KVH
Kittitas Valley Healthcare
Your Home for Health

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: 843-4074-1824 Passcode: 693353

April 28, 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: March 24, 2022 **(3-7)**
   b. Approval of Checks **(8)**
   c. Report: Foundation **(9)**
   d. Minutes: Finance Committee **(10-11)**

4. **Public Comment and Announcements**

5. **Presentations:**
   a. Matt Ellsworth, Executive Director of the Association of Washington Public Hospital Districts: Levy Discussion **(12-13)**

6. **Reports and Dashboards**
   a. Quality – Mandee Olsen, Chief Quality Officer **(14-22)**
   b. Chief Executive Officer – Julie Petersen **(23-25)**
   c. Operations **(26-31)**
      i. Vicky Machorro, Chief Nursing Officer
      ii. Rhonda Holden, Chief Ancillary Officer
      iii. Stacy Olea, Chief of Clinic Operations
   d. Support Services
      i. Michele Wurl, Chief Public Relations Officer **(32-36)**
      ii. Jeff Yamada, Chief Information Officer **(37-40)**
      iii. Ron Urlacher, Chief of Facilities **(41-44)**
   e. Medical Staff
      i. Chief of Staff, Timothy O'Brien MD
         1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(45)**
      ii. Chief Medical Officer, Kevin Martin MD **(46-49)**
   f. Finance – Chief Financial Officer - Scott Olander
      i. Operations Report **(50-62)**
      ii. Resolution No. 22-05 to Surplus Property ** **(63-64)**

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Call in by phone: 1-877-853-5257 Meeting ID: 843-4074-1824 Passcode: 693353

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, Personnel - RCW 42.30.110(g)
    b. Convene to Open Session

11. **Adjournment**

Future Meetings

May 26, 2022, Special Meeting
June 23, 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
March 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, Mandee Olsen, Ron Urlacher, Rhonda Holden, Dr. Jonathan Hibbs, Linda Navarre, Stacy Olea, Dr. Kevin Martin, Brenda Hilligoss, John Bartlett

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:**

   President Libenow stated that there are two additions to the agenda under the CEO report. The Teamsters four year contract for Central Sterile and a request for a second retention bonus for staff.

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

3. **Consent Agenda:**
   ACTION: On motion of Terry Clark and second of Davis, the Board members unanimously approved the consent agenda as presented.

4. **Public Comment/Announcements:**
   None

5. **Presentation:**
   Linda Navarre, Risk and Peer Review Manager, reviewed the 2021 Annual Compliance Report and the 2021 Compliance Work Plan Outcome Report. Navarre stated that Compliance can now be found on the monthly QI Dashboard.

6. **Reports and Dashboards:**
   The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that the packet now has the 2022 dashboards with data back to January.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that CompassDirect Healthcare has now vacated our building and moved downtown. Petersen stated that we still have Covid tests that are to be widely distributed and they are free.

ACTION: On motion of Matt Altman and second of Bob Davis, the Board members unanimously approved the Teamsters four-year contract for Central Sterile.

ACTION: On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved Resolution No. 22-04 to purchase the vacant lot located at 611 S. Pearl Street in Ellensburg.

Petersen stated that the Board asked when preparing the 2022 budget to see if we could fund an additional retention bonus when the pandemic was ending. Petersen stated that she believes we are there and looking to recognize the team that is still here working with us.

ACTION: On motion of Terry Clark and second of Matt Altman, the Board members authorized retention bonuses to all Kittitas Hospital District No. 1 employees who meet the condition of being employed by the District on March 31, 2022 as discussed and consistent with the 2021 retention bonus calculations. The motion passed with two abstentions. Commissioner Davis and Commissioner Ward stated that they support the employees and are only recusing themselves from the vote to avoid a potential conflict of interest, because they have family members employed at KVH.

Julie Petersen stated that she would like to request board authorization to take the site improvement project to public bid. Ron Urlacher reviewed the project stating that it would redo the main hospital entry, transition the area by the ED, add pedestrian crossings to the clinics, add some additional parking and update the landscaping. Petersen stated that the rose garden would be maintained and a staff door would be added to access the healing garden. Petersen stated that the total cost for the project is $2.1 million.

