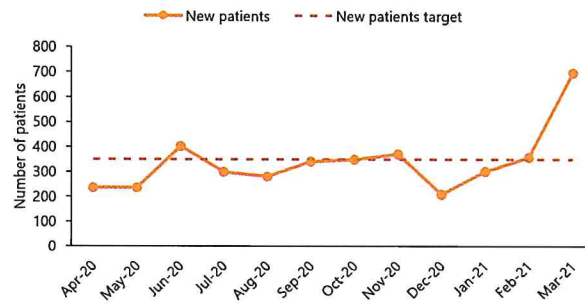
Third available appointment for new patients



Third available appointment for new patients

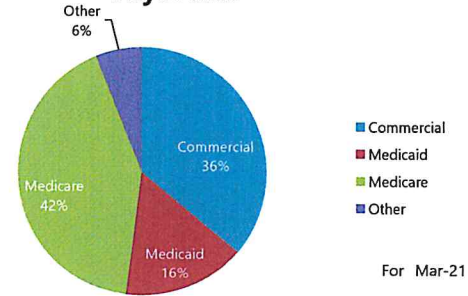


New patients



Effective March 2021, we began coding our "new" patients differently. The definition of "new" visits were changed as it was based on taxonomy code for the practice. Previously, we were only identifying the visit as "new" if the patient had not presented to any of the clinics in the prior 3 years.

Payor Mix



**Community Relations
April 22, 2021 Board Report**

KVH Service Line Marketing Activities:

This month I am presenting a quarterly overview of activity within the Community Relations Department.

Service Lines and Marketing Resources

The tables below are used to determine the marketing channels to be used for KVH Services lines. This table depicts a wide array of options available and options that I would like to be developed. Ultimately, the channels that are used are determined by each situation and the goals we are trying to achieve.

Provider to Provider Outreach

Services	Traditional Materials	Digital Outreach	Outreach Opportunities	Other
Addiction Medicine - CE				
Behavioral Health - CE				
Cardiology				
Cardio Pulmonary				
Dermatology				
Diabetic Education				
ENT				
General Surgery				
Imaging				
Laboratory				
Lactation Services				
Neurology				
Ortho				
Rehab Services				
Retail Rx				
Vascular Clinic				
Vascular Lab				
Women's Health				
Wound Care				

Public Outreach

Services	Traditional Materials	Digital Outreach	Outreach Opportunities	Other
COVID clinic	<ul style="list-style-type: none"> • Newspaper • Flyers • Rack cards • SWAG • Direct Mail • Billboards 	<ul style="list-style-type: none"> • Website • Intranet • Social Media • YouTube • App advertising • Radio • Streaming services • Digital Displays • Employee screens* 	<ul style="list-style-type: none"> • Online Ed classes • In-person ed • Provider blogs • Zoom/Live Q&As • Comm. Events 	<ul style="list-style-type: none"> • Patient Stories • Provider Stories • Employee stories
Family Birthing Place				
Dermatology				
FME				
FM-CE				
IM				
Lactation Services				
Peds				
Retail Rx				
Urgent Care				

Employer Outreach

Employers	Traditional Materials	Digital Outreach	Outreach Opportunities	Other
COVID Clinic	<ul style="list-style-type: none"> • Newspaper • Flyers • Rack cards • SWAG • Direct Mail • Billboards 	<ul style="list-style-type: none"> • Website 	<ul style="list-style-type: none"> • Chamber events • Chamber commun. • KC Medical Society • Local providers • Regional providers 	<ul style="list-style-type: none"> • Patient Stories • Provider Stories • Employee stories
Rehab Services				
Retail Rx				
Workplace Health				

Advertising versus Marketing

As we talk about marketing plans for KVH it's important to recognize the difference between advertising and marketing. Advertising is promoting KVH and the service we provide. Marketing is process of identifying customer needs and determining how best to meet those needs. Advertising is a component of marketing.

Advertising

At the beginning of the year I develop an advertising schedule for our reoccurring spots through traditional media channels. This plan is reviewed every month to make sure any changes or new opportunities are captured. (You can always stop by my office to see this plan in detail.) The goal for this advertising is to keep KVH and the service we provide top of mind to our community. The main channels we use for this include:

- Cinemedia in Ellensburg's Grand Meridian Cinema – ad is changed every 2 months
- Top of Mind ads (TOMA) – rotating ads for a 4-month period. One new topic is added each month and one topic drops off. These ads are seen in print and digital media.
- Public Service Announcements (PSAs) – These are informational in nature and tie back to a service provided by KVH. They run 4x/month in the Daily Record and 2x/month in the North Kittitas County Tribune (NKCT).

- Special Inserts in both the Daily Record and NKCT – We advertise a variety of KVH services based on the topic and distribution of the inserts.
- KVH posters in the main KVH Hospital hallway
- On-hold music systems in the KVH Medical Arts Center and KVH General Surgery
- Social Media – The last page of this report has our social media metrics. I have pared down the graphs to show you the distribution of activity among social media channels, the overall sentiment reports and our engagement activity compared with industry benchmarks. Facebook is the primary channel we use, however we do use Twitter and LinkedIn occasionally.

Marketing

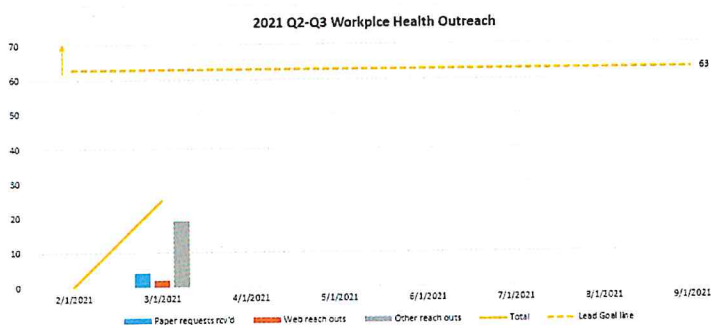
My goal for marketing KVH is to be very intentional on what we are trying to achieve and how we can measure our success. I have developed and use a marketing plan template that includes five key elements.

1. Resources to use and Gap Analysis
2. Market Audit & SWOT
3. Marketing Objectives
4. Marketing Budget
5. Monitoring Dashboard

We are currently in the middle of a marketing campaign for Workplace Health and are in the final stages of developing the plan for KVH Cardiology. Next up is KVH Vascular Surgery and Lab. Below is an example of the marketing objectives and monitoring dashboards for Workplace Health.

Q2-Q3 2021 Merit pick up/Workplace Health Marketing Objectives

	SMART Goals				
	Specific	Measurable	Attainable	Relevant	Time-Frame
Workplace Health	Increase WPH clients with Merit Resources stepping out of the employer drug testing business on 7/1/2021.	1250 mailings going out through Abbott's the week of March 22, 2021. Began hitting mailboxes 3/23/21.	5-9% 63-112 responses	Increase usage of WPH services by bringing in new clients or providing new services to existing clients	April - August 2021



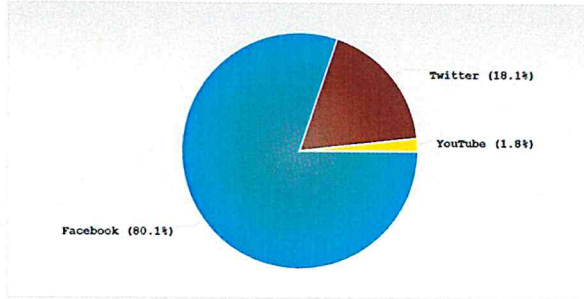
Client gain	CPL Client goal	Cost per lead	CPL Industry Avg.	Variance
0	7		\$187.00	0%
17	7	\$73.82	\$187.00	-153%
0	7		\$187.00	0%
0	7		\$187.00	0%
0	7		\$187.00	0%
0	7		\$187.00	0%
0	7		\$187.00	0%
0	7		\$187.00	0%

Social Network Usage – Past 30 days Source: Archive Social

Social Network Usage
Mon Mar 15, 2021 – Wed Apr 14, 2021

Summary

The pie chart below compares the volume of activity across social networks.

