



**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: 816-9386-9341 Passcode: 144915**

**March 24, 2022**

- 1. Call Regular Meeting to Order**
- 2. Approval of Agenda \*\***  
(Items to be pulled from the Consent Agenda) **(1-2)**
- 3. Consent Agenda \*\***
  - a. Minutes of Board Meetings: February 24, 2022 **(3-7)**
  - b. Approval of Checks **(8)**
  - c. Report: Foundation **(9)**
  - d. Minutes: Finance Committee **(10-11)**
  - e. Minutes: Quality Council: February 14, 2022 **(12-14)**
- 4. Public Comment and Announcements**
- 5. Presentations:**
  - a. Linda Navarre, Compliance Officer: 2021 Annual Compliance Report and 2021 Work Plan Outcome Report **(15-21)**
- 6. Reports and Dashboards**
  - a. Quality – Mandee Olsen, Chief Quality Officer **(22-33)**
  - b. Chief Executive Officer – Julie Petersen **(34-37)**
    - i. Authorization to purchase property \*\*
    - ii. Authorization of site improvement project \*\*
  - c. Operations **(38-43)**
    - i. Vicky Machorro, Chief Nursing Officer
    - ii. Rhonda Holden, Chief Ancillary Officer
    - iii. Dr. Jonathan Hibbs, Medical Director of Clinic Operations
      1. Introducing Stacy Olea, 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 \*\* **(44)**
    - ii. Reappointment Policy and Procedure \*\* **(45-46)**
    - iii. Initial Appointment Policy \*\* **(47-51)**
    - iv. Chief Medical Officer, Kevin Martin MD **(52-55)**
  - e. Finance – Chief Financial Officer - Scott Olander
    - i. Operations Report **(56-65)**



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- ii. Capital Expenditure Request: Colposcope x 2 – 1 basic and 1 with photo/video **(66)**
- f. Community Relations Report – Michele Wurl, Chief Public Relations Officer

**7. Education and Board Reports**

**8. Old Business**

- a. Joint Strategic Planning Meeting for Hospital District 1 and Hospital District 2

**9. New Business**

**10. Executive Session**

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

**11. Adjournment**

**Future Meetings**

April 28, 2022, Regular Meeting  
May 26, 2022, Regular Meeting

**Future Agenda Items**



**KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1**  
**BOARD OF COMMISSIONERS' REGULAR MEETING**  
**KVH Conference Room A & B & Via Zoom**  
**February 24, 2022**

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Manda Scott, Jeff Yamada, Jason Adler, Carrie Barr, Mandee Olsen, Ron Urlacher, Rhonda Holden, Dr. Jonathan Hibbs and Jennifer Mullins

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

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

**2. Approval of Agenda:**

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

**3. Consent Agenda:**

**ACTION:** On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the consent agenda. President Libenow stated she wanted to thank the Foundation for their support of the new blood pressure cuffs for the Family Birthing Place.

**4. Public Comment/Announcements:**

None

**5. Presentation:**

Julie Petersen, CEO stated that the conceptual designs are completed for the expansion project and that we are ready to start working on full construction documents. Petersen reviewed the site plan and where the addition would be built. Petersen stated this would allow for high efficiency for storage in materials management, bring the MRI inside, additional space for vascular and CT. Petersen reviewed the total project cost along with the debt schedules showing that we are able to do this project a number of ways including cash on hand versus adding additional debt. Commissioner Ward stated that a lot of thought has went into this project along with a lot of compromises from staff.

Petersen stated that she will be asking the board to approve the site improvement project at the March board meeting. Petersen stated that this project will refresh the exterior of the building and the landscaping as well as open up the entrance of the hospital and the installation of a digital sign.

**6. Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that they will be digging into the sepsis timing and the individual measures at QI Council.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that we have a tentative agreement with Teamsters for Central Sterile. Petersen reviewed the updated Paid Time Off (PTO) & Extended Illness Benefits Policy stating that the revision would allow employees at the highest rate an annual option to either continue to accrue at that highest rate or elect to have KVH contribute an additional two percent into their pretax retirement fund. Manda Scott stated that they would like to trial it and stated that it will be totally optional for employees.

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

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

**ACTION:** On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the initial appointments for Dr. John Beard, Zach Deffinbaugh, DNP, Robert Monsees, PA-C and the reappointments for Dr. Andrew Peet, Dr. Atul Patel, and Dr. Richard Roux, as recommended by the Medical Executive Committee.

**ACTION:** On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the Internal Medicine Privileges.

The Hospital Medicine Privileges will be brought back to the next board meeting for further discussion.

The Board members reviewed the Chief Medical Officer report.

Scott Olander reported on KVH's financial performance for January. Olander stated that the financials were better than expected with having elective surgeries being

postponed. Olander stated that FTE's are also down which reflects a positive variance on wages.

**ACTION:** On motion of Bob Davis and second of Jon Ward, the Board members unanimously approved the capital expenditure request for the DEXA Machine.

**ACTION:** On motion of Terry Clark and second of Bob Davis, the Board members unanimously approved the capital expenditure request for the Stryker Stretchers.

**ACTION:** On motion of Jon Ward and second of Matt Altman, the Board members unanimously approved the capital expenditure request for the Critical Care Ventilators.

**ACTION:** On motion of Bob Davis and second of Terry Clark, the Board members unanimously approved Resolution No. 22-02 to Surplus Property.

**ACTION:** On motion of Jon Ward and second of Matt Altman, the Board members unanimously approved Resolution No. 22-03 authorizing official intent to reimburse capital expenditures from proceeds of a future borrowing in connection with acquiring, constructing, and equipping improvements and renovations to the District's hospital and clinic facilities, including its information systems.

The Board members reviewed the Community Relations report.

**7. Education and Board Reports:**

Julie Petersen stated that the AHA Annual Meeting and the WSHA Leadership Summit are coming up and to please let Mandy Weed know if you would like to attend.

**8. Old Business:**

Commissioner Davis talked about the recent AHA Conference and stated that they talked a lot on cyber security and ransom ware. Petersen commented on the DEI presentation she attended.

**9. New Business:**

None

**10. Executive Session:**

At 7:38 p.m., President Libenow announced that there would be a 7-minute recess followed by a 45-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). Action was anticipated.

At 8:30 p.m., the meeting was reconvened into open session.

**ACTION:** On motion of Matt Altman and second of Bob Davis, the Board members unanimously approved authorization of administration to enter into negotiations for the two parcels as discussed for future development and expansion.

**11. Adjournment:**

With no further action and business, the meeting was adjourned at 8:34 p.m.

**CONCLUSIONS:**

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.
4. Motions passed to approve the capital expenditure request for the DEXA machine.
5. Motions passed to approve the capital expenditure request for the Stryker Stretchers.
6. Motions passed to approve the capital expenditure request for the Critical Care Ventilators.
7. Motions passed to approve Resolution No. 22-02 to Surplus Property.
8. Motions passed to approve Resolution No. 22-03 authorizing official intent to reimburse capital expenditures from proceeds of a future borrowing in connection with acquiring, constructing, and equipping improvements and renovations to the District's hospital and clinic facilities, including its information systems.

9. Motion passed to approve authorization of administration to enter into negotiations for the two parcels as discussed for future development and expansion.

Respectfully submitted,

Mandy Weed/Terry Clark  
Executive Assistant, Board of Commissioners

**DATE OF BOARD MEETING:** March 24, 2022

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

#1	AP CHECK NUMBERS	<u>281549-282371</u>	NET AMOUNT:	<u>\$5,332,626.93</u>
			SUB-TOTAL:	<u>\$5,332,626.93</u>

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

#1	PAYROLL CHECK NUMBERS	<u>81941-81945</u>	NET AMOUNT:	<u>\$5,606.31</u>
#2	PAYROLL CHECK NUMBERS	<u>81946-81953</u>	NET AMOUNT:	<u>\$6,275.74</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,370,222.16</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,340,443.05</u>
			SUB-TOTAL:	<u>\$2,722,547.26</u>

**TOTAL CHECKS & EFTs:** \$8,055,174.19

Prepared by

  
 \_\_\_\_\_  
 Sharoll Cummins  
 Staff Accountant





***Tough Enough to Wear Pink***

The Foundation has started preparations for our 2022 rodeo sales event in support of Tough Enough to Wear Pink. Plans for new merchandise, volunteer recruitment and publicity support from the Ellensburg Rodeo and the Cowboy Channel are underway.

***Planned Giving Campaign***

The Foundation is launching a planned giving campaign on our Facebook page promoting examples of types of planned gifts and ways they benefit the donor as well as The Foundation/KVH. Posts will run throughout the year directing donors to our offices for more information.

***Blue Band Initiative***

The Foundation worked with Family Birthing Place on our Blue Band initiative to improve maternal health and address pre-eclampsia last month. We with support from a donor, the Shoemaker Foundation, 60 blood pressure cuffs have been purchased for use by FBP thus fulfilling our Blue Band grant promise to create awareness and address pre-eclampsia.

Respectfully submitted,  
Laura Bobovski, Assistant  
The Foundation at KVH

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

**March 22, 2022**

*Tuesday*

**7:30 A.M.**

**Join Zoom Meeting**

**AGENDA**

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: February 22, 2022**
- **February Financial Highlights**
- **Capital Expenditure Update: Colposcope**
- **Landscaping discussion**
- **Adjourn**

**Next Meeting Scheduled: April 26, 2022 (*Tuesday*)**

Kittitas Valley Healthcare  
Audit & Finance Committee Meeting Minutes  
February 22, 2022

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

Members Excused: none

Staff Present: Kelli Goodian Delys, Jason Adler

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

Two motions were made, one to approve the agenda and one to approve the January 4, 2022 minutes. Both motions passed.

Olander presented the highlights of the January 2022 financial results. January was surprisingly good with elective procedures being stopped by the governor. Patient days broke 400, which went a long way to off-set the reduction in elective surgeries. The ER and the lab were busy. Radiology and Rehab were down. The revenue on the Statement of Revenue and Expenses corresponds with the statistics. Other operating revenue is down due to 340B revenue, which we do not expect to be as high as previous years. Expenses are less than budget except for contract staff. Supplies are less than budget which corresponds to the reduced surgery volume. Non-operating expense is due to investments being adjusted to market value. The month ended with operating income of \$359,445 and net income of \$92,282. AR Days went down .5 to 63.4. Days cash hand was 229.3 after bond interest and principal and interim cost report payments were made. The details are in the Chief Financial Officer Report.

The committee recommended moving forward to the Board of Commissioners the capital requests for: DEXA Machine, Stryker Stretchers (5) and Critical Care Ventilators (3). The committee also recommended the surplus list go to the Board of Commissioners.

The committee discussed a land purchase opportunity.

With no further business, the meeting was adjourned at 8:01 a.m.

<b>Quality Improvement Council</b>	<b>MEETING MINUTES</b>	<b>February 14, 2022</b>
<p><b>Present:</b> Mandee Olsen, Dr. O'Brien, Terry Clark, Julie Petersen, Jeff Yamada, Manda Scott, Ron Urlacher  <b>Guests:</b> Dr. Hibbs  <b>Recording Secretary:</b> Mandy Weed  <b>Minutes Reviewed by:</b> Mandee Olsen</p>		
<b><u>ITEM</u></b>	<b><u>DISCUSSION</u></b>	<b><u>ACTION ITEM/ RESPONSIBLE PARTY</u></b>
<ul style="list-style-type: none"> <li>Called to order</li> </ul>	<p>The meeting was called to order by Terry at 3:01 pm.</p>	
<ul style="list-style-type: none"> <li>Agenda &amp; Minutes</li> </ul>	<p>Mandee Olsen added Promoting Interoperability and MIPS Reporting to the agenda. The minutes were approved as presented.</p>	
<b>Reports:</b>		
<ul style="list-style-type: none"> <li>2021 Quality Improvement Dashboard Review</li> </ul>	<p><b>Handouts:</b> QI Council Dashboard</p> <p><b>Discussion:</b> Mandee reviewed the QI Dashboard and stated that the 3-hour sepsis bundle was actually at 100%; sepsis antibiotic timing is still up due to volumes in the ED; restraints fell out due to 1 hour that was missed; increase in falls and wondering if it Covid related by not having family/visitors in rooms with patients; no needle sticks; 1 hospital acquired infection, and workplace violence events are holding steady.</p>	<p>Falls team will look into falls to see if these are boarder patients or those waiting to transfer to nursing homes.</p>
<ul style="list-style-type: none"> <li>Patient Satisfaction and Dashboard Review</li> </ul>	<p><b>Handouts:</b> Patient Satisfaction Dashboard</p> <p><b>Discussion:</b> Mandee stated that ER numbers look really good, people must be really impressed with their care. FBP scores are lower most likely due to the visitation policy during the pandemic. ENT/Allergy is looking great and the clinics look pretty good especially considering how busy they have been.</p>	

<ul style="list-style-type: none"> <li>KVH Covid Data Review</li> </ul>	<p><b>Handouts:</b> Covid Surveillance Data</p> <p><b>Discussion:</b> Mandee stated that there has been a lot of strep and some influenza going around. We had less Covid admissions in January than back August and the majority of those admitted were not vaccinated. Mandee reviewed the Omicron deep dive data including the attack rate for KVH employees: unvaccinated population has had 35% infection, vaccinated at 25% infection, and 9% of boosted infected.</p>	
<b>Old Business</b>		
<ul style="list-style-type: none"> <li>DOH CAH Survey Plan of Correction Update</li> </ul>	<p><b>Handouts:</b> None</p> <p><b>Discussion:</b> Mandee stated that the survey is now closed and we are continuing to submit waivers and/or extensions for the two open items.</p>	
<ul style="list-style-type: none"> <li>Promoting Interoperability &amp; MIPS Reporting</li> </ul>	<p><b>Handouts:</b> None</p> <p><b>Discussion:</b> Mandee reported that Meaningful Use is now called Promoting Interoperability. Mandee also stated that the Hospital attestation for Promoting Interoperability was submitted on the 8<sup>th</sup> of February. For Eligible Clinicians, we applied for and received an exception for submitting the 2021 Promoting Interoperability data due to workloads. For MIPS Eligible Clinicians, we also have received an exemption, but can still submit data and will be deciding before the deadline if we will do so.</p>	
<b>New Business:</b>		
<ul style="list-style-type: none"> <li>2021 4<sup>th</sup> Quarter SAFE Catch Winner Selection</li> </ul>	<p><b>Handouts:</b> SAFE Catch Nominations</p> <p><b>Discussion:</b> The council reviewed all nominations and decided to present the awards to winners in their department.</p>	

	<p>3<sup>rd</sup> Quarter Clinical – Catherine Patnode, GNP, Carissa Dahl, ARNP, Genae Hughes, RN and Jessica Laukala for facilitating care and resources for a mom in need.</p> <p>3<sup>rd</sup> Quarter Non-Clinical – Kathy Armstrong, RN Med/Surg for investigating a weird smell.</p>	
<b>Closing:</b>		
<ul style="list-style-type: none"> <li>Adjourned at 4:02 pm</li> </ul>	<b>Next meeting April 11, 2022 at 3:00 p.m.</b>	

March 24, 2022

## **Compliance Program Annual Report- 2021**

The U.S. Department of Justice (DOJ) acknowledges healthcare business changes over time, including the environment in which it operates, the nature of its customers and the laws that govern its actions. The DOJ also states that a hallmark of an effective compliance program is its capacity to improve and evolve. This includes an ongoing assessment of new risks and utilization of resources to ensure reasonable actions were taken to support compliance and ethics programs.

I believe the 2021 COVID-19 mass vaccination events in Kittitas County are a perfect example of KVH demonstrating effective measures to meet new State and Federal compliance regulations and healthcare standards in a time of healthcare crisis. KVH used its process improvement expertise, collaboration with community partners and utilization of state and local resources to provide over 26,000 COVID-19 vaccination in the first 6 months of the year. Due to the risks for potential privacy and security breaches within the complexity of the COVID-19 vaccination process, multiple check processes were implemented within the system and process design. As always, KVH put our customers first and foremost to ensure quality service throughout their vaccination experience.

Below is a summary of additional steps taken in 2021 to mitigate compliance risks across the organization following the 7 principles of an effective compliance program delineated by the Office of Inspector General.