ACTION: On motion of Matt Altman and second of Bob Davis, the Board members unanimously authorized administration to take the KVH site improvement project to public bid.

Commissioner Altman questioned our open positions and employee turnover. Manda Scott stated that turnover was higher last year but we are starting get traction on some of the licensed hard to fill positions and HR has been working with Marketing to recruit for some of those positions.

The Board members reviewed the operations report with Rhonda Holden and Dr. Jonathan Hibbs. Rhonda stated that they have been interviewing for the lab and diagnostic imaging director positions with Stacy Olea's move to the clinics. Dr. Hibbs stated the clinics are very busy and have started placing Holter Monitors in the clinics.

Dr. Hibbs introduced Stacy Olea, Chief of Clinic Operations.

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. Laine Murphey, Dr. Jaime Litvack, Zoe Birt, PA-C, Derek Henderson, PA-C and the reappointments for Dr. Thomas Penoyar, Dr. Noureldin Abdelhamid, Dr. Jesse Cone, Dr. Aaron Jun, Dr. Erik Monick, and Jocelyn Judd, PA-C, as recommended by the Medical Executive Committee.

ACTION: On motion of Matt Altman and second of Terry Clark, the Board members unanimously approved the Reappointment Policy and Procedure.

ACTION: On motion of Matt Altman and second of Terry Clark, the Board members unanimously approved the Initial Appointment Policy.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that we are working to improve our messaging and the visibility of our messages in regards to provider recruiting.

Scott Olander reported on KVH's financial performance for February. Olander stated that in-patient volume was higher than expected, we exceeded the number of budgeted deliveries, Home Health and Hospice exceeded the number of budgeted home care visits, and clinic visits were ahead of budget.

Olander stated that no action is required for the capital item for the colposcopes.

No community relations report to review this month.

7. Education and Board Reports:

None.

8. Old Business:

Julie Petersen stated that Hospital District No. 2 did not have a quorum present at their last meeting so nothing to report this month regarding holding a joint meeting.

9. New Business:

President Libenow stated that the Board received a concern about the blue line flag. Petersen stated that the intent was for the 35 flag to be flown in remembrance of Ryan Thompson and the blue line flag being put up was unintentional. It was decided moving forward the 35 flag will be flown in remembrance of Ryan Thompson and President Libenow will respond to the email on behalf of the Board.

10. Executive Session:

At 7:42 p.m., President Libenow announced that there would be an 8-minute recess followed by a 45-minute executive session regarding real estate. RCW 42.30.110(b). No action was anticipated.

At 8:35 p.m., the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:36 p.m.

CONCLUSIONS:

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

2. Motion passed to approve the consent agenda.

3. Motion passed approve the Teamsters four-year contract for Central Sterile.

4. Motion passed approving Resolution No. 22-04 to purchase the vacant lot located at 611 S Pearl Street in Ellensburg.

5. Motion passed approving a retention bonuses to all Kittitas Hospital District No. 1 employees who meet the condition of being employed by the District on March 31, 2022 as discussed and consistent with the 2021 retention bonus calculations

6. Motion passed authorizing administration to take the KVH site improvement project to public bid.

7. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.

8. Motion passed to approve the Reappointment Policy and Procedure.

9. Motion passed to approve the Initial Appointment Policy

Respectfully submitted,

Mandy Weed/Terry Clark
Executive Assistant, Board of Commissioners

Kittitas Valley Healthcare
Your Home for Health

DATE OF BOARD MEETING: April 28, 2022

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	282372-283245	NET AMOUNT:	$7,351,446.94
		SUB-TOTAL:	$7,351,446.94	

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	81954-81957	NET AMOUNT:	$4,784.82
#2	PAYROLL CHECK NUMBERS	81958-81962	NET AMOUNT:	$5,423.30
#3	PAYROLL DIRECT DEPOSIT	EFT	NET AMOUNT:	$1,372,486.67
#4	PAYROLL DIRECT DEPOSIT	EFT	NET AMOUNT:	$1,348,302.89
		SUB-TOTAL:	$2,730,997.68	

TOTAL CHECKS & EFTs: $10,082,444.62

Prepared by

Sharoll Cummins

Sharoll Cummins
Staff Accountant

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THE FOUNDATION KVH

Donor Giving

The Foundation has received a very generous donation on behalf of a charitable trust. The Susan and David Denton Charitable Trust, through the Community Foundation of Utah, awarded the Foundation with a grant of $5,000 to be used towards the KVH Home Health and Hospice program. The gift was made in Honor of a KVH HHH patient.

