

KITTITAS VALLEY HEALTHCARE

RESOLUTION NO. 21-04

A resolution adopting the budget for Kittitas County Public Hospital District No. 1, dba Kittitas Valley Healthcare, for the calendar year 2022.

WHEREAS the Board of Commissioners of Public Hospital District No. 1, Kittitas County, is responsible for adopting an appropriate operating budget for District for the year 2022.

THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Public Hospital District No. 1, Kittitas County, to adopt the 2022 operating budget (Exhibit A).

APPROVED at a regular meeting of the Commission this 28th day of October, 2021.

Bob Davis, President

Erica Libenow, Vice-President

Matt Altman, Secretary

Jon Ward, Commissioner

Terry Clark, Commissioner

Exhibit A

Kittitas County Public Hospital District 1, dba
Kittitas Valley Healthcare

2022 Projected Operating Budget

		<u>2022 Budget</u>
Net Operating Revenue	\$	110,000,000
Operating Expense	\$	<u>105,000,000</u>
Net from Operations	\$	5,000,000
Non-Operating		
Levy-Regular	\$	9,508
Other Non-Operating	\$	<u>300,000</u>
Net Non-Operating	\$	309,280
Net Gain/Loss	\$	5,309,280



Ordinance / Resolution No. 21-05
RCW 84.55.120

WHEREAS, the Board of Commissioners of Kittitas County Public Hospital District No. 1 has met and considered
(Governing body of the taxing district) (Name of the taxing district)
its budget for the calendar year 2022; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 9,507.66; and,
(Previous year's levy amount)

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

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2022 tax year.
(Year of collection)

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 95.08
which is a percentage increase of 1.0 % from the previous year. This increase is exclusive of
(Percentage increase)

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

Adopted this 28 day of October, 2021.

If additional signatures are necessary, please attach additional page.

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

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



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
Meeting in KVH Conference Room A/B/C with a call in option - 5:00 p.m.

Call in by phone: 1-877-853-5257 Meeting ID: 946-6932-2396 Passcode: 948046

October 28, 2021

1. Call Budget Hearing to Order:

- a. Review of 2021 Budget
 - b. Approval of Resolution No. 21-04: Adoption of 2022 Budget ** (1-2)
 - c. Approval of Resolution No. 21-05: Authorization of 2022 Regular Property Tax Levy ** (3)
 - d. Adjourn Budget Hearing
-

1. Call Regular Meeting to Order

2. Approval of Agenda **

(Items to be pulled from the Consent Agenda) (4-5)

3. Consent Agenda **

- a. Minutes of Board Meetings: September 10, 2021 and September 23, 2021 (6-11)
- b. Approval of Checks (12)
- c. Report: Foundation (13)
- d. Minutes: Finance Committee (14-15)
- e. Minutes: Quality Council: August 9, 2021 (16-18)

4. Public Comment and Announcements

5. Presentation:

- a. Linda Navarre, Manager of Risk & Peer Review: Compliance Update (19-23)

6. Reports and Dashboards

- a. Quality – Mandee Olsen, Chief Quality Officer (24-30)
- b. Chief Executive Officer – Julie Petersen (31-34)
- c. Operations (35-40)
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations
- d. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (41)
 - ii. Chief Medical Officer, Kevin Martin MD (42)



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
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Meeting in KVH Conference Room A/B/C with a call in option - 5:00 p.m.

Call in by phone: 1-877-853-5257 Meeting ID: 946-6932-2396 Passcode: 948046

- 1. Provider Spotlight – Kevin Martin MD
- e. Finance – Chief Financial Officer - Scott Olander
 - i. Operations Report (43-53)
 - ii. Capital Expenditure Request: CT Scanner ** (54)
 - iii. Capital Expenditure Request: Energy Efficiency Project ** (55-66)
- f. Community Relations Report – Michele Wurl, Chief Public Relations Officer (67-68)

7. Education and Board Reports

- a. Bond Levy Education – Terry Clark

8. Old Business

9. New Business

- a. 2022 Board Officers **
- b. 2022 Board Committees ** (69)
- c. 2022 Board Calendar (70-71)
- d. CEO Annual Evaluation

10. Executive Session

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

11. Adjournment

Future Meetings

December 2, 2021, Special Meeting
January 6, 2022, Special Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL MEETING
Virtual Zoom Meeting
September 10, 2021

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

KVH STAFF PRESENT: Julie Petersen, Rhonda Holden, Manda Scott, Mandee Olsen, Scott Olander, Dr. Kevin Martin, Michele Wurl, Jeff Yamada, Jason Adler, Vicky Machorro, Mandee Olsen

The special meeting was called to order at 4:30 p.m. President Bob Davis announced that the purpose of the special meeting was to provide an update on incident command and the vaccine mandate, and for an executive session regarding personnel.

Michele Wurl stated that Incident Command (IC) has moved back to a more frequent schedule of meeting three times per week. Julie Petersen stated the COVID tent went back up outside the hospital so we are prepared if we need to shift staff and have a place for positive COVID patients. Vicky Machorro reported on patient census in the hospital and stated that positive COVID patients are usually here between two and twenty days. Machorro stated that they are looking at cancelling all surgeries that are not emergent. Rhonda Holden stated that testing volumes are up to 120-140 per day this week and we are short staffed in the lab. Holden stated that we are trying to hire additional staff to do specimen collections.

Wurl stated that KVH received a leadership award from WSHA.

Manda Scott stated that fewer than ten people have not responded at all to the notification from HR regarding vaccine status. We have received seventy-two accommodation requests, have offered fifteen plans of accommodation, and of those requests eighteen were not appropriate requests. We have received six resignations and there are a few employees working on getting vaccinated. All the accommodations will require testing one to two times per week.

At 5:38 p.m., President Davis announced that there would be a 2-minute recess followed by a 35-minute executive session regarding personnel. RCW 42.30.110(g). There is action anticipated.

At 6:15 p.m., the meeting was reconvened into open session.

ACTION: On the motion of Matt Altman and second of Erica Libenow, the board members authorized retention bonuses to all Kittitas Hospital District No. 1 employees who meet the condition of being employed by the District on October 24, 2021 and that the bonus will be determined by work FTE status. The motion passed with two abstentions. President Davis and Commissioner Ward stated that they support the employee and are only recusing themselves from the vote to avoid a potential conflict of interest, because they have family members employed at KVH.

With no further business, the meeting was adjourned at 6:18 p.m.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B & Via Zoom

September 23, 2021

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

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

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

1. At 5:00 p.m., Vice-President Erica Libenow called the regular board meeting to order.

2. **Approval of Agenda:**

President Davis requested to discuss the MEC files in executive session.

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

3. **Consent Agenda:**

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

4. **Public Comment/Announcements:**

Stephen Greenfield stated that many people in Ellensburg have health coverage through Kaiser and are happy with it. He asked KVH to reconsider its decision to remove itself from the Kaiser network. A letter from Michelle Williams on this same issue will also be attached to the official packet from the meeting.

5. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that flu shot season has started and that Workplace Health has been a great partner in distributing vaccines. QAPI planning for 2022 has started and will come to the board for approval at the December meeting.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that she appreciates the relationships with our unions and we have been working closely with them on several issues. Manda Scott stated that we have made a lot of progress on the governor's vaccines mandate. The goal is to have all the accommodation meetings completed by Monday. Scott stated that they have had ten employees that have declined to work with us, forty-one accommodation plans in process, and thirty plans that are complete. Petersen stated that she will be sending out a note to reiterate the timelines. Employees who do not respond will be considered to have resigned. Petersen stated that SLT will immediately advertise and hire for these positions beginning October 5th, the date by which the vaccine must be taken to meet the October 18th deadline.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Machorro stated that Surgical Services is only doing emergent cases. This has caused some excess staff, who are being redeployed throughout the hospital. Machorro stated that she wanted to thank the staff, who are shifting their schedules and working nights in order to help.

The Board members reviewed the Chief Medical Officer report with Dr. Martin. Dr. Martin and Michele Wurl reviewed the ACIP interim recommendations for Pfizer booster vaccines.

The board watched this month's spotlight videos of Dr. Jamin Feng of KVH Internal Medicine and Dr. David Jackson of KVH Internal Medicine.

Scott Olander reported on KVH's financial performance for August. The hospital continues to be very busy and above budget. Olander stated that the KVH Foundation will be donating \$357,000 to the hospital, which is their largest donation ever. Olander stated that we are in process of renewing our medical and dental plans and we were notified about three weeks ago of a 78% rate increase from Premera. Olander stated that we have a resolution for board approval to allow KVH to apply to the PEBB. Although this starts the process, the resolution doesn't commit us to joining the PEBB.

ACTION: On motion of Jon Ward and second of Matt Altman, the Board members unanimously approved Resolution 21-03, authorizing review by the Health Care Authority to participate in the Washington State Insurance Plans.

ACTION: On motion of Erica Libenow and second of Matt Altman, the Board members unanimously approved the Capital Expenditure request for the Colposcopes.

ACTION: On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the Capital Expansion request for surgery, materials, sterile processing, and diagnostic imaging.

The Board members reviewed the Community Relations report.

7. Old Business:

None.

8. New Business:

President Davis asked the board how they would like to do the Board Self-Evaluation this year. It was decided that President Davis will work with Julie Petersen and Mandy Weed to schedule a meeting time and topics to be discussed.

President Davis stated next month is Board elections and stated that elections will be on the agenda for next month.

9. Executive Session:

At 6:55 pm, President Davis announced that there would be a 10-minute recess followed by a 30-minute executive session regarding personnel. RCW 42.30.110(b). Action was anticipated.

At 7:35 pm, the meeting was reconvened into open session.

ACTION: On motion of Erica Libenow and second of Terry Clark, the Board members unanimously approved the initial appointment for Dr. Karan Mehta, Dr. Chi Pui, Dr. Tahir Alkhairy, Dr. Gene Griffiths, Tracey Kenitson, PA-C, and the reappointments for Dr. Paul DeBusschere, Dr. Anthony Longo, Dr. Sara Cate, Dr. Byron Haney, Dr. Michael Chang, Dr. Robert Greene, Luis Ortega, PA-C, Anna Parr, PA-C, Michael Shultis, PA-C as recommended by the Medical Executive Committee.

10. Adjournment:

With no further action and business, the meeting was adjourned at 7:37 p.m.

CONCLUSIONS:

1. Motion passed to approve the board agenda as amended.

2. Motion passed to approve the consent agenda.
3. Motion passed approved Resolution 21-03, authorizing review by the Health Care Authority to participate in the Washington State Insurance Plans.
4. Motion passed authorizing the Capital Expenditure request for the Colposcopes.
5. Motion passed authorizing the Capital Expansion request for surgery, materials, sterile processing, and diagnostic imaging.
6. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: October 28, 2021

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>277208-278340</u>	NET AMOUNT:	<u>\$6,048,720.36</u>
			SUB-TOTAL:	<u>\$6,048,720.36</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81865-81871</u>	NET AMOUNT:	<u>\$5,678.18</u>
#2	PAYROLL CHECK NUMBERS	<u>81872-81878</u>	NET AMOUNT:	<u>\$7,196.08</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,320,779.36</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,353,562.39</u>
			SUB-TOTAL:	<u>\$2,687,216.01</u>

TOTAL CHECKS & EFTs: \$8,735,936.37

Prepared by



 Sharoll Cummins
 Staff Accountant



Foundation Distribution to KVH

The Foundation is pleased to announce that they will be distributing \$347,728.00 to KVH this year, our largest distribution to date.

Tough Enough to Wear Pink

The Tough Enough to Wear Pink campaign was featured at the October gathering of 100 Women, a local giving circle in Upper County on October 7th. It was a wonderful opportunity to showcase our campaign and highlight Breast Cancer Awareness month.

Gard Vintners once again is supporting our commitment to raise funds for early detection by hosting their annual Gard Against Cancer event all month of October. \$1 per glass and \$3 per bottle of Rose wine sold will go towards TETWP.

Our Tough Enough to Wear Pink campaign ended September 6th. The community was invited to purchase merchandise Sunday at Rodeo.

The Foundation at KVH and the Ellensburg Rodeo Association partner each year to raise funds to support breast cancer awareness and prevention services in Kittitas County. The Foundation at KVH uses the TETWP funds to provide free mammography screenings at Kittitas Valley Healthcare for patients in need and to support breast cancer education materials in our community.

Annual Appeal (Oct)

The Foundation's Annual Appeal for 2021-22 was mailed to the community October 8th. We extended our mailer to reach over 8,200 KVH patients, community members and staff. This is an increase of 1,700 households.

Gobble Wobble – November

We are looking to take the Foundation's third annual Gobble Wobble 5K fun run virtual. Slated for November, you can join the fun and run safely at any location, at your pace, outside or on a treadmill, alone or with a group of friends. Registration is available online through our QR code:



Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

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

October 26, 2021

Tuesday

7:30 A.M.

Join Zoom Meeting

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: September 21, 2021**
- **September Financial Highlights**
- **Capital Expenditure: CT Scanner**
- **Capital Expenditure: Energy Efficiency Project**
- **PEBB – Post Employment Liability**
- **Debt Financing Presentation – Piper Sandler & Co.**
- **Adjourn**

Next Meeting Scheduled: November 30, 2021 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
September 21, 2021

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

Members Excused: none

Staff Present: Kelli Goodian Delys, Jason Adler and Ron Urlacher

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 August 24, 2021 minutes. Each motion passed.

Olander presented the highlights of the August 2021 financial results. Starting with the Key Statistics, August is another solid month. Volumes are above budget for all line items, except swingbed patient days, deliveries and home health and hospice. This is reflected in the record breaking revenue. Expenses tracked with volume and are over budget \$443,555 for August. The month ended with operating income of \$1.4m and net income of \$1.4m. AR Days stayed at 66. Days cash on hand increased to 209. Overall it is a good month for KVH. The details are in the Chief Financial Officer Report.

The committee received updates on payer contracting and employee medical, dental and Rx insurance.

The committee recommended moving forward to the Board of Commissioners the capital requests for Colposcopes and Architecture Design.

With no further business, the meeting was adjourned at 8:32 a.m.

Quality Improvement Council	MEETING MINUTES	August 9, 2021
<p>Present: Mandee Olsen, Dr. O'Brien, Matt Altman, Terry Clark, Judy Love, Rhonda Holden, Ron Urlacher, Julie Petersen, Carrie Barr and Vicky Machorro</p> <p>Guests: Anna Scarlett</p> <p>Recording Secretary: Mandy Weed</p> <p>Minutes Reviewed by: Mandee Olsen</p>		
<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION ITEM/ RESPONSIBLE PARTY</u>
<ul style="list-style-type: none"> Called to order 	The meeting was called to order by Matt at 4:03 pm.	
<ul style="list-style-type: none"> Agenda & Minutes 	The minutes were approved as presented.	
Reports:		
<ul style="list-style-type: none"> Other 	Matt thanked QI for moving the meeting time to 4pm to allow members time to listen to the WSHA call. Matt stated Governor Inslee announced a new mandate by the state for healthcare workers to be vaccinated by October 18 th and it will be considered a condition of employment. Matt stated that medical and religious exemptions are the only ones being allowed. Mandee stated that there is still a lot to be sorted out and the mandate has not yet been written. Julie stated we have roughly 160 employees that are not vaccinated and of that about 25-30 are per diem employees.	
<ul style="list-style-type: none"> 2021 Quality Improvement Dashboard Review 	<p>Handouts: QI Council Dashboard</p> <p>Discussion: Mandee reviewed the QI Dashboard and pointed out the pain reassessment after medication will be on the plan of correction from the DOH.</p>	Mandee will dig further into Home Health and Hospice Dashboard and will follow up with Matt and Terry.

<ul style="list-style-type: none"> • Patient Satisfaction Dashboard Review 	<p>Handouts: Patient Satisfaction Dashboard</p> <p>Discussion: Mandee stated that most areas are above target and a couple of the patient dissatisfiers are a direct result of our visitation policy with Covid restrictions.</p>	
<ul style="list-style-type: none"> • Infection Control and Employee Health 	<p>Handouts: Infection Control presentation</p> <p>Discussion: Anna reviewed the infection control presentation. Anna stated that we are patient focused and promote an environment of healing. Anna stated that we are also focused on employees to provide a safe and healthy work environment and that 76% of KVH is fully immunized against Covid-19. Anna stated that hips have the highest surgical site infection rate by year back to 2015. Anna stated that needle sticks are up and thinks it has to do with shortage of supplies and getting substitute supplies. Anna stated that Nicole and Dr. Hibbs are looking into C Diff numbers as they have increased and will report back.</p>	<p>Will be doing a refresh on Environmental Services (EVS) project on room cleaning with the fluorescent dye and black light.</p> <p>Will be revisiting hand hygiene.</p> <p>Will report out findings at future QI meeting on increase C Diff cases.</p>
<p>New Business:</p>		
<ul style="list-style-type: none"> • Briefly, summary – DOH CAH Survey Plan of Correction Review 	<p>Handouts: None</p> <p>Discussion: Mandee stated that a plan of correction was submitted on March 4th and all items have been tentatively approved.</p>	<p>Mandee will review and send out the plan of correction to the board members on QI as long as no PHI is contained in the report.</p>
<ul style="list-style-type: none"> • 2021 2nd Quarter SAFE Catch Winner Selection 	<p>Handouts: SAFE Catch Nominations</p> <p>Discussion: The council reviewed all nominations and decided to</p>	

	<p>present the awards to winners in their department.</p> <p>1st Quarter Clinical – Sandy Delzer, MT, Lab for speaking up with concerns of a patients changes in lab values.</p> <p>1st Quarter Non-Clinical – Heaven Reunions, Central Processing Technician for preventing improperly processed devices from reaching patients and for locating improperly disposed equipment preventing large financial loss to KVH. Heaven was nominated twice this quarter.</p>	
<ul style="list-style-type: none"> Briefly, summary – DNV Training 	<p>Handouts: None</p> <p>Discussion: Mandee stated that DNV is a global quality assurance and risk management company and we will be using them for our accreditation and they will provide surveys annually beginning this year sometime after October 5th. Mandee stated that this survey will replace our DOH CMS survey and the training they provided last week went really well.</p>	
Closing:		
<ul style="list-style-type: none"> Adjourned at 5:05 pm 	Next meeting October 11, 2021 at 3:00 p.m.	Judy's last meeting, need to find a replacement for her.