## **Compliance Program Structure: Our Performance of the Elements in 2021**

### **Element 1 - Written Policy & Procedures**

*Development and distribution of written standards of conduct, as well as written policies and procedures that promote KVH's commitment to compliance.*

#### **Activities:**

1. The Compliance Committee conducted an annual review of Compliance policies, procedures and supporting documents. Additional new policies were implemented to meet regulatory requirements.
  - 6 new and revised policies related to new HIPAA and Privacy regulation-21<sup>st</sup> Century Cures Act- Information Blocking
2. Select members of the Compliance Committee provided guidance on multiple organizational policies and tools that included privacy and compliance elements
  - 340B Program Policy
  - 340B Material Breach Policy
  - Work Place Health Privacy Policy/Procedure & Job Aid
  - Public Disclosure Requests for Security Video

### **Element 2 - Designation of a Compliance Officer and a Compliance Committee**

*Designation of a compliance officer and other appropriate committees, charged with the responsibility of operating and monitoring the Compliance Program, and who report directly to the CEO and the governing body.*

**Compliance Committee:**

1. Members: Chief Executive Officer Julie Petersen, Chief Ancillary Officer Rhonda Holden, Chief Medical Officer Dr. Kevin Martin, Board Representative Jon Ward, Privacy Officer/Health Information Management Director Cindy Kelly, Compliance Officer/Quality/Risk Management Coordinator Linda Navarre, Chief Quality Officer Mandee Olsen, Chief Information Officer Jeff Yamada, Chief Financial Officer Scott Olander, Revenue Cycle Management Director Tara Preciado, Chief of Clinic Operations Carrie Barr, Director of Human Resources Manda Scott.
  - Changes to the committee in 2021 include Tara Preciado as Director of Revenue Cycle Management
  - Members are highly committed to uphold the ethical and legal obligations for oversight of the Compliance Program
    - Each member has expertise in their field for a well-rounded level of knowledge within the committee.
    - Compliance Work Plan action items receive oversight by Committee members who recognize the importance of cross-departmental team work to support improved system and processes. Committee members work to reduce barriers of progress and advocate for necessary resources when needed
  
2. Scope: the Compliance Committee will work to ensure that all employees have the knowledge and resources necessary to help them do their work within the regulations that govern the healthcare business.
  - Compliance Committee meets monthly to support timely updates on improvement activities and reporting of newly identified risks. Standing agenda items included updates from our Privacy Officer, Revenue Cycle Management, Pharmacy 340B program and the Information Security Officer.
  - Sub-Committees:
    - 340B Team:
      - Members include Director of Pharmacy Services, Pharmacist and Pharmacy Technician representatives, Director of Revenue Cycle Management, Compliance Officer, Chief Ancillary Officer, Information Systems-Application Analyst and Medical Staff Coordinator
    - Privacy and Security Team
      - Members include Privacy Officer, HIM Applications Analyst, Compliance Officer and the Information Security Officer
      - Team meets monthly to address privacy and security issues
      - Activities include:
        - Policy development
        - Status reports on high risk HIPAA/Privacy investigations and cybersecurity threats
        - Updates on new privacy and security rules



- Identifying just in time education needs of staff and developing a plan of action to reach those most at risk of non-compliance

**Data:**

- 24 Compliance, Privacy/Security and 340B meetings
  - Occasionally, meetings were cancelled in 2021 due to leader participation in COVID-19 management activities
- 100% of Compliance Work Plan action items were initiated and monitored for ongoing improvement

**Element 3- Conducting Effective Training and Education**

*Proper education and training of KVH Board of Commissioners, officers, administrators, managers, employees, physicians and other health care professionals, and the continual retraining of current personnel at all levels, are significant elements of an effective compliance program. As part of a compliance program, KVH requires personnel to attend specific training on a periodic basis, including appropriate training in federal and state statutes, regulations and guidelines, and the policies of private payors, and training in corporate ethics, which emphasizes commitment to compliance with these legal requirements and policies.*

**Activities:**

1. Targeted education related to privacy, security and COVID-19 regulations through Announcements, Cross-Functional Huddles, Daily Huddles, Director and Provider Meetings
  - Accessing medical records- one point lessons
  - Appropriate use of secure text messaging SBAR
2. Annual education - Compliance and HIPAA/Privacy education
  - Annual assignment for all staff in the electronic learning system, Bizlibrary.
  - New trainings in 2021
    - i. 25 Privacy trainings specific to staff roles/departments
    - ii. Refresher training on how to access policies on the intranet
3. New employee/leader education
  - All new employees, leaders and providers receive compliance and privacy education upon hire.
  - New Employee Orientation (NEO) has a strong emphasis on privacy with examples of inappropriate access of medical records.
4. Compliance Officer education
  - Member of the Washington Rural Health Collaborative Compliance Committee.

**Data:**

- 100% new leaders received Compliance/HIPAA/Privacy education during orientation
- 84% KVH staff completed a Code of Conduct review
- 99% of staff, who completed the Bizlibrary training, acknowledged being aware that every employee is required to report any known or suspected violation of the KVH Code of Conduct
- 84% staff, who completed the Bizlibrary training, acknowledged being aware of multiple options for reporting a compliance concern
- 100% of staff assigned completed a review of the Fraud, Waste, & Abuse Prevention Program Policy
- 10 Washington Rural Health Collaborative Compliance Committee meetings attended via remote access.

**Element 4 - Developing Effective Lines of Communication**

*The maintenance of a process, such as a hotline, to receive complaints, to protect the anonymity of complainants, and to protect whistleblowers from retaliation.*

**Activities:**

1. Reducing barriers to reporting compliance concerns
  - Staff receive annual education reminding them of their responsibility to report compliance concerns and avenues for reporting. Currently, KVH has the following options for reporting compliance concerns: incident reporting system (Verge), anonymous hot line, compliance email, written notice, reporting up to their supervisor or Senior Leader. The Compliance Officer also has an open door policy to support just in time face to face reporting.
  - Visual reminders of the Compliance Hotline and compliance email are posted throughout the organization.
    - Directors/Managers are expected to ensure the Compliance Hot Line poster is posted at all times in a highly visible area.
  - Hotline calls signal an email queue to the Compliance Officer for prompt response.
  - KVH external and internal websites post the Compliance Hotline and compliance email address.
  - Compliance dashboard metric
    - Data- total # concerns reported/ total # substantiated/national average
      - Aggregated and reported quarterly
2. Non-Retaliation and Non-Retribution for Reporting Policy- this policy demonstrates KVH has a pathway to support staff reporting of compliance concerns and no tolerance for retaliatory behavior by leaders or fellow staff members.
  - New and established leaders educated to uphold our commitment to maintaining a culture that promotes the prevention, detection and resolution of incidents of conduct that do not conform to law, regulation, policies and procedure of KVH and KVH Code of Conduct. Harassment, retaliation or retribution of those reporting the concern will not be tolerated.

**Data:**

- 6 Compliance investigations
  - Reporting routes:
    - 0 Compliance Hotline calls
    - 1 [compliance@kvhealthcare.org](mailto:compliance@kvhealthcare.org) email
    - 3 Quality Department email
    - 2 other
- 100% Compliance investigations initiated within 2 business days
- 100% Reporters whose identify is known received feedback related to their concern.
- 50% of all reports were substantiated

**Element 5 - Enforcing Standards through Well-Publicized Disciplinary Guidelines**

*System to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or Federal Health Care Program requirements.*

**Activities:**

1. Standards enforcement through the following activities:

- Conflict of Interest Disclosure Statement - new and established leaders and providers received education on the importance of identifying and reporting potential conflict of interest.
- Human Resources provides leaders with education and resource tools to ensure consistency in discipline for any investigations that lead to employee corrective actions.

**Data:**

- 4 New leaders completed a Conflict of Interest Disclosure Statement.
- 9 Newly employed providers completed a Conflict of Interest Disclosure Statement.

**Element 6 - Auditing and Monitoring**

*Use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem area.*

**Activities:**

1. Revenue Cycle Management (RCM)

- Revenue Integrity- RCM daily work has many checks and balances in place to ensure compliant billing to our payors. In the last year, we have had no significant audits or audit findings.
- Throughout the year, the Revenue Cycle Management team adjusted to updates in compliant billing practices for COVID-19 testing and telehealth visits. The RCM team collaborated with the coding team to adjust our billing and coding practices to comply with the most recent set of regulations.

2. HIM coding

There were significant changes to the coding guidelines for the selection of clinic Evaluation and Management levels effective January 1, 2021. KVH initiated a coding audit in 2021 to evaluate our accuracy rate following the new coding guidelines. Findings reported out to providers and department leads. Overall findings were very good.

3. Human Resources

- Exit interview data can provide a wealth of information including potential areas of risk that former employees are willing to share after they leave employment. The exit interview questionnaire includes contact information for the CEO, Compliance Officer and other members of the Administration Team to encourage the sharing of successes or opportunities for improvement. Monitoring metrics includes mailing of exit interview questionnaire to all discharged employees and CEO review of all returned questionnaires.
- In 2021, Human Resources added a SurveyMonkey option for people to respond to exit interview questionnaires electronically
- GSA/OIG check on all employees

4. 340B Program audits

- The 340B Program has many system and process complexities that require ongoing auditing to ensure compliance with 340B regulations. KVH 340B auditing plan includes monthly provider, prescription, drug and clinic audits. An audit of 340B contracted pharmacies registrations is conducted annually. Monthly and annual audit targets were met in 2021.

- KVH Director of Pharmacy Services actively engaged in Washington Rural Health Pharmacy Committee.
5. Security
- The 2020 Annual Security Risk Analysis (SRA) audit of physical, technical and administrative safeguards was reported out in 2021. The SRA was conducted remotely due to pandemic travel restrictions. The objective of the SRA was to identify and implement safeguards that comply with the standards and implementation specifications in the Security Rule. Analysis of findings demonstrated KVH is trending in the right direction with significant increase in best practice measures to mitigate security risks. Jeff Yamada, Security Officer and Chief Information Officer, leads improvement actions based on the SRA findings and ongoing alerts of new security threats in healthcare. Privacy Auditing and Monitoring
6. KVH Privacy Officer followed Federal and State regulations in response to reports of privacy violations. When required, privacy breaches were reported following the Federal HIPAA breach notification rule.
7. Recall monitoring
- Department leaders respond to recall notifications and take action following recall notification guidance.

**Data:**

- 112 Exit Interviews mailed to employees who left their position in 2021
- 27 Exit Interviews received back from employees who left their position in 2021
  - 100% of Exit Interview were reviewed by Julie Petersen, KVH CEO
- 60 Privacy investigations with 7 reportable privacy breaches
- 5,704 Internal 340B claim audits in 2021. Audits included: clinics, providers, prescriptions and drugs
  - 47 audit findings required follow up actions
- 50 Recalls were evaluated to determine if we had the product/device in our inventory
  - 15 recalled products/devices required follow up actions

**Element 7 - Responding to Detected Offenses and Developing Corrective Action Initiatives**

*Investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.*

**Activities:**

1. Sanction screening - all new providers are screened to avoid employing individuals who are excluded or sanctioned from participating in federal healthcare programs. All privileged providers are screened through the Office of Inspector General excluded individuals or entities for federally-funded healthcare programs online monitoring site.
2. Vendor screenings- KVH Materials Management Director leads the credentialing program for vendors. This web-based program manages controls to meet compliance requirements for vendor representatives. The benefits of this program include increased patient safety and reducing risk by ensuring our vendors are compliant with our policies and regulatory screening requirements. Vendors screened through Symplr are identified in the facility with a visible badge. Engineering contracted vendors that support just-in-time repairs register with Engineering to receive their work badge.

**Data:**

- Staff and providers screened for sanctions and background checks
- Volunteers screened with background checks
- 339 Vendors visits screened through Symplr during onsite visits in 2021.
  - 57 distinct individuals.
  - 19 KVH Departments accessed by Symplr credentialed vendors.
  - 38 Companies credentialed through Symplr accessed KVH.

**Looking ahead:**

The Department of Health and Human Services Office of Civil Rights reported over 700 healthcare data breaches occurred in 2021. Cyber security will continue to be a high priority in 2022 to ensure physical and technical safeguards are in place to mitigate risks to our organization.



**QUALITY IMPROVEMENT REPORT – Mandeel Olsen, BSN RN CPHQ**  
**March, 2022**

**CMS QPP for Eligible Providers**

I shared with you last month that KVH had completed attestation submission to CMS for Hospital Promoting Interoperability (previously Meaningful Use). We have now submitted for the Quality Payment Program (QPP) for Eligible Providers. This includes some providers in both the hospital and clinic settings, and the penalties or incentives are applied to Medicare Part B billing. There are four sections:

- Quality
- Improvement Activities
- Promoting Interoperability
- Cost

We submitted our Quality data and attested to Improvement Activities. For Promoting Interoperability we accepted the COVID extreme circumstances waiver that all organizations were eligible for. CMS calculates cost without any submission on our part. We also submitted 3.6 bonus points. Our preliminary score appears to be 100%, so we are anticipating avoiding penalties, at a minimum, and potentially being awarded bonus for exceptional performance. We would expect to hear on final scoring by CMS sometime late summer.

Special thanks to Amy Diaz for digesting all of the regulatory information available, assessing and analyzing our performance on measures, gathering any needed documentation from improvement teams, and completing the actual submission.

**Masking at KVH Facilities**

In much of the community, the masking mandate lifted on March 12. However, masking remains required for all healthcare workers as part of [OSHA's Emergency Temporary Standard](#). This standard applies to everyone who works at any KVH location. Masking requirements also apply to patients and visitors in KVH facilities. Kudos to Marketing for all they have been doing to educate the public about this.

**COVID 19 Work**

Numbers of positive COVID cases have drastically improved since January/February, as have Employee Health calls. Please see the attached data regarding COVID surveillance and employee health data.

**DNV Preparedness**

DNV will be conducting their initial CAH Conditions of Participation survey with KVH sometime after May 31<sup>st</sup>. Although it does mainly apply to the hospital building and rehab services, the conditions apply to most support areas of the organization, including credentialing, contracts,



policies, human resources, education and competency, as well as the care services to the CAH settings. To prepare for this survey, I am initiating the following activities this spring:

- Leader/staff “study session” to review the DNV standards, identify gaps, and develop plans to meet the standards
- Additional documentation of improvement activities discussed at Quality Data Share and Quality Improvement Council meetings.
- Rounding with each senior leader to synchronize strategic, QAPI, and DNV plans. We will also be going to where the work happens to review processes, data, and improvement.

### **Quality Improvement Dashboard Data Summary – through January 2022**

This month’s dashboard has been updated to the 2022 QI Dashboard measures. A new glossary is attached. To summarize changes, from top to bottom, left to right:

- Removed Median Time to tPA
- Added Median Time to ECG
- Moved Restraints down one slot and moved Falls to second page middle bottom
- Added Blood Products Transfusion Bundle (back data coming soon)
- Removed Hospice Pain Control based on HHCAHPS survey data
- Added Home Health Improvement in Pain Interfering with Activity based on OASIS assessment
- Changed Medicare Wellness Visits to match Washington Rural Health Collaborative (WRHC) reporting - changing from raw number of visits to percentage of eligible traditional Medicare patients who have had visit on rolling 12 months basis. Goal was suggested by WRHC.

### **Summary of Areas Meeting Goal or Showing Improvement**

- The Median Time to Exam and Median Time to Results for CT or MRI for patients with stroke symptoms are both well below the goal.
- There were no Needlesticks in January.
- There were no Hospital Acquired Infections in January. However, total infections for 2021 were 15, which is higher than previous years. At the same time, total surgery numbers are up and those reportable to NHSN were down from 2021 (especially hips). Anna Scarlett IC/EH RN started additional surveillance of surgical chart (10/month) to look for variance from standard surgical site prevention practices. Have identified some opportunities with regulating body temperature and documentation of pre-procedure antiseptic baths. Anna is actively working with the Surgery Anesthesia Committee and Surgery Director Amy Krogstad on drilling deeper into causes.

## Summary of Improvement Opportunities

- Three of six patients with sepsis did not receive all care elements of the Sepsis Care Bundle. Most of the gaps were due to sepsis antibiotic timing, which is reflected in the much higher than average shown on the Sepsis Antibiotic Timing graph. Additional educational reviews will be done with care departments.
- There were six patients who had chest pain that were admitted or transferred to another hospital. Of those, the Median Time to ECG was 17 minutes, which is higher than the goal of 10 minutes. Although this is a new measure to the dashboard, it is something that has continued to be monitored and is now included here to improve performance. Trauma/Cardiac/Stroke Coordinator Cody Staub and QI RN Bonnie Gibson have been working to identify preliminary improvement activities.
- Blood Product Documentation is a new measure on the dashboard. Denominator is all units given, numerator whether all measures met (1). Previous improvement work includes: renewed frequency and membership on blood committee, sub-committee developed to initiate improvements, improved chart review (increased and refined measures, daily review), tracked in Smartsheet to facilitate staff reviews, failures sent to staff and real-time corrections when appropriate, education to staff and providers, and order/order set revision to improve ease of use and access to resources for clinician. For blood products, the most frequently missing documentation is not about the blood product orders or administration, but patient vital signs being documented within 15 minutes.
- Restraints worsened after much improvement. Training provided to RNs/providers. Discussion of whether highest COVID and non-COVID admissions thus far, and record staff illness, had anything to do with decreases in documentation completion.
- There were two patient falls in January; one resulted in injury.