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.

Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

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

April 26, 2022
Tuesday

7:30 A.M.
Join Zoom Meeting

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: March 22, 2022**
- **March Financial Highlights**
- **Surplus List**
- **Quarterly Capital Project Update**
- **Adjourn**

Next Meeting Scheduled: May 24, 2022 (*Tuesday*)

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

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

Members Excused: none

Staff Present: Kelli Goodian Delys and Jason Adler

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

Two motions were made, one to approve the agenda and one to approve the February 22, 2022 minutes. Both motions passed.

Olander presented the highlights of the February 2022 financial results. February inpatient was quite busy with 90 admissions compared to a budget of 73 admissions. Patient days were above budget for the month and year to date. We were above expectations due to the Rural Physician Group keeping services in the community, some Covid patients and necessary inpatient surgical procedures. Non-emergent surgeries resumed February 18, 2022. ER visits, urgent care visits, laboratory, radiology exams, and rehab visits were under budget for February. 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. Overall expenses were less than budget. Budget overages occurred in temporary labor and professional fees for contract staff and contract providers. Non-operating expense is investments adjusted to market value. The month ended with operating income of $318,458 and net income of $74,042. AR Days ended at 62.1. Days cash hand is 222.6. The details are in the Chief Financial Officer Report.

The committee discussed updates to the colposcope capital item approved in October 2021 and the plan for landscaping at the hospital.

With no further business, the meeting was adjourned at 8:26 a.m.

Association of Washington Public Hospital Districts

Who We Are

Since 1952 The Association of Washington Public Hospital Districts (AWPHD) has been the voice for Public Hospital Districts (PHD) across the State of Washington. We are solely focused on the unique role that PHDs serve in communities.

At AWPHD we understand the special connection of our members to their communities; that have made the choice and investments to keep care local. We strive to support the PHDs at all levels; the publicly elected commissioners, CEOs and staff. Our value is in our ability to advocate, educate and convene all of the above to create a better environment to deliver publicly owned health care.

We are led by a professional, full time staff and an all volunteer Board of Directors.

Brian Ivie
Skagit Regional Health
Board President

Matthew Ellsworth
Executive Director

56 - Public Hospital Districts

47 - Hospitals

(34 Critical Access)

3 - Clinics

12 - Longterm Care

22 - EMS

206.281.7211
999 3rd Street
Suite 1400
Seattle, WA 98104

Association of Washington Public Hospital Districts

What We do

We Advocate

When it comes to influencing public policy, AWPHD is the voice of Washington Public Hospital Districts. Together, with our experience and members' collective voices we bring your needs and issues to the Legislature, State and Federal Agencies.

We Educate

At AWPHD we offer tailored governance education to leaders and PHD Commissioners. In addition, we help our members navigate legal questions unique to PHDs.

We Convene

We recognize the value to our members in gathering to learn and share. AWPHD sponsors multiple annual gatherings for PHD leaders. We also have forged strategic partnerships within the healthcare and public policy arenas that add value to our members.

We Support

AWPHD administers Intergovernmental Transfer (IGT) and Nursing Home Pro-Share programs that delivers direct financial benefit to our members. In addition AWPHD provides access to qualified, independent legal support on those issues unique to PHDs.

206.281.7211
999 3rd Street
Suite 1400
Seattle, WA 98104

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QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ
April, 2022

Employee Health/Infection Control

Although numbers of positive COVID cases have drastically improved since first quarter, as have Employee Health calls, we still have small numbers of sick employees and their families. We are happy to continue providing guidance 24/7 to our employees, but excited to begin focusing on more routine infection control and employee health work:

1. Organization-wide Infection Prevention – Anna Scarlett and Nicole Hilderman have re-initiated several important on-going infection prevention functions in the last quarter:
    a. Infection Control Committee
    b. Antimicrobial Stewardship Committee
    c. Rounding for surveillance, isolation, PPE, and staff support
    d. Surgical Site Infection Prevention work
2. Clinic Infection Prevention Improvement – During our CMS Hospital survey last summer, opportunities were identified for additional education regarding sterile instrument processing. It was recognized in that re-education that the current practices could be changed to improve ease of cleaning and decrease risk to staff of exposure through splashes or spills. Nicole and clinic staff worked closely with hospital sterile processing team to develop a safer practice (enzyme spray instead of soaking tub of enzyme solution). So far the new process has been piloted in one clinic and should be rolled out clinic-wide in the coming weeks.
3. Clinical Education Fair – Nicole and myself were able to provide in-person instruction to our clinical staff on required COVID topics, hand hygiene and PPE on March 30 and 31. In addition, we were able to mask-fit test almost 80 employees. Thanks to the Staff Development team for putting on the event, and to Workplace Health and HIM in supporting Nicole and I to provide the mask-fit testing service.
4. Employee Health –
    a. We annually report to NHSN (CDC/CMS) on ***flu*** vaccine data. It was submitted this month for the employees, students, volunteers, and other contracted personnel that worked at KVH between 10/1/21 and 3/31/22. A total of 822 individuals were included in this group, the data is as follows:
        i. 76% (621) were vaccinated
        ii. 18% (151) declined vaccination
        iii. 6% (50) had unknown vaccination status
    b. As for current COVID vaccination for our current employees (693), our rate is holding steady at 92% (638). Of those vaccinated, we have record of 50% (319) of them as having received a booster.
5. DNV Infection Prevention and Control Bootcamp – Anna attended a 3 day event April 19-21 and will have a certification at the end of it!

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DNV Preparedness

DNV will be conducting their initial CAH Conditions of Participation survey with KVH sometime after May 31st. Leaders and staff will be participating in a study session April 28th (today) to refresh our learning from last year, orient new leaders, and identify places to begin improvement. I have also started gemba-ing with each senior leader to review their QAPI plans, strategic work, and concerns for DNV. I had a wonderful first CQO gemba with Rhonda Holden this month. It was wonderful to see the continued pursuit of quality improvement despite two years of pandemic.

Vanderbilt Case

On March 25th, a Tennessee court found former Vanderbilt University Medical Center nurse, RaDonda Vaught, guilty of negligent homicide and gross neglect of an impaired adult. This highly controversial criminal case has sent shock waves through the entire healthcare industry. KVH has tentatively scheduled an employee forum for Thursday, May 5th to talk about the case and what KVH does to ensure a culture of safety. KVH has a long history of prioritizing safety and quality at all levels of the organization. The forum will be a good opportunity to remind ourselves the importance of continually strengthening our safety culture.

Please Welcome New Process Improvement Coordinator, LeAnn Bolding!

LeAnn joined us April 12th as a full-time Process Improvement Coordinator. She comes to us with over 15 years of experience in healthcare management and improvement from Yakima Valley Memorial Hospital. Her training and experience includes Advanced Virginia Mason Production System certification, at both the improvement event and leader/executive coaching levels. She has spent the first few weeks getting to know our Quality team, and will be spending the coming months familiarizing herself with our leaders, staff, and current improvement systems. We are anticipating LeAnn will have recommendations for how we can expand or redeploy improvement strategies and tools, as well as providing hands-on facilitation support to leaders on improvement projects.

Quality Improvement Dashboard Data Summary – through February 2022

New measures now have the back data included. The glossary has also been revised and so is attached again this month.

Summary of Areas Meeting Goal or Showing Improvement

- The median time to antibiotics for patients with sepsis was lower than it has been in several months. Compliance for care and documentation with the national bundle for sepsis care measures was at 100%.
- The median time to CT or MRI for patients with stroke was well below the goal both for time to exam and time to results.

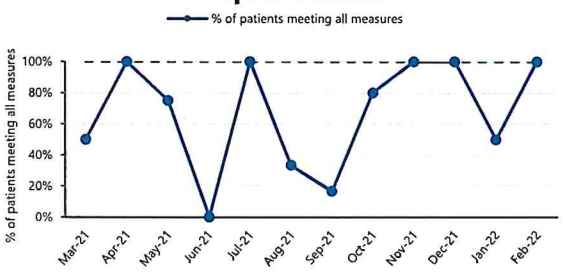
- The percentage of traditional Medicare patients who received a Medicare wellness exam in the past 12 months was below the goal, but it was the highest of any organization participating and reporting to the Washington Rural Health Collaborative.