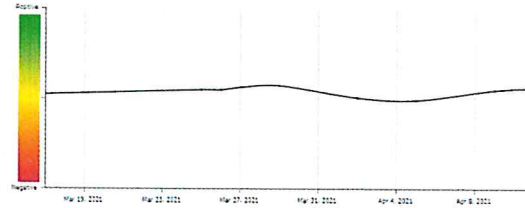


General Sentiment Trend – Past 30 days

General Sentiment Trend
Mon Mar 15, 2021 – Wed Apr 14, 2021

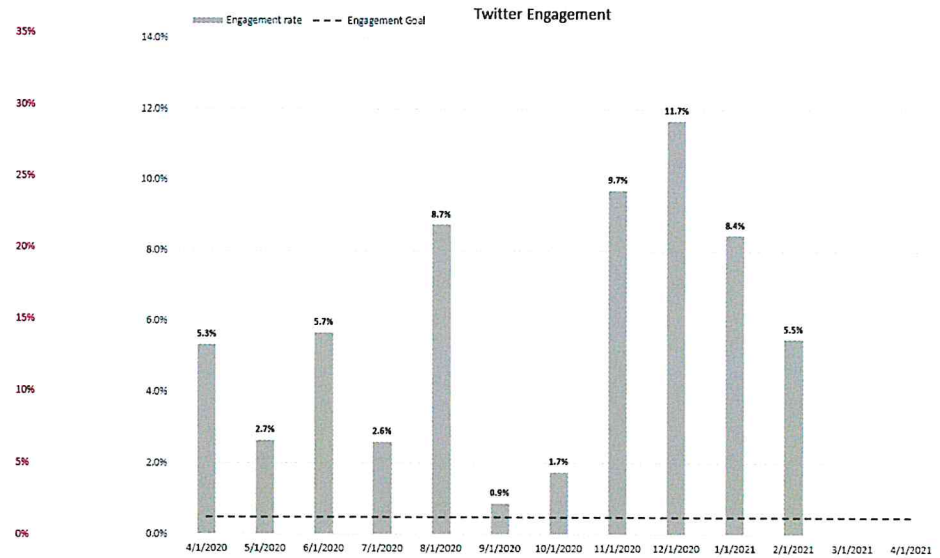
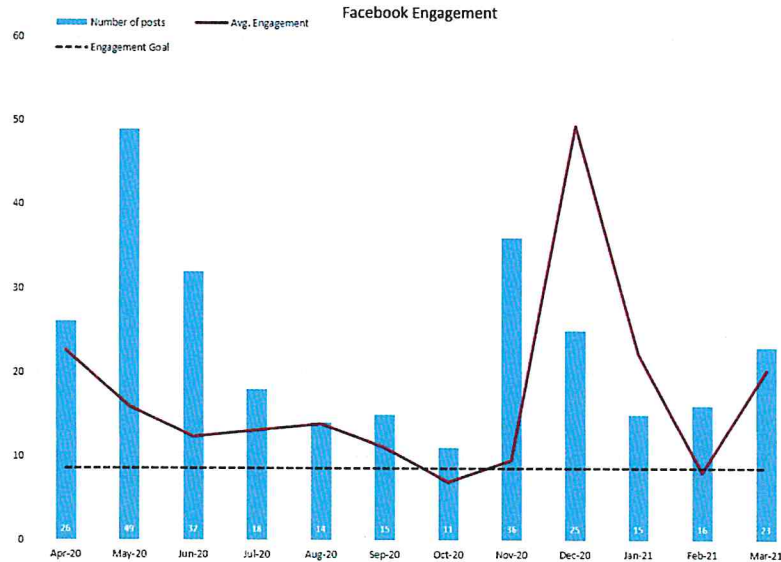
Summary

The trend chart below depicts the general sentiment of your audience over time. Hover over a date in order to view the average sentiment rating on that date. Additionally, search for the actual records that contributed to the rating by clicking the search icon.



Source: Archive Social

Engagement rates



CHIEF INFORMATION OFFICER BOARD REPORT

JEFF YAMADA MT (ASCP), MT (ASCP)SC, NCA(CLS)

April 2021

Cerner Community Works (EMR)

- Recent upgrades 2018.01.03
- New Service Lines Builds (Neuro, IR, Vascular, Cardio)
- Fetal-Link Upgrade 2013.01.SP2
- Transitioning Next Gen Legacy patient data into our archive application (Harmony IT) that can now be accessed within Cerner, other legacy data will follow.
- Covid Mass Vaccine setup
- Continued work on alignment of the system (Front end input to Back end billing)

Project Management

of Projects Completed

- 2019 - 28
- 2020 - 73
- 2021 (To date) - 22
- Current active projects - 34
- Current on hold/ future projects - 44

Goal is to implement foundational process into Project Management and to build capability. We recently purchased Smart Sheets (PM Software) that will drive collaboration and efficiency for the future.

Infrastructure

Thanks to Capital Board Approval earlier this year we are currently working on implementing new infrastructure for Backup and recovery. This will be located in a new area at Radio Hill with the goal to Co-locate equipment across the enterprise. We are currently reviewing and receiving additional equipment to house, ventilate and have redundant electrical needs before proceeding.

Implemented Zoom Technology across the enterprise during the initial phase of the Pandemic that allowed for Telehealth, remote meetings and remote workers.

Continuing to implement VOIP (Voice over IP) phones across the enterprise, currently in use at FMCE, GSV, Neuro, Covid Clinic, all of MAC.

Cyber Security:

We recently completed our 2020 Annual Security Risk Assessment which takes several weeks to complete. Due to Covid this was done remotely for the first time due to travel restrictions.

Below is a summary of the findings.

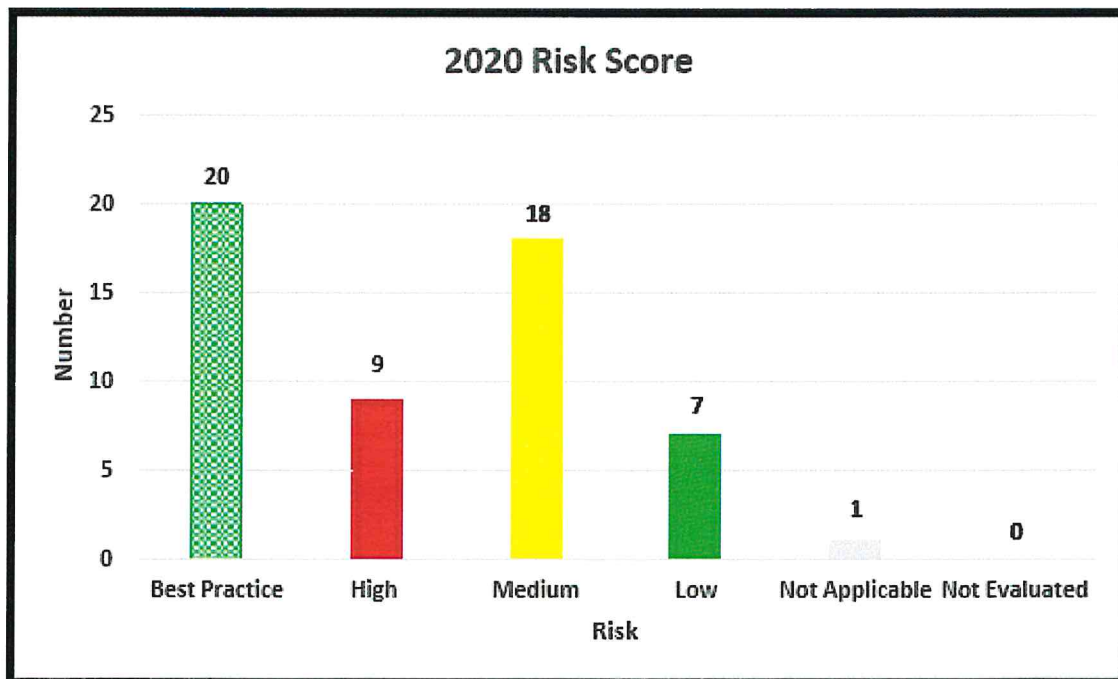
SRA Gap Analysis Result

The overall results from the 2020 Analysis and Comparison of 2018, 2019, 2020 results are in the tables and charts below.

I remember it was my first day at KVH back in 2018 when the Security Risk Assessment was being conducted at the time. Several years later we have made significant progress to build our Enterprise Security foot print and will continue to further eliminate other high risk areas as we implement other initiatives throughout the remainder of the year.

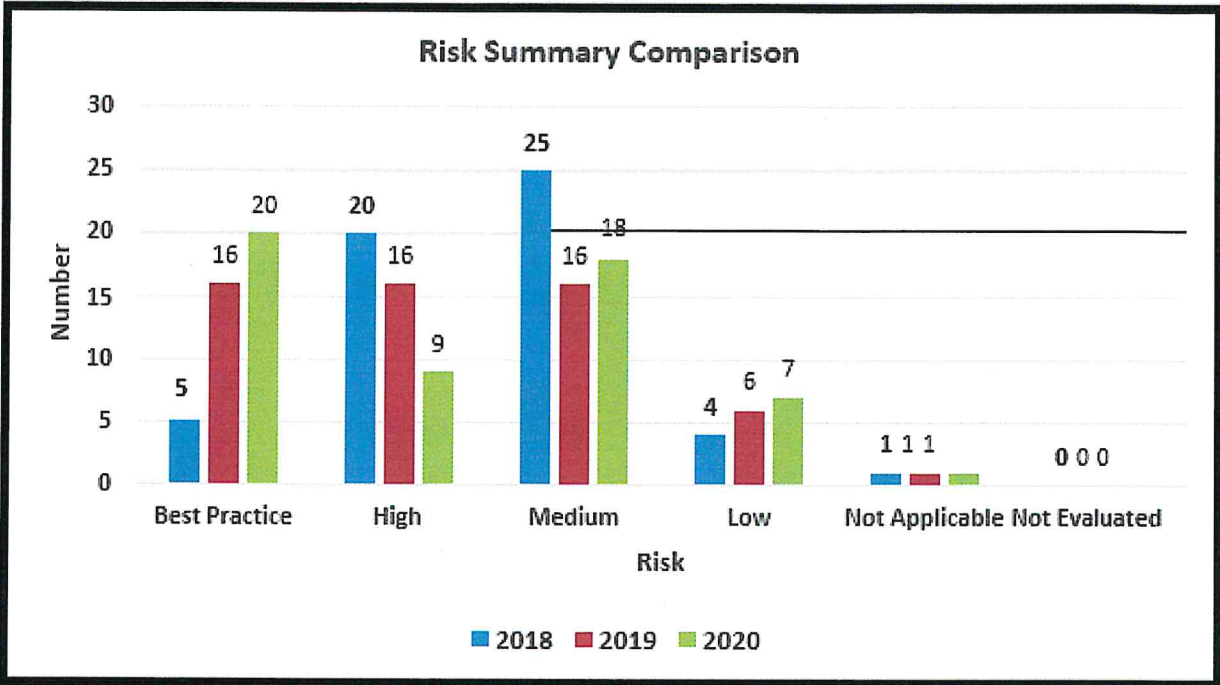
- 2020 Risk Score
- Risk Summary Comparison
- 2018-2020 Risk Trend

The analysis is snapshot in time and is subject to change based upon, but not limited to, KVH's maintenance of policies and execution of procedures. A rating of High Risk means a high probability exists that the organization is not in compliance. The ratings are subjective and are based on the information provided.