KVH COMPLIANCE PROGRAM
2021 KVH WORK PLAN
 Compliance Committee review October 14, 2021

KVH is committed to full compliance with all applicable laws, rules and regulations, and to conduct itself with the highest level of business and community ethics and standards.

Objectives identified for the current year relate to the elements of an effective compliance program as defined in the Federal Sentencing Guidelines, [new Federal and/or State healthcare regulations](#) ~~items identified in the OIG's 2021 Work Plan~~, and risk areas identified by KVH.

Last update 10/18/21

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
1. Policies & Procedures							
Compliance policies, procedures and supporting documents provide up to date guidance to staff and leaders	Compliance Committee	Compliance policy, procedures, and supporting documents are reviewed annually				X	On Target New regulation- 21 st Century Cures Act- Information Blocking: 4 new policy & procedures developed and 2 revised Privacy & Release of Information Policies
2. Compliance Officer and a Compliance Committee							
Compliance Officer updates Hospital District #1 Board of Commissioners on Compliance Program activities	Compliance Officer	Annual Compliance Program Report and a bi-annual Compliance Work Plan update			X		Update rescheduled for October
Compliance dashboard provides a tool to evaluate the cultural health of our organization and compliance program effectiveness. Quarterly reporting of the # compliance reports/100 employees	Compliance Officer	Target-national benchmark 1.4 reports/100 employees				X	Quarterly with initial report on the November 2021 QI Council Dashboard

KVH COMPLIANCE PROGRAM
2021 KVH WORK PLAN
 Compliance Committee review October 14, 2021

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
3. Conducting Effective Training and Education							
Annual system-wide healthcare compliance training to support staff knowledge of compliance standards and KVH Code of Conduct	Compliance Officer/ Privacy Officer	All staff complete annual Compliance education bundle through Bizlibrary				X	Current status- YTD 49.92% of staff completed the Bizlibrary assignment
New employees, leaders and providers receive compliance education during new employee orientation	Compliance Officer, Privacy Officer, Security Officer	All new employees, leaders and providers receive education on Fraud, Waste & Abuse, HIPAA/Privacy and Information Security education					Ongoing
4. Developing Effective Lines of Communication							
Respond, investigate, and follow up on all Compliance Hotline calls/complaints	Compliance Officer	Hotline calls and compliance concerns are logged and investigations initiated within 2 business days					YTD 4 investigations 100% initiated within 2 business days
Results of compliance internal investigations are shared with leadership and relevant departments	Compliance Officer	Compliance Officer attends Department Director monthly meetings & as needed Senior Leadership meetings					Ongoing

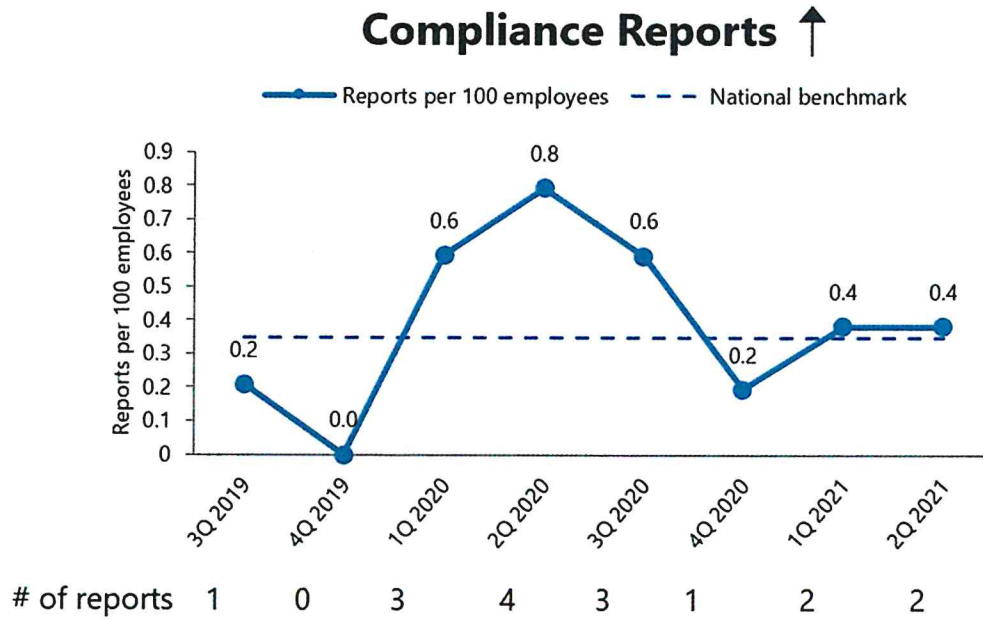
KVH COMPLIANCE PROGRAM
2021 KVH WORK PLAN
 Compliance Committee review October 14, 2021

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
5. Enforcing Standards through Well-Publicized Disciplinary Guidelines							
Employees are oriented to the KVH Intranet Policy/Procedure/Standard Work Folder and Lippincott's Nursing Procedures and Skills resource link	Manda	Annual Bizlibrary education: All staff acknowledge awareness of how to locate policies, procedures and standard work through the KVH Intranet				X	Ongoing
6. Auditing and Monitoring							
Objective, third-party assessment of internal medical coding practice of the new E&M guidelines effective January 1, 2021	Director of HIM	External coding audit will be completed mid-2021. Audit feedback is shared with providers.			X		Completed
Security Risk Analysis (SRA) findings are reviewed and prioritized <i>Reference: Security Rule 45 CFR Part 160 and Subparts A and C of Part 164</i>	Security Officer	Information Security work plan is updated to address SRA findings		X			Completed
Internal 340B audits to meet regulatory requirements <i>Reference: 340B Drug Pricing Program (340B Program) requirements (42 USC 256b(a)(5)(C))</i>	Director of Pharmacy	Monthly 340B audits meet audit targets					Ongoing

KVH COMPLIANCE PROGRAM
2021 KVH WORK PLAN
 Compliance Committee review October 14, 2021

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
7. Responding to Detected Offenses and Developing Corrective Action Initiatives							
Respond, investigate, and report to Federal authorities as required for HIPAA and other Privacy compliance issues. <i>Reference: HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414</i>	Privacy Officer	Any privacy breach that is more than low risk to the patient, will be reported to HHS by March 1 st of the following year, or sooner if indicated	X				Target met for reporting 2020 data by March 2021.

Example of Compliance Dashboard



Compliance Dashboard will be reported out quarterly.

First posting will be on the November QI Council dashboard when September data is reported out.



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

Quality Assessment and Performance Improvement (QAPI)!

Leaders have reviewed their progress towards 2021 goals and drafted 2022 QAPI plans. These were presented to QI Council 10/21/2021 and are available for your review and feedback. Final plans along with a new proposed QI Dashboard will be the December BOC meeting for request for approval.

CMS/DOH Hospital Surveys

We were re-surveyed by the Fire Marshall and have provided additional documentation. We will continue to report our progress to the Board through QI Council.

COVID 19 Work

Infection Control – Continue to round in clinical areas, review cases for surveillance and exposure risk, and reevaluation infection control interventions.

Employee Health – Thankful for the partnership with Workplace Health. We are working to get all employee’s influenza vaccine status documented by November 1st.

Mandatory COVID Vaccine for Healthcare – Working with HR and the lab, the process has been developed for implementing and monitoring accommodation plans.

Please see the attached data on KVH employee health, COVID testing, and vaccine administration, as of September 15, 2021.

Quality Improvement Dashboard Data Summary – through August 2021

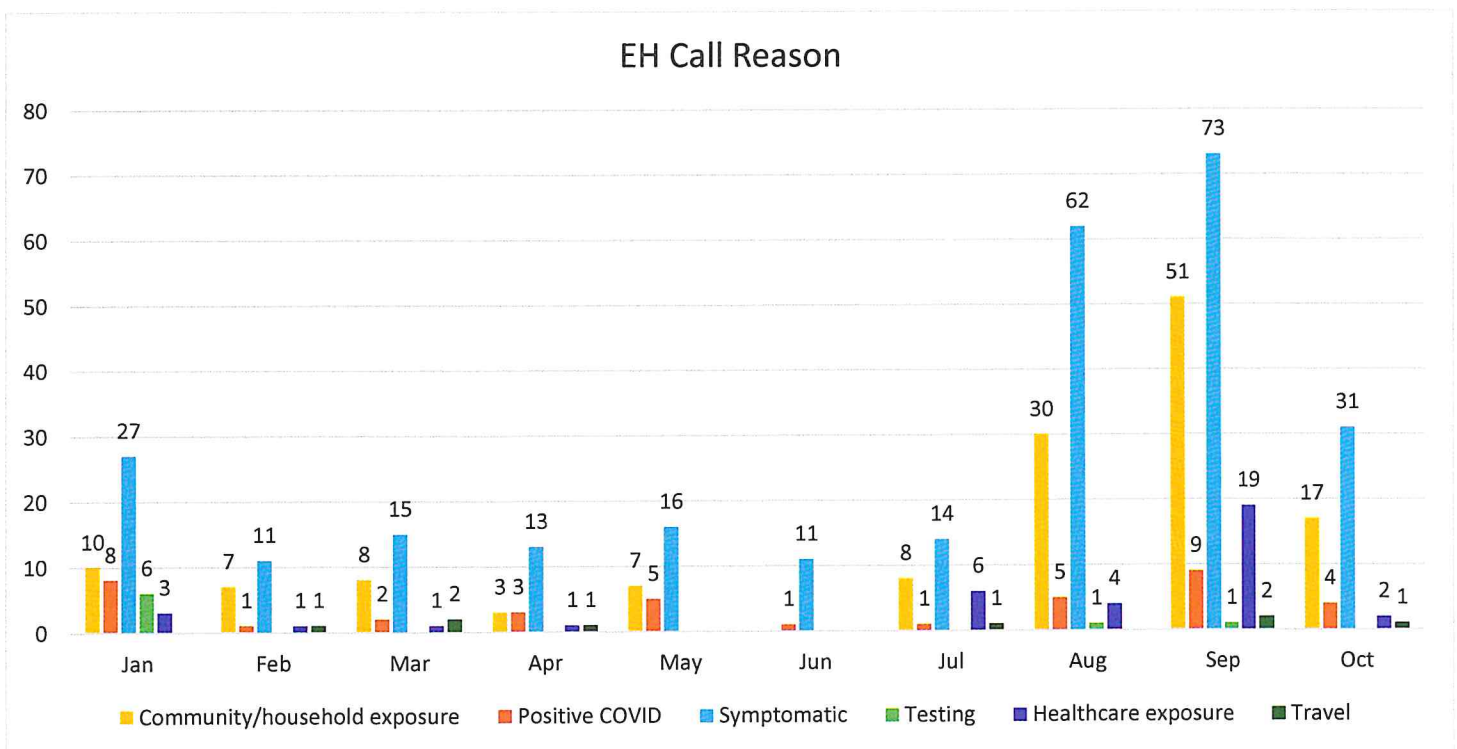
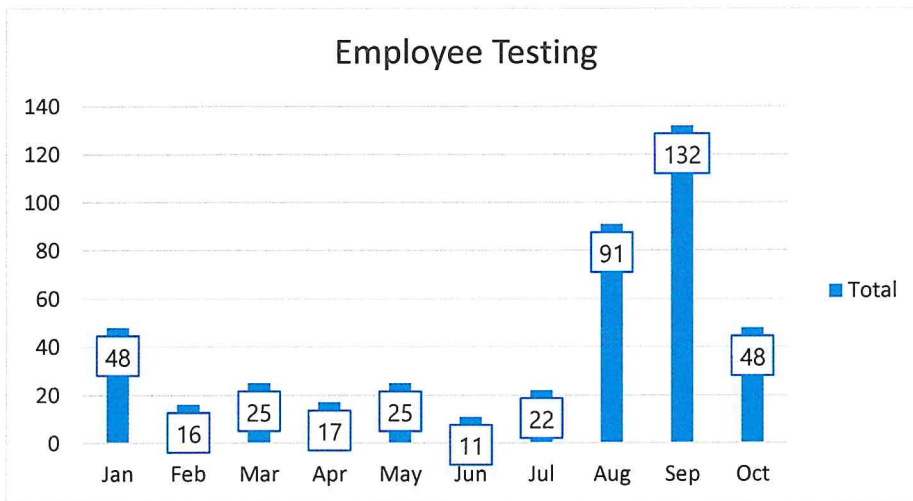
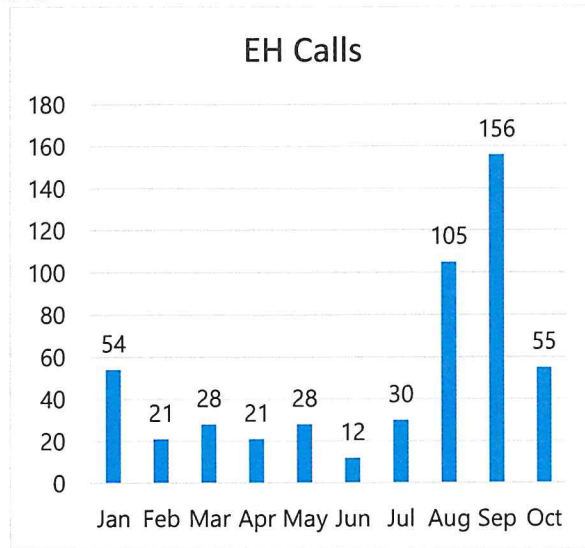
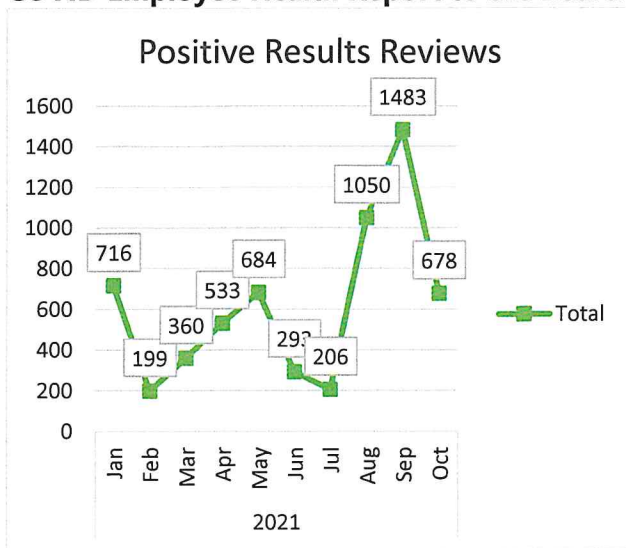
Summary of Areas Meeting Goal or Showing Improvement

- There were no needlesticks in the month of August.
- There were no patient falls.
- Timely start for physical therapy of home health patients dipped slightly in August but still is at/above the Washington State average.