## Patient Stories

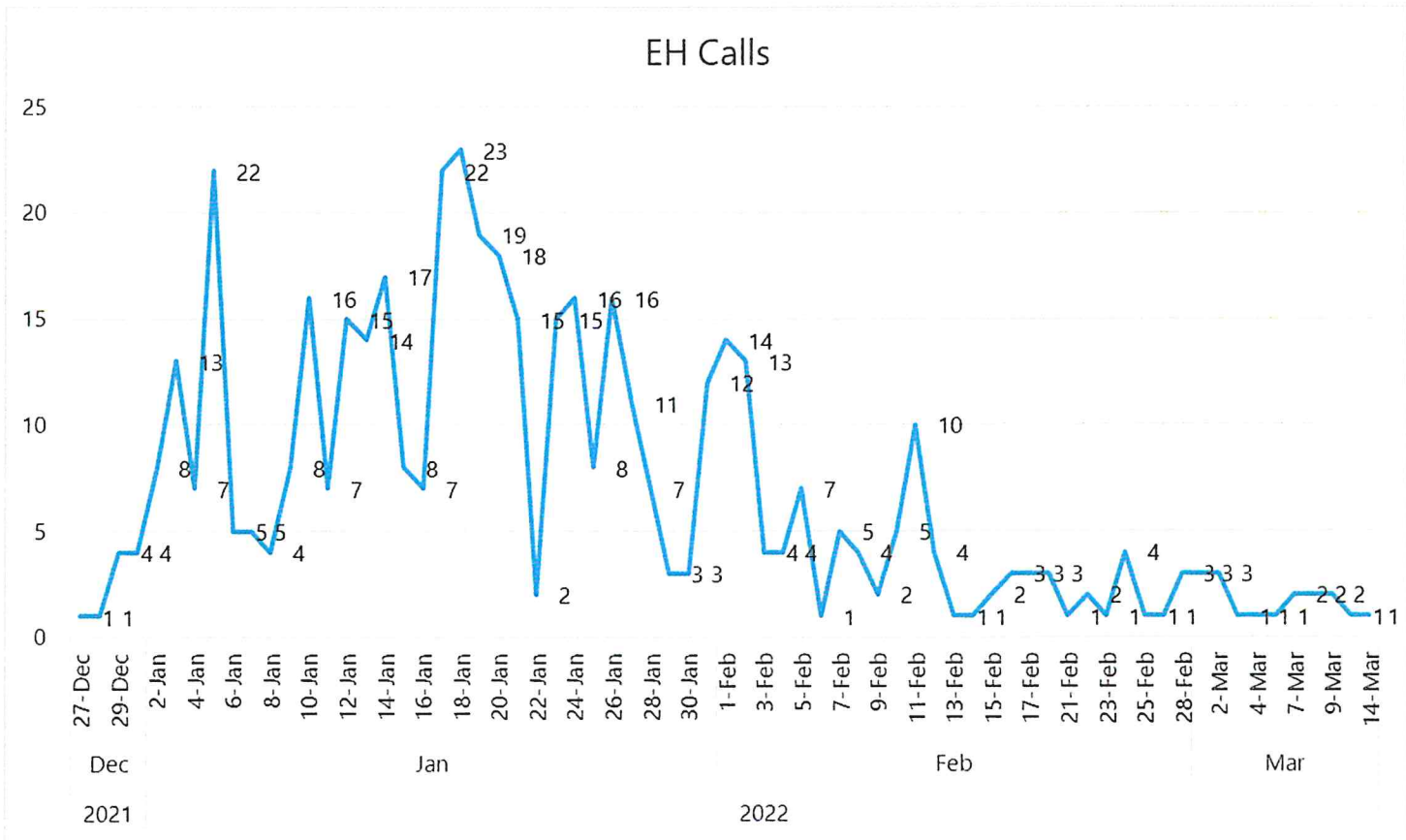
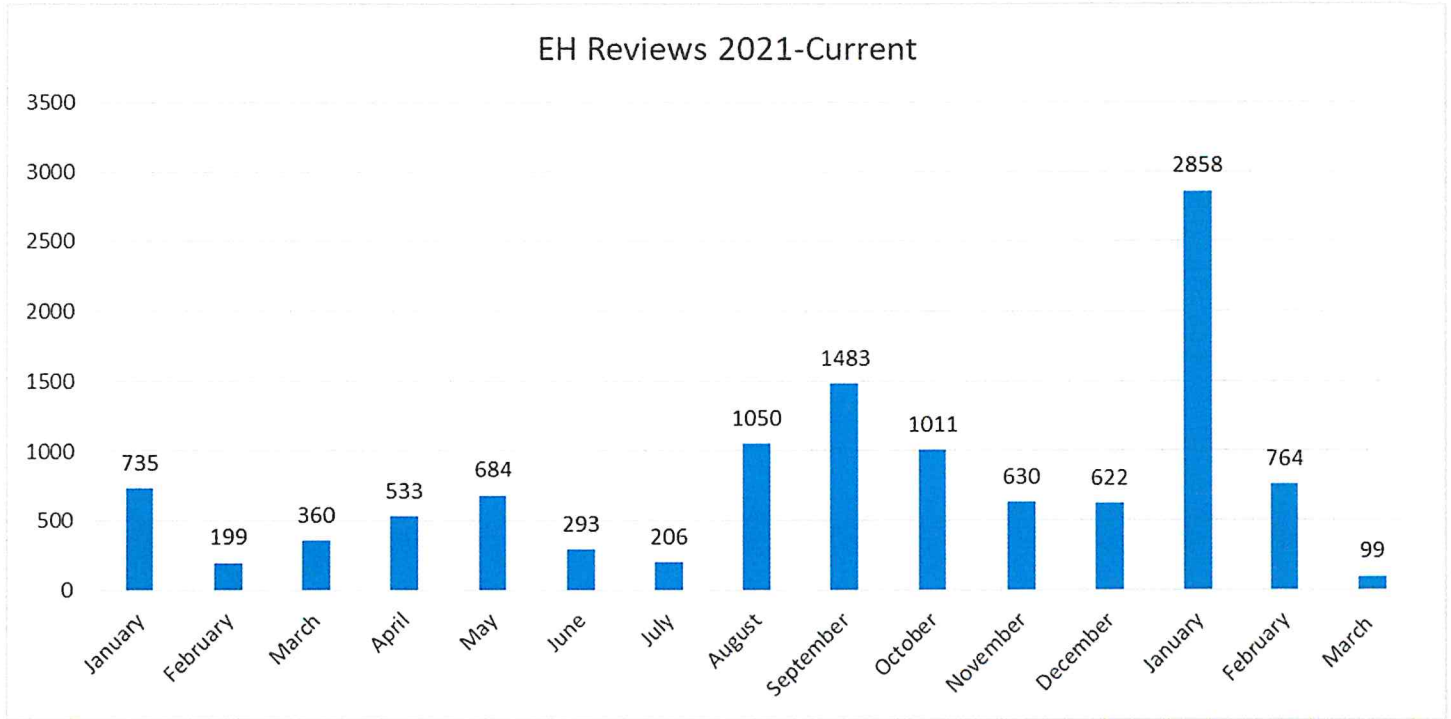
- *"All of the doctors and nurses that helped me were wonderful. They helped my pain stay managed, kindness towards my situation, made me genuinely feel comfortable even at a hospital. So I want to commemorate their hospitality by writing this shout out for them. I appreciate their hard work and want them to know some of us see the hard work."*  
- KVH Emergency Department patient to providers and staff
- *"Carissa is wonderful and saved my life!"*  
- Family Medicine - Ellensburg patient to ARNP Carissa Dahl



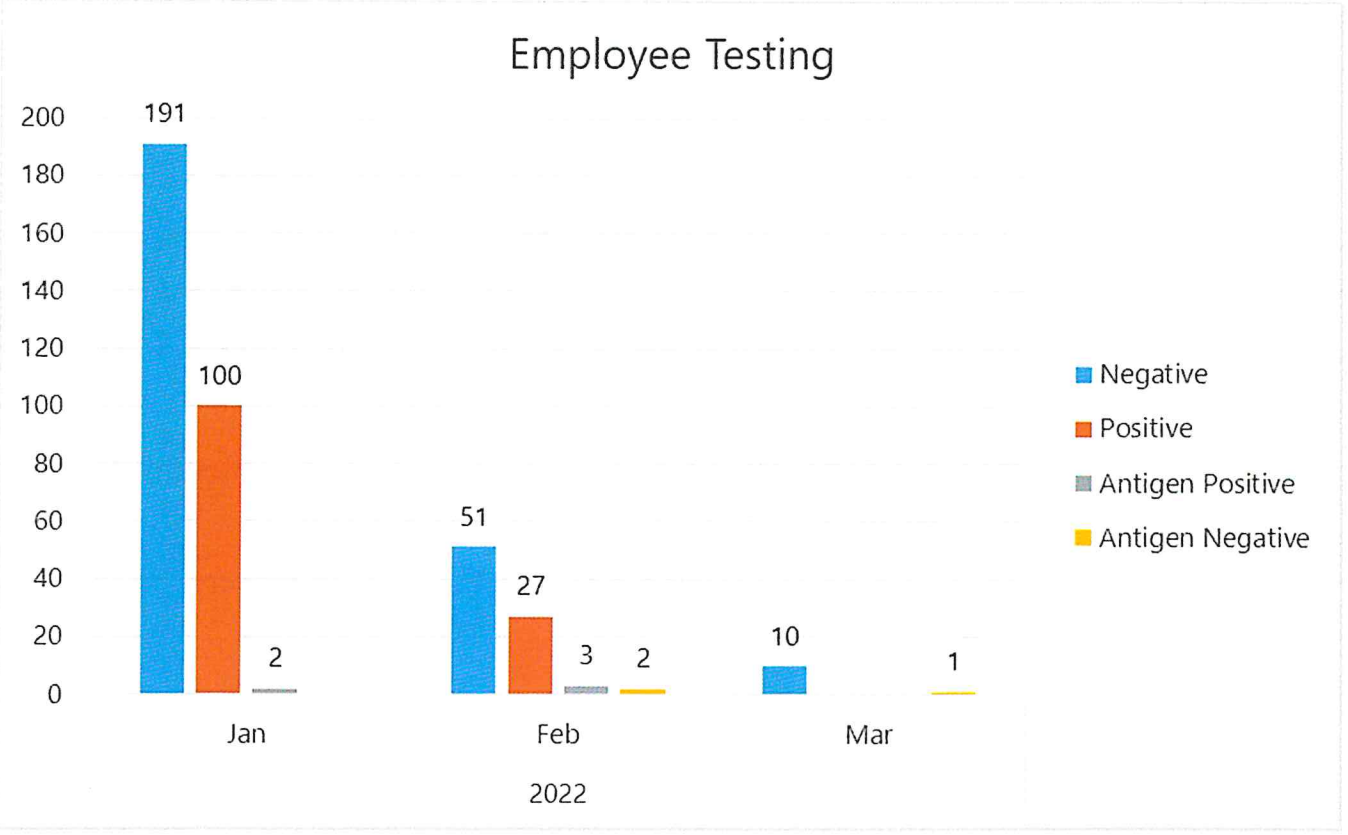
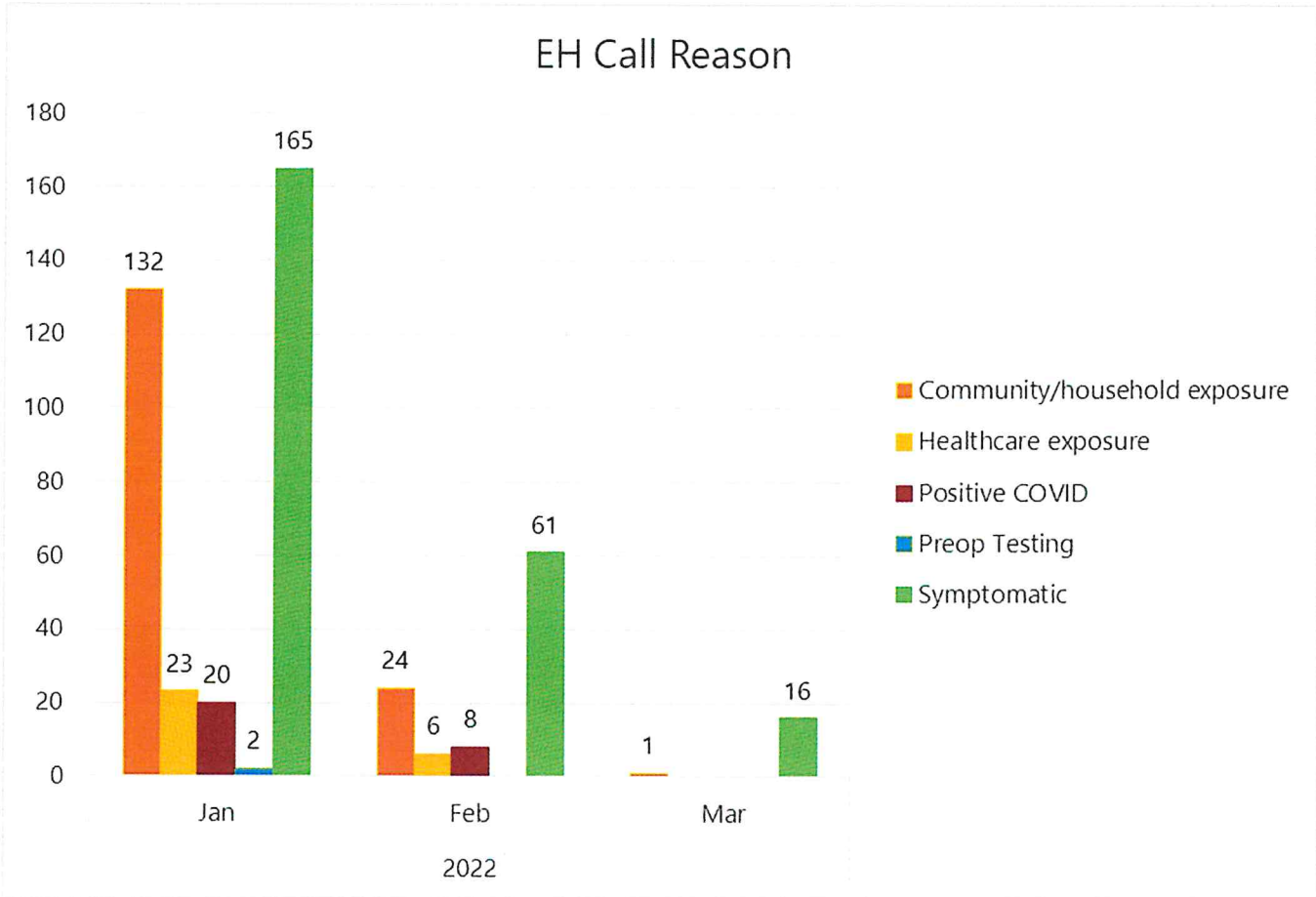


- *"I spent a number of hours in the ER. Once again I had the very best of care... Every time at KVH whether surgery or ER the staff has always given their best in care, kindness, compassion. As a patient, I have felt, experienced a very high level of safety and confidence. The KVH staff including the doctors are the very best and my experiences tell me they give their all. They have my sincerest thank yous and gratitude."*  
- KVH Emergency Department patient to providers and staff
- *"The care and compassion the nurses and aids gave my father the few weeks of his life was amazing! They were helpful and understanding, they made our lives much easier, we could not have done this without the Hospice care."*  
- Family of KVH Hospice patient to staff

**COVID Employee Health Report to the Board – data as of March 14, 2022**



**COVID Employee Health Report to the Board – data as of March 14, 2022**



## KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Sepsis Bundle	Percentage of patients who received all applicable components of the sepsis bundle	<ol style="list-style-type: none"> <li>1. Received within three hours: initial lactate level measurement, broad spectrum or other antibiotics, blood cultures drawn prior to antibiotics;</li> <li>2. Received within six hours: repeat lactate level measurement if initial lactate level was elevated;</li> <li>3. Received within three hours: crystalloid fluid bolus if indicated;</li> <li>4. Received within six hours: vasopressors if indicated</li> </ol>	
Sepsis Antibiotic Timing	Median time from arrival to administration of antibiotics	Sepsis is an infection. The first step in treating the condition is administration of antibiotics.	Timing begins at hospital arrival, which can be before sepsis is suspected.
Median Time to CT or MRI (Stroke)	Median time from arrival to CT or MRI exam and to result for patients with acute ischemic stroke or hemorrhagic stroke	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry. Time measured to beginning of exam and to availability of result from radiologist.	
Median Time to ECG (Chest Pain)	Median time from arrival to ECG for patients with chest pain who are eventually admitted to KVH Hospital or transferred		
Blood Product Documentation	Percentage of blood product units that have complete documentation in the patient's electronic health record	Items that must be documented to be considered complete include:	
Restraints	Numerator: Number of patients who met all possible measures for restraints Denominator: Total number of patients in restraints	Measures for restraint use include: <ul style="list-style-type: none"> <li>▶ Initial restraint order written</li> <li>▶ Restraint problem added to care plan</li> <li>▶ Restraint orders continued/signed by physician every 24 hours or sooner</li> <li>▶ Restraint charting/assessment done as frequently as appropriate for the reason for restraint (behavioral: every 15 min, medical: every 60 min)</li> </ul>	
Needlesticks	Total number of staff who experience a sharps injury during the month	Dependent on reporting by staff.	

## KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Hospital Acquired Infections (HAIs)	Total number of infections contracted by an inpatient as a result of care or treatment provided during their hospital stay. Includes CAUTIs, CLABSIs, VAEs, and SSIs.	Inpatient infections from urinary catheters, certain types of intravascular devices, ventilators or surgeries. Based on criteria from the National Health and Safety Network (a division of the Centers for Disease Control and Prevention). Includes superficial surgical site infections, which are not included in Washington State Hospital Association comparison reports.	CAUTI: Catheter-associated urinary tract infection CLABSI: Central line-associated bloodstream infection VAE: Ventilator-associated event SSI: Surgical site infection
Days to Referral Completion	The number of calendar days to referral completion for KVH clinic patients	Based on month of referral order date. Only completed referrals are included in data (accounting for >90% of all referral orders).	ENT, General Surgery and Workplace Health are excluded due to small number of referrals
Pain Reassessment after Medication	Percentage of patients in certain hospital units who had a documented follow up assessment of their pain level after receiving pain medications	Patients should be followed up with to assess whether administered medications are reducing their pain. Follow-up should occur within 60 minutes of medication administration, <i>except</i> oral medications in the Emergency Department should be followed up within 90 minutes.	IV Tylenol is currently excluded from this measure
Timely Start for Physical Therapy (Home Health)	Percentage of new home health patients with a physical therapy referral who are seen by physical therapy staff within 48 hours	Patients who have referrals for specialty care while receiving home health services should be assessed and have therapy started promptly	
Improvement in Pain Interfering with Activity (Home Health)	The percentage of patients who are discharged from home health services during the month who experienced an improvement in pain interfering with their activities.	Patients answer questions at the beginning and end of a home health care episode using a screening questionnaire known as OASIS (Outcome and Assessment Information Set)	Tracked by the month of patient discharge from service
Hospice Average Length of Service	The average number of days hospice patients receive services before discharge due to death or service discontinuation	A greater length of service can provide better pain and symptom management for patients and emotional support for the patient and caregivers	Tracked by the month of patient discharge from service

## KVH Quality Improvement Council Dashboard Glossary

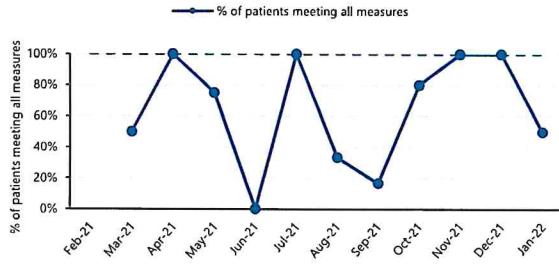
KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Medicare Wellness Visits	<p>Numerator: The number of traditional Medicare patients who have received a Medicare Wellness Visit within the previous 12 months</p> <p>Denominator: The total number of unique traditional Medicare patients who have been seen at KVH Family Medicine - Cle Elum, KVH Family Medicine - Ellensburg, or KVH Internal Medicine in the previous 12 months</p>	<p>Medicare Wellness Visits are an opportunity for patients with Medicare to develop or update a personalized prevention plan with their care team. This might include:</p> <ul style="list-style-type: none"> <li>▶ A review of medical and family history</li> <li>▶ Developing or updating a list of current medications</li> <li>▶ Height, weight, blood pressure, and other routine measurements</li> <li>▶ Cognitive impairment screening</li> <li>▶ Personalized health advice</li> <li>▶ A screening schedule (checklist) for appropriate preventive services like cancer screenings</li> </ul>	<p>Visits can only cover preventive care. They cannot address current medical concerns. All traditional Medicare patients seen in these three clinics are included, even if they receive their primary care elsewhere.</p>
Workplace Violence Events	Number of harm events related to workplace violence per 100 FTEs	As defined by the Occupational Safety and Health Administration, workplace violence includes any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site.	Threats and verbal abuse are included as events.
Adverse Medication Events	The number of medication events that are Category D or greater, separated by setting of clinics or hospital	A Category D error is an error that reaches the patient and requires monitoring to confirm that it did not result in harm to the patient and/or required intervention to preclude harm	Unanticipated medication allergies can be included in Category D or greater medication events
Falls	<p>Blue line (circles): The total number of patient falls anywhere in the organization</p> <p>Red line (squares): The number of patient falls that result in any injury</p>	Injuries are defined as anything that requires the application of a dressing or bandage, ice, cleaning of a wound, limb elevation, or topical medication	Non-patient falls are not included (employee falls, visitor falls, parking lot falls); near misses are not included
Care and Service Reports	The number of care and service patient reports submitted to the Quality Department, separated by concerns and compliments	CMS' conditions of participation in the Medicare program include certain policies and procedures regarding the receipt of and response to grievances	
Employee Reports	The number of employee reports submitted through Verge or on department SAFE Boards	Verge is the electronic occurrence reporting system used at KVH. SAFE Boards are also used for reporting, but typically contain items of lower severity.	

### KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Reports of Occurrences	Percentage of employee reports of a Category D or higher	A Category D error is an error that reaches the patient and requires monitoring to confirm that it did not result in harm to the patient and/or required intervention to preclude harm	

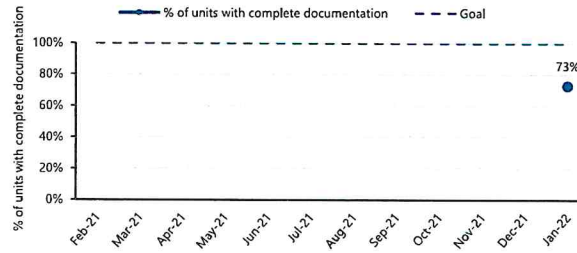
# QI Council

## Sepsis Bundle ↑

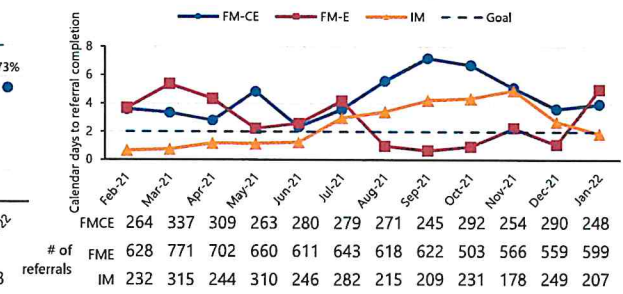


# possible 0 2 3 4 2 2 3 6 5 8 4 6 # of units 48

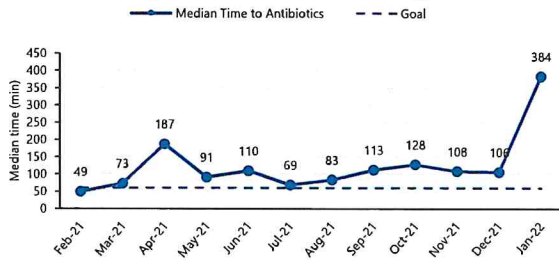
## Blood Product Documentation ↑



## Days to Referral Completion ↓

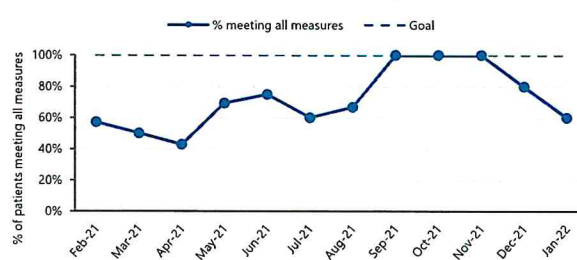


## Sepsis Antibiotic Timing ↓

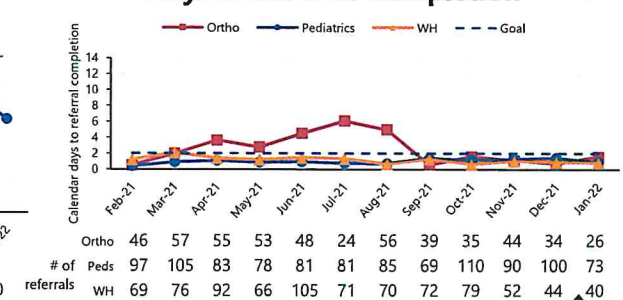


# possible 1 3 3 4 2 4 4 6 5 4 5 7 # possible 7 2 7 13 8 5 9 7 5 8 5 10

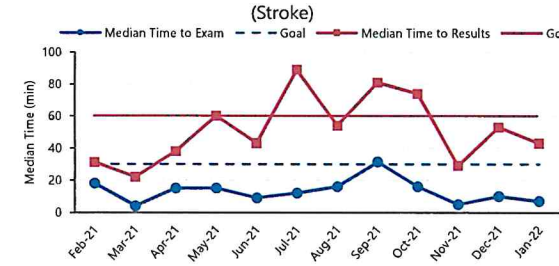
## Restraints ↑



## Days to Referral Completion ↓

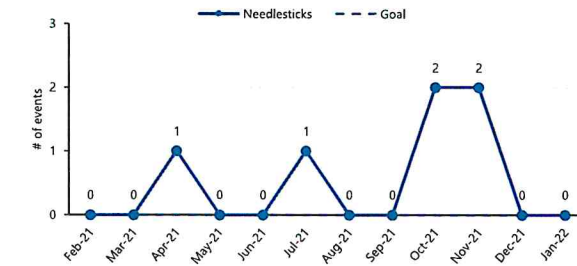


## Median Time to CT or MRI ↓

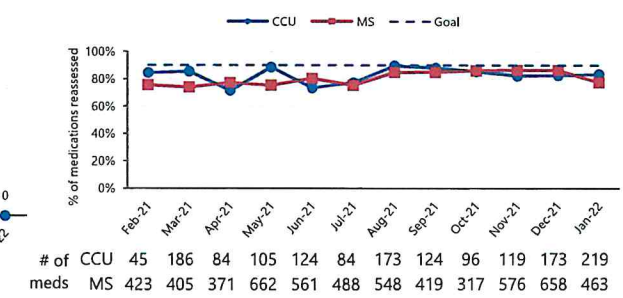


# possible 3 2 7 5 8 5 4 6 4 2 9 3

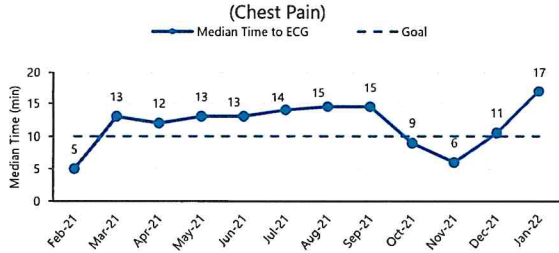
## Needlesticks ↓



## Pain Reassessment after Medication ↑

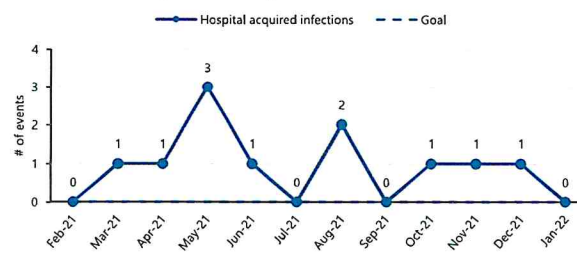


## Median Time to ECG ↓

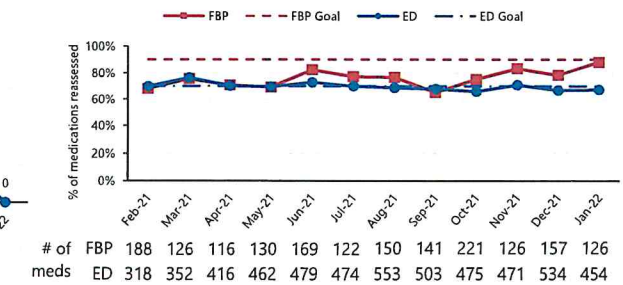


# possible 15 17 11 13 12 8 8 6 7 1 12 6

## Hospital Acquired Infections ↓

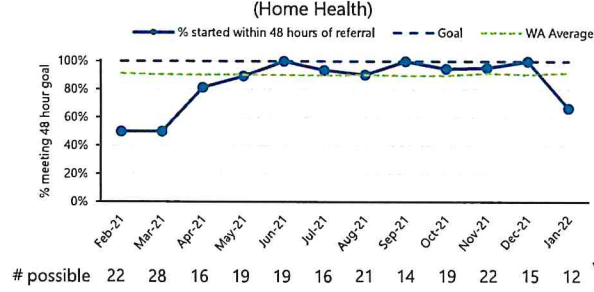


## Pain Reassessment after Medication ↑

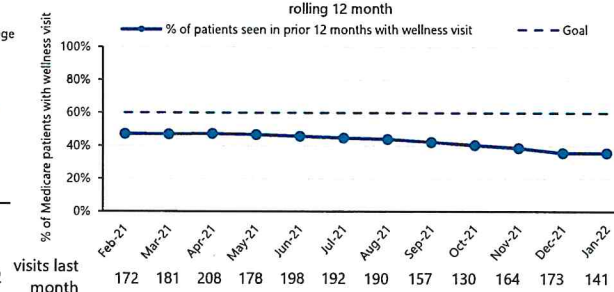




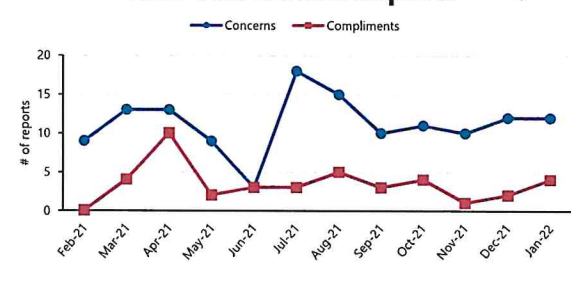
### Timely Start for Physical Therapy (Home Health) ↑



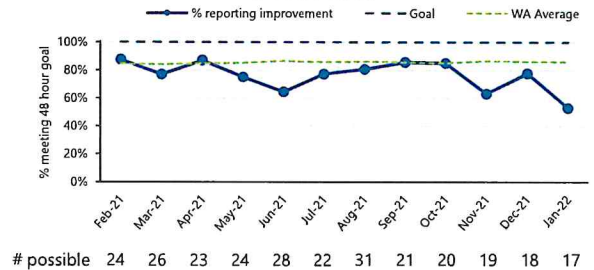
### Medicare Wellness Visits ↑



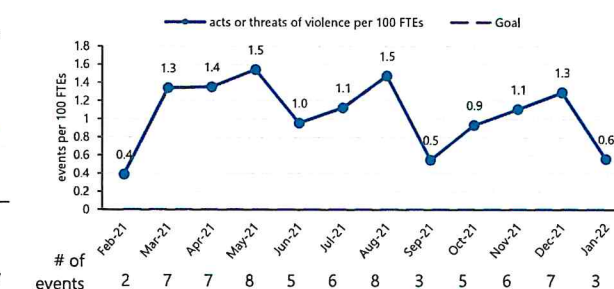
### Care and Service Reports ↓



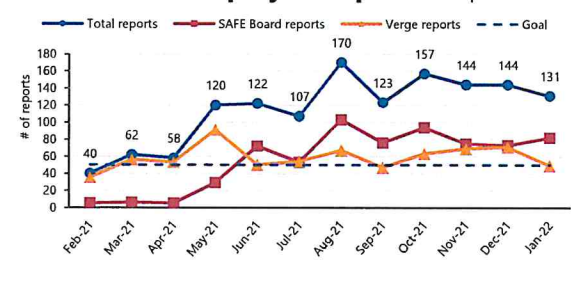
### Improvement in Pain Interfering with Activity (Home Health) ↑



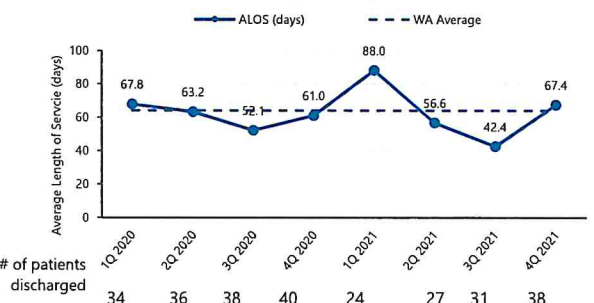
### Workplace Violence Events ↓



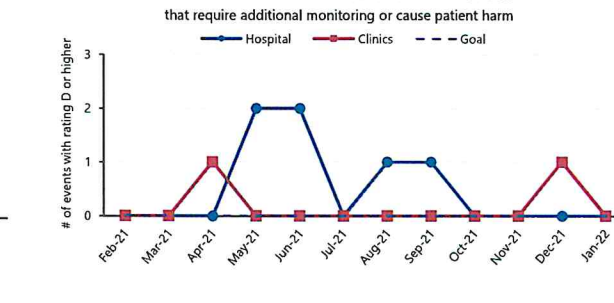
### Employee Reports ↑



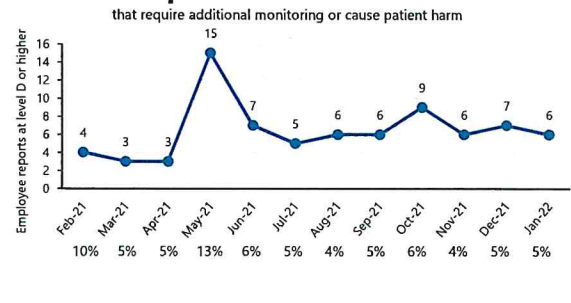
### Hospice Average Length of Service ↑



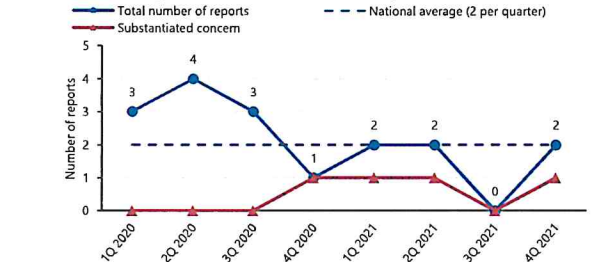
### Adverse Medication Events ↓



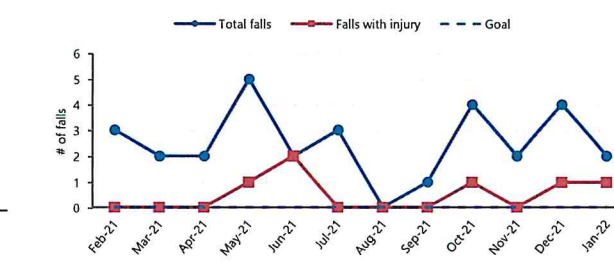
### Reports of Occurrences ↓



### Compliance Concerns Reported ↑



### Falls ↓



## Chief Executive Report March 2022

### **COVID Testing**

The COVID testing clinic will be closing permanently on March 31. Our community partners have been consulted and support the decision. Testing for the general public and employees on accommodation will be available at the hospital lab, in Cle Elum and at the MAC. Travel (retail) testing is available at WPH. We have plenty of take home tests for the community.

### **Teamsters**

Membership has ratified the new Teamsters agreement. We will be asking for the Board's approval.

### **Surgery**

Nothing to see here. We are back in the scheduled surgery business. Amy Krogstadt is going to be training some staff new to surgery which can take a significant amount of time. She is not quite up to full strength yet but she has been able to secure some travelers.

The existing Anesthesia contract has been cancelled effective May 1 for the express purpose of re-contracting with the same group that has served KVH for decades. The contract is being updated to include new regulatory language and to provide for the expansion of services.

### **AHA Annual Meeting**

It appears that there are seven WSHA members attending the AHA Annual meeting in Washington DC. In years past, I don't think I am exaggerating to say, there have been dozens. Jefferson (3), Providence (1) and PeaceHealth (3) will be represented. In talking with my peers, most made the same assessment this Board did, namely that the Hill meetings were a key component of the visit and those would be awkward at best.

### **Transitions**

Stacy Olea is making time in her current schedule to get to know her new clinic management team. Rhonda and I have met with the current Laboratory and Diagnostic Imaging staffs and have concluded that it is time to separate the Director Roles. We will be hiring a Director of Laboratory Services as well as a Director of Diagnostic Imaging. This is historically how the organization was designed.

Stacy was available to see the Laboratory staff through the design and construction of the new department as well as the complex decisions that went along with every COVID testing decision that has been made over the last two years. Stacy's career has been in the laboratory so she was uniquely qualified to guide those processes. Diagnostic Imaging is being challenged with new services (Interventional Radiology) and will soon be engaged in a plant expansion project as well as the huge job of replacing the PACS system. Diagnostic Imaging will require that same level of specialized expertise. The decision has been met with approval by the entire staff, the medical staff and leadership.

### **Values Alignment**

In December of 2019 we initiated what came to be known as The Values Alignment Committee. The committee included Board members, medical staff, administration, staff and a facilitator. It took 15 months to produce compensation manuals and contracts for our primary care providers. The compensation philosophy is specifically required to align with KVH values and to follow agreed upon principles. During 2020, all of our primary care providers transitioned to the new contracts. The compensation program is predictable, consistent and transparent. Base salaries are market based and there are earned components of production, customer service and quality.

The reconvening of Values Alignment was delayed due to COVID but the work of refreshing primary care and designing specialty care will soon be underway.

**Strategic Planning – Clinics**

I want to thank Toni Clayton, Tricia Sinek, Dr. Hibbs, Jason Adler, Jennifer Mullins, Manda Scott, Ron Urlacher, Stacy Olea, Michele Wurl, Dr. Martin and Mitch Engel for participating in a long day of strategic planning for the clinics. We used the framework of the new KVH Strategic Plan to design tactics to address access, workforce engagement, expansion, quality and customer service. No service of the District has been hit harder by the workforce impacts of COVID than our clinics. The work ahead for them is truly exciting and I believe there will be some dramatic, early wins for the team as we emerge from COVID.

Stacy Olea will be inheriting a talented group of Clinic Managers. They are holding the reins though the transition not to mention through the last two years: COVID, moving to the MAC followed by the grand opening that wasn't, fire, flood, the great resignation, schools open – schools closed, registering patients in cars, shots in car seats (keeping that one) and everything in between. These six, plus April Grant who has since moved over to manage Home Health and Hospice, have been on the front lines with our staff and patients through some of the most trying times in our history. And, every day they really do come to work with those smiles on their faces.