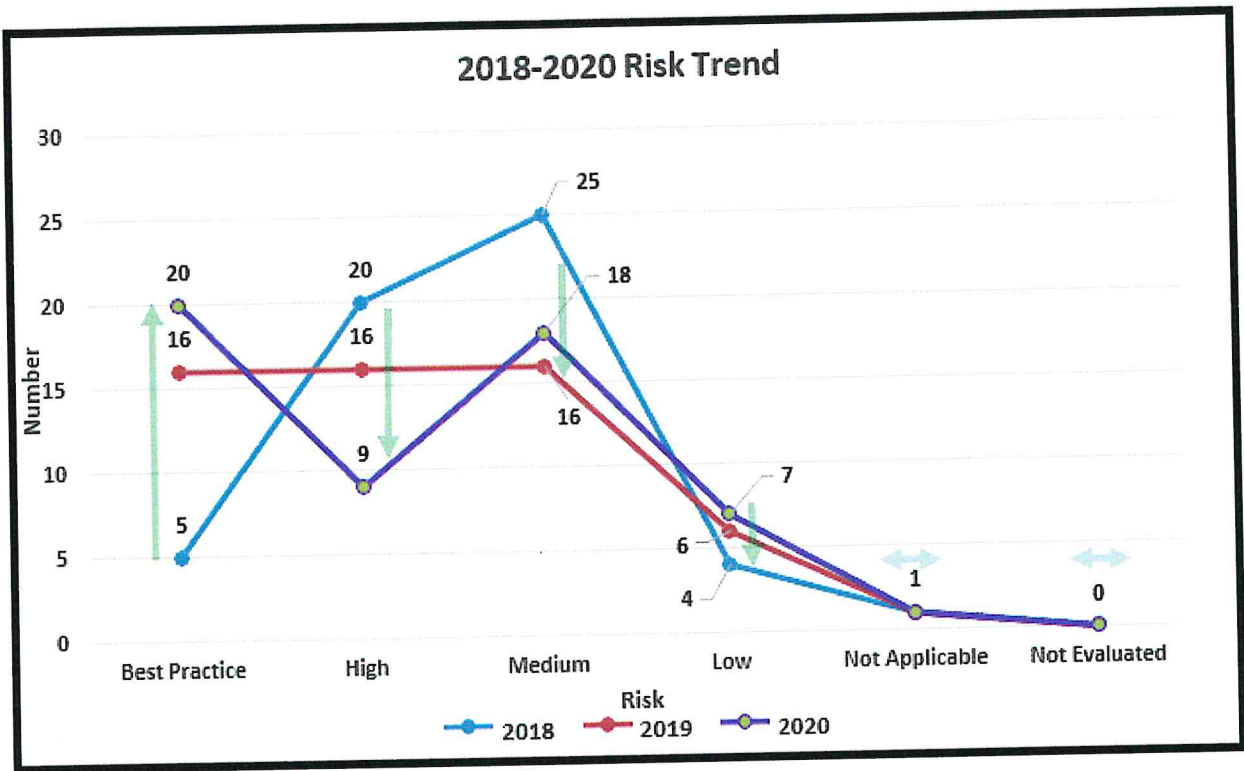
	Best Practice	High	Medium	Low	Not Applicable	Not Evaluated
2020	20	9	18	7	1	0

Risk Comparison



	Best Practice	High	Medium	Low	Not Applicable	Not Evaluated
2018	5	20	25	4	1	0
2019	16	16	16	6	1	0
2020	20	9	18	7	1	0

Risk Trend

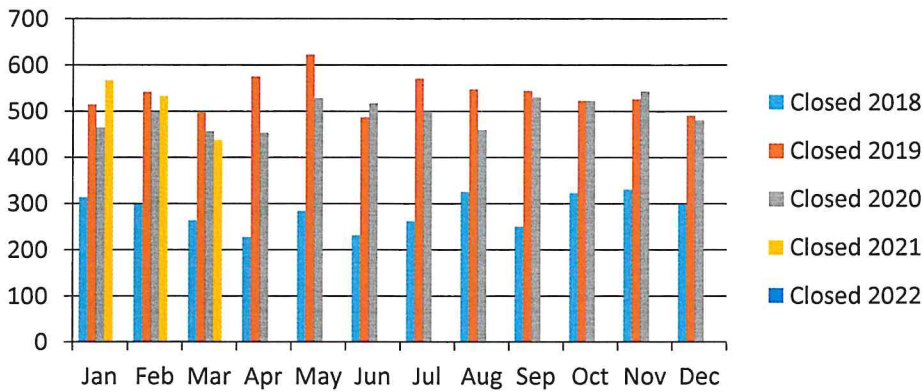


	Best Practice	High	Medium	Low	Not Applicable	Not Evaluated
2018	5	20	25	4	1	0
2019	16	16	16	6	1	0
2020	20	9	18	7	1	0

KVH keeps on showing improvement year after year as depicted in the risk trend chart and is trending in the right direction. The approximate percentage improvement from 2019 is as follows:

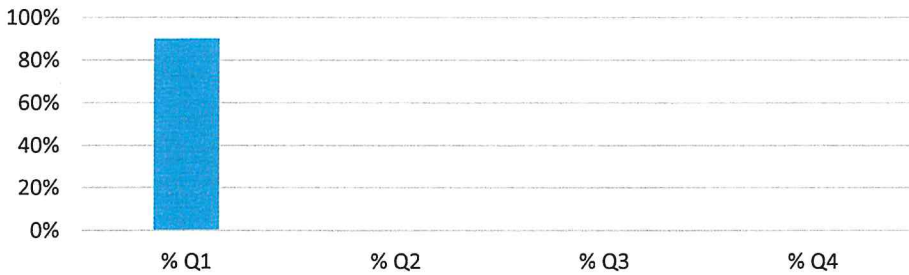
- Best practice increased by approximately 7%
- High Risk reduced by approximately 12.7%
- Medium risk increased by approximately 2.6%. This is attributed to high risk being reduced to a medium risk thereby increasing the medium risk count. An improvement.
- Low risk increased by approximately 2%. This is attributed to high risk being reduced to a low risk, thereby increasing the low-risk count. An improvement.

Total Number of Work Orders Completed Each Month



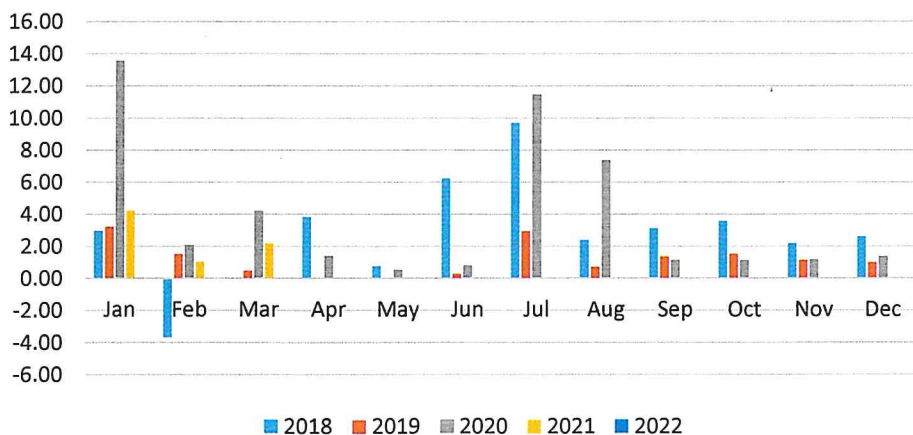
This graph is an indicator of department work load and efficiency. While I don't list a goal here there is room to grow. This also allows us to move planned work orders around for sake of level loading.

PM and Planned Event Completion Percent by Quarter Current Year. Monthly Goal is 90 Percent



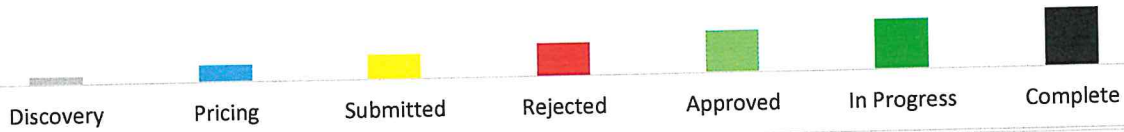
This graph depicts the completion percentage of all planned work orders. The PM (Planned maintenance) work orders have 2 categories, critical and non-critical. We strive for 100% completion on this category. Generally utility and life safety systems.