Summary of Improvement Opportunities

- The median time to ECG for patients with chest pain in the ED was above the goal.
- Compliance with documentation of all components of the measurement bundle for restraints was below the goal. There was no single issue that impacted compliance. There were instances of missing orders, missing care plans, and missing hourly documentation.
- There was one needlestick in the clinics, related to a pediatric patient and lack of proper training for the employee on how to work with pediatric patients.
- There were four falls in the month of February, including one in a patient home for a home health patient. The only fall with injury was in the Emergency Department for a patient being seen for alcohol withdrawals.

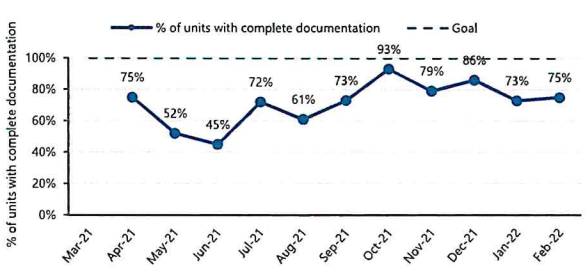
QI Council

Sepsis Bundle ↑

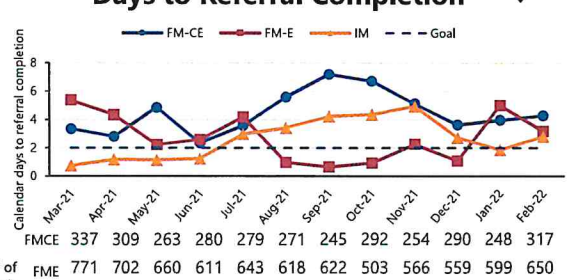


	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# possible	2	3	4	2	2	3	6	5	8	4	6	2

Blood Product Documentation ↑

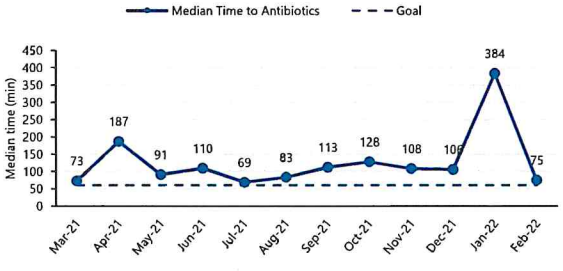


Days to Referral Completion ↓



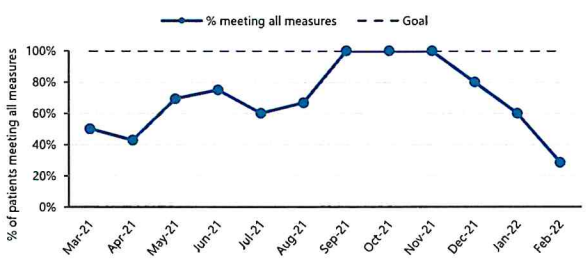
		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# of referrals	FMCE	337	309	263	280	279	271	245	292	254	290	248	317
	FME	771	702	660	611	643	618	622	503	566	559	599	650
	IM	315	244	310	246	282	215	209	231	178	249	207	243

Sepsis Antibiotic Timing ↓



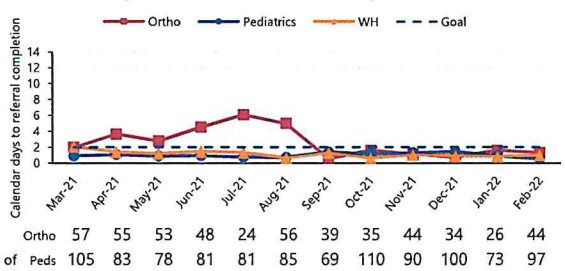
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# possible	3	3	4	2	4	4	6	5	4	5	7	2

Restraints ↑



	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# possible	2	7	13	8	5	9	7	5	8	5	10	7