Angela  
FME



Stephanie  
FMCE



Jonika  
Surgical Spec



Emilee  
IM



Jennifer  
WPH



Rachael  
Medical Spec

In recent months we have taken the opportunity to build and rebuild the administrative team that supports our clinics. It was just about a year ago that Dr. Hibbs moved into the role of Chief of Clinic Medicine. Stacy, of course, will soon take over as Chief of Clinic Operations. More recently we have added Jessie, Administrative Assistant who is responsible for scheduling and organizing everyone else on these teams. Shelly, MA Development Coordinator, and Passion, PSR Development Coordinator are our two newest additions. Passion and Shelly are building programs to onboard our new PSRs and MAs as well as provide continuing clinical competencies, quality and customer service training for the front line of our offices and our clinic care teams. Manda, Chief Human Resources Officer, earns her spot on the team as our resident expert in staff development.



Shelly  
MA, DC



Passion  
PSR, DC



Jessie  
Admin Assistant



Dr. Hibbs  
CCM



Stacy  
CCO



Manda  
CHR

Expect great things!

**Projects**

I will be asking the Board to approve advancing the KVH Site Improvement Project to bid.

**Executive Session**

I anticipate requesting Board action at the conclusion of Executive Session.

# Human Resources & Staff Development- March 2022

## February Metrics

<i>Employee Population</i>				
	<i>22-Feb</i>	<i>22-Jan</i>	<i>21-Dec</i>	<i>21-Nov</i>
Full-time	458	455	448	449
Part-time	111	113	116	121
Total Employees	687	675	668	670

<i>Turnover</i>			
	<i>YTD</i>	<i>22-Feb</i>	<i>2021 Year End</i>
Turnover (People)	27	14	164
Turnover (Percentage)	5.63%	2.04%	24.79%
Voluntary	24	12	153
Involuntary	3	2	11

<i>General Recruitment</i>				
	<i>22-Feb</i>	<i>21-Jan</i>	<i>21-Dec</i>	<i>21-Nov</i>
Open Postings	16	18	19	15
Unique Applications Received	115	94	94	108
Employees Hired	17	18	13	20
Time to Fill (Median)	32	52	43.5	31.5
Time to Fill (Average)	62.9	67.7	47.2	44.2

<i>Annual Evaluations</i>	
	<i>YTD</i>
Percent complete	83.5
Total evaluations over due	116
# of employee evals over due	95
# of provider evals over due	21

**Recruitment:** We saw an increase in the number of applicants last month, total number of postings hovering around 70. The demand for Clinic Medical Assistants (MA-C) and Patient Care Technicians (NA-C) are high. Accepting applications in March for the next round of MA Apprentices.

We filled a couple of high-priority administrative positions; Process Improvement Coordinator, Nursing Director – Clinics, and Chief of Clinic Operations. All of these positions have been filled with competent candidates who are excited to get started.

**Student and Volunteer Services:** Currently we have 32 learners on-site from the following groups: 3 Pharmacy students, 3 Imaging Tech students, 2 MLS Lab student, 3 Job Shadow students, 1 Dietetic Intern, 5 Nursing students, 7 EMT students, 1 Physician Assistant student, 3 Nurse Practitioner students, 3 Medical students, and 1 Family Medicine Resident. We have started a systematic evaluation system for students and preceptors to identify areas of improvement in the student experience with a goal to improve our pipeline to recruit more of the learners who train at KVH. We are working to prepare for Volunteer Appreciation Week, April 17-23. KVH volunteers supported the Red Cross Blood drive at KVH on March 16<sup>th</sup> helping with patient registration. COVID testing site patient demand has decreased to the point we are no longer needed to coordinate additional staffing at the COVID testing sites.

**Staff Development:** We rolled out an updated Evaluation tool with more space for conversations between managers and their staff. The first section of the updated tool can be sent out to staff ahead of the evaluation meeting and will encourage continuing conversations.

We have been continuing to strengthen our partnership with the clinic development coordinators. We are establishing regular communication channels to provide timely feedback to managers during the new employee's training period.

**Benefits/Wellness:** Wellness committee: Our new wellness committee has been bringing forward great ideas on how to spread health & wellness initiatives throughout KVH and keep our employees healthy and active. The committee's goal is to design and implement comprehensive wellness initiatives to offer our employees year round. The committee received great feedback on a survey from employees on what they would like to see this committee bring forward this year!

**Labor Relations:** We completed negotiations with our Central Supply team on February 16, 2022. It was a successful experience and they have now voted to move forward on the contract.

**Staff Engagement/Recognition:** The Recognition Team sponsored a Candy-Gram event in February with amazing turnout! Employees could request a number of chocolate and/or fruit candy bars to send to coworkers. We ended up with over 2000 candy bars being handed out among KVH staff. Very well received, we will make sure to do something similar again.

**HR Operations-** At the end of February, Manda started huddling with the Marketing and Community Relations team in Michele Wurl's absence. It has been a great partnership and the huddles have produced a lot of great idea sharing between HR and Community Relations, such as working on a new recruitment campaign.

## OPERATIONS REPORT

March 2022

### PATIENT CARE OPERATIONS

#### **Emergency Department / Urgent Care**

**Simulation Education:** The Emergency Department hosted a simulation exercise that involved caring for a “non-accidental” trauma victim. This is a newer term that we now use for child abuse. April is child abuse prevention month and we recognize the importance of our role in care for these patients and as mandatory reporters.

**Care of our behavioral health population:** ED staff continue to work with Comprehensive Healthcare and our new Crisis Case Managers to provide quality care for our behavioral health patients. We also have been working closely with our County Correction staff and Ellensburg Police Department to ensure we are keeping our patients and staff safe, and patients are receiving the care they need in the correct place.

**A little stress relief...**ED staff continue to work hard with increased volume and acuity. Length of stay is extended, and patients, at times, are not the happiest. This huge coloring poster gives staff a couple minutes to relax during their busy shift and practice mindfulness. Choosing a color and coloring in a few spaces can help relieve stress, and what a way to build teamwork!



## **Staff Development**

Listed below are just a few of the educational clinical opportunities offered.

### **Mandatory Clinical Ed Days 03/30-31/2022**

Offering four (4) topics:

1. *Meet & Greet your Crash Cart/AED;*
2. *2022 OSHA Update/COVID, Infection Control/Handwashing;*
3. *Organ Donation Update 2022*
4. *Wound Care – New Products/McGyver Tips with wound products.*

**Critical Care Residency Program\*** – building from ground up, involving didactic eLearning/Self-directed modules purchased from Nicole Kupchik Consulting, Inc. and practicum experiences w/qualified Critical Care RNs at the bedside. *\*This is an evolving program.*

1<sup>st</sup> CC Resident, Crystal Weyand, RN, Nightshift, began the Residency Program on Feb. 7<sup>th</sup>, 2022. Her preceptor is Wayne Foley, RN – a strong Critical Care RN with a multi-faceted Critical Care Nursing Career.

2<sup>nd</sup> CC Resident will be Brookes Murrell, upon graduation from YVCC RN Program and successful completion of NCLEX State Nursing Boards exam, in Spring 2022, and successful completion of KVH hiring process into Cardiac Care Unit, Nightshift.

**Ask the Expert w/Shelley Smeback, ARNP – Vascular Program/Dr. Zammit** -- an educational opportunity for Nurses from Vascular Pre-Op/Peri-Op/Post-Op. This will be a chance to hear from Shelley Smeback, ARNP and Sara Bell, Cook Medical rep w/see-through mannequin & vascular procedure sheaths about the Vascular Program “Nuts and Bolts” in a relaxed environment. Hands-On experiences and Q&A session included. A brief review of the Vascular Pre/Post-Op CEA, Fem-Pop, AV Fistula Revision patients by Susan E. Jacobson, RN, CCRN will also be offered. This is tentatively scheduled for April, 2022.

**Preceptor Training** – an educational opportunity to become proficient/consistent in teaching the adult learners through inter-professional communication; learn the four (4) ways adults learn; taking a personal inventory of personal biases and how to recognize biases in her/his professional behaviors, judgements, and in assessments of preceptee(s).

## **Food and Nutrition Services**

### **Foodservice:**

- Interesting stats on average number of patient meals per day:
  - 2019 average 27.7 meals/day

- 2020 average 33.4 meals/day
- 2021 average 39.5 meals/day
- 2022 first two months average 46.8 meals/day
- Staffing – In good shape with almost full staffing. Anticipate two maternity leaves starting June this summer.
- Remodel – Equipment has been ordered (including Sally). General contractor in process of obtaining all materials prior to start.
- Supply chain – Seeing significant rise in prices with certain items such as meats. Other food item showing modest increases over anticipated. Continue to have “everyday items” temporarily out of stock forcing us to substitute or make a change to the menu.

**Clinical:**

- No updates with KVH.
- Virtual dietitian contract proceeding well with Snoqualmie Valley Hospital swing bed program. We have hired Pam Dick, RD in early March to manage the account.

**Diabetes Education:**

- Nicole Norton has added an additional 0.1 FTE to her position due to continued high referral and productivity rate.
- Nicole continues to see patients in Cle Elum one day per week.

*Thank you, Vicky Machorro, Chief Nursing Officer*

**ANCILLARY SERVICES OPERATIONS**

**Staffing in Diagnostic Services**

We are very sad to lose Stacy Olea as the Director of Diagnostic Services, but we are very excited that she has the opportunity to move into the role of Chief of Clinic Operations. Both departments have shown significant growth since Stacy joined KVH, we have decided to split her role into a Laboratory Director and Imaging Director. Staff from both departments felt very strongly that we needed to split this role. Candidate interviews to replace Stacy will take place the week of March 21.

**Covid Testing**

We are planning to close the Covid Testing Clinic on March 31, with full support of Public Health. Testing volumes have dropped to 10-15 per day and this volume can be accommodated in the hospital or our clinics. We will continue to monitor testing volume trends and positivity rates and be prepared to open again if it is needed in our community.

**Pharmacy**

Pharmacy has been notified that our 340 B Program will be audited by the Bizzell Group (on behalf of HRSA) on May 2-3. This will be an onsite audit of the entire program and the first audit for our program since it's inception. We are very busy pulling together the requested documentation for the audit.



### **Rehab Services**

We continue to be very short staffed at Ellensburg PT and one Cle Elum PT is on paternity leave. Attempts to obtain a traveler have been unsuccessful.

### **HHH**

A new HHH RN started with us on March 15 and we have successfully hired a social worker and QA Coordinator to join our team. We have a traveling PT/OT couple joining us in April. The cost of travelers is very high, but necessary to continue to provide services to our community.

### **Cardiopulmonary**

We continue to be very busy with stress echos, cardiac stress tests, cardioversions and TEE's with Dr. Hoppe. The DOH has inquired about whether or not we wish to keep the ventilators they gave us during the pandemic, and we let them know we do.

### **Hospital District 2:**

The Commissioners had a successful Board Retreat on February 26 community. The rough draft of strategic priorities include:

- Financial Sustainability- Maintain access to Capital and a strong balance sheet
- Workforce-Recruit and retain a diverse high quality workforce to meet the needs of the community
- Community Engagement- Develop a brand identity to engage the community in the services we support
- Access- Influence decisions related to growth in the community to ensure services are sustainable

*Thank you, Rhonda Holden, Chief Ancillary Officer*

## **CLINIC OPERATIONS**

**Transition: Light at the end of the tunnel!** Stacy Olea will begin as Chief of Clinic Operations on 4/4/2022. She has been meeting with clinic staff, attending administrative meetings and contributing to clinic management policy discussions in the interim.

**Sclerosing varicose veins (follow-up to January report):** The first sclerosis of varicose veins is scheduled in Vascular Surgery clinic on 3/22/2022. This is very likely the first such procedure in Kittitas County.

**Welcome Dr. Beard:** Dr. Mark Beard has joined Family Medicine of Ellensburg, the first physician to do so in three years.

**Training course for Patient Service Representatives (PSRs):** In collaboration with clinic managers, Passion Fudacz (PSR Development Coordinator) designed a seven-module training course, scheduled to

run over 16 work days, for new PSRs. This makes the process and goals of training these critical patient-facing employees more explicit and visible, in keeping with our core value of transparency. Two PSRs have graduated from the program, two more are expected to graduate by close of business 3/17/2022, and two more the following week. Passion is working in an area designed for this purpose on the second floor of the Medical Arts Complex Annex. (That building belongs to Kittitas Valley Healthcare, and we are now the sole occupant following the departure of Compass Direct).



**PSR Vacancies filled:** Only three posted PSR positions remain unfilled, and over 20 applicants have applied for these three remaining positions, which we expect to have filled by the end of the month. Kittitas Valley Healthcare continues to aspire to be an employer of choice in the region.

**Workplace Health:** We continue to search for a new clinician at Workplace Health, following Ryan Ahr's departure. In the interim, clinicians from other clinics are providing some support at Workplace Health clinic on their days off. Labor and Industry claim patients who cannot be scheduled at Workplace Health are being deferred to their primary care clinics. Services provided by the clinic which do not require a healthcare provider, such as drug testing and new employee immunization, continue.

**Referral management:** Referral Management, a Cerner module for placing and tracking consults, has been implemented throughout the clinics. The rollout was exceptionally well planned by Information Services, and adoption of the new module has been good. The tracking feature, which will allow timely identification and remediation of consults that are incomplete, is particularly welcome, and will enable us to increase the quality of the care we provide.

**Medical assistant precepting:** Shelly Contreras, our new Medical Assistant Development Coordinator, is collaborating with Jen Strater from Human Resources to define criteria required for preceptors in Kittitas Valley Healthcare’s ongoing Medical Assistant Apprentice training program.

**Simplified scheduling:** Patients are now given one appointment time, when they are expected to arrive in clinic. (Previously patients were given two times 15 minutes apart “This is your appointment time, but please arrive 15 minutes earlier”). This change honors a core value of our enterprise by emphasizing the collaborative nature of modern healthcare appointments (with registration and medical assistant work recognized as essential parts of the appointment, rather than something “extra”). It also makes scheduling expectations more transparent. We anticipate this change will reduce confusion and increase the number of on time appointments.

**Reach out and read** is an initiative which provides books to children in clinic. The program increases literacy rates, attendance at well child visits, expressive and receptive language skills, as well as decreasing maternal depression. Our Family Medicine and Pediatrics healthcare providers have completed training and clinics are starting the process of ordering books to distribute.

**Event monitors placed on day of order:** We are expediting diagnosis of abnormal heart rhythms, and bringing this care closer to the patient (reflecting an enterprise core value of placing patients at the center of what we do). Event monitors track heart rhythm over an extended period of time. Previously, we ordered most monitors from clinics or the Emergency Department, but the monitors were placed later, by appointment, in a separate location at the hospital’s Cardiorespiratory department. The Zio patch is a small monitor which can be placed in clinic, at the time and place the monitor is ordered. This expedites care and brings it closer to the patient. We are using these devices routinely now, and Dr. Hoppe is reading them.

Placement of Zio patches began in Cardiorespiratory and Internal Medicine/Cardiology, and is now being rolled out to Family Medicine Cle Elum.



*Thank you, Dr. Jonathan Hibbs, Medical Director of Clinic Operations*

NOTIFICATION OF CREDENTIALS FILES  
FOR REVIEW

Date            March 11, 2022

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>
Murphey, Laine, MD	Provisional Active	Initial Appointment	RPG Hospitalist
Litvack, Jamie, MD	Provisional Associate	Initial Appointment	KVH ENT
Birt, Zoe, PA-C	Provisional AHP	Initial Appointment	KVH FME
Henderson, Derek, PA-C	Provisional AHP	Initial Appointment	KVH Ortho
Penoyar, Thomas, MD	Active	Re-Appointment	KVH Gen Surg
Abdelhamid, Nouredin, MD	Associate	Re-Appointment	VM TeleStroke
Cone, Jesse, MD	Associate	Re-Appointment	Yakima Heart
Jun, Aaron, MD	Associate	Re-Appointment	ONRAD
Monick, Erik, MD	Associate	Re-Appointment	Yakima Heart
Judd, Jocelyn, PA-C	Allied Health Professional	Re-Appointment	KVH ED/UC



## Reappointment Policy and Procedure

### Medical Staff Services

Type: **Policy**  
Status: **Official**  
Last Reviewed:

Page 1 of 2

All appointments are for a period not to exceed two years.

#### INFORMATION COLLECTION AND VERIFICATION

- From medical staff practitioners Notification of Reappointment:** ~~On or before 150 days prior to the expiration of a medical staff appointment, the Medical Staff Coordinator shall notify the appointee of the date of expiration. At least 90 days prior to the expiration date, the appointee shall furnish the following information in writing: The Medical Staff Coordinator will send out a practitioner's reappointment application via MD App electronically on or before 120 days of expiration of medical staff appointment. The practitioner is responsible for:~~
  - ~~Complete~~ Completing information to update ~~the practitioner's~~ their credentials file, which includes any new medical staff appointments at other hospitals, any new state licenses and any new claim information;
  - Specific request for the clinical privileges sought on reappointment, with any basis for change; and
  - Requests for changes in staff category or department assignments.

~~Practitioners will be assessed at each 2 year reappointment a fee as per the Medical Staff Dues and Fees Policy.~~ A practitioner's failure to provide the above information, without good cause, shall be deemed a voluntary resignation from the staff and shall automatically result in expiration of appointment unless explicitly extended for not more than two 30-day periods by action of the Medical Executive Committee. The Medical Staff Coordinator verifies all information and notifies the staff appointee of any information inadequacies or problems. The staff appointee shall have the burden of producing adequate information and resolving any doubts about the data.

- From internal and/or external sources:** The Medical Staff Coordinator shall collect from each staff practitioner's credentials file, and other relevant sources, information regarding the individual's professional and collegial activities, performance and conduct in this and/or other hospitals. Such information shall include, but not be limited to:
  - Patterns of care as demonstrated in findings of quality/utilization monitoring activities;
  - Medical records/hospital reports;
  - Continuing education activities including Maintenance of Board Certification status; eligible or certified.
  - ~~Attendance at required medical staff and department meetings;~~
  - ~~Service on medical staff, department, and hospital committees;~~
  - f.e. Timely and accurate completion of medical records;
  - g.f. Compliance with all applicable bylaws, policies, rules & regulations and procedures; and
  - h.g. Information from the National Practitioner Data Bank.