All Work Order Day Deficit by Month and Year Expressed in the Number of Days it Would Take to Clear the Back Log

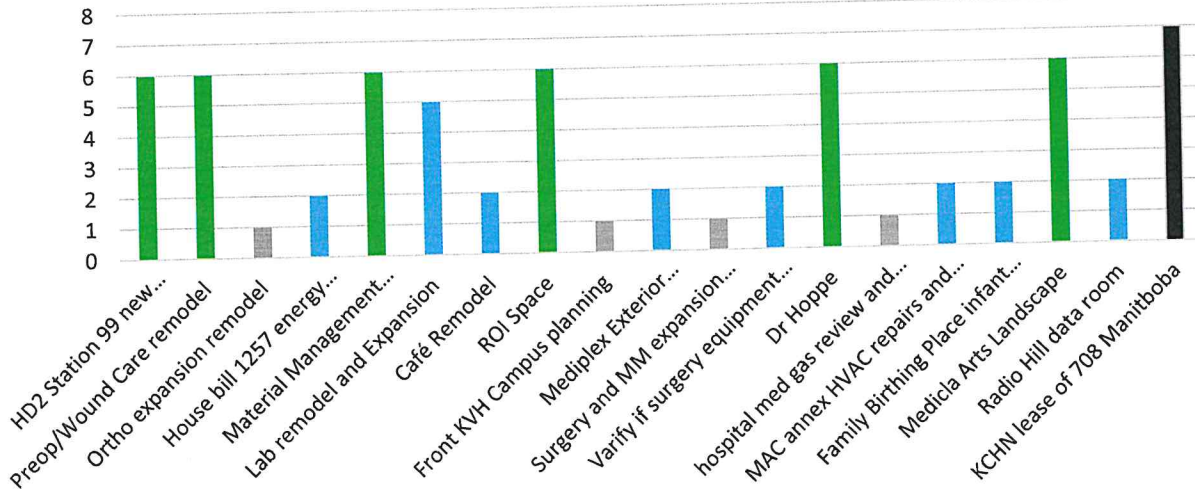


This graph is indicates the number days it would take to clear our back log based on the average number of work orders completed per day. Our goal is no back log other than project work orders that are multiple days. We are a service department so this graph is way of tracking our response time.

Legend



Project Status



For details of graph above please see Project Status Matrix

Current Facilities Initiatives



For details of graph above please see Facilities Matrix

KVH CONSTRUCTION PROJECT STATUS

Project Name	Project Scope	Progress Status
HD2 Station 99 new construction	New building and grounds for Station 99. Will have 3 ambulance bays with office and living quarters for 6 and exercise room.	The project will restart on April 19th and finish in September. Foundations are poured and will start back with slab pour and utilities to property. A combination of a late approval to start, weather natural disasters and COVID are leading to material cost increases. Efforts were made to pre purchase materials where possible.
Preop/Wound Care remodel	Preop services is being displaced by the lab expansion and is being moved to the mediplex where it is thought to be more convenient for patients. The suite will be updated with new finishes, new lighting, new IT cabling and infrastructure, and will get a security intrusion/panic system, badge access, and security cameras outside as our new standard. Additionally the front entry will get a larger automatic door opener.	This project will need to finish by 6/21 as that is when the lab project is slated to start. The suite is painted out and electrical roughed in. Next steps are system rough in, new lighting, flooring and casework updates. No change orders to date.
Ortho expansion remodel	the Ortho space is in need of general remodel and updating as well as potential expansion into adjacent suite E.	This project has no other driving factors so discovery can be started at any time with no set finish time set at this point.
House bill 1257 energy mandate	Implement several different mechanical and lighting measures for the sake of expanding life expectancy, providing redundancy and reducing energy consumption to lower operational cost and meet mandated energy usage targets.	Presented to the board with recommendation to do at least partial this year to take advantage of significant grants. The Commerce and Sunderland grant have been submitted and awaiting outcome.

KVH CONSTRUCTION PROJECT STATUS

<p>Material Management interim storage</p>	<p>Material has outgrown the current space due to expansion of KVH services. Currently using part of the Pre-op space for storage which will be displaced by the lab expansion. This project will convert 2 small rooms inside the hospital and add a storage room in the metal building on the west side of the campus. Fire alarm system will be expanded into the 3 rooms with in the hospital to meet current code. This project is considered to be an interim project.</p>	<p>This project will need to finish by 6/21 as that is when the lab project is slated to start. The sleep room that was displaced by new storage is complete and walls are being framed in the metal building. IT storage in the metal building has been moved. No change orders to date.</p>
<p>Lab remodel and Expansion</p>	<p>Completely remodel the existing lab in its current location and add 1100 Sq Ft with several pieces of new equipment. This project will also add humidification to meet equipment requirements, and badge access for this space and the hospital exterior and other key doors within the hospital. Also included in this project is a couple security cameras and an added server to support future cameras. The Building management system will monitor refrigeration temperatures in the lab the will provide granular data for compliance surveys, alarming 24/7 and eliminate staff rounds and manual documentation of temperatures.</p>	<p>Construction documents are at 75% and bidding is slated for mid to late June. Cost estimating is complete and owner controlled costs are managed to under owner estimate.</p>
<p>Café Remodel</p>	<p>Complete finish redo of café. Add on more serving line for more variety of food and better customer flow. Add vending for patient visitors after hours with security gate to serving area. Add multi-purpose room in court yard for dinning and conference.</p>	<p>The project is in the predesign phase. The project is getting finishing touches to initial cost estimate in preparation to finance and board presentation.</p>
<p>ROI Space</p>	<p>Create space for patient billing, and review/obtain medical records.</p>	<p>Project construction is starting week of 4/19. Owner demo is complete. No change orders to date.</p>

KVH CONSTRUCTION PROJECT STATUS

Front KVH Campus planning	Re-due all landscaping and redesign traffic flow. Update monument and wayfinding signage. Complete walking path around campus.	This project is in the predesign phase.
Mediplex Exterior Improvements	Replace pavers with concrete as they are a challenge for some patients. Remove landscape in breezeway and replace with small plant pallet. Add lighting in breezeway. Add ADA ramp at west end. Looking at options for covered breeze way.	Has support to move ahead in the discovery phase but on hold to work on other pressing projects.
Surgery and MM expansion predesign	Have predesign contract to develop an expansion that will take into account growth needs for all of surgical services including OR, Sterile Storage, Equipment Storage, Central Sterile, SOP and post op. Also includes MM permanent expansion.	Predesign plans submitted for comment. Need to add addendum to predesign contract for mechanical and electrical review for the purposes of generating a preliminary budget.
Wall and Door Deficiencies	A fire door and life safety plan assessment has revealed several door deficiencies and that the OR equipment storage room has no rated fire walls.	Deficiencies have been noted and contractor is pricing as a capital project. Expect to have budget numbers in May.
Dr Hoppe	Final construction scope is a minor HVAC improvement.	Complete.
Hospital med gas review and design fee proposal for adding medical air and bringing into compliance	Both med surg and FBC use medical air and have to use E cylinders which is a work flow issue and a risk of not having continuous supply. This also presents a compliance issue for allowed compressed gas storage in a smoke compartment. Additionally our medical gas valving and alarming are not up to NFPA 99 2012 addition that we are surveyed to.	Engineering firm is putting together fee proposal for the project.
MAC annex HVAC repairs and upgrades	See issue spread sheet for complete details. In short the system has not been maintained properly, and was not designed correctly to provide freeze protection, loop chemical treatment, filtration, redundancy and more.	Some work will need to be spring 2021 while some could wait to later in 2021. Additionally we had the boiler fail needs to be replaced. This was presented to capital committee except the boiler.

KVH CONSTRUCTION PROJECT STATUS

Family Birthing Place infant abduction system	Replace existing system that has proven to be unreliable and does not consistently work with 2 rooms by double doors.	I have pricing on 2 different systems but need to get feedback from facilities with these systems.
Medical Arts Landscape	Re-landscape partial grounds with updated irrigation and rock for weed fabric cover.	
Radio Hill data room	This site will house data backup equipment for KVH. Design HVAC system and potential back up power via an existing generator. Provide additional room door locks. Pressurize room for dust control into equipment.	Waiting for the existing generator to be tested to make sure it will produce rated load and no engine issues. All else is priced.
KCHN lease of 708 Manitoba	Minor freshen up and get internet service to building for lessee.	
Generator room dry sprinkler system	Existing fire sprinkler system in generator room is a wet system and at risk of freezing when generators run do to very high room air turnover rate of outside air that is needed for engine cooling and combustion.	Waiting on fire alarm pricing. Have all other pricing.

Kittitas Valley Healthcare
EOC Device Maintenance Summary
4th Quarter 2020



Threshold		Jan	Feb	Mar	Qtr 1	Apr	May	Jun	Qtr 2	July	Aug	Sep	Qtr 3	Oct	Nov	Dec	Qtr 4	YDT	
(1) Medical Devices																			
A.	NA	Number of Service Activities	3	3	496	502	84	0	1	85	5	2	113	120	72	5	26	103	810
B.	NA	# Of Unscheduled Service Activities	3	3	9	15	84	0	1	85	5	2	5	12	72	5	26	103	215
(2) Devices With 3 Failures																			
A.	3	Multiple Failures Within 90 Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(3) Periodic Maintenance (PM)																			
A.	NA	Total PMs Conducted	0	0	487	487	0	0	0	0	0	0	108	108	0	0	0	0	595
B.	NA	PMs Scheduled - High Risk	0	0	31	31	0	0	0	0	0	0	14	14	0	0	0	0	45
C.	NA	Completed Scheduled PMs - High Risk	0	0	31	31	0	0	0	0	0	0	14	14	0	0	0	0	45
D.	100%	PM % Completion High Risk	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
E.	NA	PMs Scheduled - Non High Risk	0	0	456	456	0	0	0	0	0	0	96	96	0	0	0	0	552
F.	NA	Completed Scheduled PMs - Non High Risk	0	0	456	456	0	0	0	0	0	0	94	94	0	0	0	0	550
G.	NA	PMs Failed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
H.	NA	Devices on Patient	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	9	116
I.	NA	Items Could Not Locate (Current)	0	0	31	31	76	0	0	76	0	0	0	0	9	0	0	0	0
J.	NA	Items Could Not Locate (Carry Over)	74	74	54		78	111	111		107	107	82		82	91	84		
K.	95%	PM % Completion - Non High Risk	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(4) User Issues Identified																			
A.	5	Use Issues & Could not Duplicate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(5) Added & Retired Equipment																			
A.	NA	Devices Retired	0	3	6	9	0	0	0	0	0	0	30	30	0	0	0	0	39
B.	NA	Devices Added - Hospital Owned	2	0	5	7	5	0	1	6	5	2	3	10	63	4	26	93	116
C.	NA	Devices Added - Rentals & Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Facility Initiatives

Project Name	Project Scope	Problem Statement
Fire Response Plan	Investigate and update fire and evacuation policies to reflect processes for a defend in place facility.	Fire drills have revealed there is much confusion and misunderstanding of our facility life safety features and the difference between a lateral evacuation and a total evacuation.
Fire Wall Assessment	Survey and bring all walls construction or penetrations up to the rating of the wall. Label walls to assist in continued compliance.	A random assessment has revealed our walls have many non-compliant penetrations. Accepted practices have changed over time and Surveyors are giving much more attention to the importance and methods of fore wall construction and penetrations. Some are even looking for label of the UL listed system.
Fire Door Assessment	Do professional assess of every fire door, make repairs and or label door and frame for rating. Replace doors that cannot become compliant.	A preliminary assessment by the director of Facilities indicated that we have multiple issues with door deficiencies. Our internal processes were not working.
Life Safety Plan Update	Update life safety plans from 2000 and analyze for compliance to 2012 life safety code for existing buildings chapter 19. Add in all required elements not on current life safety plans	Hospitals are required by CMS to have up to date and compliant life safety plans with the life safety code. Many building and code changes have happened since 2000.
building, utility and equipment assessment	Analyze all systems and equipment for the sake of repair, replacement, and upgrades. Will be used for capital planning.	It is important that we anticipate and trust the data as opposed to unfunded emergencies and down time.