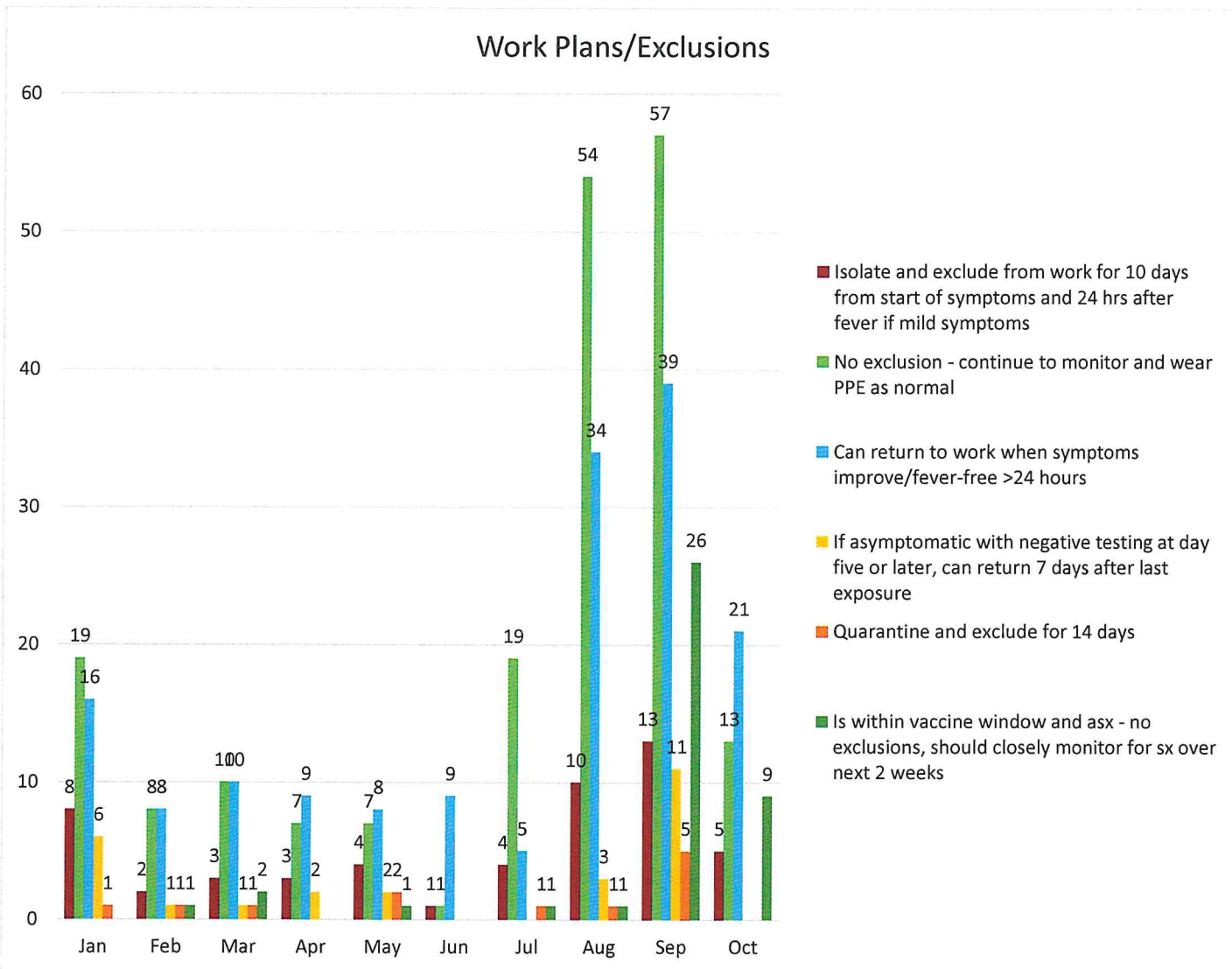
Summary of Improvement Opportunities

- Sepsis bundle includes many different things (labs, antibiotics, etc.). Two of three patients missed at least one of the components of the bundle.
- There continue to be opportunities in documenting follow-up for patients with restraints.

COVID Employee Health Report to the Board 2021.10



COVID Employee Health Report to the Board 2021.10

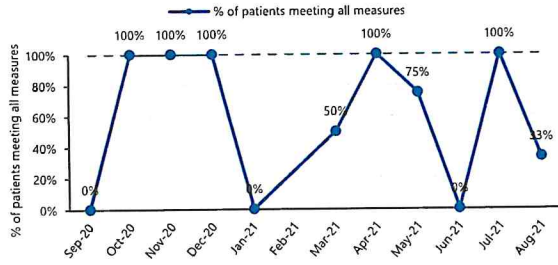


	PCR Tests Sent							PCR Results Received				Antibody			Vaccine
	COVID clinic	ED	UC	MS/CCU	Pre Op	Other	Total Sent	Negative	Positive	Indet.	Total Received	Antibody Tests Sent	Antibody Neg.	Antibody Pos.	Vaccine Given
Mar-20	278	52	11	17		42	400	352	9	1	362				
Apr-20	138	36	3	33		28	238	258	3	3	264				
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
Mar-21	1638	181	7	63	273	96	2258	2035	192		2227	5	4	1	7820
Apr-21	1579	220	28	68	286	104	2285	2019	269	2	2290	3	3		5799
May-21	1432	199	23	94	246	119	2113	1899	256		2155	12	8	4	3189
Jun-21	852	221	16	58	273	92	1512	1434	89	2	1525	10	7	2	746
Jul-21	887	211	33	84	242	140	1597	1457	97	2	1556	7	6	2	138
Aug-21	2803	309	41	51	275	184	3663	3156	392	2	3550	10	5	5	281
Sep-21	3680	296	40	70	131	175	4392	3705	606	17	4328	16	8	8	609
1-Oct	95	12	5	3	0	8	123	108	11		119	2			93
2-Oct	56	13	1	2	3	0	75	131	25		156		2		0
3-Oct	59	12	1	3	0	6	81	69	7		76				0
4-Oct	172	15	3	1	5	9	205	85	20	2	107	1			91
5-Oct	145	11	5	1	4	9	175	106	7		113	1		1	52
6-Oct	105	18	3	0	1	5	132	279	35		314		1		32
7-Oct	122	10	0	0	2	3	137	146	13		159				41
8-Oct	86	10	2	1	3	4	106	125	17		142	1			44
9-Oct	81	16	0	2	1	3	103	96	9		105			1	0
10-Oct	63	10	2	3	3	1	82	81	7		88				0
11-Oct	109	12	3	2	1	6	133	77	13		90				79
12-Oct	91	14	2	2	3	9	121	98	14	1	113				30
13-Oct	94	12	2	1	0	6	115	109	8		117				24
14-Oct	94	10	0	4	2	8	118	138	9	2	149				40

	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
15-Oct	88	10	0	4	1	6	109	102	11		113				23
16-Oct	53	8	0	1	2	3	67	92	14		106				0
17-Oct	52	9	5	2	4	1	73	63	8		71				0
18-Oct	102	15	2	6	3	5	133	84	10		94	1			32
19-Oct	91	15	3	4	1	7	121	109	15		124	2	1		22
20-Oct	74	8	3	1	2	5	93	97	13		110		2		19
TOTAL	30538	3609	364	1105	3600	2214	41430	37100	4090	167	41357	133	104	29	31021
										<i>PCR Pending Tests</i>			<i>Antibody Pending Tests</i>		
										73			0		

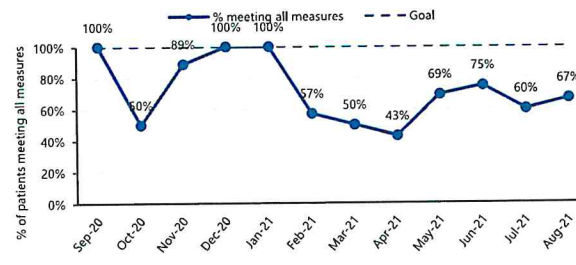
QI Council

Sepsis Bundle ↑



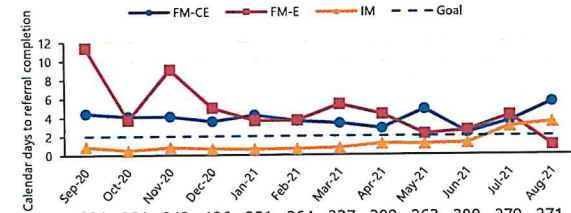
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Restraints ↑



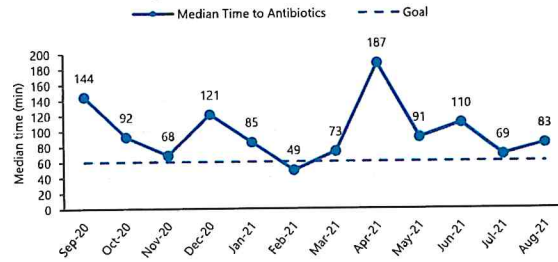
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Days to Referral Completion ↓



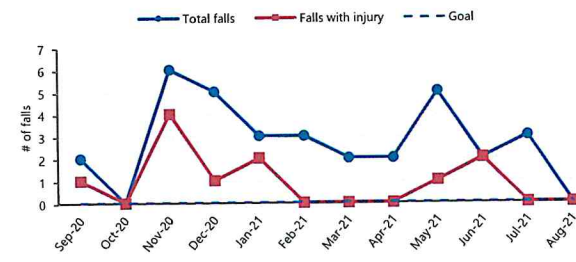
# of	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
221	251	242	196	251	264	337	309	263	280	279	271	
596	592	498	575	619	628	771	702	660	611	643	618	
198	203	239	232	205	232	315	244	310	246	282	215	

Sepsis Antibiotic Timing ↓

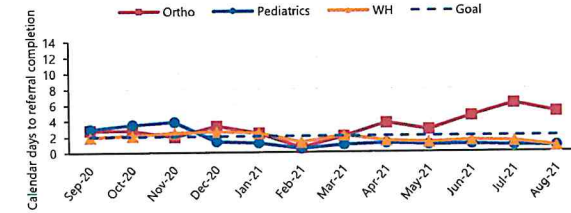


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Falls ↓

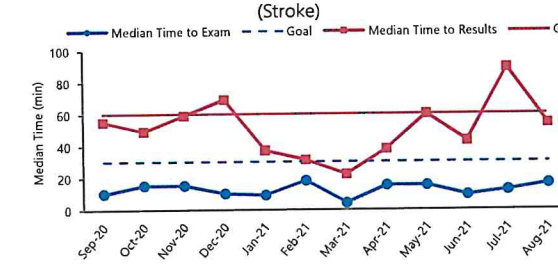


Days to Referral Completion ↓



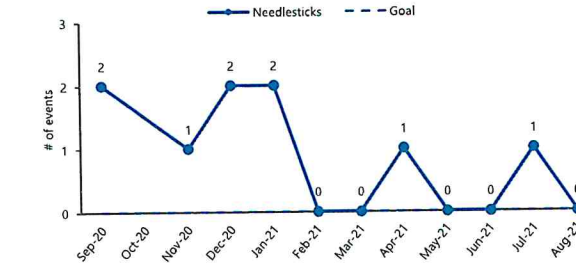
# of referrals	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
22	48	44	38	34	46	57	55	53	48	24	56	
94	109	83	71	70	97	105	83	78	81	81	85	
48	71	59	56	70	69	92	66	105	71	70		

Median Time to CT or MRI (Stroke) ↓

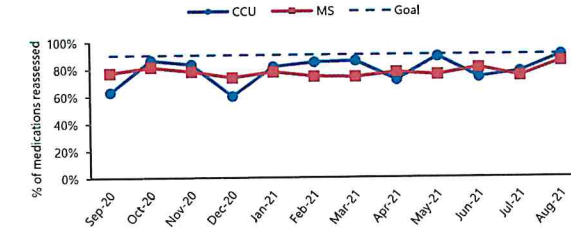


possible

Needlesticks ↓

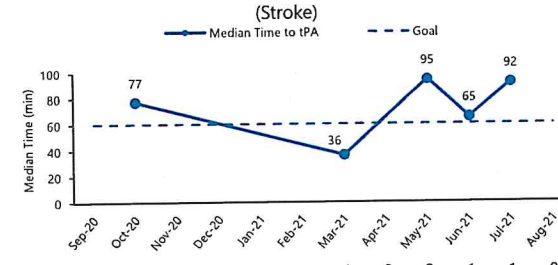


Pain Reassessment after Medication ↑



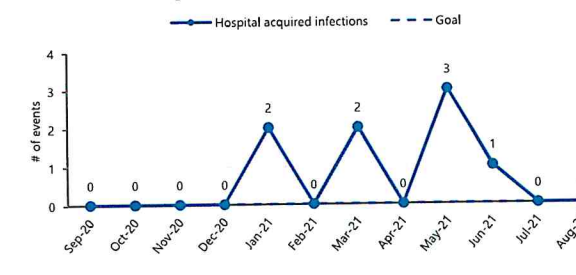
# of meds	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
CCU	51	29	83	104	107	45	186	84	105	124	84	173
MS	473	597	485	531	780	430	405	371	662	561	495	548

Median Time to tPA (Stroke) ↓

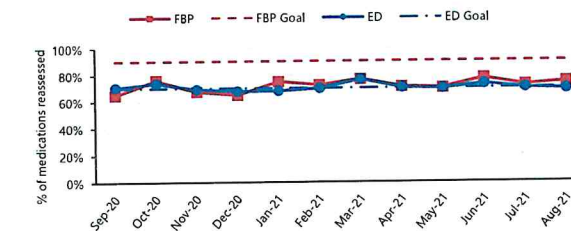


possible

Hospital Acquired Infections ↓

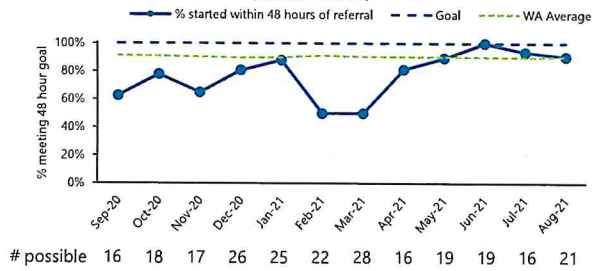


Pain Reassessment after Medication ↑

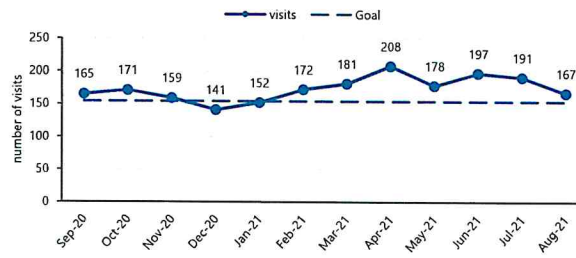


# of meds	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
FBP	147	220	175	190	215	274	179	223	183	274	185	238
ED	346	432	372	364	355	318	352	416	462	479	474	553

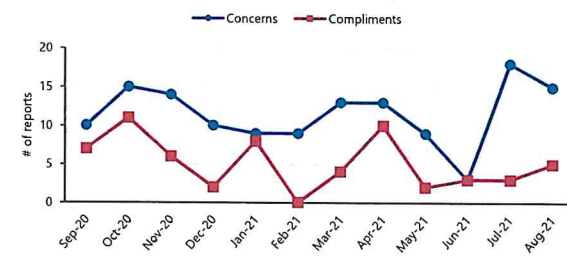
Timely Start for Physical Therapy (Home Health) ↑



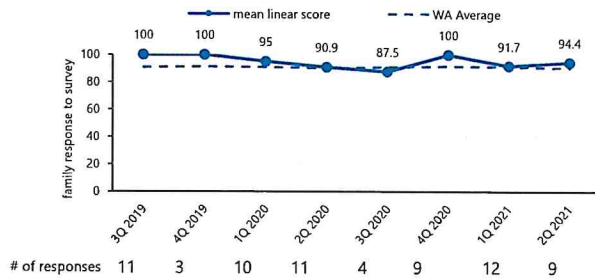
Medicare Wellness Visits ↑



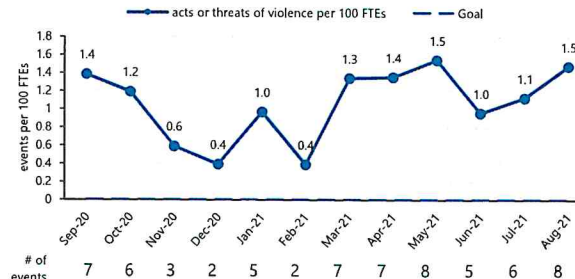
Care and Service Reports ↓



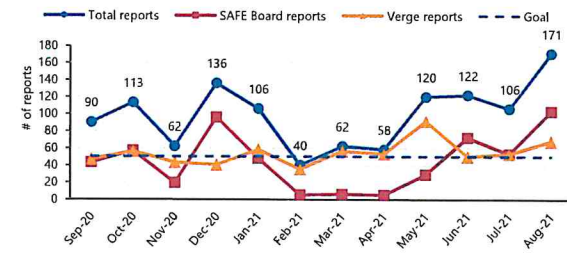
Hospice Pain Control ↑



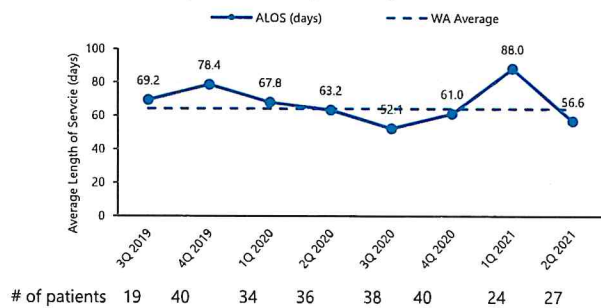
Workplace Violence Events ↓



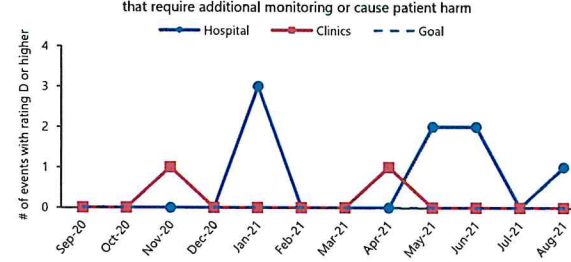
Employee Reports ↑



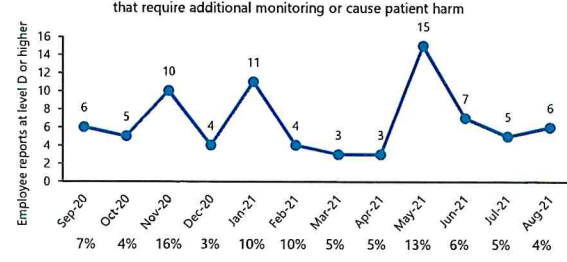
Hospice Average Length of Service ↑



Adverse Medication Events that require additional monitoring or cause patient harm ↓



Reports of Occurrences that require additional monitoring or cause patient harm ↓



Chief Executive Report October 2021

Thank You:

I know that Mandy is passing along the very positive responses and comments that she has been receiving on the retention bonus. I think it was just the right message to send especially the recognition that many part time and per diem employees are working additional shifts.