In the event that all required information is not returned 90 days prior to the expiration date, the practitioner's assistance will be requested and the Medical Staff Coordinator will indicate a date by which all information must be received. If the information is still not received by the specified date, the reappointment request will not be processed and appointment will terminate.

All returned documents shall be reviewed and verified as described in the **INITIAL APPOINTMENT POLICY**.

**Practitioner Profile:** A Practitioner Profile shall be compiled showing clinical activity and quality/utilization monitoring information in cooperation of the medical staff coordinator and the quality management director.

**DEPARTMENT CHAIR RECOMMENDATION**

The completed file including all documentation mentioned above shall be sent to the department chair for review.

**Department action:** The chair of the department in which the staff provider requests or has exercised privileges shall review the appointee's file as described above and shall forward to the Executive Committee a written report of the staff provider's performance, also indicating if he or she knows of any present or potential physical or behavioral problem affecting the practitioner's ability to perform professional and medical staff duties appropriately. The report must also indicate the practitioner's current clinical competence and ability to safely exercise requested clinical privileges. The department chair may seek external consultation regarding the provider's performance.

**Executive Committee action:** The Executive Committee shall review the appointee's file, the department reports, and all relevant information available to it and shall forward to the Board of Commissioners a written report with recommendations for reappointment or non-reappointment, and for staff category, department assignment and clinical privileges.

Should the Executive Committee require time to gather additional information regarding the reappointment applicant, such that the practitioner's appointment and privileges have expired, an automatic extension will apply. The extension will remain in effect until the Board has made its recommendation.

If the Executive Committee's recommendation is deemed adverse under the terms in the Medical Staff Bylaws, the provisions of the Medical Staff Bylaws will become effective.

**FINAL PROCESSING AND BOARD OF COMMISSIONERS ACTION**

Final processing of requests for reappointment shall follow the same procedure set forth for initial appointment.

Effective Date:	01/23/2007	Dept: of Record:	Medical Staff Services	Review Date:	11/17/2014
		Policy Owner:	<a href="#">Kyle WestShannon Carlson</a>	Revision Date:	<del>05/16/2016</del> <a href="#">03/09/2022</a>
Print Date:		Revision By:	<a href="#">Kyle WestShannon Carlson</a>	Review Date:	<del>06/13/2018</del> <a href="#">03/09/2022</a>
		Reviewed By:	Medical Executive Committee (MEC)		<a href="#">03/09/2022</a>
		Committee Review: Approved By:	<a href="#">MEC Board of Commissioners</a>	Date Approved:	<del>2/12/20</del> <a href="#">03/09/2022</a>

*Paper copies of this document may not be current and should not be relied on for official purposes. The current version is on the KVH Intranet.*



# Initial Appointment Policy

## Medical Staff Services

Type: **Policy**  
Status: **Official**  
Last Reviewed:

Page 1 of 5

\* The eligible applicant is to submit the [electronic](#) application for staff appointment and clinical privileges. ~~The application should be legible and must be on the Washington Practitioner Application.~~

~~Applicant will be assessed, at initial application, a fee for credentialing pursuant to the Medical Staff Dues and Fees Policy.~~

\* The applicant must sign the application and in so doing:

1. Signifies his or her willingness to appear for interviews in regard to his or her application;
2. Authorizes hospital representatives to consult with others who have been associated with him or her and/or have information bearing on his or her competence and qualifications;
3. Consents to hospital representatives' inspection of all records and documents that may be material to an evaluation of his or her:
  - professional qualifications and competence to carry out the clinical privileges he or she requests,
  - physical and mental health status, and
  - professional and ethical qualifications;
4. Releases for all hospital representatives from any liability for their acts performed in connection with evaluation of his or her credentials and qualifications;
5. Releases from any liability for all individuals and organizations who provide information to hospital representatives - including otherwise privileged or confidential information - concerning his or her competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges;
6. Authorizes and consents to hospital representatives providing other hospitals, medical associations, licensing boards, and any organizations concerned with provider performance and the quality and efficiency of patient care with any information that the hospital may have concerning him or her, and releases hospital representatives from liability for doing so; and
7. Signifies that he or she agrees to be bound by the current medical staff bylaws, associated manuals, and hospital rules and policies, in regard to his or her application for appointment to the medical staff and for clinical privileges, and all subsequent amendments.

For purposes of this provision, the term "hospital representative" includes the Board of Commissioners and its individual members and its committees, the CEO or his/her designee, registered nurses and other employees of the hospital, the medical staff organization and all medical staff appointees, committees that have responsibility for collecting and evaluating the applicant's credentials or acting upon his or her application, and any authorized representative of any of the foregoing, including the credentials verification organization.

### PROCEDURE FOR PROCESSING APPLICATIONS FOR STAFF APPOINTMENT

\* Eligible applicants will be ~~given~~ [sent a link to the online application to complete the following](#):

1. An application for appointment to the medical staff;
2. Privileges request forms and threshold criteria;
3. A copy of the medical staff bylaws, accompanying manuals, and medical staff rules and regulations; and

~~\* A new applicant activity report will be updated and sent to the Executive Committee and Board of Commissioners for review at their next regularly scheduled meeting.~~

\* It is the applicant's responsibility to ~~provide the Medical Staff Services Office with the following~~ upload to their application portal the following documentation necessary to complete an application:

1. A completed and signed application form and request for privileges;
2. A copy of current Washington State license and, where applicable, DEA certificate;
3. A copy of a current professional liability policy with limits acceptable by the Board;
4. Copies of certificates or letters confirming completion of an approved residency/training program or other educational curriculum;
5. A copy of board certification or statement of board eligibility. A completed, signed Disclosure Statement Verification of board status (i.e., board eligibility or board certification);
6. ~~Three professional references from persons who have recently worked with the applicant and directly observed applicant's professional performance over a reasonable period of time and who will provide reliable information regarding current clinical ability, ethical character and ability to work with others (references must be from individuals practicing in a field similar to the applicant); and~~
7. ~~Payment of the application fee.~~

\* If all of the required information listed above is not submitted to the Medical Staff Services Office within 45 days of receipt of the application, the application will be considered void, and no further processing will take place.

\* Upon receipt of a completed application, the applicant will be sent a letter of acknowledgement, and the Medical Staff Coordinator will collect the following additional information:

1. Professional liability claims history;
2. Peer references;
3. Verification of licensure status in all current or past states of licensure;
4. Report from the National Practitioner Data Bank, or some other organization comparable to the NPDB, is applicable;
5. Verification of education, training, including board status; eligible or certified, as applicable;
6. Malpractice insurance verification;
7. Washington State Patrol background check.
- 7-8. Status report from the Office of Inspector General (OIG), System for Award Management (SAM), and Medicare Optout.

In the event that there is an undue delay in obtaining required information, the applicant's assistance will be requested. In such a case, time periods for processing the application will be appropriately modified. The applicant's failure to adequately respond to a request for assistance will, after 30 days, result in termination of the application process.

\* When the information items listed above have been obtained, the file will be summarized and presented to the appropriate department chair.

#### CLINICAL INTERVIEW POLICY AND PROCEDURE



- \* It is the option of the hospital to conduct an interview of all new applicants for appointment to the medical staff. The physician conducting the interview will have the discretion of choosing a personal or telephone interview. A permanent record of the interview will be made by the interviewer, and placed in the applicant's credentials file.
- \* It is the responsibility of the medical staff coordinator to contact the applicant to arrange the clinical interview. The applicant shall be notified of the date, time and place of such interview in writing or by telephone.
- \* The written documentation of the interview will be reviewed at the next regularly scheduled meeting of the Executive Committee.

#### DEPARTMENT CHAIR REPORT

- \* The applicable department chair will review the applicant's entire file and document findings in a report to the Executive Committee. This report will be added to the applicant's credentials file.
- \* **Deferral:** Department chairs may not defer consideration of an application. They must forward a report to the Executive Committee within 15 days. A department chair must inform the Executive Committee in the event he or she is unable to submit a report.
- \* **Favorable findings:** Department chairs must document their findings pertaining to adequacy of education, training, experience, and current clinical competence for all privileges requested. Specific reference to the credentials file shall be made in support of all findings.
- \* **Unfavorable findings:** Department chairs must document the rationale for all unfavorable findings. They must also document reference to any criteria for clinical privileges that are not met.

#### MEDICAL EXECUTIVE COMMITTEE ACTION

- \* The Medical Executive Committee will review the applicant's file ~~at its prior to its~~ next regularly scheduled meeting. A report will be made to the Board of their recommendations. A report will be made, with the Chief of Staff signing the findings and recommendations.
- \* **Favorable recommendation:** When the Medical Executive Committee's recommendation is favorable to the applicant in all respects, the applicant's file will be forwarded to the Board of Commissioners for final approval.
- \* **Deferral:** When the Executive Committee's action is to defer the application for further consideration, it must be followed within 30 days by subsequent recommendations for approval, modification, or denial of staff appointment, category of staff and prerogatives, department affiliations, and scope of clinical privileges. The CEO or designee shall promptly send the applicant written notice of an action to defer.
- \* **Adverse recommendation:** When the Executive Committee's recommendation is adverse to the applicant, a special notice will be sent and the applicant shall be entitled to the procedural rights as provided in the Medical Staff Bylaws. An "adverse recommendation" by the Executive Committee is defined as a recommendation to deny appointment, or to deny or restrict requested clinical privileges.

#### BOARD OF COMMISSIONERS ACTION

- \* The Board of Commissioners will review the applicant's files prior to its next regularly scheduled meeting.
- \* **On a favorable recommendation:** The Board of Commissioners may adopt, reject in whole or part, a favorable recommendation of the Medical Executive Committee, or refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for such a referral back and setting a time limit within which a

subsequent recommendation may be made. Favorable action by the Board of Commissioners is effective as its final decision. The CEO will notify the new appointee in writing of the Board of Commissioner's favorable action. The CEO's signature will indicate the Board's approval of provisionally appointing the applicant with specified privileges in the indicated medical staff category. Any pertinent information regarding appointment to the medical staff will be forwarded or made available to the appointee at this time.

\* **On an adverse recommendation:** In the case of an adverse recommendation of the Executive Committee, the Board of Commissioners shall take final action in the matter as provided in the Medical Staff Bylaws.

If, after complying with the requirements, the Board's action is adverse to the applicant, a special notice will be sent to the applicant, who shall be entitled to the procedural rights provided in the Medical Staff Bylaws. "Adverse action" by the Board of Commissioners means action to deny appointment or to deny or restrict requested clinical privileges.

### BASIS FOR RECOMMENDATION AND ACTIONS

\* Each report, including the Board of Commissioners' report, must state the reasons for each recommendation or action taken, with specific reference to the completed application and any other documentation that was considered. Any dissenting views at any point in the process must be documented, supported by reasons and references, and transmitted with the majority report.

### CONFLICT RESOLUTION

\* In any case where the Board of Commissioners decision on a matter is contrary to the Executive Committee's or department chair's recommendation, the matter will be submitted to a joint conference committee for review and recommendation before the Board makes its final decision.

### NOTICE OF FINAL DECISION

\* In addition to notifying the applicant, the CEO shall notify each applicable department chief of the Board's final decision.

\* A decision and notice of appointment includes:

1. The staff category to which the applicant is appointed;
2. The department to which the applicant is assigned;
3. The clinical privileges the applicant may exercise; and
4. Any special conditions that may apply.

Upon successful appointment the applicant will be assessed a Medical Staff Dues in accordance with the Medical Staff Dues and Fees Policy.

### ORIENTATION OF NEW PROVIDERS

Every member of the active medical staff shall attend an orientation prior to beginning practice in the hospital. The Medical Staff Coordinator or Human Resources will be responsible for organizing the orientation with applicable hospital departments.

### TIME PERIODS FOR PROCESSING

All individuals and groups required to act on an application for staff appointment must do so in a timely manner. Except in unusual circumstances each application is generally processed within the following periods:

- |   |         |
|---|---------|
| 1. Medical Staff Services Office                            | 60 days |
| 2. Department Chair (to review & recommend)                 | 15 days |
| 3. Executive Committee (to review and reach recommendation) | 30 days |
| 4. Board of Commissioners (to render final decision)        | 30 days |

These time periods are deemed guidelines - it is not an applicant's right to have an application processed within these precise periods. If the provisions of the Medical Staff Bylaws are activated, the time requirements provided therein govern the continued processing of an application.

<b>Effective Date:</b>	<b>01/23/2007</b>	<b>Dept: of Record:</b>	<b>Medical Staff Services</b>		
		<b>Policy Owner:</b>	<u>Mandy Weed Shannon Carlson</u>		
<b>Print Date:</b>		<b>Revision By:</b>	<u>Mandy Weed Shannon Carlson</u>	<b>Revision Date:</b>	<u>07/14/2014</u> <u>03/09/2022</u>
		<b>Reviewed By:</b>	<b>Medical Executive Committee (MEC)</b>	<b>Review Date:</b>	<u>12/08/2014</u> <u>03/09/2022</u>
		<b>Committee Review:</b>	<b>MEC</b>	<b>Date Approved:</b>	<u>12/08/2014</u> <u>03/09/2022</u>
		<b>Committee Review: Approved By:</b>	<u>Board of Commissioners</u>	<b>Date Approved:</b>	<u>06/13/2018</u> <u>03/24/2022</u>

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## CHIEF MEDICAL OFFICER – Kevin Martin, MD

March 2022

### Medical Staff Services:

- **Recruiting:**
  - In February, we had 4 interviews:
    - Physician, emergency department: Offer declined.
    - Nurse practitioner, internal medicine: Offer accepted, start targeted for Q3.
    - Physician, ENT: Offer declined.
    - Nurse practitioner, occupational medicine: Applicant was only looking for part-time position.
  - Dr. Mark Beard started at Family Medicine-Ellensburg at the beginning of March.
  - We continue to recruit for:
    - Family medicine physicians and APCs
    - Internal medicine physicians and APCs
    - Pediatrician
    - ENT surgeon
    - Occupational medicine physician and APCs
    - Pulmonologist
    - Geriatric nurse practitioner
    - Cardiologist
    - Psychiatrist
    - General surgeon
    - Vascular surgeon
    - Dermatologist
    - Emergency medicine physician and APCs

### Medical Staff:

- We are presenting 4 new providers and 6 reappointments.
- As of this writing, there is one new provider being processed.
- At the last Medical Executive Committee meeting, we approved revised Initial and Reappointment Policy, updated to match our electronic application process.

### CMO activities:

- **Program development:**
  - In the development of the strategic plan, The Board identified new programs felt to be valuable to our patients in Upper and Lower County. There was particular interest in cancer care, and we have had preliminary meetings with potential willing partners who may support and help develop that care here.
- **COVID-19 update:**
  - Statewide, COVID-19 case rates are the lowest they have been since before the delta surge late last summer. As a cautionary note, what we have seen over the last 2 years is a periodicity of 3 to 4 months between peaks. Accordingly, any optimism has to be guarded, but I am guardedly optimistic.
  - In my December report, I noted case rates locally of 268/100,000 over 14 days. As of 2/1, just before we suspended testing at KVH, the county rate was 1600, trending down from 2277 in mid-January. The county is no longer directly reporting our case rates, but the Washington Department of Health reports that our current case rate is 89.3 per 100,000 over 14 days.
  - 50.7% of Kittitas County residents and 57.6% of residents 16 and over are fully vaccinated, versus 67.2% of Washingtonians and 76.9% of Washingtonians 16 and over. The percentage of Kittitas residents who have completed vaccinations since my last writing is 0.3%.

- As we cautiously begin the process of demobilizing our emergency response, we are revisiting the projects and processes that we put on hold 106 weeks ago.
- **Community & Regional Partnerships:**
  - We continue to support the work of the Kittitas County Health Network (KCHN). KCHN is implementing care coordination county wide, deploying community health workers and community paramedics to support those at highest risk. They are seeing increasing numbers of low acuity referrals consistent with the goal of preventing rather than responding to crises.
  - The Regional Emergency Disaster Healthcare Coalition (REDi) Regional Triage Team (RTT) has been disbanded due to staffing issues at REDi. In all probability, this group will form the nucleus of a rural ethics resource, staffed through The Rural Collaborative.
  - The Rural Collaborative (RC) Physician Leadership Committee is due to meet shortly after this writing.

Respectfully submitted,  
Kevin Martin, MD  
Chief Medical Officer

Current Status | Epidemiologic Curves | Cumulative Counts | Demographics | Testing | COVID-like Illness Hospitalizations | Healthcare System Readiness | Vaccinations

Cases | Hospitalizations | Deaths | R-effective Estimates

Count  Rate

**COVID-19 IN WASHINGTON STATE** Cases and Deaths by Specimen Collection Date, and Hospitalizations by Admission Date DATA AS OF 03/13/2022 11:59PM PT

This chart shows the rate of the COVID-19 outbreak in Washington by cases, hospitalizations and deaths over time. [Learn More](#)

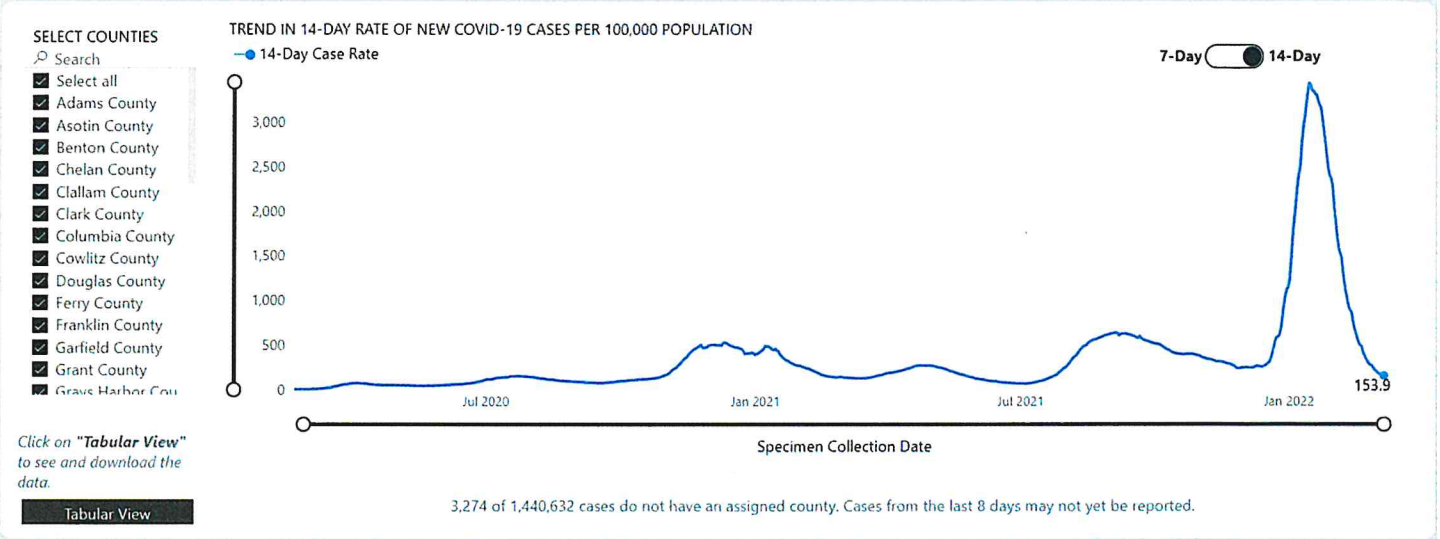


Figure 1: Washington state COVID-19 case rate per 100,000 over 14 days.