Security Data Report – Data through March 2021

<i>All Security Events by Department</i>	2019	2020	2021			Grand Total
Row Labels			Jan	Feb	Mar	
Cardiopulmonary Services		1				1
CCU	4	5	2		1	12
Ear, Nose and Throat		5	1	3	2	11
Ellensburg Pediatrics		3				3
Emergency Department	35	49	1		4	89
Environmental Services		5	1			6
Family Birthing Place		1				1
Home Health and Hospice		1				1
Human Resources	5					5
Internal Medicine	2	4				6
Materials Management		1				1
Med/Surg	9	17	2		1	29
Registration	6	5			1	12
Revenue Cycle Management		2				2
Surgery		1				1
Women's Health				1		1
Wound Care		1				1
Family Medicine - Ellensburg	2	2			1	5
Urgent Care - Cle Elum	4	1				5
Family Medicine - Cle Elum	6	2	1			9
Food and Nutrition Services	4	1	1			6
Speech/Occupational Therapy	1					1
Orthopedics	1	2				3
Lab	1					1
Administration	1					1
SOP/MOP	1	1				2
Finance	1					1
Engineering	1					1
Imaging		2	1		1	4
Grand Total	84	112	10	4	11	221

<i>All events by secondary type</i>	2019	2020	2021			Grand Total
Row Labels			Jan	Feb	Mar	
Abusive / violent behavior	26	47	1	1	5	80
AMA	13	20			1	34
Elopement	2	1				3
Loss/theft	12	4			3	19
Non-adherence to policies	2	5				7
Not Answered		6	8	4		18
Other Patient induced issue	1	4	1		1	7
Patient left without being seen	3				1	4
Refused treatment / test / procedure		1				1
Security/ Property	3	4				7
Sexual boundary issue	1					1
Staff Behavior	20	22	2	1	2	47
Vandalism	1	1				2
Grand Total	84	115	12	6	13	230

<i>WPV by department</i>	2019	2020	2021	2021 Total
Row Labels			Mar	
CCU	1	3	1	1
Ear, Nose and Throat		3	2	2
Ellensburg Pediatrics		3		
Emergency Department	14	20	3	3
Environmental Services		4		
Family Birthing Place		1		
Family Medicine - Ellensburg	2			
Food and Nutrition Services	3	1		
Home Health and Hospice		1		
Human Resources	1			
Imaging		1		
Internal Medicine	1	3		
Lab	1			
Med/Surg	3	6		
Orthopedics	1	2		
Registration	2	3	1	1
Revenue Cycle Management		2		
Speech/Occupational Therapy	1			
Surgery		1		
Urgent Care - Cle Elum	2	1		
Grand Total	32	55	7	7

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date April 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>
Hoppe, Roberta "Bobbi", MD	Prov. Active	Initial Appointment	KVH Cardiology
Hull, Frances, ARNP	Prov. AHP	Initial Appointment	NorthStar Lodge
Kmack, Mekenzie, CRNA	Prov. AHP	Initial Appointment	KVH Anesthesia
Lindsey, Kenneth, MD	Active	Reappointment	KVH ED
Romanko, Monica, MD	Active	Reappointment	KVH ED
Young, Meghan, DO	Active	Reappointment	KVH Pediatrics
Ellingson, Thomas, MD	Associate	Reappointment	KVH Hospitalist
Lucas, Daniel, MD	Associate	Reappointment	ONRAD
Obulareddy, Suri, MD	Associate	Reappointment	NorthStar Lodge
Reed, Peilin, MD	Associate	Reappointment	ONRAD
Bloomquist, Desirae, ARNP	AHP	Reappointment	KVH FME
Fairchild, Dalila, CRNA	AHP	Reappointment	KVH Anesthesia
Long, Aaron, ARNP	AHP	Reappointment	Compass Care
Mahre, Dena, PA-C	AHP	Reappointment	KVH Orthopedics
Newman, Chelsea, PA-C	AHP	Reappointment	KVH FMCE

KITTITAS VALLEY HEALTHCARE

**APPLICATION FOR CLINICAL PRIVILEGES FOR MEDICINE DEPARTMENT IN
CARDIOLOGY**

NAME: _____

BOARD CERTIFIED (name and date) _____

INITIAL CRITERIA –Privileges that may be granted to those practitioners who have met the following criteria: MD or DO, completion of at least 36 months of training in an approved fellowship in Cardiovascular Disease, current certification with subspecialty in Cardiovascular Disease and/or Certificate of Added Qualifications in Clinical Cardiac Electrophysiology and/or Interventional Cardiology or active participation in the examination process leading to board certification within 2 years of first opportunity to take the exam. Documentation of a minimum of 200 cases in the previous 24 months.

CARDIOLOGY CORE PRIVILGES

REQUESTED

Admitting: includes management and coordination of care, treatment and services including medical history and physical exam.	<input type="checkbox"/>
Consulting	<input type="checkbox"/>
Cardiac Event Monitoring Interpretation	<input type="checkbox"/>
Echo Interpretation	<input type="checkbox"/>
EKG Interpretation	<input type="checkbox"/>
Holter Interpretation	<input type="checkbox"/>
Exercise Treadmill Stress Test	<input type="checkbox"/>
Electrical Cardioversion	<input type="checkbox"/>
Pericardiocentesis	<input type="checkbox"/>
Arterial Catheterization	<input type="checkbox"/>
Central Venous Line	<input type="checkbox"/>
Temporary Transvenous Pacemaker	<input type="checkbox"/>

ADVANCED PRACTICE ACTIVITIES – Privileges for which additional documentation of training and experience will be required. **A minimum # of cases to be proctored may be specified on initial application prior to independent practice.**

For purpose of this section **Level 2 Training** as defined by the 2015 American College of Cardiology Guidelines is additional training in 1 or more areas that enables some cardiologists to perform or interpret specific diagnostic tests and procedures or render more specialized care for specific patients and conditions. This level of training is recognized only for those areas in which a nationally accepted instrument or benchmark, such as a qualifying examination, is available to measure specific knowledge, skills, or competence. Level II training may be achieved by some trainees in selected areas during the standard 3-year general cardiology fellowship, depending on the trainee's career goals and use of elective periods.

REQUESTED

Transthoracic Echocardiogram (TTE) (Initial Criteria includes: Level 2 Training, Interpretation of at least 200 transthoracic studies during the previous 24 months. Must have 10 cases reviewed and a minimum of 100 Transthoracic Echos in the previous 24 months for renewal).

Stress Echocardiographic Testing (SE) Including Pharmacologic testing (Initial criteria includes: Level 2 Training, interpretation of at least 100 transthoracic studies during the previous 24th months. Must have 3 cases reviewed. A minimum of 25 stress echoes in the previous 24 months is required for renewal).

Transesophageal Echocardiogram (TEE) Including Pharmacologic Testing (Initial criteria includes: Level 2 Training, Conscious Sedation privilege. Documentation of 25 prior studies as the primary operator during the previous 24 months. 1 case will be required to be reviewed).

Implantable Loop Recorder (Initial criteria includes Core Privileges, documentation of 5 procedures in 24 months as primary operator. 3 concurrent cases to be reviewed. Minimum of 5 cases within previous 24 months is required for renewal).

Pacemaker/Defibrillator generator change, includes Cardiac Resynchronization systems (Initial criteria includes Core privileges, documentation of at least 20 procedures as the primary operator. 1 concurrent case is required for review. Minimum of 10 cases during previous 24 months is required for renewal).

SPECIAL REQUEST:

_____ Conscious Sedation: Must meet **one** of the three following criteria:

1. Demonstrated successful completion of a residency or fellowship training program (within the last 5 years) with at least four (4) weeks exposure to anesthesia (including IV conscious sedation, indications, contraindications, pre-anesthesia assessment, intra-operative care, procedure monitoring and post-anesthesia care); OR
2. Previous experience with sufficient evidence of satisfactory outcomes that the applicant has performed IV conscious sedation for at least 10 patients over the past 12 months; OR
3. Satisfactory completion of a continuing medical education program devoted to conscious sedation within the last 3 years (course certificate to be on file).