Rural Response to the Vaccine Mandate:

The Rural Collaborative called a brief meeting yesterday to discuss staffing. Several Collaborative members had signaled significant concerns about their ability to function after October 18th. Our experience was similar to most with a few terminations, some resignations and a handful of exemptions.

Booster Shots Staff, Clinics and Clinics:

About a third of the KVH staff eligible for COVID boosters have received the third shot. We will continue to offer the boosters both in Ellensburg and Cle Elum in our clinics. Employee vaccination clinics will be planned once a month. Planning at the county level is focused on the 5 – 11 pediatric roll out. Kathryn Brunner has ordered pediatric vaccine and we are prepared to assist and support the schools and Public Health with the county response.

Scheduled Procedures:

Amy Krogstadt and Vicky Machorro are pulling out all the stops to support the reopening of surgical services to scheduled procedures. Our ability to run our typical two rooms is being hampered by staff availability. Some staff are out on leave and others have moved into specialty care. We are actively seeking travelers to help support the permanent staff. October 25th will be our first scheduled day in over a month.

Debt Structure, Projects and the PEBB:

Scott Olander is beginning the discussion with our Finance Committee and Financial Sustainability group about financing our planned construction projects, namely the Surgery expansion. At the same time we are looking to reenter the PEBB which, as you know, comes with a bookkeeping liability of somewhere between \$6 and \$8 million dollars. Our financial consultants and underwriters are in the loop early this time.

Community Child Care Efforts:

KVH is participating on the Kittitas County Health Network childcare task force. Tricia Sinek and Mitchell Rhodes are lending their program development and funding expertise to the effort. We are operating on the principle that KVH will partner with childcare providers to improve access to high quality child care for our employees which will help the broader community's efforts to expand access as well.

Mitchell and Tricia are currently working on a grant with Happy Feet Academy, through the Network, to build a 70 child center to serve infants through preschool. Happy Feet Academy is a current childcare provider which is a requirement of the grant and they currently operate a 62 child center. The grant is through the Commerce Department with an award of up to \$1,000,000.

The grant would require a match of 25%. Depending on the timing, I may be requesting that the Board authorize Administration to support the grant with a commitment (should the grant be awarded) of \$250,000. In exchange, KVH has negotiated a ten year "right of first refusal" agreement for open daycare slots for our employees. Scott tells me that he is confident that he can expense this, if and when it occurs, as an employee benefit.

Human Resources & Staff Development- October 2021

September Metrics

<i>Employee Population</i>				
	<i>21-Sept</i>	<i>21-Aug</i>	<i>21-July</i>	<i>21-June</i>
Full-time	445	443	439	438
Part-time	129	127	125	122
Total Employees	676	674	665	661

<i>Turnover</i>			
	<i>YTD</i>	<i>21-Sept</i>	<i>2020 Year End</i>
Turnover (People)	108	23	102
Turnover (Percentage)	16.38%	3.4%	16.19%
Voluntary	99	19	97
Involuntary	9	4	5

<i>General Recruitment</i>				
	<i>21-Sept</i>	<i>21-Aug</i>	<i>21-July</i>	<i>21-June</i>
Open Postings	31	23	17	33
Unique Applications Received	166	143	163	168
Employees Hired	26	23	21	24
Time to Fill (Median)	39.5	33	23	26.5
Time to Fill (Average)	48.95	47.13	27.71	37.25

<i>Annual Evaluations</i>	
	YTD
Percent complete	78.7%
Total evaluations over due	135
# of employee evals over due	114
# of provider evals over due	21

Recruitment: We continue having higher openings than we've ever had in KVH history. We are partnering with schools from around Washington to go and visit their classes. We hope this additional visibility will help with our recruiting challenges. During a collaborative call with other hospital HR departments it was discussed that all hospitals are experiencing this level of staffing shortages. We will also be launching our re-recruitment program in the upcoming weeks. Our plan in to check in with all new hires to get feedback regarding their recruitment, onboarding, and orientation process with KVH.

Student and Volunteer Services: Currently we have 27 learners on-site. Of the 27 there are 9 Nursing students, 3 IV Tech students, 1 Pharmacy student, 3 Imaging Tech students, 3 Job Shadow students, 1 PA student, 1 Nurse Practitioner student, 5 Medical students, and 1 Family Medicine Resident. We have been helping to ensure adequate staffing to administer the COVID vaccine booster doses. The volunteers who helped at the mass vaccination clinics have offered to help again when 5-11 year olds receive approval to get the COVID vaccine. We also had our first volunteer start at the Medical Arts Center in a courtesy desk role. We recruiting more volunteers to support this site and the clinics located there.

Staff Development: We will continue to focus much of our time and attention on Staff Development for 2022. We are in development of an Employee Guidebook (similar to a handbook) and will be deploying that shortly. We are also working on certification pay and a preceptor-training program.

Leadership Development: We created a Leadership Development plan template for new leaders that we intend to launch in the coming weeks. We have a small group of new leaders that are ready to move through this new Development plan.

Benefits/Wellness: We unfortunately got some surprising news in mid-September regarding our benefits for 2022. Premera quoted us a 78% increase in rates, which was not only surprising to us but also our consultants, Parker Smith and Feek. Overall Premera has been a good partner, but we were disappointed in the late notice and extreme proposal. Parker, Smith, and Feek did a market analysis for us and it unfortunately left us with minimal options with a short time frame. We will be pursuing the PEBB as the most promising option and are working with our labor unions. We will be on a short time frame for open enrollment but will be getting information out quickly.

Employment Law/Regulatory: Vaccine Mandate: September is when most of our accommodation meetings for staff took place. We met with over 70 staff and ended up with 63 accommodation plans as of October 4, 2021. While these were challenging and escalated conversations in some cases, we also have been complimented many on our personalized approach to accommodations. We unfortunately had 7 staff members choose not to pursue accommodations with KVH to continue employment.

HR Operations: Our new HR Division Assistant, Rachelle, started towards the end of October. This is her first HR role and she graduated from CWU with her degree in Human Resources. We are excited to have her onboard and start teaching her the wonderful world of HR.



OPERATIONS REPORT

October 2021

PATIENT CARE OPERATIONS

Emergency Department / Urgent Care:

ED/UC Staff: We are currently able to staff to our approved matrix despite both RN and Patient Care Technician job openings. The ED is thankful for the surgical outpatient staff that have helped these last several weeks.

Crisis Case Managers:

Our first CCM started a couple of weeks ago and is off to a great start. The second CCM will start at the end of the month. This will give us seven day a week coverage to assist our Designated Crisis Responders and to help all of our patients with available resources in our community.

Last week staff attended the Washington State Emergency Nurses Association's Northwest Emergency Nursing Symposium. This day and half symposium was supposed to be held in Ellensburg, however, a tough decision was made to hold it virtually. Motivational speakers touched on working in the current emergency environment. We had updates from both national ENA and the WA State American College of Emergency Physicians. Breakout sessions included tough topics such as Suicide Prevention, and Human Trafficking, in addition presentations on Advocacy, Empathy and Resilience in nursing were uplifting. Of course, medical topics were included around stroke and sepsis best practices. Our own, Dr. John Asriel presented on Use of Buprenorphine in the ED.

Round #3-tent is coming down!!!

Food and Nutrition Services:

Food Service:

- In September, a new record was established for the number of patient meals produced. We recorded 1515 patient meals. The prior record was 1381 meals in January 2021. The year to date monthly average has been 1145 meals. The average in 2020 was 1015 meals.
- Staffing: Recently hired a 0.4 FTE diet aide after several months of having the position unfilled due to no applicants. Current open positions include per diem cook and per diem aide.
- Continue to become familiar and maximize the new point of sale system.
- Food costs are expected to increase in 2022 but not at the same rate of 2021.
- Café remodel continues to advance.

Clinical:

- Nothing new report other than the contract for virtual nutrition services with Snoqualmie Valley Hospital is proceeding well.

Diabetes and Nutrition Education:

- Referrals have been steady and consistent. Did not see the dip during the summer months that is typically seen in years past.

Medical Surgical Service:

Despite MS/CCU still having 4 RN FTEs vacant on the night shift we have been able to staff with agency and KVH staff. The stipend offered has been very effective in getting additional help for night shift. Our two agency nurses have started their rotations so some relief has been noted. Unfortunately we have had no applicants for these positions.

Census on MS and CCU have remained high with high acuity as well. It has been a great help to have additional support from the OR and SOP staff.

The remodel of the break room and visitor waiting room is almost complete and fully functional.

Surgical Services:

OR and SOP staff have been deployed to MS, CCU, ED and the COVID clinic. I have had good feedback from staff regarding their help. We will be reopening the operating rooms on 10/25 to elective surgical cases. Some days will be limited down to one room as we have had challenges recruiting RN staff. We are all looking forward to resuming surgery and taking care of our community members who have been waiting patiently during our closure.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

Covid-19:

The most recent weeks at the Covid Clinic are running at a lower volume, but we are still seeing a high rate of positive tests, 11-14%. On Monday October 18, we began providing accommodation testing at the Covid Clinic and KVH Lab for KVH staff and select contracted employees. We will transition weekend/holiday testing in Upper County to Urgent Care and test at FMC on Monday-Friday.

Home Health & Hospice:

The department is struggling with staffing changes. On October 1, our MSW left KVH to start her own counseling business. One RN has been on a prolonged FMLA and is officially retiring on October 29, and a Home Health Aide left on October 14 to join the MA Apprenticeship Program at Internal Medicine. Additionally, we lost three staff members related to Governor Inslee's vaccine mandate- our Clinical Nurse Manager, a Physical Therapy Assistant and a Patient Financial Specialist. One of our Physical Therapist is moving out of state and her last day with us will be December 3. In total we have

lost 8 staff members. Business Office Manager Michelle Sexton has taken on many of responsibilities such as day to day scheduling and I am spending the majority of my time working from the office. The staff are pulling together to provide care to patients but we recognize that if we have an RN or Therapy staff member on FMLA we may have to limit admissions onto our services. We have 2 RN's and 2 front office Patient Financial Specialists that have accommodation plans in place related to the vaccine mandate. In short, staffing at Home Health is very fragile even with recent month's volumes being down.

On a positive note, Rehab Visions and Home Health interviewed an excellent Occupational Therapist who is interested in working at Home Health. This position has been open for several years due to the retirement of long term employee. We have also interviewed a promising candidate for the Clinical Manager position.

Laboratory:

We have been able to hire a non-licensed staff member to observe covid-19 specimen collection which is helping to utilize our MLT's effectively but positions remain open for MLT's and phlebotomists. We are set to begin work on the lab expansion November 1.

We are working with Engineering and Clinic Leadership to utilize the former Northstar Lodge waiting room as a waiting room for the MAC Laboratory. We are hopeful this will alleviate congestion in the lobby and provide a more comfortable space for patients to wait.

Cardiopulmonary:

We have had a Respiratory Therapist out on a prolonged FMLA and Director Jim Allen has been covering her shifts clinically. Once she returns to work we plan to have Dr. Hoppe proctor more staff to perform cardiac stress tests independently so we will have coverage when Aldrin DiMalanta is on PTO. Dr. Hoppe has also approached us to begin training Aldrin to learn the role of a device technician to monitor battery depletion, identify component failure or lead malfunction, or turn off implantable heart devices such as pacemakers.

Pharmacy:

Director Nasser Basmeh arranged on site demonstrations of Pyxis and Omnicell Automated Dispensing Cabinets. Both vendors provided proposals for lease or purchase options. Nasser will be bringing this forward to the November Capital Committee for consideration.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

Surgery Scheduling:

As of October 11th, the clinics began scheduling surgeries and procedures for outpatient only beginning October 25th. We stay in constant communication with the surgery team in the hospital.

COVID Vaccine:

The clinics are keeping up with the demand for COVID vaccines for our patients. The average of vaccines during the week of October 4th was 50/day.

Flu Shots:

Workplace Health and Employee Health did a great job this year partnering to reach our employees with the flu shots. The traveling MA's made sure to hit the early, late and weekend shifts in the hospital as well.

Specialty Expansion in Cle Elum:

Our goal this year has been to expand needed services in Cle Elum. Beginning in March, Women's Health will be available to patients every Monday. Dr. Petty from General Surgery begins this month (October) one Friday a month. Cardiology is now available every Wednesday. Orthopedics is still available every Thursday.

MAC volunteer:

We will have a volunteer in the lobby of the MAC building beginning October 14th. This person is to meet and greet patients as they enter the building. The volumes of this building are high and this is an added level of service to assist patients in locating clinics, wheelchairs, masks, restrooms, etc.

Dermatology:

There is dermatology three days a week now! Dr. Oldenkamp has increased her time in the clinic. Julia Riel still spends a day a week in dermatology.

AIMS underway:

AIMS is the integrated behavioral health program through University of Washington. Dr. Merrill-Steskal, Angela, Auren O'Connell, Dr. Hibbs and I met with our practice coach with University of Washington AIMS Center for our first kick off call for Family Medicine Ellensburg. Since then, there have been a couple of follow up calls. This AIMS model is the same behavioral health integration model we successfully implemented in the first cohort in Family Medicine Cle Elum. Polly Sams will be joining FME as a Behavioral Health Care Manager. She has worked with KVH in the hospital for many years and we are thrilled to have her level of expertise joining us in the clinics.

Lots of Recruitment:

We have providers who have signed with Family Medicine Ellensburg (one NP and one PA), names will be released as soon as we can. Shelly Smeback, NP will be joining Vascular Surgery clinic in November. Another OB/GYN has signed a contract with Women's Health. Lots of recruiting for another PA or NP for Ortho. We have a couple interviews for more providers at Internal Medicine and one who toured this month. Ear, Nose, Throat and Allergy have two locum tenens covering this clinic. Dr. Bikhazi has already started this month and Dr. Rogotzke will pick up extra days in January.

YVCC:

We are partnering with Yakima Valley Community College in assisting with their RN students. We will have two students joining us, one at Women's Health and the other at Internal Medicine. These students are currently LPN students who live in this community and so we are hopeful this partnership will assist in future recruitment.

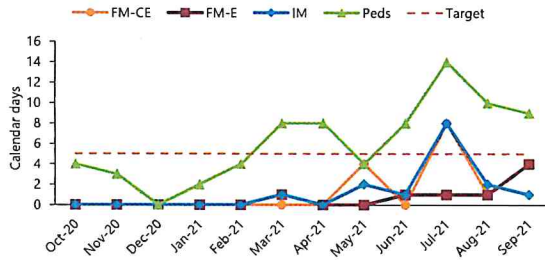
MA Apprentice Program:

Please help me welcome Rose Vick (Internal Medicine) and Nestor Robles (Pediatrics) our new MA apprentices! Plus, we have some celebrations coming up this month for Summer Storm and Joy Turpin – congratulations!