Current Status | Epidemiologic Curves | Cumulative Counts | Demographics | Testing | COVID-like Illness Hospitalizations | Healthcare System Readiness | Vaccinations

Cases | Hospitalizations | Deaths | R-effective Estimates

Count  Rate

**COVID-19 IN WASHINGTON STATE** Cases and Deaths by Specimen Collection Date, and Hospitalizations by Admission Date DATA AS OF 03/15/2022 11:59PM PT

This chart shows the rate of the COVID-19 outbreak in Washington by cases, hospitalizations and deaths over time. [Learn More](#)

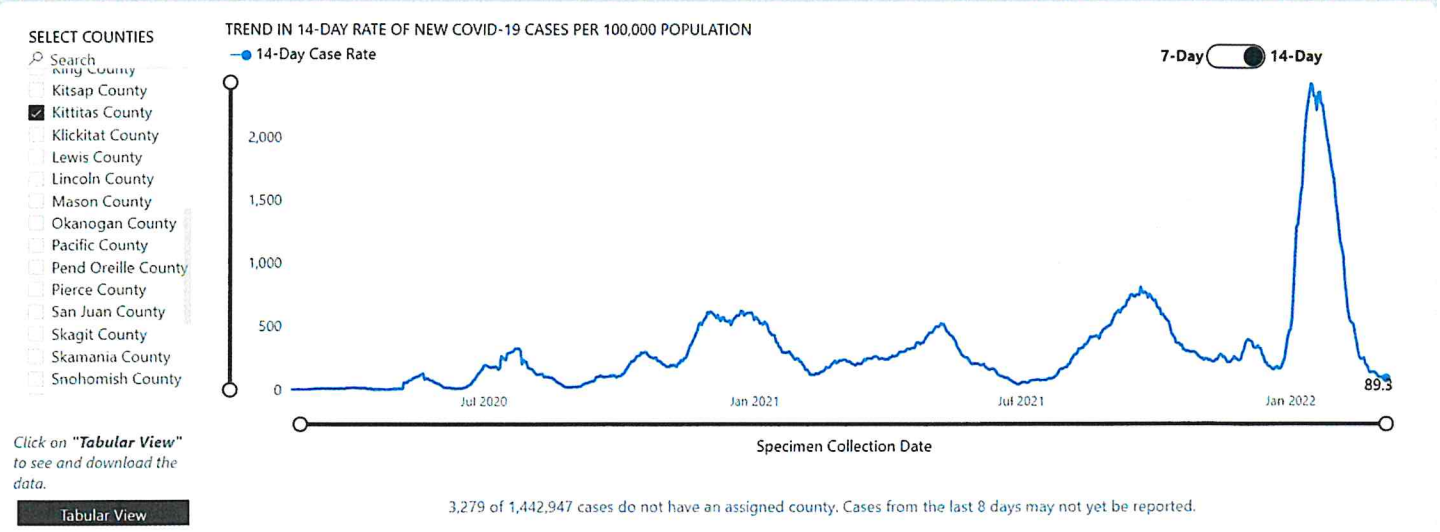


Figure 2: Kittitas County COVID-19 case rate per 100,000 over 14 days

Current Status
Epidemiologic Curves
Cumulative Counts
Demographics
Testing
COVID-like Illness Hospitalizations
Healthcare System Readiness
Vaccinations

Cases

**Hospitalizations**

Deaths

R-effective Estimates

Count  Rate

**COVID-19 IN WASHINGTON STATE** Cases and Deaths by Specimen Collection Date, and Hospitalizations by Admission Date DATA AS OF 03/13/2022 11:59PM PT

This chart shows the rate of the COVID-19 outbreak in Washington by cases, hospitalizations and deaths over time. [Learn More](#)

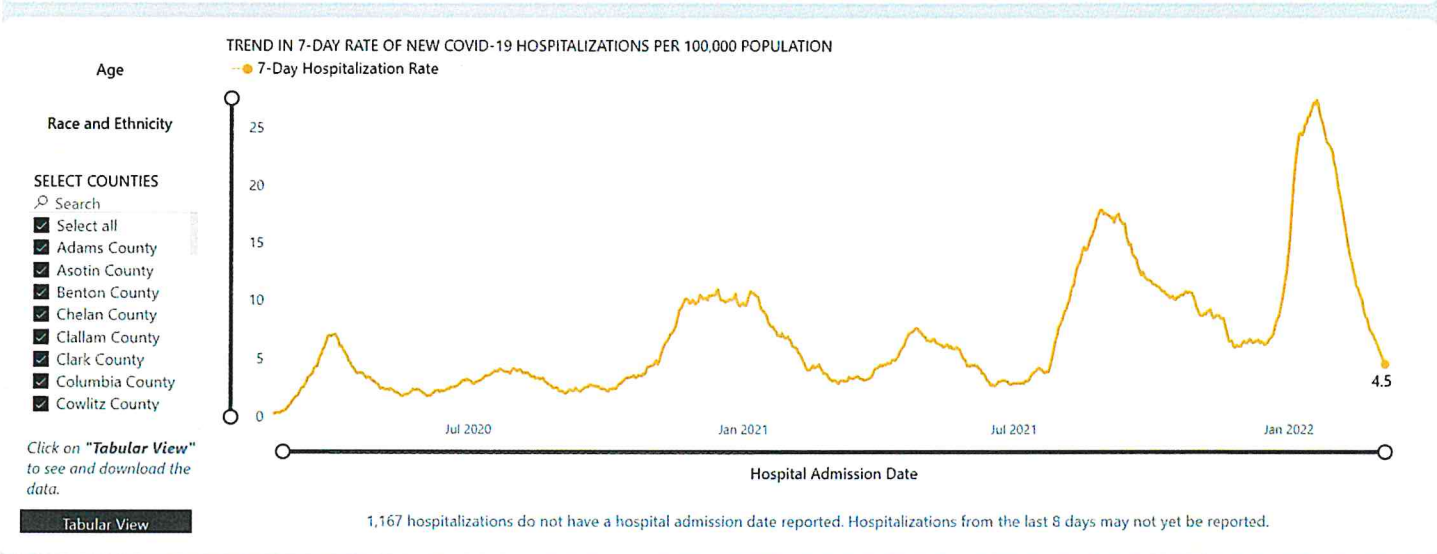


Figure 3: Washington state COVID-19 hospitalization rate per 100,000 over 7 days.



**February Operating Results**

- February and January inpatient volumes for the hospital continued to be very high. KVH admitted 90 patients in February; 17 admissions greater than budget. February inpatient days were 361 compared to budgeted inpatient days of 230; a positive variance of 131 inpatient days. YTD KVH has a positive inpatient day variance of 304 days. Many of the hospital's ancillary department volumes continued to be impacted negatively by Governor Inslee's executive order prohibiting elective surgical and GI procedures. KVH was able to restart non-emergent GI and surgery procedures on Friday, February 18<sup>th</sup>. Outpatient surgery cases and GI procedures were significantly below budget. ER, Urgent Care, laboratory tests, radiology exams, rehab visits and hospice volumes were also below budgeted volumes. In February the lab did 1,665 Covid-19 tests a significant decline from the 5,068 tests performed in January. Total Covid-19 testing revenue in February was \$287,805 compared to \$1,319,243 in January.
- Gross revenue of \$15,210,910 was below budget by \$1,037,996. Inpatient revenue exceeded budget by \$541,575; outpatient revenue was below budget by \$1,704,687 but professional fee revenue exceeded budget by \$125,116. The following departments had significant positive revenue variances in February. Med/Surg by \$168,976; Family Birth Place by \$9,687; radiology by \$134,842; the clinics by \$84,167 and Home Health by \$24,757. Many other ancillary departments had negative revenue variances. Surgery had a revenue shortfall of \$748,860; laboratory a shortfall of \$390,653; pharmacy a shortfall of \$64,973; rehab a shortfall of \$89,908; ER a shortfall of \$84,561 and urgent care a shortfall of \$23,180.
- In February deductions tracked with the revenue shortfall and were below budget by \$859,647. Contractual adjustments were below budget by \$753,811. Bad debt deductions exceeded budget by \$55,972. Financial assistance was below budget by \$45,415. Other deductions totaled \$55,551 and were below budget by \$116,392. Untimely billing accounted for \$15,533 of the total; hospice adjustments for \$13,111; not medically necessary for \$5,270 and no prior authorizations were zero.
- February other operating revenue was below budget by \$107,446. 340B contract pharmacy rebates were below the monthly budget by \$86,657.
- February expenses were below budget by \$153,711. Salaries were below budget by \$119,580. Temporary labor exceeded budget by \$202,576. ICU accounted for \$25,544 of the variance; Med/Surg for \$24,783; surgery for \$18,523; laboratory for \$19,390; radiology for \$18,800; ER for \$32,751 and Home Health & Hospice for \$56,197. Professional Fees exceeded budget by \$117,827. Locum physicians for Pediatrics, ENT



and Women's Health of \$82,000, \$33,865 and \$17,051, respectively, accounted for the variance. Supply expenses were below budget by \$361,522. Surgery was responsible for \$193,391 of the variance and laboratory for \$82,270. Purchased Services exceeded budget by \$198,084. The laboratory was responsible for \$83,375 of the variance and repairs at radio hill accounted for another \$73,474 of the variance.

- In February KVH posted operating income of \$318,458 compared to a budgeted operating income of \$450,542; a negative variance of \$132,084.
- Non-operating revenue/expense was under budget by \$244,406 due to unrealized losses on investments.
- KVH reported Net Income for February of \$74,052. YTD Net Income is \$166,334, a negative YTD variance of \$622,278.
- February Days in Accounts Receivable were 62.1 days, a decrease of 1.3 days from 63.4 in January. Gross accounts receivables decreased by \$444,447 from \$36,291,399 in January to \$35,846,952 in February. Total cash receipts in February from payers and patients totaled \$8,999,364. Total Cerner receipts posted in February were \$8,643,740.
- Average daily cash collections per working day increased from \$458,295 in January to \$473,651 in February.
- Days cash on hand decreased 6.7 days to 222.6 days in February from 229.3 days in January. Actual cash and investments on hand increased by \$589,491 from \$59,721,672 in January to \$60,311,163 in February.

## Kittitas Valley Healthcare

Year over Year Financial and Operating Indicator Trends  
February 2022 - Key Statistics and Indicators

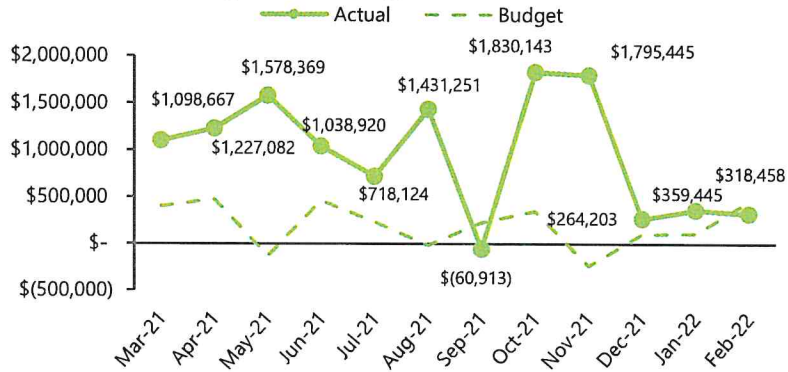
L	Measure	2022 YTD	2022 Budget	2022 Annualize	2021	2020	2019	2018	2017	2016	2015	2014
1	Total Charges	31,569,056	209,389,163	195,300,090	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699
2	Net Revenue	17,382,568	114,324,215	107,536,223	112,372,961	89,252,245	83,527,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460
3	Operating Income	677,902	6,500,000	4,193,802	12,131,449	(32,269)	2,901,869	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	3.9%	5.7%	3.9%	10.8%	0.0%	3.5%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Net Income	166,333.6	6,900,000	1,029,013	16,475,220	5,767,387	3,690,537	2,526,547	2,648,415	1,543,915	5,094,564	6,379,461
6	Net Margin %	1.0%	6.0%	1.0%	14.7%	6.5%	4.4%	3.2%	3.7%	2.2%	7.3%	9.2%
7	Cash	60,311,163	57,501,643	NA	61,914,502	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	270,981.9	217.6	NA	235.8	175.8	138.6	133.5	178.7	156.0	189.4	175.8
9	Surgeries	195	1,975	1,206	1,788	1,354	1,305	1,461	1,396	1,510	1,578	1,675
10	Gastrointestinal Procedures	139	1,500	860	1,321	1,211	1,416	1,250	1,383	1,396		
11	Emergency Visits	2,270	14,318	14,043	13,988	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%	9.2%	10.1%	9.5%	n/a	n/a	n/a	n/a	n/a
13	Laboratory Tests	46,920	283,255	290,268	288,552	237,710	209,144	207,040	190,587	181,082		
14	Radiology Exams	5,140	33,387	31,798	32,016	29,338	30,397	30,843	33,836	33,471		
15	IP & Obs Days (no swing)	952	4,194	5,891	4,820	3,717	3,805	3,999	3,440	3,937	3,740	4,976
16	Deliveries	47	300	291	280	284	309	342	322	312	368	334
17	Admits w/Swing	182	946	1,126	949	860	941	984	899	1,043	1,299	1,433
18	Primary Clinic Visits	10,470	62,643	64,772	64,687	54,028	60,871					
19	Specialty Clinic Visits	2,521	20,026	15,596	17,871	12,855	11,840					
20	Telehealth Visits	301	1,534	1,862	1,391	3,793	-					
21	Total Clinic Visits	13,292	84,203	82,230	83,949	70,676	72,711	59,241	50,917	48,525		
22												
23	FTEs	540.9	574.1	NA	529.9	499.0	477.4	469.4	457.6	449.1	437.9	437.7
24	AR Days	62.1	60.0	NA	63.9	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 2022		209,389,163	195,300,090	208,561,609	171,683,045	166,785,292	158,149,060	154,068,341	152,308,852	153,930,419	162,634,774
26	Operations Growth		0.40%	-6.36%	21.48%	2.94%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%
27	Operations Growth Exclude COVID Testing			-11.71%	15.42%	-0.38%						