REAPPOINTMENT APPLICATION:

PLEASE REVIEW YOUR PREVIOUS PRIVILEGES AND INDICATE IF YOU WISH TO ADD OR DELETE A PRIVILEGE ON THE CURRENT CHECKLIST or state NO CHANGE

_____ Add/Delete

_____ No Change

I understand that in making this request I am bound by the applicable bylaws and policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

Signature

Date

APPROVED:

Medicine Department Chair

Date

Chief of Staff, Executive Committee

Date

President, Board of Commissioners

Date

CHIEF MEDICAL OFFICER – Kevin Martin, MD

April 2021

Medical Staff Services:

- **Recruiting:** Mitch Engel reports that we interviewed an internist who made a site visit. We continue to recruit for Medical Director of Hospital Medicine and internal and family medicine. Jordan Giesler, PA-C, joined our orthopedics team.
- **Medical staff:** Shannon Carlson reports For February we have 3 initial appointments. She is working to move credentialing to a paperless process.
- Of note, Mitch and Shannon have both been giving time in support of the county's vaccination work as needed.

CMO activities:

- **Reflections:**
 - This month sees me enter my 4th year as CMO, or if you prefer, my 157th week. It seems a good time to lift my head from the pandemic and reflect on the work we have done. In that time, we have added pediatrics, ENT, neurology, vascular surgery, COVID-19 testing, and disaster management to our day-to-day business. We have demonstrated our ability as an organization to create, collaborate, coordinate, react, adapt, and lead. The challenges we have faced and the opportunities we have made bear absolutely no resemblance to anything I would have imagined before I took this position. Frankly, I do not think I would have it any other way. It is an amazing organization and an amazing team and I am glad to be part of it.
- **COVID-19:**
 - As of this writing, our work with Kittitas County Public Health Department and the Incident Management Team has resulted in over 26,000 doses of vaccines administered in the county, and increase of 10,000 since my last report. More than 22% of the county is fully vaccinated.
 - Numbers have plateaued across the state. We are not seeing a significant surge to date. However, cases are trending up as of this writing. We have had some long admissions for COVID-19.
- **Community & Regional Partnerships:**
 - Greater Columbia Accountable Community of Health Leadership Council met 18 March.
 - The Rural Collaborative Physician Leadership Committee met 15 March. Discussion included impact of changes to CMS coding on billing and the search for a CMO for the group. We also continue working toward the ability to provide robust credentialing for member organizations.
 - The Regional Emergency Disaster Healthcare Coalition (REDi) Regional Triage Team met 14 April with state officials to share the work done east of the Cascades and particularly in rural communities. We expect this to be a foundation in more robust conversations state-wide.
- **Provider Profile:**
 - Starting in May.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer

March Operating Results

- Although March patient volumes for the organization were mixed, KVH had an outstanding revenue month. Admissions and inpatient days were below budget by 15 admissions and 47 days, respectively. In March KVH had negative variances in admissions, inpatient days, swing bed days, deliveries, inpatient surgery procedures, ER visits and Urgent Care visits. KVH had positive variances in outpatient surgery procedures, GI procedures, laboratory tests, radiology exams, rehab visits and face-to-face clinic visits. The shift from telehealth visits to face-to-face patient visits is, generally speaking, better clinical care while also more favorable financially. Lab tests exceeded budget by 10.6% for the month and exceed budget by 11% YTD. Much of the positive lab volume was for Covid-19 testing. In March, the lab did 2,258 Covid-19 tests up from the 1,866 Covid-19 tests performed in February.
- Gross revenue of \$16,857,343 exceeded budget by \$1,809,803. Inpatient revenue had a small positive variance of \$35,629; outpatient revenue had a positive variance of \$1,226,711 and clinic revenue exceeded budget by \$547,463. The following departments had significant positive revenue variances in March: surgery by \$1,200,219, radiology by \$330,544, pharmacy by \$269,573 and laboratory by \$557,142. The laboratory revenue variance was due primarily to Covid-19 testing. In March the laboratory department billed \$753,642 for Covid-19 tests. YTD KVH has billed \$2,391,640 for Covid-19 testing.
- Deductions from revenue exceeded budget by \$701,072 for the month. Contractual adjustments exceeded budget by \$577,571. Although overall reimbursement rates continue to rise in excess of what was budgeted, KVH elected to increase our contractual expense for March by an extra \$647,000. This amount is part of a cost report payable currently at \$1,400,000. Bad debt deductions exceeded budget by \$67,550. Financial assistance exceeded budget by \$9,222 and other deductions exceeded budget by \$46,729.
- March other operating revenue exceeded budget by \$29,870. 340B contract pharmacy rebates of \$187,326 exceeded budget by \$40,601 were the reason for the positive variance.
- March expenses exceeded budget by \$360,809. Generally the negative expense variances were related to unexpected patient volume. Salaries were below budget by \$46,089 but would have been under budget even more were it not for the \$86,618 of labor incurred to support Kittitas County's Covid-19 vaccination initiative. Temporary labor was over budget by \$24,599 in ICU, \$29,251 in Med/Surg, \$15,167 in surgery and \$52,728 in ER. Supply expenses exceeded budget by \$70,510. This variance is related to

the high surgery department case volume. Purchased services had a negative variance of \$229,753. Laboratory accounted for \$119,635 of the variance, radiology for \$31,295, Internal Medicine \$35,797 and Hospice for \$24,636. Unbudgeted expenses to assist the County Health Department in administering the Covid-19 vaccine in March totaled \$127,155.

- KVH posted operating income of \$1,124,591 compared to a budgeted operating income of \$346,799, a positive variance of \$777,792. YTD operating income is \$2,308,824 compared to the budgeted operating income of \$655,892, a positive variance of \$1,652,933. KVH has not accrued a receivable from the County Health Department for any of the costs incurred in supporting the vaccination clinics in January, February and March.
- Non-operating revenue/expense were below budget by \$77,005 primarily due to an unrealized loss on KVH's investments of \$53,505. KVH did not recognize any CARES income in March.
- KVH reported Net Income for March of \$1,098,667. YTD Net Income is \$2,368,129 compared to budget of \$809,060, a positive variance of \$1,559,069.
- Days in Accounts Receivable decreased 4.4 days from 76.7 days to 72.3 days. Gross Accounts Receivable decreased by \$1,071,415 from \$40,754,024 in February to \$39,682,609 in March. March Cerner patient receipts totaled \$9,927,119. The previous best month was December 2020 when the Revenue Cycle Team collected \$8,629,126 in Cerner receipts.
- Days Cash on Hand increased 14 days to 172.2 days in March from 158.2 days in February. Actual cash and investment on hand increased by \$3,882,210 from \$38,925,355 in February to \$42,807,565 in March. We expect KVH's cash position to continue to improve until KVH starts spending on the laboratory expansion project.
- March receipts were outstanding. Receipts in March totaled \$10,470,929. Average daily cash collections per working day increased to \$455,258 in March from \$415,725 per working day in February.

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

L	Measure	2021 YTD	2021 Budget	2021 Annualize	2020	2019	2018	2017	2016	2015	2014	2013
1	Total Charges	46,897,078	174,017,958	190,193,707	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	25,793,542	95,045,342	104,607,143	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	2,308,824	2,089,736	9,363,566	(32,269)	2,901,869	474,120	885,655	(5,893)	3,620,482	4,662,688	3,861,302
4	Operating Margin %	9.0%	2.2%	9.0%	0.0%	3.5%	0.6%	1.2%	0.0%	5.2%	6.7%	6.0%
5	Net Income	2,368,128.7	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%	5.5%	6.5%	4.4%	3.2%	3.7%	2.2%	7.3%	9.2%	
7	Cash	42,807,565	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	172.2	178.5	NA	175.8	138.6	133.5	178.7	156.0	189.4	175.8	
9	Surgeries	439	1,567	1,780	1,354	1,305	1,461	1,396	1,510	1,578	1,675	
10	Gastrointestinal Procedures	314	1,400	1,273	1,211	1,416	1,250	1,383	1,396			
11	Emergency Visits	2,895	13,320	11,741	12,207	13,861	13,930	13,162	13,789	13,618	12,250	
12	% ED visits To Bed	11.1%	10.0%	11.1%	10.1%	9.5%	n/a	n/a	n/a	n/a	n/a	
13	Radiology Exams	7,710	30,831	31,268	29,338	30,397	30,843	33,836	33,471			
14	Laboratory Tests	69,334	251,261	281,188	237,710	209,144	207,040	190,587	181,082			
15	Clinic Visits	20,539	81,100	83,297	70,676	72,711	59,241	50,917	48,525			
16	Telehealth Visits	627	3,595	2,543	3,793							
17	IP & Obs Days (no swing)	1,083	3,930	4,393	3,717	3,805	3,999	3,440	3,937	3,740	4,976	
18	Deliveries	62	324	251	284	309	342	322	312	368	334	
19	Admits w/Swing	203	912	823	860	941	984	899	1,043	1,299	1,433	
20												
21	FTEs	519.1	540.2	NA	499.0	477.4	469.4	457.6	449.1	437.9	437.7	
22	AR Days	72.3	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:

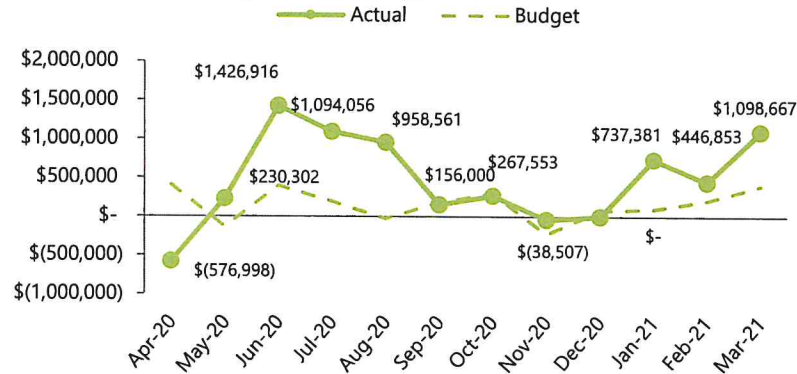
Effective Net Rate Increase Factor	102.00%	102.00%	102.00%	103.33%	104.50%	104.00%	105.00%	103.80%	104.00%			
Normalize Factor to 2021	100.00%	100.00%	102.00%	104.04%	107.50%	112.34%	116.84%	122.68%	127.34%	132.43%		
Normalized Charges to 2021	174,017,958	190,193,707	163,507,662	158,843,135	150,618,153	146,731,754	145,056,050	146,600,399	154,890,261	150,549,863		
Operations Growth	6.43%	16.32%	2.94%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%			
Operations Growth Over 2019 w/o COVID Testing		13.63%	-0.54%									

Kittitas Valley Healthcare
March 2021 - Key Statistics and Indicators

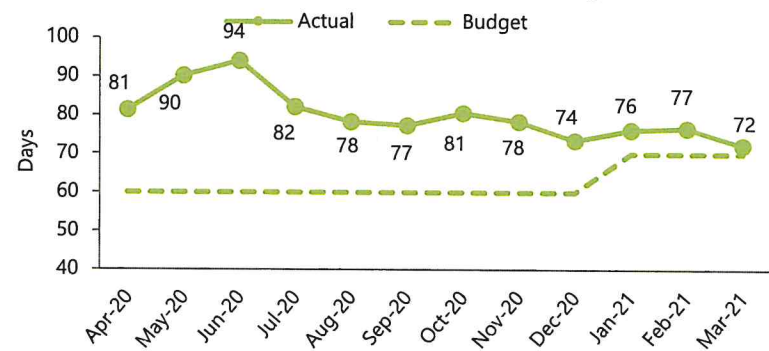
Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions w/Swingbed	65	80	-18.8%	203	231	-12.0%	219	-7.3%	01
02 Patient Days - W/O Newborn	193	240	-19.7%	721	692	4.3%	631	14.3%	02
03 Patient Days - Swingbed	2	14	-85.7%	27	42	-35.7%	NA	NA	03
04 Avg Daily IP Census w/Swingbed	6.3	8.2	-23.3%	8.3	8.2	2.0%	6.9	19.9%	04
05 Average Length of Stay	3.0	3.0	-1.1%	3.6	3.0	18.5%	2.9	23.3%	05
06 Average Length of Stay w/Swingbed	3.0	3.2	-5.5%	3.7	3.2	15.9%	2.9	27.9%	06
07 Deliveries	22	27	-19.9%	62	80	-22.3%	79	-21.5%	07
08 Case Mix Inpatient	1.10	1.00	10.4%	1.13	1.00	12.5%	1.03	9.2%	08
09 Surgery Minutes - Inpatient	2,620	2,368	10.6%	6,892	6,819	1.1%	6,175	11.6%	09
10 Surgery Minutes - Outpatient	10,239	7,757	32.0%	26,936	22,336	20.6%	17,256	56.1%	10
11 Surgery Procedures - Inpatient	20	21	-5.6%	57	61	-6.6%	57	0.0%	11
12 Surgery Procedures - Outpatient	147	114	29.0%	382	328	16.4%	271	41.0%	12
11 Gastrointestinal Procedures	136	121	12.6%	314	348	-9.7%	312	0.6%	11
12 ER Visits	978	1,103	-11.3%	2,895	3,175	-8.8%	3,337	-13.2%	12
13 Urgent Care Cle Elum Visits	254	378	-32.8%	763	1,088	-29.9%	1,281	-40.4%	13
14 Laboratory	23,991	21,686	10.6%	69,334	62,445	11.0%	54,934	26.2%	14
15 Radiology Exams	2,798	2,661	5.2%	7,710	7,661	0.6%	7,530	2.4%	15
16 Rehab Visit	2,033	1,653	23.0%	5,342	4,759	12.2%	4,232	26.2%	16
17 Outpatient Percent of Total Revenue	89.5%	88.5%	1.2%	88.6%	88.5%	0.1%	88.5%	0.1%	17
18 Clinic Visits	7,423	7,081	4.8%	20,539	20,277	1.3%	19,550	5.1%	18
19 Telehealth Visits	128	310	-58.7%	627	893	-29.8%	15	NA	19
20 Adjusted Patient Days	1,844	2,091	-11.8%	6,317	6,017	5.0%	5,480	15.3%	20
21 Equivalent Observation Days	133	99	34.4%	362	285	26.9%	301	20.3%	21
22 Avg Daily Obs Census	4.3	3.2	34.4%	4.0	3.2	26.9%	3.3	20.3%	22
23 Home Care Visits	533	630	-15.4%	1,383	1,814	-23.7%	1,422	-2.7%	23
24 Hospice Days	770	732	5.1%	2,154	2,126.2	1.3%	2,295	-6.1%	24
Financial Measures									
25 Salaries as % of Operating Revenue	43.2%	49.7%	13.1%	45.3%	50.2%	9.7%	53.4%	-15.1%	25
26 Total Labor as % of Operating Revenue	54.3%	62.2%	12.7%	57.5%	63.0%	8.6%	66.6%	-13.6%	26
27 Revenue Deduction %	47.0%	48.0%	2.1%	46.9%	48.0%	2.3%	48.5%	-3.4%	27
28 Operating Margin	12.0%	4.2%	184.9%	9.0%	2.8%	222.9%	-2.9%	-413.9%	28
Operating Measures									
29 Productive FTE's	468.4	478.2	2.0%	462.3	478.2	3.3%	436.9	5.8%	29
30 Non-Productive FTE's	54.2	62.0	12.5%	56.9	62.0	8.3%	62.1	-8.4%	30
31 Paid FTE's	522.7	540.2	3.2%	519.1	540.2	3.9%	499.0	4.0%	31
32 Operating Expense per Adj Pat Day	\$ 4,469	\$ 3,768	-18.6%	\$ 3,718	\$ 3,823	2.7%	\$ 3,891	-4.5%	32
33 Operating Revenue per Adj Pat Day	\$ 5,079	\$ 3,934	29.1%	\$ 4,083	\$ 3,932	3.9%	\$ 3,783	7.9%	33
34 A/R Days	72.3	60.0	-20.5%	72.3	60.0	-20.5%	83.6	-13.5%	34
35 Days Cash on Hand	172.2	127.6	35.0%	172.2	127.6	35.0%	124.3	38.6%	35

Financial Dashboard

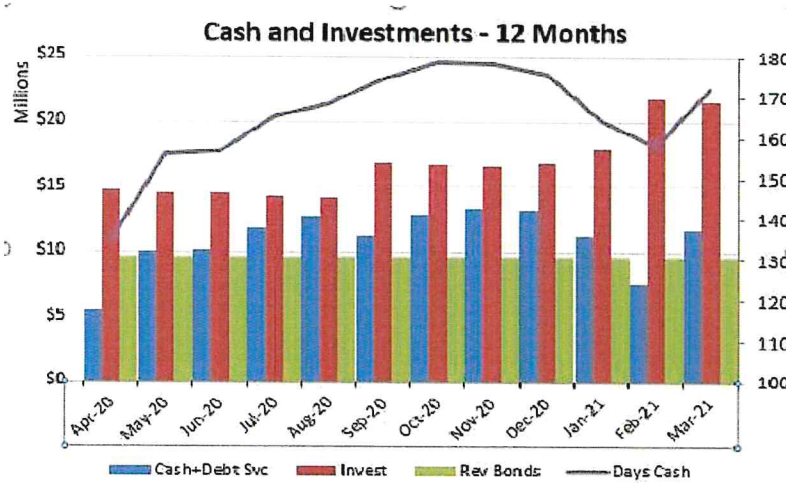
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2019	CY 2020	YTD 2021
Medicare	41.97%	39.42%	40.81%
Medicaid	18.72%	19.41%	19.92%
Commercial	32.81%	34.97%	33.51%
Self Pay	2.21%	2.66%	2.89%
Other	4.30%	3.55%	2.87%