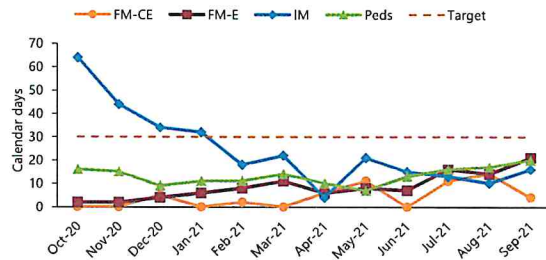
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

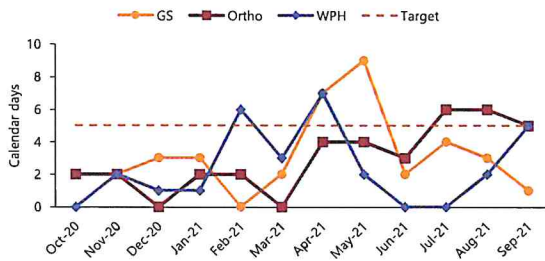
Third available appointment for established patients



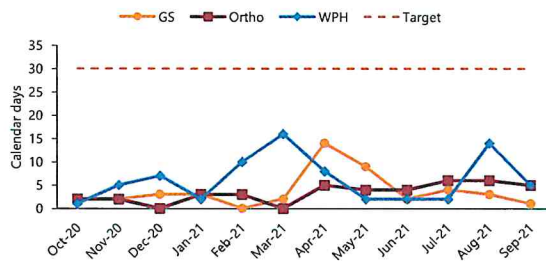
Third available appointment for new patients



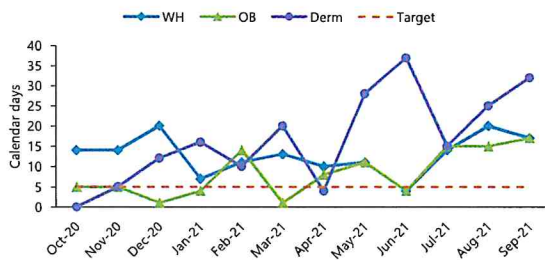
Third available appointment for established patients



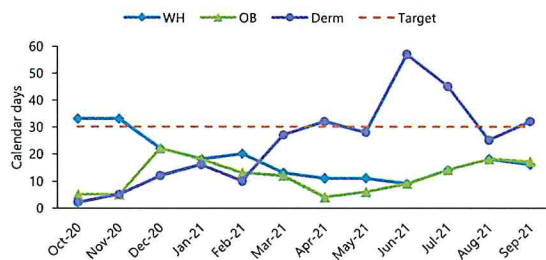
Third available appointment for new patients



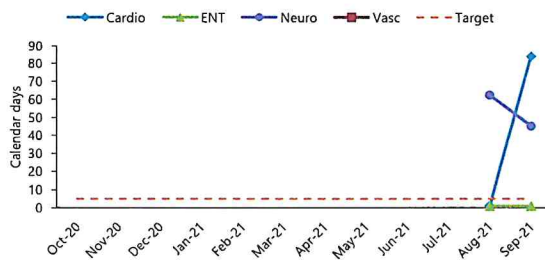
Third available appointment for established patients



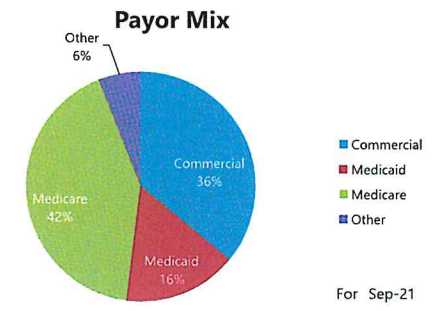
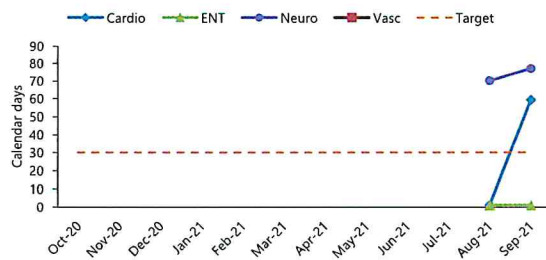
Third available appointment for new patients



Third available appointment for established patients



Third available appointment for new patients



NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date October 14, 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>
Adams, Lance, MD	Provisional/Active	Initial Appointment	RPG Hospitalist
Ali Idris, Amrou, MD	Provisional/Active	Initial Appointment	RPG Hospitalist
Bowen, Kristina, DO	Provisional/Active	Initial Appointment	CHCW
Gonzales, David, DO	Provisional/Active	Initial Appointment	RPG Hospitalist
Menon, Rejeesh, MD	Provisional/Active	Initial Appointment	RPG Hospitalist
Beachy, Ryan, PA-C	Provisional/AHP	Initial Appointment	KVH ED
Smeback, Michelle, ARNP	Provisional/AHP	Initial Appointment	KVH Vascular
O'Brien, Tim, MD	Active	Re-appointment	KVH General Surgery
Gustavson, Andrew, MD	Ambulatory	Re-appointment	KVH Neurology
Jackson, David, MD	Ambulatory	Re-appointment	KVH IM
Cox, Brian, MD	Associate	Re-appointment	Yakima Urology
Lauer, Eric, MD	Associate	Re-appointment	Yakima Urology
Lynam, Sheila, MD	Associate	Re-appointment	Incyte Pathology
Thorner, Daniel, DO	Associate	Re-appointment	Yakima Urology
Townsend, Dwight, MD	Associate	Re-appointment	ONRAD
Uhlman, Matthew, MD	Associate	Re-appointment	Yakima Urology
Witkosky, Michael, MD	Associate	Re-appointment	ONRAD
Dahl, Carissa, ARNP	AHP	Re-appointment	KVH FME

CHIEF MEDICAL OFFICER – Kevin Martin, MD

October 2021

Medical Staff Services:

- **Recruiting:**

- We have locum tenens coverage in place to sustain our ENT practice while we complete recruitment of a full-time provider.
- We have 18 permanent provider postings open in primary care and specialty fields. This large number reflects both work in support of our medical staff recruitment plan and FTE replacements.
- We have presented terms of employment to an internal medicine physician and have additional interviews upcoming.
- We have reached agreement with an OB/GYN physician that we expect to start in December.
- We interviewed 3 family medicine advanced practice clinicians and expect 1 to start in December and another in February.
- Additionally, Mitch Engel has coordinated interviews with locums tenens in ENT, OB/GYN, and pediatrics.

Medical Staff:

- We are currently presenting 7 initial appointment and 11 reappointments.
- We have 7 additional applications in process.
- We continue to work with RPG onboarding new providers. RPG has taken over staffing of our hospitalist service and is being well received. We now have a handful of physicians who have worked second assignments here.
- Work continues with MD Staff implementing new electronic application process.
- Work continues with our payer enrollment group cleaning up missing information.
- Sandra Frey, our payer enrollment specialist has been working to coordinate our internal communications and process between medical staff services and revenue cycle and draft training and standard work to guide us going forward.

CMO activities:

- **COVID-19 update:**

- Statewide and locally we are seeing fewer admissions for COVID-19. However, many hospitals remain quite full due to long lengths of stay. We are all somewhere between decompressing slowly and overflowing less rapidly. This continues to impact our ability to transfer to higher levels of care.
- Washington Department of Health has released new guidance on crisis standards of care (CSC), and as of this writing their intent and implementation of these has not been made widely known.

- **Community & Regional Partnerships:**

- The Regional Emergency Disaster Healthcare Coalition (REDi) Regional Triage Team (RTT) co-chairs meet every week to discuss readiness to stand up triage teams. We have resumed our call.
- The Rural Collaborative Physician Leadership Committee is scheduled to meet 9/20 and 10/18. On the agenda of both meetings was the possible evolution of the REDi RTT into an ethics consultation resource for rural hospitals statewide.

Respectfully submitted,

Kevin Martin, MD
Chief Medical Officer



CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

September Operating Results

- September inpatient volumes for the organization were exceptionally high. Patient days of 434 days exceeded budget by 88.3%. Outpatient hospital volumes trended lower because KVH made the decision in mid-September to postpone non-emergent surgical and GI procedures in order to free up staff to assist in caring for the high number of inpatients. September admissions of 88 exceeded budget by 11 admissions. Inpatient days of 434 exceeded budgeted days by 204 days. The ER, Urgent Care and laboratory had exceptionally high positive volume variances. In September, the lab did 4,392 Covid-19 tests, an increase of 706 tests from 3,686 Covid-19 tests performed in August.
- Gross revenue of \$16,786,307 exceeded budget by \$2,362,035. Inpatient revenue exceeded budget by \$1,188,921; outpatient revenue exceeded budget by \$867,824 and clinic professional fee revenue exceeded budget by \$305,290. The following departments had significant positive revenue variances in September. ICU by \$177,157; Med/Surg by \$281,775; laboratory by \$1,167,193; radiology by \$201,439; pharmacy by \$609,434; cardiopulmonary by \$115,799; ER by \$279,792 and urgent care by \$71,658. As expected, in September the surgery department had a large negative variance of \$446,259.
- In September deductions from revenue exceeded budget by \$561,801. Contractual adjustments were below budget by \$38,606 due to the revenue shift from the lower reimbursing outpatient revenue to the higher reimbursing inpatient revenue. Bad debt deductions exceeded budget by \$110,678. Financial assistance exceeded budget by \$59,908. Other deductions totaled \$569,904 and exceeded budget by \$429,820. Untimely billing accounted for \$456,131 of the total, Hospice adjustments for \$12,215, not medically necessary for \$43,369 and no prior authorization for \$33,740. As the AR clean up continues there will be more negative variances in expenses related to bad debt, financial assistance, timely billing and other deductions.
- September other operating revenue was below budget by \$142,277. 340B contract pharmacy and retail pharmacy rebates were below budget by \$76,387. Other non-departmental revenue and grants were below budget by \$43,181 accounting most of the negative variance.
- September expenses exceeded budget by \$1,941,656. Salaries exceeded budget by \$1,292,691 due to an accrual of \$1.2 million for retention payments. Other negative salary variances are as follows: ICU salaries exceeded their budget by \$48,681; Med/Surg salaries by \$33,984; Family Birth Place by \$26,219; ER salaries by \$33,665 and Environmental Services salaries by \$24,828. Temporary labor was over budget by

\$105,242. ICU accounted for \$34,575 of the variance, Med/Surg for \$15,343, surgery for \$19,435 and ER for \$25,932. Supply expenses exceeded budget by \$272,150. Laboratory accounted for \$69,259 of the variance, pharmacy for \$135,524, environmental service for \$39,049 and the clinics for \$20,303. Purchased Services exceeded budget by \$377,411. Laboratory exceeded their purchased services budget by \$133,401; IT by \$103,202; HIM by \$39,419 and the clinics by \$26,387.

- KVH posted operating loss of \$60,913 compared to a budgeted operating income of \$222,786; a negative variance of \$283,699. YTD operating income is \$8,241,658 compared to the budgeted operating income of \$1,887,859; a positive variance of \$6,353,799.
- Non-operating revenue/expense exceeded budget by \$1,090,226 because KVH recognized \$1.2 million in CARES Provider Relief Funds in September.
- KVH reported Net Income for September of \$1,080,370. YTD Net Income is \$11,055,450 compared to budget of \$2,347,440, a positive variance of \$8,708,010.
- Days in Accounts Receivable decreased 2.3 days from 66.4 days to 64.1 days. Gross accounts receivables decreased by \$1,446,573 from \$39,704,429 in August to \$38,257,856 in September. Total cash receipts from payers and patients totaled \$10,636,886. Total Cerner receipts for September were \$9,897,577; a very strong collection month.
- Days cash on hand increased 2.3 days to 211.5 days in September from 209.2 days in August. Actual cash and investments on hand increased by \$1,866,033 from \$53,086,137 in August to \$54,952,169 in September. Days cash on hand would have increased to over 215 days were it not for the impact of \$1.2 million retention accrual that was recorded.
- Receipts in September totaled \$10,636,886. Average daily cash collections per working day increased to \$506,518 in September from \$450,488 per working day in August.

Kittitas Valley Healthcare
 Financial and Operating Indicators Trend
 September 2021 - Key Statistics and Indicators

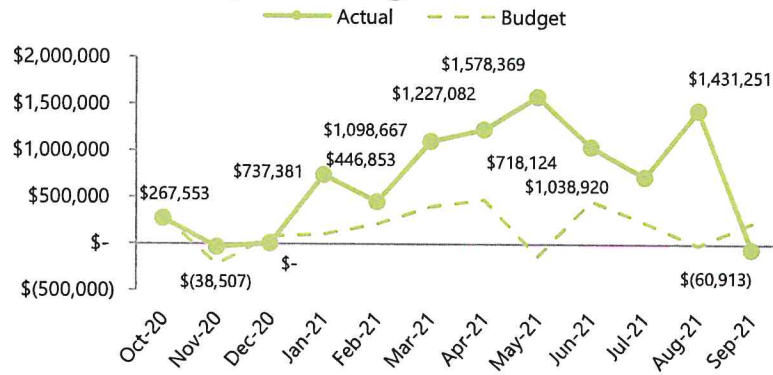
L	Measure	2021 YTD	2021 Budget	2021 Annualize	2020	2019	2018	2017	2016	2015	2014
1	Total Charges	150,186,875	174,017,958	200,799,302	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699
2	Net Revenue	82,475,905	95,045,342	110,269,982	89,252,245	83,527,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460
3	Operating Income	8,241,658	2,089,736	11,019,067	(32,269)	2,901,869	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	10.0%	2.2%	10.0%	0.0%	3.5%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Net Income	11,055,449.8	2,702,536	14,781,096	5,767,387	3,690,537	2,526,547	2,648,415	1,543,915	5,094,564	6,379,461
6	Net Margin %	13.4%	2.8%	13.4%	6.5%	4.4%	3.2%	3.7%	2.2%	7.3%	9.2%
7	Cash	54,952,169	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	211.5	178.5	NA	175.8	138.6	133.5	178.7	156.0	189.4	175.8
9	Surgeries	1,374	1,567	1,837	1,354	1,305	1,461	1,396	1,510	1,578	1,675
10	Gastrointestinal Procedures	1,039	1,400	1,389	1,211	1,416	1,250	1,383	1,396		
11	Emergency Visits	10,381	13,320	13,879	12,207	13,861	13,930	13,162	13,789	13,618	12,250
12	% ED visits To Bed	9.2%	10.0%	9.2%	10.1%	9.5%	n/a	n/a	n/a	n/a	n/a
13	Laboratory Tests	216,701	251,261	289,728	237,710	209,144	207,040	190,587	181,082		
14	Radiology Exams	24,013	30,831	32,105	29,338	30,397	30,843	33,836	33,471		
15	IP & Obs Days (no swing)	3,504	3,930	4,685	3,717	3,805	3,999	3,440	3,937	3,740	4,976
16	Deliveries	202	324	270	284	309	342	322	312	368	334
17	Admits w/Swing	685	912	916	860	941	984	899	1,043	1,299	1,433
18	Primary Clinic Visits	49,392		66,037	54,076	60,871					
19	Specialty Clinic Visits	13,382		17,892	12,807	11,840					
20	Telehealth Visits	1,083	3,595	1,448	3,793	-					
21	Total Clinic Visits	63,857	81,100	85,377	70,676	72,711	59,241	50,917	48,525		
22											
23	FTEs	526.9	540.2	NA	499.0	477.4	469.4	457.6	449.1	437.9	437.7
24	AR Days	66.4	70.0	NA	73.5	88.1	92.0	50.8	47.5	45.0	49.5
Normalize charges by adjusting for charge master increases:											
25	Normalized Charges to 2021		174,017,958	200,799,302	163,507,662	158,843,135	150,618,153	146,731,754	145,056,050	146,600,399	154,890,261
26	Operations Growth		6.43%	22.81%	2.94%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%
27	Operations Growth Exclude COVID Testing			17.09%	-0.54%						

Kittitas Valley Healthcare
September 2021 - Key Statistics and Indicators

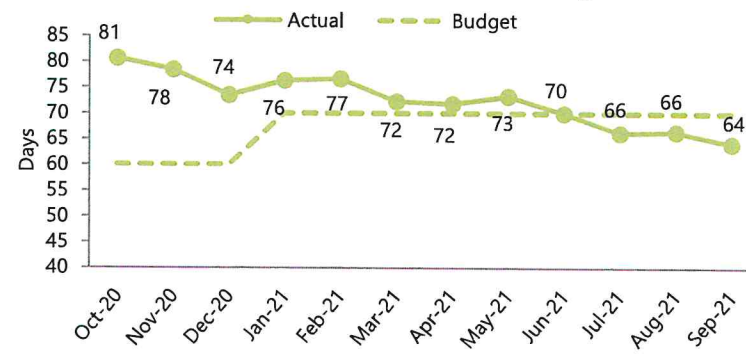
Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions w/Swingbed	88	77	14.5%	685	697	-1.8%	632	8.4%	01
02 Patient Days - W/O Newborn	434	230	88.3%	2,554	2,091	22.2%	1,942	31.6%	02
03 Patient Days - Swingbed	-	14	-100.0%	50	126	-60.3%	NA	NA	03
04 Avg Daily IP Census w/Swingbed	14.5	8.1	77.5%	9.5	8.1	17.5%	7.1	34.6%	04
05 Average Length of Stay	4.9	3.0	64.5%	3.7	3.0	24.4%	3.1	21.4%	05
06 Average Length of Stay w/Swingbed	4.9	3.2	55.1%	3.8	3.2	19.6%	3.1	23.8%	06
07 Deliveries	25	27	-6.0%	202	242	-16.5%	220	-8.2%	07
08 Case Mix Inpatient	1.20	1.00	20.4%	1.18	1.00	18.2%	1.01	17.0%	08
09 Surgery Minutes - Inpatient	1,898	2,272	-16.5%	22,048	20,617	6.9%	17,447	26.4%	09
10 Surgery Minutes - Outpatient	6,685	7,442	-10.2%	79,582	67,530	17.8%	55,347	43.8%	10
11 Surgery Procedures - Inpatient	16	20	-21.3%	180	184	-2.4%	153	17.6%	11
12 Surgery Procedures - Outpatient	86	109	-21.4%	1,194	992	20.3%	816	46.3%	12
13 Gastrointestinal Procedures	66	116	-43.0%	1,039	1,052	-1.2%	876	18.6%	13
14 ER Visits	1,273	1,058	20.3%	10,381	9,598	8.2%	9,062	14.6%	14
15 Urgent Care Cle Elum Visits	472	363	30.1%	3,526	3,291	7.2%	3,155	11.8%	15
16 Laboratory	25,607	20,807	23.1%	216,701	188,791	14.8%	168,226	28.8%	16
17 Radiology Exams	2,649	2,553	3.8%	24,013	23,163	3.7%	21,721	10.6%	17
18 Rehab Visit	1,702	1,586	7.3%	16,255	14,389	13.0%	11,430	42.2%	18
19 Outpatient Percent of Total Revenue	83.0%	88.5%	-6.2%	87.3%	88.5%	-1.3%	88.3%	-1.1%	19
20 Adjusted Patient Days	2,559	2,005	27.6%	20,138	18,183	10.7%	16,604	21.3%	20
21 Equivalent Observation Days	67	95	-29.6%	949	862	10.1%	778	22.1%	21
22 Avg Daily Obs Census	2.2	3.2	-29.6%	3.5	3.2	10.1%	2.8	22.1%	22
23 Home Care Visits	442	604	-26.9%	3,896	5,483	-28.9%	4,990	-21.9%	23
24 Hospice Days	559	709	-21.1%	6,068	6,449.5	-5.9%	6,035	0.5%	24
25 Primary Clinic Visits	5,294	6,531	-18.9%	49,392	59,113	-16.4%	51,043	-3.2%	25
26 Specialty Clinic Visits	1,264	-	0.0%	13,382	-	0.0%	-	0.0%	26
27 Telehealth Visits	89	298	-70.1%	1,083	2,701	-59.9%	2,679	NA	27
28 Total Clinic Visits	6,647	6,829	-2.7%	63,857	61,814	3.3%	53,722	18.9%	27
Financial Measures									
29 Salaries as % of Operating Revenue	55.0%	50.2%	-9.6%	45.0%	50.4%	10.6%	49.3%	-8.6%	29
30 Total Labor as % of Operating Revenue	64.6%	63.0%	-2.6%	56.3%	63.1%	10.8%	61.3%	-8.2%	30
31 Revenue Deduction %	44.6%	48.0%	7.1%	46.8%	48.0%	2.5%	48.3%	-3.0%	31
32 Operating Margin	-0.6%	2.8%		10.0%	2.6%		4.0%		32
Operating Measures									
33 Productive FTE's	472.7	478.2	1.2%	465.2	478.2	2.7%	436.9	6.5%	33
34 Non-Productive FTE's	74.1	62.0	-19.5%	61.7	62.0	0.5%	62.1	-0.6%	34
35 Paid FTE's	546.8	540.2	-1.2%	526.9	540.2	2.5%	499.0	5.6%	35
36 Operating Expense per Adj Pat Day	\$ 3,752	\$ 3,821	1.8%	\$ 3,686	\$ 3,827	3.7%	\$ 3,860	-4.5%	36
37 Operating Revenue per Adj Pat Day	\$ 3,728	\$ 3,932	-5.2%	\$ 4,096	\$ 3,931	4.2%	\$ 4,022	1.8%	37
38 A/R Days	64.1	70.0	8.4%	64.1	70.0	8.4%	77.4	-17.2%	38
39 Days Cash on Hand	211.5	178.5	18.5%	211.5	178.5	18.5%	174.7	21.1%	39