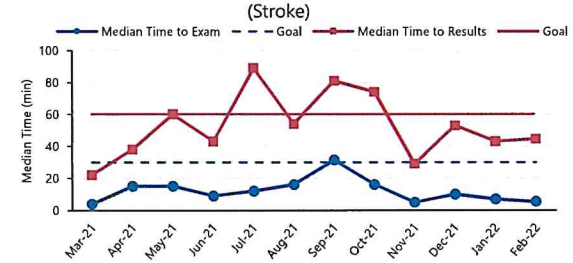
Days to Referral Completion ↓



		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# of referrals	Ortho	57	55	53	48	24	56	39	35	44	34	26	44
	Peds	105	83	78	81	81	85	69	110	90	100	73	97
	WH	76	92	66	105	71	70	72	79	52	44	40	54

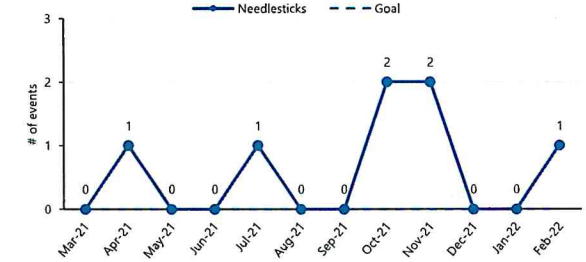
Median Time to CT or MRI ↓

(Stroke)

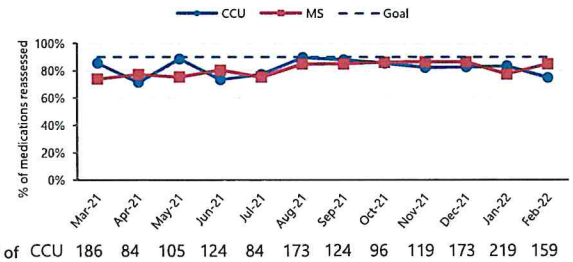


	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# possible	2	7	5	8	5	4	6	4	2	9	3	6

Needlesticks ↓



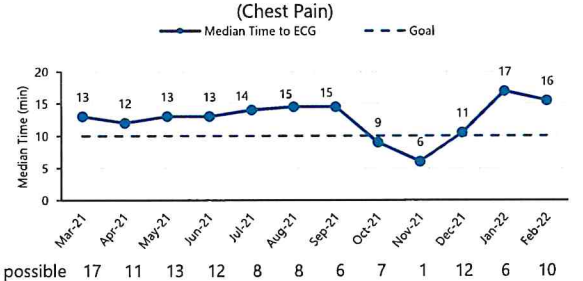
Pain Reassessment after Medication ↑



		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# of meds	CCU	186	84	105	124	84	173	124	96	119	173	219	159
	MS	405	371	662	561	488	548	419	317	576	658	463	628

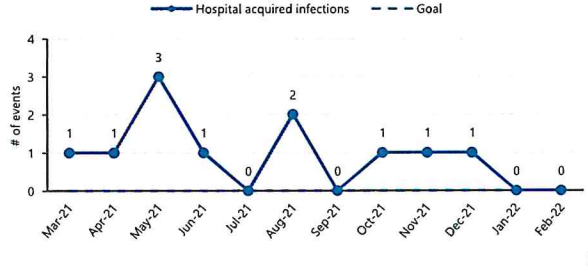
Median Time to ECG ↓

(Chest Pain)

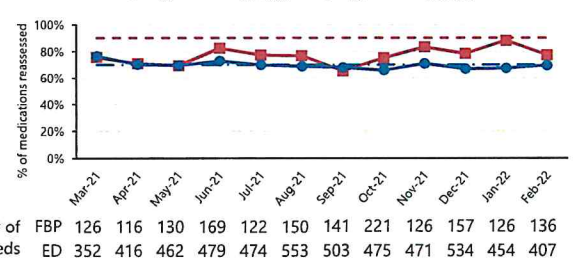


	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# possible	17	11	13	12	8	8	6	7	1	12	6	10