**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	1,763,670	1,728,041	35,629	5,355,579	4,975,877	379,701	4,396,933
OUTPATIENT REVENUE	12,076,662	10,849,950	1,226,711	33,686,057	31,242,325	2,443,731	27,900,812
PROF FEE REVENUE	3,017,011	2,469,548	547,463	7,855,443	7,072,017	783,426	5,882,250
REVENUE	16,857,343	15,047,540	1,809,803	46,897,078	43,290,220	3,606,859	38,179,995
CONTRACTUALS	7,222,686	6,645,115	577,571	20,096,058	19,139,875	956,183	16,782,487
PROVISION FOR BAD DEBTS	392,767	325,216	67,550	1,041,656	931,548	110,108	869,967
FINANCIAL ASSISTANCE	107,785	98,564	9,222	332,751	282,250	50,501	169,926
OTHER DEDUCTIONS	193,483	146,754	46,729	520,319	420,250	100,069	707,645
DEDUCTIONS FROM REVENUE	7,916,721	7,215,649	701,072	21,990,784	20,773,923	1,216,860	18,530,025
NET PATIENT SERVICE REVENUE	8,940,622	7,831,891	1,108,731	24,906,295	22,516,296	2,389,998	19,649,969
OTHER OPERATING REVENUE	425,374	395,504	29,870	887,247	1,140,517	(253,270)	1,083,684
TOTAL OPERATING REVENUE	9,365,996	8,227,395	1,138,600	25,793,542	23,656,814	2,136,728	20,733,653
SALARIES	4,044,234	4,090,323	(46,089)	11,690,360	11,875,130	(184,770)	11,074,566
TEMPORARY LABOR	143,835	33,242	110,593	218,485	96,510	121,976	76,831
BENEFITS	1,041,131	1,024,460	16,672	3,148,425	3,020,187	128,238	2,727,310
PROFESSIONAL FEES	22,707	65,958	(43,251)	67,508	191,490	(123,983)	486,888
SUPPLIES	930,795	860,285	70,510	2,616,622	2,480,949	135,673	2,301,275
UTILITIES	105,179	88,912	16,267	303,547	288,964	14,583	282,807
PURCHASED SERVICES	1,211,552	981,799	229,753	3,239,598	2,857,833	381,765	2,386,471
DEPRECIATION	387,629	365,592	22,037	1,115,949	1,096,775	19,174	964,639
RENTS AND LEASES	104,949	120,008	(15,060)	312,036	360,025	(47,989)	343,644
INSURANCE	61,789	50,958	10,831	225,995	152,875	73,120	126,694
LICENSES & TAXES	79,805	71,429	8,376	239,403	205,679	33,724	200,437
INTEREST	51,458	51,683	(225)	154,374	155,050	(676)	163,046
TRAVEL & EDUCATION	15,138	26,250	(11,112)	46,379	75,170	(28,791)	91,690
OTHER DIRECT	41,206	49,698	(8,492)	106,037	144,285	(38,248)	98,618
EXPENSES	8,241,405	7,880,597	360,809	23,484,718	23,000,922	483,795	21,324,916
OPERATING INCOME (LOSS)	1,124,591	346,799	777,792	2,308,824	655,892	1,652,933	(591,263)
OPERATING MARGIN	12.01%	4.22%	68.31%	8.95%	2.77%	77.36%	-2.85%
NON-OPERATING REV/EXP	(25,924)	51,082	(77,005)	59,304	153,168	(93,864)	243,162
NET INCOME (LOSS)	1,098,667	397,880	700,787	2,368,129	809,060	1,559,069	(348,100)
UNIT OPERATING INCOME							
HOSPITAL	1,087,111	463,389	623,722	2,638,139	1,091,502	1,546,637	49,110
URGENT CARE	(11,075)	(572)	(10,503)	(49,698)	(4,590)	(45,107)	8,681
CLINICS	48,929	(130,873)	179,802	(396,962)	(466,554)	69,592	(702,225)
HOME CARE COMBINED	(374)	14,855	(15,229)	117,345	35,534	81,811	53,171
OPERATING INCOME	1,124,591	346,799	777,792	2,308,824	655,892	1,652,933	(591,263)

Kittitas Valley Healthcare

COVID operations detail
Estimated, Year to date 2021

Organization, Net of COVID Related Operations

	Jan-21	Feb-21	Mar-21	YTD
Total Revenue	15,170,227	13,231,511	16,103,700	44,505,438
Total Deductions	7,392,445	5,895,379	7,554,973	20,842,796
Net Patient Service Revenue	7,777,782	7,336,132	8,548,728	23,662,642
Other Operating Revenue	134,763	327,111	425,374	887,247
Total Operating Revenue	7,912,544	7,663,243	8,974,102	24,549,889
Total Expense	7,020,269	6,905,216	7,561,201	21,486,686
Operating Income	892,276	758,026	1,412,901	3,063,203
Operating Margin %	11.28%	9.89%	15.74%	12.48%

COVID Related Activity Estimates

	Jan-21	Feb-21	Mar-21	YTD
Total Revenue (COVID Lab Charges)	1,014,560	623,438	753,642	2,391,641
Total Deductions	486,989	299,250	361,748	1,147,987
Net Patient Service Revenue	527,571	324,188	391,894	1,243,653
Total Testing Expense	399,413	293,828	322,613	1,015,854
Total Other COVID Management Expense	283,053	341,533	357,591	982,178
CARES/Other Non-Operating Income	-	118,871	-	118,871

Combined, Organization Financials

	Jan-21	Feb-21	Mar-21	YTD
Total Revenue	16,184,787	13,854,949	16,857,343	46,897,078
Total Deductions	7,879,434	6,194,629	7,916,721	21,990,784
Net Patient Service Revenue	8,305,353	7,660,320	8,940,622	24,906,295
Other Operating Revenue	134,763	327,111	425,374	887,247
Total Operating Revenue	8,440,116	7,987,430	9,365,996	25,793,542
Total Expense	7,702,735	7,540,577	8,241,405	23,484,718
Operating Income	737,381	446,853	1,124,591	2,308,824
Operating Margin %	8.74%	5.59%	12.01%	8.95%

03/31/2021

Kittitas Valley Healthcare Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	11,224,755	13,111,089	(1,886,334)
ACCOUNTS RECEIVABLE	39,682,609	38,670,560	1,012,048
ALLOWANCE FOR CONTRACTUAL	(27,330,209)	(26,628,109)	(702,100)
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	343,816	334,992	8,825
INVENTORY	1,779,180	1,779,361	(181)
PREPAIDS	1,262,861	767,063	495,798
INVESTMENT FOR DEBT SVC	456,868	954,770	(497,901)
CURRENT ASSETS	27,420,180	28,990,025	(1,569,845)
INVESTMENTS	31,125,942	26,786,385	4,339,557
PLANT PROPERTY AND EQUIPMENT	90,752,166	89,653,286	1,098,880
ACCUMULATED DEPRECIATION	(48,003,175)	(46,872,713)	(1,130,462)
NET PROPERTY, PLANT, & EQUIP	42,748,991	42,780,573	(31,582)
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	42,748,991	42,780,573	(31,582)
ASSETS	101,295,113	98,556,983	2,738,130
ACCOUNTS PAYABLE	616,850	1,438,500	(821,650)
ACCRUED PAYROLL	1,919,493	1,578,007	341,486
ACCRUED BENEFITS	860,553	332,413	528,140
ACCRUED VACATION PAYABLE	2,173,534	2,139,719	33,815
THIRD PARTY PAYABLES	1,400,000	353,000	1,047,000
CURRENT PORTION OF LONG TERM DEBT	1,053,427	1,673,992	(620,565)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	8,023,857	7,515,632	508,225
ACCRUED INTEREST	158,792	299,485	(140,693)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	7,131	0	7,131
DEFERRED REVENUE HOME HEALTH	62,288	66,950	(4,662)
DEFERRED OTHER	3,268,710	3,268,710	0
DEFERRED LIABILITIES	3,496,921	3,635,145	(138,224)
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	21,771,929	21,910,153	(138,224)
LIABILITIES	29,795,785	29,425,784	370,001
FUND BALANCE	69,131,198	69,131,198	0
NET REVENUE OVER EXPENSES	2,368,129	(0)	2,368,129
FUND BALANCE	71,499,327	69,131,198	2,368,129
TOTAL LIABILITIES & FUND BALANCE	101,295,113	98,556,983	2,738,130

03/31/2021

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	2,368,129
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	1,130,462
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	3,498,591
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(309,948)
OTHER RECEIVABLES	(8,825)
INVENTORIES	181
PREPAID EXPENSES & DEPOSITS	(495,798)
INVESTMENT FOR DEBT SVC	497,901
TOTAL CURRENT ASSETS	(316,489)
INVESTMENTS	(4,339,557)
PROPERTY, PLANT, & EQUIP.	(1,098,880)
OTHER ASSETS	0
TOTAL ASSETS	(2,256,335)
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(821,650)
ACCRUED SALARIES	341,486
ACCRUED EMPLOYEE BENEFITS	528,140
ACCRUED VACATIONS	33,815
COST REIMBURSEMENT PAYABLE	1,047,000
CURRENT MATURITIES OF LONG-TERM DEBT	(620,565)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	508,225
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(140,693)
DEFERRED OTHER	0
DEFERRED TAX COLLECTIONS	7,131
DEFERRED REVENUE - HOME HEALTH	(4,662)
TOTAL OTHER LIABILITIES	(138,224)
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	370,001
NET CHANGE IN CASH	(1,886,334)
BEGINNING CASH ON HAND	13,111,089
ENDING CASH ON HAND	11,224,755

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.
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
Rural Mental Health Integration	KVH	PCMH	UW/AIMS	\$245,000	Applied	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
Opioid Recovery Resources	KCHN	Opioids	HRSA	\$500,000	Applied	HRSA Opioid Implementation, HRSA Opioid Planning, GCACH Opioid Resource Network Manager	KCHN	Grant is a 3 year program and recipients can apply for maximum \$500,000 total. Funds to expand current opioid efforts to include treatment and resources for psychostimulants.

* 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: Food and Nutrition Services

Capital Item Requested: Point of sale system for the Cafe

Function of Project: The point of sale system provides ordering and payment function for the KVH Café. It will improve the user experience with self-service kiosks, integration of payroll and HR software, organization of production, online ordering, and more payment options.

Reason Requested: Having been installed in 2007, the current point of sale system has become antiquated. The software vendor offers very limited support.

Budget: \$ 0.00

Actual Cost: not to exceed \$26,800

Submitted By: Jim Gallagher, Director-Food and Nutrition Services **Date:** 04/22/2021

KITTITAS VALLEY HEALTHCARE

Capital Expenditure Board Narrative

Requesting Department: Family Birthing Place

Capital Item Requested: Corometric 259cx series Maternal/Fetal Monitoring System (4)

Function of Project: Equipment used to monitor maternal and fetal well-being during the antepartum and intrapartum period.

Reason Requested: Replacement of aging equipment. Currently we have three of the requested 259cx models and four other models. The new model and older version do not allow for crossover of all monitoring cords.

Budget: \$ 88,725

Actual Cost: \$74,120

Submitted By: Stacey Botten, Director-Family Birthing Place **Date:** 04/22/2021