Financial Dashboard

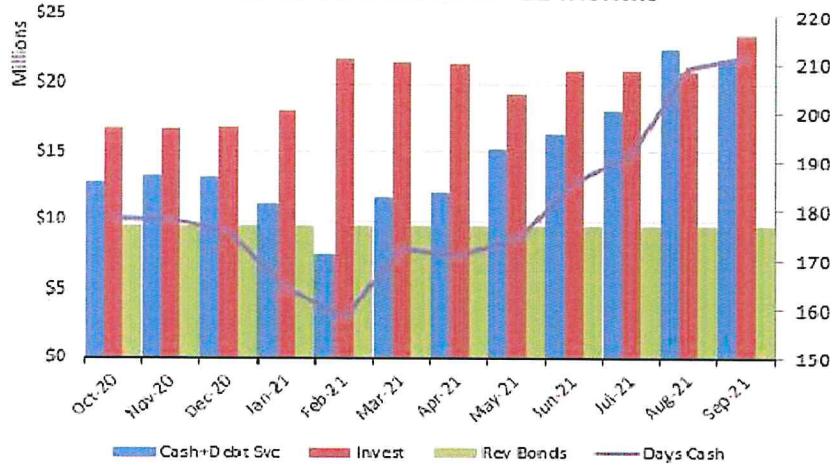
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2019	CY 2020	YTD 2021
Medicare	41.97%	39.42%	40.58%
Medicaid	18.72%	19.41%	18.98%
Commercial	32.81%	34.97%	34.78%
Self Pay	2.21%	2.66%	2.69%
Other	4.30%	3.55%	2.98%

Kittitas Valley Healthcare
Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	2,846,880	1,657,958	1,188,921	19,051,208	15,043,769	4,007,438	13,381,354
OUTPATIENT REVENUE	11,277,741	10,409,918	867,824	106,757,264	94,456,174	12,301,090	83,661,995
PROF FEE REVENUE	2,661,686	2,356,396	305,290	24,378,404	21,326,375	3,052,029	17,385,664
REVENUE	16,786,307	14,424,272	2,362,035	150,186,875	130,826,318	19,360,558	114,429,013
CONTRACTUALS	6,339,006	6,377,612	(38,606)	63,228,824	57,871,412	5,357,412	50,309,607
PROVISION FOR BAD DEBTS	421,194	310,516	110,678	3,756,149	2,809,748	946,401	2,435,235
FINANCIAL ASSISTANCE	153,992	94,083	59,908	1,103,873	851,230	252,643	745,997
OTHER DEDUCTIONS	569,904	140,083	429,820	2,235,336	1,267,421	967,915	1,768,717
DEDUCTIONS FROM REVENUE	7,484,096	6,922,295	561,801	70,324,182	62,799,810	7,524,371	55,259,556
NET PATIENT SERVICE REVENUE	9,302,211	7,501,977	1,800,234	79,862,694	68,026,508	11,836,186	59,169,457
OTHER OPERATING REVENUE	237,798	380,075	(142,277)	2,613,211	3,450,119	(836,908)	7,618,291
TOTAL OPERATING REVENUE	9,540,010	7,882,053	1,657,957	82,475,905	71,476,626	10,999,278	66,787,748
SALARIES	5,251,068	3,958,377	1,292,691	37,145,921	36,021,228	1,124,694	32,903,559
TEMPORARY LABOR	137,412	32,170	105,242	807,349	292,746	514,603	545,733
BENEFITS	911,957	1,006,729	(94,772)	9,297,304	9,113,752	183,553	8,069,623
PROFESSIONAL FEES	46,054	63,830	(17,776)	424,367	580,854	(156,487)	1,039,842
SUPPLIES	1,098,862	826,712	272,150	8,980,923	7,505,358	1,475,565	6,899,791
UTILITIES	107,165	88,912	18,253	878,564	833,550	45,014	771,593
PURCHASED SERVICES	1,330,022	952,611	377,411	10,140,125	8,660,899	1,479,226	7,930,294
DEPRECIATION	338,779	365,592	(26,813)	3,312,271	3,290,325	21,946	2,950,348
RENTS AND LEASES	99,010	120,008	(20,998)	939,492	1,080,075	(140,583)	1,019,191
INSURANCE	62,278	50,958	11,320	596,071	458,625	137,446	416,800
LICENSES & TAXES	70,124	68,532	1,591	698,402	621,838	76,564	583,547
INTEREST	51,458	51,683	(225)	463,121	465,150	(2,029)	489,139
TRAVEL & EDUCATION	26,123	25,057	1,066	162,006	226,703	(64,697)	183,152
OTHER DIRECT	70,610	48,095	22,515	388,330	437,664	(49,334)	287,563
EXPENSES	9,600,922	7,659,266	1,941,656	74,234,246	69,588,767	4,645,480	64,090,173
OPERATING INCOME (LOSS)	(60,913)	222,786	(283,699)	8,241,658	1,887,859	6,353,799	2,697,575
OPERATING MARGIN	-0.64%	2.83%	-17.11%	9.99%	2.64%	57.77%	4.04%
NON-OPERATING REV/EXP	1,141,282	51,056	1,090,226	2,813,792	459,581	2,354,211	307,633
NET INCOME (LOSS)	1,080,370	273,842	806,527	11,055,450	2,347,440	8,708,010	3,005,208
UNIT OPERATING INCOME							
HOSPITAL	(13,670)	367,821	(381,491)	8,925,773	3,280,937	5,644,836	4,524,445
URGENT CARE	42,714	(1,483)	44,197	89,454	(15,030)	104,484	(34,418)
CLINICS	(68,261)	(155,303)	87,042	(861,084)	(1,481,418)	620,334	(1,929,251)
HOME CARE COMBINED	(21,695)	11,751	(33,446)	87,515	103,370	(15,855)	136,798
OPERATING INCOME	(60,913)	222,786	(283,699)	8,241,658	1,887,859	6,353,799	2,697,575

Kittitas Valley Healthcare

COVID operations detail
Estimated, Year to date 2021

Organization, Net of COVID Related Operations

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD
Total Revenue	15,170,227	13,231,511	16,103,700	16,122,956	16,701,117	16,448,485	16,103,727	17,161,440	15,443,960	142,487,123
Total Deductions	7,392,445	5,895,379	7,554,973	7,394,400	7,424,469	8,033,297	7,698,779	8,394,791	6,839,769	66,628,301
Net Patient Service Revenue	7,777,782	7,336,132	8,548,728	8,728,556	9,276,648	8,415,189	8,404,948	8,766,649	8,604,191	75,858,822
Other Operating Revenue	134,763	327,111	425,374	353,280	240,769	310,804	266,572	316,740	237,798	2,613,211
Total Operating Revenue	7,912,544	7,663,243	8,974,102	9,081,836	9,517,418	8,725,993	8,671,520	9,083,389	8,841,989	78,472,033
Total Expense	7,020,269	6,905,216	7,561,201	7,783,843	7,844,392	7,498,825	7,880,835	7,632,372	8,855,479	68,982,432
Operating Income	892,276	758,026	1,412,901	1,297,993	1,673,026	1,227,168	790,685	1,451,017	(13,490)	9,489,602
Operating Margin %	11.28%	9.89%	15.74%	14.29%	17.58%	14.06%	9.12%	15.97%	-0.15%	12.09%

COVID Related Activity Estimates

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD
Total Revenue (COVID Lab Charges)	1,014,560	623,438	753,642	772,824	751,686	580,068	609,725	1,251,461	1,342,347	7,699,752
Total Deductions	486,989	299,250	361,748	370,956	360,809	278,433	292,668	600,701	644,327	3,695,881
Net Patient Service Revenue	527,571	324,188	391,894	401,869	390,877	301,636	317,057	650,760	698,021	4,003,871
Total Testing Expense	399,413	293,828	322,613	297,926	284,711	332,530	224,402	445,618	519,313	3,120,354
Total Other COVID Management Expense	283,053	341,533	357,591	174,854	200,822	157,354	165,216	224,907	226,130	2,131,461
CARES/Other Non-Operating Income	-	118,871	-	-	-	1,100,000	-	-	1,200,000	2,418,871

Combined, Organization Financials

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD
Total Revenue	16,184,787	13,854,949	16,857,343	16,895,781	17,452,803	17,028,553	16,713,452	18,412,901	16,786,307	150,186,875
Total Deductions	7,879,434	6,194,629	7,916,721	7,765,356	7,785,278	8,311,729	7,991,447	8,995,492	7,484,096	70,324,182
Net Patient Service Revenue	8,305,353	7,660,320	8,940,622	9,130,425	9,667,525	8,716,824	8,722,005	9,417,409	9,302,211	79,862,694
Other Operating Revenue	134,763	327,111	425,374	353,280	240,769	310,804	266,572	316,740	237,798	2,613,211
Total Operating Revenue	8,440,116	7,987,430	9,365,996	9,483,705	9,908,294	9,027,628	8,988,577	9,734,149	9,540,010	82,475,905
Total Expense	7,702,735	7,540,577	8,241,405	8,256,622	8,329,925	7,988,708	8,270,453	8,302,898	9,600,922	74,234,246
Operating Income	737,381	446,853	1,124,591	1,227,082	1,578,369	1,038,920	718,124	1,431,251	(60,913)	8,241,658
Operating Margin %	8.74%	5.59%	12.01%	12.94%	15.93%	11.51%	7.99%	14.70%	-0.64%	9.99%

09/30/2021

Kittitas Valley Healthcare Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	20,437,581	13,111,089	7,326,492
ACCOUNTS RECEIVABLE	38,257,856	38,670,560	(412,704)
ALLOWANCE FOR CONTRACTUAL	(27,828,115)	(26,628,109)	(1,200,006)
THIRD PARTY RECEIVABLE	1,000,000	1,000,300	(300)
OTHER RECEIVABLES	201,625	334,992	(133,367)
INVENTORY	2,018,456	1,779,361	239,095
PREPAIDS	959,646	767,063	192,584
INVESTMENT FOR DEBT SVC	1,292,329	954,770	337,559
CURRENT ASSETS	36,339,378	29,990,025	6,349,353
INVESTMENTS	33,222,259	26,786,385	6,435,874
PLANT PROPERTY EQUIPMENT & ROU ASSET	93,114,602	89,653,286	3,461,316
ACCUMULATED DEPRECIATION & ROU AMORT	(50,229,008)	(46,872,713)	(3,356,295)
NET PROPERTY, PLANT, & EQUIP	42,885,594	42,780,573	105,021
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	42,885,594	42,780,573	105,021
ASSETS	112,447,231	99,556,983	12,890,248
ACCOUNTS PAYABLE	1,310,182	1,438,500	(128,318)
ACCRUED PAYROLL	3,416,696	1,578,007	1,838,689
ACCRUED BENEFITS	838,966	332,413	506,553
ACCRUED VACATION PAYABLE	2,168,340	2,139,719	28,621
THIRD PARTY PAYABLES	2,547,000	700,000	1,847,000
CURRENT PORTION OF LONG TERM DEBT	1,053,427	1,673,992	(620,565)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	11,334,612	7,862,632	3,471,980
ACCRUED INTEREST	160,360	299,485	(139,125)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	2,377	0	2,377
DEFERRED REVENUE HOME HEALTH	56,959	66,950	(9,991)
DEFERRED OTHER	1,218,710	3,268,710	(2,050,000)
DEFERRED LIABILITIES	1,438,405	3,635,145	(2,196,740)
LTD RIGHT OF USE ASSETS	559,558	0	559,558
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	18,834,566	18,275,008	559,558
NONCURRENT LIABILITIES	20,272,971	21,910,153	(1,637,182)
LIABILITIES	31,607,583	29,772,784	1,834,799
FUND BALANCE	69,784,198	69,784,198	0
NET REVENUE OVER EXPENSES	11,055,450	(0)	11,055,450
FUND BALANCE	80,839,648	69,784,198	11,055,450
TOTAL LIABILITIES & FUND BALANCE	112,447,231	99,556,983	12,890,248

09/30/2021

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	11,055,450
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	3,356,295
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	14,411,745
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	1,612,710
OTHER RECEIVABLES	133,667
INVENTORIES	(239,095)
PREPAID EXPENSES & DEPOSITS	(192,584)
INVESTMENT FOR DEBT SVC	(337,559)
TOTAL CURRENT ASSETS	977,139
INVESTMENTS	(6,435,874)
PROPERTY, PLANT, & EQUIP.	(3,461,316)
OTHER ASSETS	0
TOTAL ASSETS	5,491,693
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(128,318)
ACCRUED SALARIES	1,838,689
ACCRUED EMPLOYEE BENEFITS	506,553
ACCRUED VACATIONS	28,621
COST REIMBURSEMENT PAYABLE	1,847,000
CURRENT MATURITIES OF LONG-TERM DEBT	(620,565)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	3,471,980
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(139,125)
DEFERRED OTHER	(2,050,000)
DEFERRED TAX COLLECTIONS	2,377
DEFERRED REVENUE - HOME HEALTH	(9,991)
TOTAL OTHER LIABILITIES	(2,196,740)
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	1,275,241
NET CHANGE IN CASH	6,766,934
BEGINNING CASH ON HAND	13,111,089
ENDING CASH ON HAND	19,878,023

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	Completed	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
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
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 Mental Health Integration	KVH	PCMH	UW/AIMS	\$245,000	Awarded	GCACH	Greater Columbia	Provides training and education for integrated mental health at FME
Capital Funding Request	District 2	Facilities	Washington State Legislature	\$761,080	Awarded			Capital Funding to assist in the construction of Station 99
Capital Funding Request	KVH	Facilities	Washington State Legislature	\$385,627	Awarded			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	Awarded	HRSA RCORP, HRSA Care Coordination	KCHN	KCHN is applying with a joint application with its partners to provide direct treatment services in the jail. Three year Contract
COVID-19 RHC Vaccine Funding	KVH	COVID	HHS	\$ 150,000	Awarded			Funding to assist in the COVID-19 Vaccination efforts

Rural Health Workforce Program	KCHN	Care Coordination	HRSA		Researching	HRSA Care Coordination	KCHN	Funding would help build the community para-medicine and community health workers programs
Early Learning Facilities Grant	Happy Feet Academy / KCHN / KVH	Child Care	Department of Commerce	\$20,000 - \$1,000,000	Researching	HRSA Care Coordination	KCHN	Funding would increase childcare capacity in our community

* 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: Imaging Service

Capital Item Requested: CT Machine

Function of Project: CT exams

Reason Requested: The lease on our current CT machine expires 12-14-2021. We can purchase this machine, sign another lease, or buy a new CT machine. This CT machine is five years old and has a life expectancy of another 5-10 years. We would like to purchase our current CT machine. There are not any image quality issues with this machine per our radiologist. This machine can be upgraded if cardiac CT's are needed in the future.