**Kittitas Valley Healthcare**  
**February 2022 - Key Statistics and Indicators**

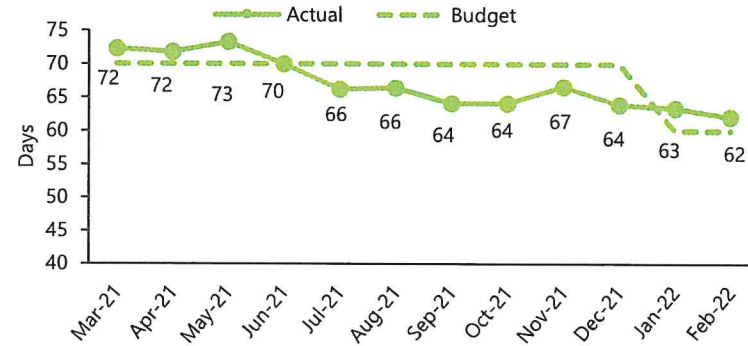
Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions w/Swingbed	90	73	22.5%	182	151	20.9%	138	31.9%	01
02 Patient Days - W/O Newborn	361	230	57.1%	775	471	64.7%	528	46.6%	02
03 Patient Days - Swingbed	-	7	-100.0%	4	14	-70.6%	NA	NA	03
04 Avg Daily IP Census w/Swingbed	12.9	8.4	52.7%	13.2	8.2	60.9%	9.0	47.4%	04
05 Average Length of Stay	4.0	3.1	28.2%	4.3	3.1	36.2%	3.8	11.2%	05
06 Average Length of Stay w/Swingbed	4.0	3.2	24.6%	4.3	3.2	33.1%	3.8	11.8%	06
07 Deliveries	27	23	17.2%	47	49	-3.2%	40	17.5%	07
08 Case Mix Inpatient	0.99	1.00	-1.0%	1.19	1.00	18.5%	1.13	4.9%	08
09 Surgery Minutes - Inpatient	3,223	2,442	32.0%	5,890	5,003	17.7%	4,272	37.9%	09
10 Surgery Minutes - Outpatient	5,650	8,966	-37.0%	10,732	18,372	-41.6%	16,697	-35.7%	10
11 Surgery Procedures - Inpatient	26	20	30.7%	49	41	20.2%	37	32.4%	11
12 Surgery Procedures - Outpatient	70	133	-47.5%	146	273	-46.5%	235	-37.9%	12
13 Gastrointestinal Procedures	76	116	-34.7%	139	238	-41.7%	178	-21.9%	13
14 ER Visits	1,036	1,110	-6.7%	2,270	2,276	-0.2%	1,917	18.4%	14
15 Urgent Care Cle Elum Visits	345	405	-14.8%	705	831	-15.2%	509	38.5%	15
16 Laboratory	21,001	21,952	-4.3%	46,920	44,953	4.4%	45,343	3.5%	16
17 Radiology Exams	2,574	2,589	-0.6%	5,140	5,304	-3.1%	4,912	4.6%	17
18 Rehab Visit	1,398	1,712	-18.4%	2,777	3,507	-20.8%	3,309	-16.1%	18
19 Outpatient Percent of Total Revenue	83.6%	88.0%	-5.0%	83.1%	88.0%	-5.5%	88.0%	-5.6%	19
20 Adjusted Patient Days	2,205	1,915	15.1%	4,585	3,905	17.4%	4,420	3.7%	20
21 Equivalent Observation Days	83	95	-12.3%	177	194	-8.7%	229	-22.5%	21
22 Avg Daily Obs Census	3.0	3.4	-12.3%	3.0	3.3	-8.7%	3.9	-22.5%	22
23 Home Care Visits	531	398	33.6%	909	814	11.7%	850	6.9%	23
24 Hospice Days	523	641	-18.4%	1,247	1,351.2	-7.7%	1,384	-9.9%	24
25 Primary Clinic Visits	5,386	4,894	10.1%	10,470	9,773	7.1%	10,485	-0.1%	25
26 Specialty Clinic Visits	1,228	1,554	0.0%	2,521	3,186	0.0%	2,625	0.0%	26
27 Telehealth Visits	115	119	-3.3%	301	243	23.6%	499	NA	27
28 Total Clinic Visits	6,729	6,567	2.5%	13,292	13,203	0.7%	13,609	-2.3%	28
<b>Financial Measures</b>									
29 Salaries as % of Operating Revenue	46.9%	46.8%	-0.4%	47.5%	48.4%	1.7%	46.5%	2.1%	29
30 Total Labor as % of Operating Revenue	59.3%	59.7%	0.7%	60.0%	61.4%	2.3%	59.4%	1.0%	30
31 Revenue Deduction %	44.6%	47.1%	5.2%	46.0%	47.1%	2.4%	46.9%	-1.9%	31
32 Operating Margin	3.7%	5.1%		3.9%	3.1%		7.2%		32
<b>Operating Measures</b>									
33 Productive FTE's	503.8	508.8	1.0%	480.3	508.8	5.6%	468.4	2.5%	33
34 Non-Productive FTE's	42.5	65.4	35.0%	60.6	65.4	7.3%	61.5	-1.6%	34
35 Paid FTE's	546.3	574.1	4.9%	540.9	574.1	5.8%	529.9	2.1%	35
36 Operating Expense per Adj Pat Day	\$ 3,744	\$ 4,391	14.7%	\$ 3,643	\$ 4,483	18.7%	\$ 3,449	5.6%	36
37 Operating Revenue per Adj Pat Day	\$ 3,889	\$ 4,627	-16.0%	\$ 3,791	\$ 4,625	-18.0%	\$ 3,717	2.0%	37
38 A/R Days	62.1	60.0	-3.5%	62.1	60.0	-3.5%	76.3	-18.6%	38
39 Days Cash on Hand	222.6	217.6	2.3%	222.6	217.6	2.3%	164.3	35.5%	39

# Financial Dashboard

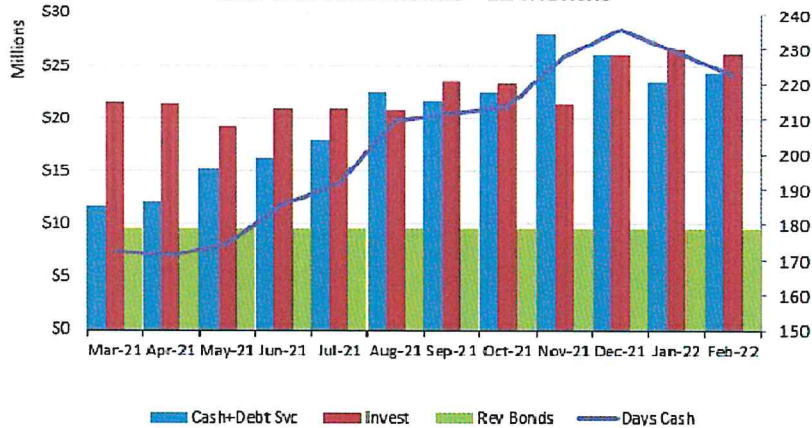
## Operating Income



## Accounts Receivable Days



## Cash and Investments - 12 Months



## Payer Mix

	CY 2019	CY 2020	CY 2021	YTD 2022
Medicare	41.97%	39.42%	40.24%	39.36%
Medicaid	18.72%	19.41%	19.08%	20.06%
Commercial	32.81%	34.97%	35.29%	36.14%
Self Pay	2.21%	2.66%	2.38%	1.93%
Other	4.30%	3.55%	3.01%	2.51%

**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	2,492,084	1,950,509	541,575	5,335,108	3,994,149	1,340,959	3,591,909
OUTPATIENT REVENUE	10,085,568	11,790,255	(1,704,687)	21,167,579	24,143,839	(2,976,260)	21,609,395
PROF FEE REVENUE	2,633,258	2,508,142	125,116	5,066,369	5,011,857	54,512	4,838,432
<b>REVENUE</b>	<b>15,210,910</b>	<b>16,248,906</b>	<b>(1,037,996)</b>	<b>31,569,056</b>	<b>33,149,845</b>	<b>(1,580,789)</b>	<b>30,039,736</b>
CONTRACTUALS	6,157,812	6,911,623	(753,811)	13,159,113	14,150,604	(991,491)	12,873,372
PROVISION FOR BAD DEBTS	483,150	427,178	55,972	1,022,589	855,935	166,654	648,889
FINANCIAL ASSISTANCE	90,961	136,377	(45,415)	167,968	273,745	(105,777)	224,966
OTHER DEDUCTIONS	55,551	171,944	(116,392)	166,036	342,871	(176,835)	326,836
<b>DEDUCTIONS FROM REVENUE</b>	<b>6,787,474</b>	<b>7,647,122</b>	<b>(859,647)</b>	<b>14,515,706</b>	<b>15,623,155</b>	<b>(1,107,449)</b>	<b>14,074,063</b>
NET PATIENT SERVICE REVENUE	8,423,435	8,601,785	(178,349)	17,053,350	17,526,689	(473,340)	15,965,673
OTHER OPERATING REVENUE	151,108	258,554	(107,446)	329,218	534,271	(205,053)	461,873
<b>TOTAL OPERATING REVENUE</b>	<b>8,574,544</b>	<b>8,860,339</b>	<b>(285,795)</b>	<b>17,382,568</b>	<b>18,060,960</b>	<b>(678,393)</b>	<b>16,427,546</b>
SALARIES	4,025,297	4,144,877	(119,580)	8,259,478	8,733,847	(474,369)	7,646,126
TEMPORARY LABOR	291,232	88,656	202,576	481,420	186,812	294,608	74,650
BENEFITS	1,058,515	1,144,670	(86,156)	2,168,420	2,354,353	(185,933)	2,107,293
PROFESSIONAL FEES	235,028	117,201	117,827	384,016	246,959	137,056	44,801
SUPPLIES	655,335	1,016,858	(361,522)	1,569,224	2,092,550	(523,326)	1,685,827
UTILITIES	115,535	122,164	(6,629)	217,813	232,486	(14,673)	198,368
PURCHASED SERVICES	1,196,014	997,930	198,084	2,217,719	2,094,044	123,675	2,028,046
DEPRECIATION	343,679	402,542	(58,863)	716,734	805,083	(88,350)	728,320
RENTS AND LEASES	84,055	100,821	(16,766)	167,632	201,642	(34,009)	207,088
INSURANCE	66,377	74,467	(8,090)	146,356	148,933	(2,577)	164,206
LICENSES & TAXES	56,082	75,986	(19,904)	134,373	155,592	(21,219)	159,598
INTEREST	49,492	48,499	993	99,598	96,997	2,601	102,916
TRAVEL & EDUCATION	20,972	26,786	(5,814)	31,160	54,187	(23,026)	31,241
OTHER DIRECT	58,475	48,341	10,134	110,723	101,861	8,862	64,831
<b>EXPENSES</b>	<b>8,256,086</b>	<b>8,409,797</b>	<b>(153,711)</b>	<b>16,704,665</b>	<b>17,505,346</b>	<b>(800,681)</b>	<b>15,243,312</b>
<b>OPERATING INCOME (LOSS)</b>	<b>318,458</b>	<b>450,542</b>	<b>(132,084)</b>	<b>677,902</b>	<b>555,614</b>	<b>122,288</b>	<b>1,184,234</b>
OPERATING MARGIN	3.71%	5.08%	46.22%	3.90%	3.08%	-18.03%	7.21%
NON-OPERATING REV/EXP	(244,406)	33,329	(277,735)	(511,569)	66,664	(578,232)	85,228
<b>NET INCOME (LOSS)</b>	<b>74,052</b>	<b>483,871</b>	<b>(409,819)</b>	<b>166,334</b>	<b>622,278</b>	<b>(455,944)</b>	<b>1,269,462</b>
<b>UNIT OPERATING INCOME</b>							
HOSPITAL	632,200	639,169	(6,969)	1,362,153	1,123,063	239,091	1,551,028
URGENT CARE	5,010	10,684	(5,674)	4,470	17,823	(13,353)	(38,623)
CLINICS	(303,250)	(207,690)	(95,560)	(720,949)	(593,613)	(127,337)	(445,891)
HOME CARE COMBINED	(15,503)	8,379	(23,881)	32,228	8,341	23,887	117,719
<b>OPERATING INCOME</b>	<b>318,458</b>	<b>450,542</b>	<b>(132,084)</b>	<b>677,902</b>	<b>555,614</b>	<b>122,288</b>	<b>1,184,234</b>

02/28/2022

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

Kittitas Valley Healthcare  
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	24,135,357	25,190,022	(1,054,664)
ACCOUNTS RECEIVABLE	35,846,952	35,722,017	124,935
ALLOWANCE FOR CONTRACTUAL	(24,995,984)	(25,319,514)	323,530
THIRD PARTY RECEIVABLE	0	0	0
OTHER RECEIVABLES	344,775	360,237	(15,463)
INVENTORY	2,547,464	2,482,365	65,099
PREPAIDS	768,789	818,866	(50,077)
INVESTMENT FOR DEBT SVC	316,596	958,166	(641,570)
<b>CURRENT ASSETS</b>	<b>38,963,949</b>	<b>40,212,160</b>	<b>(1,248,210)</b>
<b>INVESTMENTS</b>	<b>35,859,210</b>	<b>35,766,314</b>	<b>92,896</b>
PLANT PROPERTY EQUIPMENT & ROU ASSET	91,846,992	92,342,239	(495,246)
ACCUMULATED DEPRECIATION & ROU AMORT	(49,199,189)	(49,248,525)	49,336
<b>NET PROPERTY, PLANT, &amp; EQUIP</b>	<b>42,647,803</b>	<b>43,093,714</b>	<b>(445,911)</b>
OTHER ASSETS	(0)	(0)	0
<b>NONCURRENT ASSETS</b>	<b>42,647,803</b>	<b>43,093,714</b>	<b>(445,911)</b>
<b>ASSETS</b>	<b>117,470,962</b>	<b>119,072,188</b>	<b>(1,601,226)</b>
ACCOUNTS PAYABLE	1,785,128	2,613,363	(828,235)
ACCRUED PAYROLL	1,771,455	1,993,442	(221,987)
ACCRUED BENEFITS	842,715	351,261	491,454
ACCRUED VACATION PAYABLE	2,255,983	2,213,102	42,881
THIRD PARTY PAYABLES	2,914,000	3,347,000	(433,000)
CURRENT PORTION OF LONG TERM DEBT	1,082,761	1,719,552	(636,791)
OTHER CURRENT LIABILITIES	0	0	0
<b>CURRENT LIABILITIES</b>	<b>10,652,042</b>	<b>12,237,720</b>	<b>(1,585,678)</b>
ACCRUED INTEREST	100,361	285,600	(185,239)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	8,194	0	8,194
DEFERRED REVENUE HOME HEALTH	57,349	39,518	17,831
DEFERRED OTHER	2,531,913	2,531,913	0
<b>DEFERRED LIABILITIES</b>	<b>2,697,817</b>	<b>2,857,032</b>	<b>(159,215)</b>
LTD RIGHT OF USE ASSETS	503,103	525,770	(22,666)
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	11,667,554	12,124,345	(456,791)
LTD - 2018 REVENUE BOND	5,280,000	5,460,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	1,327,454	1,327,454	0
CURRENT PORTION OF LONG TERM DEBT CONT	(1,082,761)	(1,719,552)	636,791
<b>LONG TERM DEBT</b>	<b>17,695,350</b>	<b>17,718,017</b>	<b>(22,666)</b>
<b>NONCURRENT LIABILITIES</b>	<b>20,393,167</b>	<b>20,575,048</b>	<b>(181,881)</b>
<b>LIABILITIES</b>	<b>31,045,210</b>	<b>32,812,769</b>	<b>(1,767,559)</b>
FUND BALANCE	86,259,419	86,259,419	0
NET REVENUE OVER EXPENSES	166,334	(0)	166,334
<b>FUND BALANCE</b>	<b>86,425,753</b>	<b>86,259,419</b>	<b>166,334</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>117,470,962</b>	<b>119,072,188</b>	<b>(1,601,226)</b>

02/28/2022

Kittitas Valley Healthcare  
Balance Sheet and Cash Flow

## Statement of Cash Flow

	CASH
NET BOOK INCOME	166,334
<b>ADD BACK NON-CASH EXPENSE</b>	
DEPRECIATION	(49,336)
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
<b>NET CASH FROM OPERATIONS</b>	<b>116,998</b>
<b>CHANGE IN CURRENT ASSETS ( \$ )</b>	
PATIENT ACCOUNTS	(448,465)
OTHER RECEIVABLES	15,463
INVENTORIES	(65,099)
PREPAID EXPENSES & DEPOSITS	50,077
INVESTMENT FOR DEBT SVC	641,570
<b>TOTAL CURRENT ASSETS</b>	<b>193,546</b>
INVESTMENTS	(92,896)
PROPERTY, PLANT, & EQUIP.	495,246
OTHER ASSETS	0
<b>TOTAL ASSETS</b>	<b>712,895</b>
<b>CHANGE IN CURRENT LIABILITIES ( \$ )</b>	
ACCOUNTS PAYABLE	(828,235)
ACCRUED SALARIES	(221,987)
ACCRUED EMPLOYEE BENEFITS	491,454
ACCRUED VACATIONS	42,881
COST REIMBURSEMENT PAYABLE	(433,000)
CURRENT MATURITIES OF LONG-TERM DEBT	(636,791)
CURRENT MATURITIES OF CAPITAL LEASES	0
<b>TOTAL CURRENT LIABILITIES</b>	<b>(1,585,678)</b>
<b>CHANGE IN OTHER LIABILITIES ( \$ )</b>	
ACCRUED INTEREST ON 1998, 1999 UTGO	(185,239)
DEFERRED OTHER	0
DEFERRED TAX COLLECTIONS	8,194
DEFERRED REVENUE - HOME HEALTH	17,831
<b>TOTAL OTHER LIABILITIES</b>	<b>(159,215)</b>
<b>CHANGE IN LT DEBT &amp; CAPITAL LEASES ( \$ )</b>	
LTD RIGHT OF USE ASSETS	(22,666)
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(456,791)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	636,791
<b>TOTAL LONG-TERM DEBT &amp; LEASES</b>	<b>(22,666)</b>
<b>TOTAL LIABILITIES</b>	<b>(1,767,559)</b>
NET CHANGE IN CASH	(1,054,664)
BEGINNING CASH ON HAND	25,190,022
ENDING CASH ON HAND	24,135,357

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
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 Workforce Development Grant	KCHN	Care Coordination	HRSA		Researching	HRSA Care Coordination	KCHN	Funding would help build the community paramedicine and community health workers programs



*Early Learning Facilities Grant	Happy Feet Academy / KCHN / KVH	Child Care	Department of Commerce	\$1,000,000	Applied	HRSA Care Coordination	KCHN	Funding would increase childcare capacity in our community
Opioid Implementation Grant	KCHN	Opioids	HRSA	\$1,000,000	Applied	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Expanding on the work of the first Opioid response grant
**Capital Funding Request	KVH	Facilities	Washington State Legislature	\$3,600,000	Denied			Capital Funding to assist in the remodel of Materials Management, Imaging, and Surgical Services
Harm Reduction Program	KCHN	Opioids	SAMHSA	\$1,200,000	Applied	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Activities focus primarily on ways increase access to treatment, and reduce harm for individuals with SUD
RCORP Behavioral Health	KCHN	Opioids	HRSA	\$1,000,000	Researching	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Funding would expand the work of the implementation grant to go beyond opioids and work to find solutions for other behavioral health issues
Harm Reduction Program #2	KCHN	Opioids	SAMHSA	\$1,200,000	Applied	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Activities focus primarily on ways increase access to treatment, and reduce harm for individuals with SUD
ALTA Training	KVH	Education/Staff Development	DOH	\$7,500	WIP			Funding would support getting staff members through ALTA Language testing and help them to become certified.

\* 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***

\*Commerce originally announced that award letters for the Early Learning Facilities Grant would be sent the first weeks of March, however they have pushed the deadline to the end of March.

\*\*Unfortunately, the Surgical Services Expansion project was not included in the state legislatures supplemental budget for this year. This is likely due to the bienium budget and the inclusion of the Lab Expansion. I will continue to seek other avenues of funding to support this project.

**KITTITAS VALLEY HEALTHCARE**  
**Capital Expenditure Board Narrative**

**Requesting Department:** Family Medicine Cle Elum and Women's Health

**Capital Item Requested:** Colposcope x 2 – 1 basic and 1 with photo/video

**Function of Project:** Provide Family Medicine Cle Elum with a basic colposcope to allow this service to be performed in Cle Elum. Provide Women's Health with an updated colposcope that has photo and video capabilities to send images to PACS.

**Reason Requested:** Family Medicine Cle Elum does not have a colposcope. Women's Health current colposcope is not able to detect abnormal cells and is past its useful life.

**Budget:** \$ 0 - Family Medicine Cle Elum  
\$10,000 (2022) – Women's Health

**Actual Cost:** \$14,827  
\$70,168

**Submitted By:** Rachel Scott – Women's Health

**Date:** 09/23/2021