Budget: \$

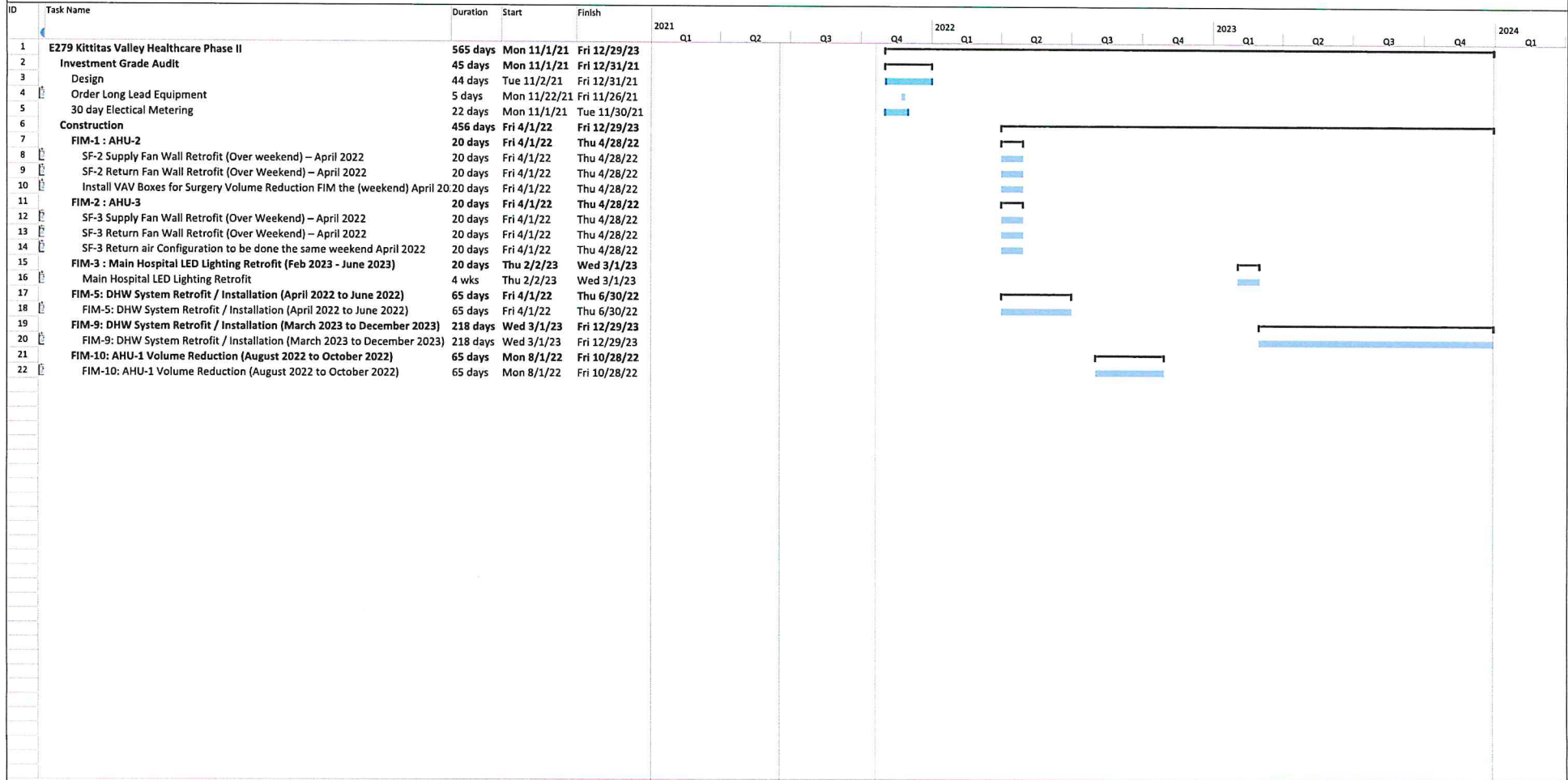
Actual Cost: \$196,986.71

Submitted By: Stacy Olea, Director-Diagnostic Services

Date: 10/28/2021



Kittitas Valley Healthcare Phase II



Task		Summary		External Milestone		Inactive Summary		Manual Summary Rollup		Finish-only		Manual Progress	
Split		Project Summary		Inactive Task		Manual Task		Manual Summary		Deadline		Progress	
Milestone		External Tasks		Inactive Milestone		Duration-only		Start-only		Progress			

ID	Task Name	Duration	Start	Finish	2021				2022				2023				2024	
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	

Task		Summary		External Milestone		Inactive Summary		Manual Summary Rollup		Finish-only		Manual Progress	
Split		Project Summary		Inactive Task		Manual Task		Manual Summary		Deadline			
Milestone		External Tasks		Inactive Milestone		Duration-only		Start-only		Progress			



STATE OF WASHINGTON
 DEPARTMENT OF ENTERPRISE SERVICES

1500 Jefferson St. SE, Olympia, WA 98501
 PO Box 41476, Olympia, WA 98504-1476

October 11, 2021

TO: Ron Urlacher, Kittitas Valley Hospital

FROM: Kim Obi, Contracts Specialist, (360) 407-8273

RE Agreement No. 2021-055 A (1), Amendment No. 1
 M&V Agreement No. 2021-055 B (2)
 Contract No. 2021-055 G (1-1)
 Phase 2 Mechanical & Lighting Upgrades

IAA No. K6330

Apollo Solutions Group

SUBJECT: Funding Approval

The Dept. of Enterprise Services (DES), Energy Program, requires funding approval for the above referenced contract documents. The amount required is as follows (see page 2 for funding detail):

ESCO Audit	\$ 83,350.00*
ESCO Professional Services Total	\$ 669,958.11
ESCO Measurement and Verification Total	\$ 15,120.85
ESCO Construction Total	\$ 2,112,222.04
DES Energy Program Project Management Services Total (IAA)	\$ 62,500.00
Total Funding	\$ 2,943,151.00

In accordance with the provisions of RCW 43.88, the signature affixed below certifies to the DES Energy Program that the above identified funds are appropriated, allotted or that funding will be obtained from other sources available to the using client/agency. The using/client agency bears the liability for any issues related to the funding for this project

By _____ Date _____
 Name / Title

Please sign and return this form to E&AS. If you have any questions, please call me.

Agreement No. 2021-055 A (1), Amendment No. 1
M&V Agreement No. 2021-055 B (2)
Contract No. 2021-055 G (1-1)

Funding Approval Detail

ESCO Professional Services

Energy Audit and Energy Services Proposal	\$	83,350.00
*Audit & Energy Services Proposal from Authorization 21-055 A (1)	\$	(83,350.00)
Design and Implementation of Energy Conservation Measures	\$	611,302.00
Apprenticeship Incentive	\$	923.36
Sales Tax (8.3%) (Includes tax on Audit proposal)	\$	57,732.75
Total	\$	669,958.11

ESCO Measurement and Verification

First Year Measurement & Verification	\$	13,962.00
Sales Tax (8.3%)	\$	1,158.85
Total	\$	15,120.85

ESCO Construction

ESCO Contract Amount	\$	1,865,490.00
Sales Tax (8.3%)	\$	154,835.67
Contingency Amount (with Tax)	\$	91,896.37
Total	\$	2,112,222.04

DES Energy Program Project Management Services

Project Management Fee from IAA No. K6330, Amendment No. 1	\$	62,500.00
Total	\$	62,500.00

Note: Items and dollar values shown in a lighter color shade have been approved via previous funding authorizations and are shown for informational purposes only.

2021055Gcontfundingko

State of Washington ENERGY PROGRAM Department of Enterprise Services P.O. Box 41476 Olympia, WA 98504-1476	INTERAGENCY AMENDMENT	
	IAA No.: K6330 Project No. 2021-055 Amendment No. 1	
KITTITAS VALLEY HEALTHCARE 603 South Chestnut St. Ellensburg, WA 98926	Date:	October 11, 2021

INTERAGENCY AMENDMENT

Between

KITTITAS VALLEY HEALTHCARE

And

WASHINGTON STATE DEPARTMENT OF ENTERPRISE SERVICES

The parties to this Amendment, the Department of Enterprise Services, Energy Program, hereinafter referred to as “DES”, and Kittitas Valley Healthcare, hereinafter referred to as the “CLIENT AGENCY”, hereby amend the Agreement as follows:

1. **TERM.** The term of the agreement commences November 6, 2019, and ending on **December 31, 2023** unless altered or amended as provided herein.
2. **STATEMENT OF WORK; COMPENSATION.** Energy Program shall provide the following services, for the following compensation, to Client Agency.
 - a. **SERVICES:** DES shall furnish the necessary personnel and services and otherwise do all things necessary for or incidental to the performance of the work set forth in Attachment “A” and Attachment “C”, attached hereto and incorporated herein by reference. Unless otherwise specified, DES shall be responsible for performing all fiscal and program responsibilities as set forth in Attachment “A” and Attachment “C”.

Energy/Utility Conservation projects shall be authorized by Amendment to this Agreement.

2a.1 Phase 2 Mechanical & Lighting Upgrades outlined in the Apollo Solutions Group Energy Services Proposal dated October 7, 2021. Project No. 2021-055

2a.2 Review of Measurement and Verification reports for the Phase 2 Mechanical & Lighting Upgrades outlined in the Apollo Solutions Group Energy Services Proposal dated October 7, 2021. Project No. 2021-055

- b. **COMPENSATION.** Compensation under this Agreement shall be by Amendment to this Agreement for each authorized project. Each Amendment will include a payment schedule for the specific project.
 - i. **Project Management Services (Attachment A):** For Project Management Services provided by DES, the CLIENT AGENCY will pay DES a Project Management Fee for

services based on the total project value per Project Management Fees Schedule set forth in Attachment “B”.

- ii. Termination Fee: If the CLIENT AGENCY after authorizing an investment grade audit and Energy Services Proposal, decides not to proceed with an Energy/Utility Conservation project that meets the CLIENT AGENCY’s cost effective criteria, then the CLIENT AGENCY will be charged a Termination Fee per Attachment “B”. The Termination Fee will be based on the estimated Total Project Value outlined in the Energy Audit and Energy Services Proposal prepared by the Energy Services Company (ESCO).
 - iii. Measurement & Verification Services (Attachment C): If measurement and verification services beyond the first three years following the Notice of Commencement of Energy Services are requested by the CLIENT AGENCY, and provided by DES under Attachment “C” of this Agreement, the CLIENT AGENCY will pay DES \$2,000.00 annually for each year that monitoring and verification services are provided.
- c. PAYMENT OF ESCO SERVICES. Compensation for services provided by the ESCO shall be paid directly to the ESCO by the CLIENT AGENCY, after DES has reviewed, recommended approval, and sent the invoices to the CLIENT AGENCY for payment.

2c.1 Energy Project Management Fee for the work described in Section 2a.1 is \$62,500.00. Anticipated billing date for this Amendment is February 1, 2023. Project No. 2021-055

2c.2 Measurement and Verification (M&V) Fee for the work described in Section 2a.2 is included in the project management fee for the first three years. Duration of the M&V period for this Amendment is one year. Anticipated M&V review date for this Amendment is March, 2024. Project No. 2021-055

The new total Agreement value is \$62,500.00.

Sections d. through e. terms and conditions of the original Agreement remain in full force and effect.

3. INVOICES; BILLING.

- a. BILLING PROCEDURE. Energy Program shall submit a single invoice to the CLIENT AGENCY upon substantial completion of each authorized project, unless a project specified a Special Billing Condition in the Amendment. Substantial completion of the project will include the delivery and acceptance of the notice of commencement of energy savings issued by the ESCO. Each invoice will clearly indicate that it is for the services rendered in performance under this Agreement and shall reflect this Agreement and Amendment number. Energy Program will invoice for any remaining services within 60 days of the expiration or termination of this Agreement.
- b. PAYMENT PROCEDURE. The CLIENT AGENCY shall pay all invoices received from the Energy Program within 90 days of receipt of properly executed invoice vouchers. The

CLIENT AGENCY shall notify DES in writing if the CLIENT AGENCY cannot pay an invoice within 90 days.

- c. BILLING DETAIL. Each invoice submitted to Client Agency by Energy Program shall include information as is necessary for Client Agency to determine the exact nature of all expenditures. At a minimum, the invoice shall reference this Agreement and include the following:
- The date(s) such services were provided
 - Brief description of the services provided
 - Total invoice amount

d. BILLING ADDRESS. Invoices shall be delivered to Client Agency electronically.

All sections above have been fully amended and are shown in their entirety.

All other terms and conditions of this Agreement remain in full force and effect. The requirements of RCW 39.34.030 are satisfied by the underlying Agreement and are incorporated by reference herein.

Each party signatory hereto, having first had the opportunity to read this Amendment and discuss the same with independent legal counsel, in execution of this document hereby mutually agree to all terms and conditions contained herein, and as incorporated by reference in the original Agreement.

Kittitas Valley Healthcare

**Department of Enterprise Services
Energy Program**

Title _____ Date _____

Doug Kilpatrick, PE
Energy Program Manager
Title _____ Date _____

K6330IAAamd1ko

ATTACHMENT A – SCOPE OF WORK

Energy/Utility Conservation Projects

PROJECT MANAGEMENT SERVICES

Statewide Energy Performance Contracting Program

Energy Program will provide the following project management services for each specific project for the CLIENT AGENCY. Each individual project shall be authorized by Amendment to this Agreement.

1. Assist the CLIENT AGENCY in the selection of an Energy Service Company (ESCO) consistent with the requirements of RCW 39.35A for local governments; or 39.35C for state agencies and school districts.
2. Assist in identifying potential energy/utility conservation measures and estimated cost savings.
3. Negotiate scope of work and fee for ESCO audit of the facility(s).
4. Assist in identifying appropriate project funding sources and assist with obtaining project funding.
5. Assist in negotiating the technical, financial and legal issues associated with the ESCO's Energy Services Proposal.
6. Review and recommend approval of ESCO energy/utility audits and Energy Services Proposals.
7. Provide assistance during the design, construction and commissioning processes.
8. Review and recommend approval of the ESCO's invoice vouchers for payment.
9. Assist with final project acceptance.
10. Provide other services as required to complete a successful energy performance contract.

ATTACHMENT B - Fee Schedule

2021-23 Interagency Reimbursement Costs
for Project Management Fees to Administer Energy/Utility Conservation Projects

<u>TOTAL PROJECT VALUE</u>	<u>PROJECT MANAGEMENT FEE</u>	<u>TERMINATION</u>
5,000,001.....6,000,000.....	\$68,800.....	25,700
4,000,001.....5,000,000.....	67,700.....	25,400
3,000,001.....4,000,000.....	66,700.....	25,000
2,000,001.....3,000,000.....	62,500.....	23,400
1,500,001.....2,000,000.....	58,300.....	21,800
1,000,001.....1,500,000.....	51,600.....	19,300
900,001. ... 1,000,000.....	43,800.....	16,400
800,001.....900,000.....	41,300.....	15,400
700,001.....800,000.....	38,300.....	14,400
600,001.....700,000.....	36,500.....	13,700
500,001.....600,000.....	33,800.....	12,600
400,001.....500,000.....	30,200.....	11,300
300,001.....400,000.....	25,800.....	9,700
200,001.....300,000.....	20,700.....	7,700
100,001.....200,000.....	14,400.....	5,400
50,001.....100,000.....	7,800.....	3,500
20,001.....50,000.....	4,200.....	2,000

The project management fee on projects over \$6,000,000 is 1.15% of the project cost. The maximum DES termination fee is \$25,700.

1. These fees cover project management services for energy/utility conservation projects managed by DES's Energy Program.
2. Termination fees cover the selection and project management costs associated with managing the ESCO's investment grade audit and energy service proposal. No termination fee will be charged unless the CLIENT AGENCY decides not to proceed to construction based on an energy services proposal that identifies projects that met the CLIENT AGENCY'S cost effectiveness criteria.
3. If the project meets the CLIENT AGENCY's cost effectiveness criteria and the CLIENT AGENCY decides not to move forward with a project, then the CLIENT AGENCY will be invoiced per Attachment B Termination or \$25,700.00 whichever is less. If the CLIENT AGENCY decides to proceed with the project then the Agreement will be amended per Attachment B for Project Management Fee.
4. If the audit fails to produce a project that meets the CLIENT AGENCY's established Cost Effectiveness Criteria, then there is no cost to the CLIENT AGENCY and no further obligation by the CLIENT AGENCY.

ATTACHMENT C – SCOPE OF WORK

Energy/Utility Conservation Projects

MEASUREMENT & VERIFICATION SERVICES

Statewide Energy Performance Contracting Program

If requested DES will provide the following measurement and verification services following the Notice of Commencement of Energy Savings by the ESCO for the specific Client Agency project:

1. Review the ESCO's annual Measurement and Verification (M&V) report for completeness and accuracy. Review any ESCO guarantee compared to reported results and resolve differences, if needed. Review and recommend approval of any ESCO invoice vouchers for payment by the Client Agency.
2. Where necessary, review Client Agency facility operations including any changes in operating hours, changes in square footage, additional energy consuming equipment and negotiate changes in baseline energy use with the ESCO and the Client Agency that may impact achieved energy savings.
3. Attend a meeting or meetings with the Client Agency and the ESCO to review and discuss the annual M&V report.

	KVH 2015	KVH 2016	KVH 2017	KVH 2018	KVH 2019	KVH 2020	KVH 2021 Projected	KVH 2021 W Debt \$15 M	KVH 2021 W PE88 Liability
Cash	7,562,436	6,633,207	2,807,873	3,268,227	4,488,811	13,111,089	19,413,581	19,413,581	19,413,581
Total Current Assets	18,762,149	18,414,485	15,242,521	27,150,386	26,929,983	29,990,026	35,315,378	42,454,193	35,454,193
Board Designated Cash	25,253,678	23,226,512	29,985,653	23,320,485	23,779,605	26,786,385	33,222,259	33,222,259	33,222,259
Total PPE	54,926,987	61,136,651	74,186,393	79,180,803	83,068,143	89,653,285	93,114,602	108,114,602	108,114,602
Less Accumulated Depreciation	32,843,587	35,481,023	37,256,103	40,721,064	42,573,204	46,872,713	50,229,008	50,229,008	50,229,008
NET PPE	22,083,400	25,655,628	36,930,290	38,459,739	40,494,939	42,780,572	42,885,594	57,885,594	57,885,594
CIP									
Total Assets	66,099,227	67,296,625	82,158,464	88,930,610	91,204,527	99,556,983	111,423,231	133,562,046	126,562,046
Total Current Liabilities	7,486,501	8,633,962	9,592,390	8,787,786	8,375,326	8,162,116	11,334,612	11,334,612	11,334,612
Total Deferred Credits	-	-	-	116,205	136,954	3,335,661	1,438,405	1,438,405	1,438,405
Total Long Term Debt	5,658,329	4,164,351	15,419,347	20,353,345	19,328,435	18,275,008	17,810,566	32,810,566	39,810,566
Total Equity	52,954,397	54,498,312	57,146,727	59,673,274	63,363,812	69,784,198	80,839,648	87,978,463	73,978,463
Total Assets	66,099,227	67,296,625	82,158,464	88,930,610	91,204,527	99,556,983	111,423,231	133,562,046	126,562,046
	0	0	0	0	0	0	0	0	0
Total Patient Service Revenue	\$ 119,500,425	\$ 125,025,454	\$ 131,421,485	\$ 140,104,003	\$ 152,675,063	\$ 160,301,629	\$ 200,249,167	\$ 220,274,084	\$ 220,274,084
Total Deductions from Revenue	51,601,292	54,197,767	60,805,066	64,247,316	72,978,266	75,496,336	93,765,576	\$ 103,142,134	\$ 103,142,134
Net Patient Service Revenue	67,899,133	70,827,687	70,616,419	75,856,687	79,696,797	84,805,293	106,483,591	117,131,950	117,131,950
Other Operating Revenue	500,716	499,559	739,064	2,897,122	3,831,172	5,099,952	3,484,281	\$ 3,832,709	\$ 3,832,709
Tax Revenue	1,315,000	1,330,557	1,412,214	1,481,572	12,569	-	-	-	-
Total Other Operating Revenue	1,815,716	1,830,116	2,151,278	4,378,694	3,843,741	5,099,952	3,484,281	3,832,709	3,832,709
Total Operating Revenue	69,714,849	72,657,803	72,767,697	80,235,381	83,540,538	89,905,245	109,967,872	120,964,659	120,964,659
Total Operating Expenses	66,068,984	71,512,727	70,910,495	78,279,690	80,626,100	89,284,511	98,978,995	113,825,844	\$ 120,825,844
Depreciation Expense	2,689,974	2,727,666	2,932,156	3,317,747	3,704,760	4,240,489	4,416,362	\$ 4,857,998	\$ 4,857,998
Total Operating Exp net of Depreciation	63,379,010	68,785,061	67,978,339	74,961,943	76,921,340	85,044,022	94,562,633	108,967,846	115,967,846
Net Revenue	\$ 5,094,564	\$ 1,543,915	\$ 2,648,415	\$ 2,526,547	\$ 3,690,537	\$ 620,734	\$ 10,988,877	\$ 7,138,815	\$ 138,815
Net Margin Including Tax Levy	7.31%	2.12%	3.64%	3.15%	4.42%	0.69%	9.99%	5.90%	0.11%
Net Margin w/o Tax Levy	5.42%	0.29%	1.70%	1.30%	4.40%	0.69%	9.99%	5.90%	0.11%
Cash and Investments	\$ 32,816,114	\$ 29,859,719	\$ 32,793,526	\$ 26,588,712	\$ 28,268,416	\$ 39,897,474	\$ 52,635,840	\$ 52,635,840	\$ 52,635,840
Average Daily Expenses	\$ 173,641	\$ 188,452	\$ 186,242	\$ 205,375	\$ 210,743	\$ 232,997	\$ 259,076	\$ 298,542	\$ 317,720
Days Cash on Hand	189	158	176	129	134	171	203	176	166
Debt to Equity	11%	8%	27%	34%	31%	26%	22%	37%	54%
Total Long Term Debt	\$ 5,658,329	\$ 4,164,351	\$ 15,419,347	\$ 20,353,345	\$ 19,328,435	\$ 18,304,435	\$ 17,810,566	\$ 32,810,566	\$ 39,810,566
Total Equity	\$ 52,954,397	\$ 54,498,312	\$ 57,146,727	\$ 59,673,274	\$ 63,363,812	\$ 69,784,198	\$ 80,839,648	\$ 95,117,278	\$ 74,117,278
Total Assets	\$ 66,099,227	\$ 67,296,625	\$ 82,158,464	\$ 88,930,610	\$ 91,204,527	\$ 99,556,983	\$ 111,423,231	\$ 133,562,046	\$ 126,562,046

Kittitas Valley Healthcare
 Employee Medical Plan Comparison
 For Meeting 10/15/2021

	Premera - Current	Premera - Yr 1 Renewal 55%	PEBB	PEBB	Premera - Yr2 Renewal 25%	PEBB Yr2 - 10%	Premera - Yr3 Renewal 15%	PEBB Yr 3 - 10%
	Core = Low Ded.	Flip Enrollment - CORE HSA plan	Flip Enrollment - CORE HSA plan	Core = Low Ded.	Flip Enrollment - CORE HSA plan	Flip Enrollment - CORE HSA plan	Flip Enrollment - CORE HSA plan	Flip Enrollment - CORE HSA plan
Medical Premium	5,971,346.00	8,923,605.00	6,424,795.00	6,918,292.00	11,154,506.25	7,067,274.50	12,827,682.19	7,774,001.95
HSA Funding	67,900.00	399,000.00	Included Med.	Included Med.	399,000.00	Included Med.	399,000.00	Included Med.
Dental Premium	532,167.00	566,754.00	507,225.00	507,225.00	603,593.01	540,194.63	642,826.56	575,307.28
Vision Premium	42,820.00	42,820.00	Included Med.	Included Med.	42,820.00	Included Med.	42,820.00	Included Med.
Total Cost	6,614,233.00	9,932,179.00	6,932,020.00	7,425,517.00	12,199,919.26	7,607,469.13	13,912,328.74	8,349,309.23
\$ Cost Difference			(3,000,159.00)			(4,592,450.14)		(5,563,019.52)

3 Year Additional Cost Premera (13,155,628.65)

% Increase to Current	
Premera Renewal 55%	50.16%
PEBB HSA Core	4.80%
PEBB Low Ded. Core	12.27%

Community Relations October 28, 2021 Board Report

Outreach activities:

- Employee forum 10/19/21 covering retention bonus, exemptions & accommodation testing, COVID updates and 2022 benefits

COVID-19 & Emergency Preparedness Activities:

- Incident Command activities for COVID 19
- Washington State and HHS required reporting
- COVID-19 daily reporting to WA State and HHS
- Preparation for, and communications around Pfizer booster vaccinations

Collaborations & Partnerships:

- KVH has partnered with KCHN to complete the 2021 Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). We are required to review and update this plan every 3 years. The plan is to bring preliminary results from the CHNA to the Board in November with adoption of the CHIP in December 2021.
- KVH sponsored the September 25 CWU football game. Thank you Matt for representing KVH at this event.

Miscellaneous

Interviews recently took place for our new Marketing and Communications Specialist who will focus on Digital Marketing (website and social media activities). We have some wonderful candidates and hope to extend an offer in the near future.

I was out of the office in early October to attend the 2021 Forum for Healthcare Strategists Summit. Sessions topics included things such as:

- Latest trends in MarTech
- Strategic Content Development: Impact on Patient Marketing
- Keeping patients Engaged: Becoming a trusted source of information
- AI's impact on influencing and engaging patients
- Integrating digital and marketing automation to grow service line utilization
- Modernizing patient communication and feedback

I look forward to working with our team to implement some of these new ideas at KVH.

Upcoming:

- TENTATIVE - KVH Employee Celebration – December 4 at CWU Ballroom

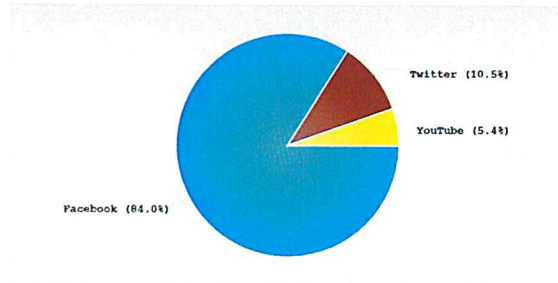
Social Network Usage – Past 30 days

Source: Archive Social

Social Network Usage
Tue Sep 21, 2021 - Thu Oct 21, 2021

Summary

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



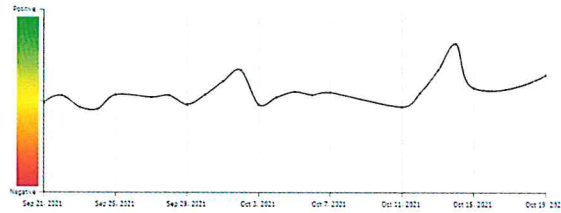
Source: Archive Social

General Sentiment Trend – Past 30 days

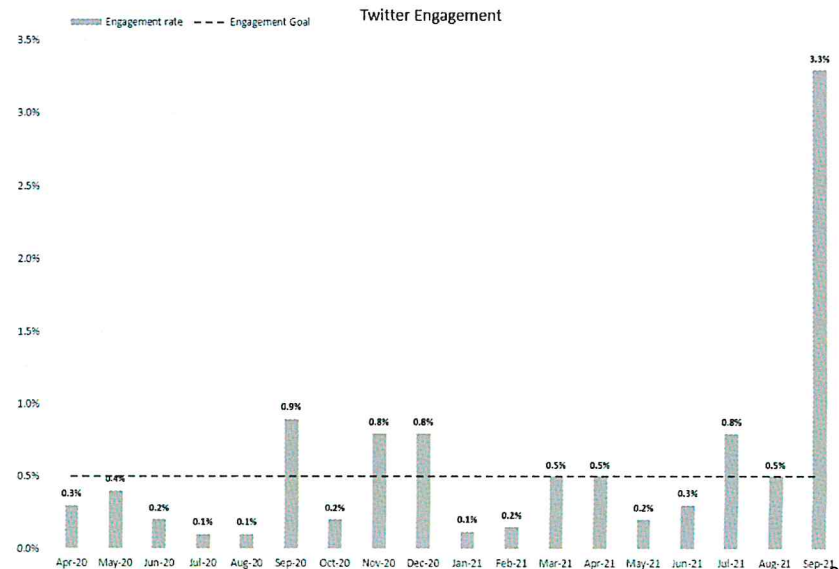
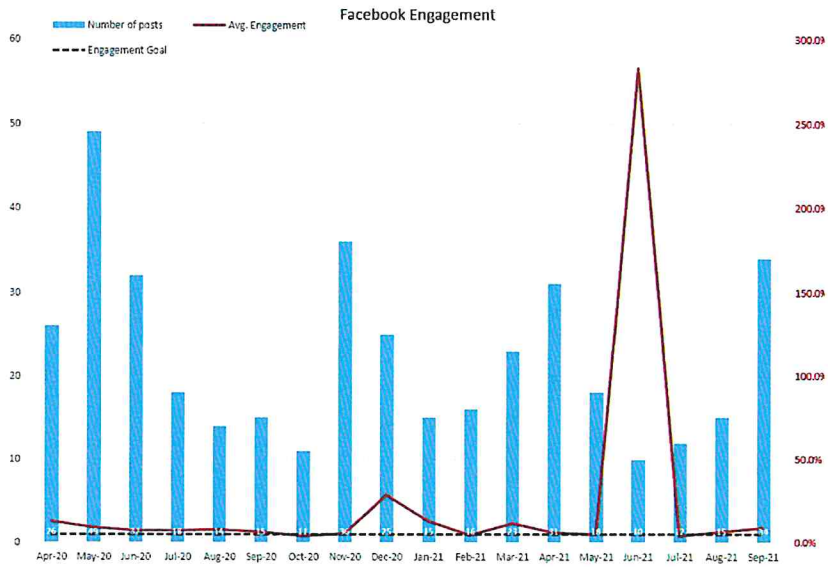
General Sentiment Trend
Tue Sep 21, 2021 - Thu Oct 21, 2021

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.



Engagement rates





KITTITAS VALLEY HEALTHCARE
BOARD OF COMMISSIONERS
2021 COMMITTEES & MEETINGS

Standing Board Committee	Meeting Schedule	2020 Members	2021 Members	Alternates
Quality Improvement Council	Bi-Monthly – 3 rd Monday at 3:00pm	Chair: Matt Altman Terry Clark	Chair: Matt Altman Terry Clark	<i>Erica Libenow</i>
Finance Committee	Monthly – Tuesday preceding Board Meeting at 7:30 am	Chair: Bob Davis Jon Ward	Chair: Bob Davis Jon Ward	<i>Matt Altman</i>
Strategic Planning Committee	Schedule to be determined	Bob Davis Erica Libenow	Bob Davis Erica Libenow	<i>Matt Altman</i>
Joint Districts Committee: Hospital Districts #1 & #2	Schedule to be determined	Erica Libenow Bob Davis	Erica Libenow Bob Davis	<i>Matt Altman</i>

Special Purpose Committees and/or Responsibilities	Meeting Schedule	2020 Members	2021 Members	Alternates
Medical Executive Committee – Board of Commissioners Liaison	Monthly – 2 nd Wednesday at 5:15 pm	Matt Altman Bob Davis	Matt Altman Bob Davis	<i>Erica Libenow</i>
The Foundation at KVH – Liaisons to Foundation’s Board	Bi-Monthly – 4 th Tuesday at 5:30 pm	Terry Clark	Terry Clark	<i>Erica Libenow</i>
Compliance Committee	Monthly - 2 nd Thursday at 3:30 pm	Jon Ward	Jon Ward	<i>Bob Davis</i>
Provider Values Alignment Committee	Monthly – 1 st Tuesday at 5:30 pm	Bob Davis Matt Altman	Bob Davis Matt Altman	<i>N/A</i>
CEO Evaluation Sub-Committee	Varies	Bob Davis Erica Libenow	Bob Davis Erica Libenow	<i>N/A</i>
Patient Family Advisory Committee (PFAC)	Quarterly	Erica Libenow	Erica Libenow	Terry Clark

Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2022

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Regular Meeting	27 5pm	24 5pm	24 5pm	28 5pm	26 5pm	23 5pm	28 5pm	25 5pm	22 5pm	27 5pm	12/1 5pm Special Meeting	1/5/23 5pm Special Meeting
Standing Items				Compliance Plan and Policies	Acceptance of Financial Audit			Approve Budget Assumptions (Operating & Capital)	Board Self-Evaluation	Plan Board Retreat Budget Hearing Annual CEO Evaluation Election of 2023 Officers Approve 2023 Board Committees 2023 Board Calendar	Approve 2023 Operating and Capital Budgets	Update 2022 Operating Budget 2023 QAPI Approval
Presentation Subject to Change												
EDUCATION, CONFERENCES & SPECIAL MEETINGS					5/18-5/20 Chelan Retreat							

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Events												
Board Finance	25 7:30am	22 7:30am	22 7:30am	26 7:30am	24 3:00pm	21 7:30am	26 7:30am	23 7:30am	20 7:30am	25 7:30am	11/29 7:30am	1/3 7:30am
MEC	12 5:15pm	9 5:15pm	9 5:15pm	13 5:15pm	11 5:15pm	8 5:15pm	13 5:15pm	10 5:15pm	14 5:15pm	12 5:15pm	9 5:15pm	14 5:15pm
QI Council		14 3:00pm		11 3:00pm		13 3:00pm		8 3:00pm		10 3:00pm		12 3:00pm
Foundation Board	25 5:30pm		29 5:30pm		24 5:30pm		26 5:30pm		27 5:30pm		15 5:30pm	
Compliance	13 3:30pm	10 3:30pm	10 3:30pm	14 3:30pm	12 3:30pm	9 3:30pm	14 3:30pm	11 3:30pm	8 3:30pm	13 3:30pm	10 3:30pm	8 3:30pm
Strategic Planning					5/18-5-20							
Joint Districts												
HD #2	17 6:30pm	21 6:30pm	21 6:30pm	18 6:30pm	16 6:30pm	20 6:30pm	18 6:30pm	15 6:30pm	19 6:30pm	17 6:30pm	21 6:30pm	19 6:30pm

Emerging Topics:

WRHC Initiatives
 Kittitas County Health Department
 WRHA
 ACO
 WSHA/AWPHD