Hospital Acquired Infections ↓



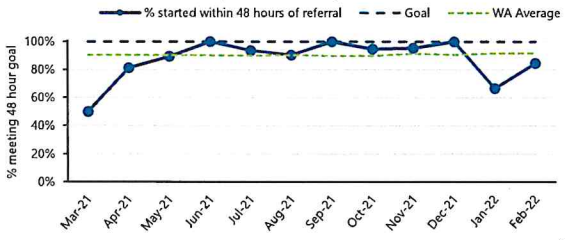
Pain Reassessment after Medication ↑



		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# of meds	FBP	126	116	130	169	122	150	141	221	126	157	126	136
	ED	352	416	462	479	474	553	503	475	471	534	454	407

Timely Start for Physical Therapy ↑

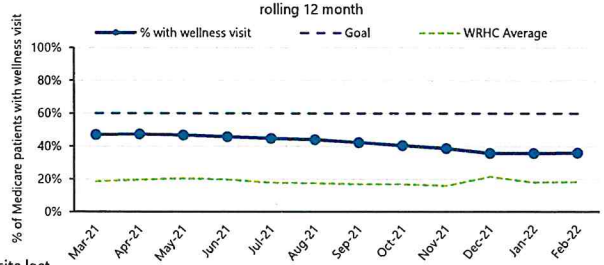
(Home Health)



	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# possible	28	16	19	19	16	21	14	19	22	15	12	13

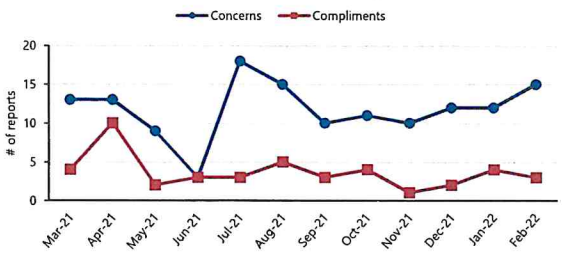
Medicare Wellness Visits ↑

rolling 12 month



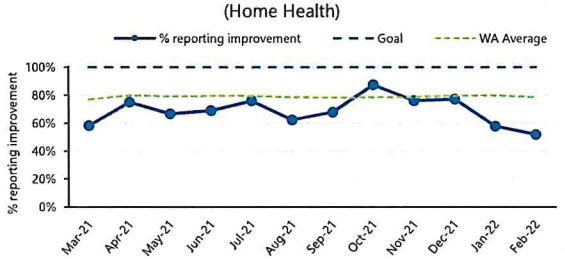
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
visits last month	181	208	178	198	192	190	157	131	164	177	166	162

Care and Service Reports ↓



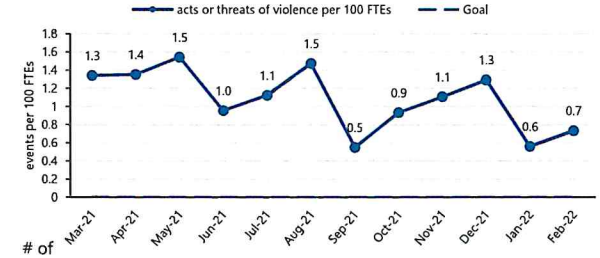
Improvement in Management of Oral Medications ↑

(Home Health)



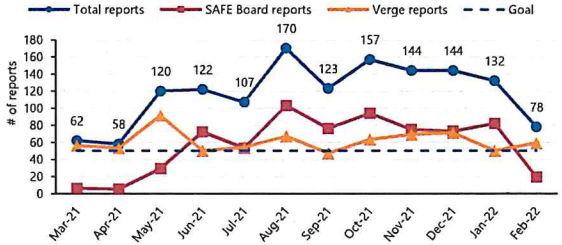
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# possible	36	24	27	29	25	32	25	24	21	22	19	27

Workplace Violence Events ↓

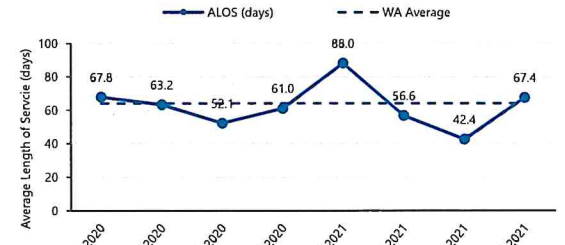


	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
# of events	7	7	8	5	6	8	3	5	6	7	3	4

Employee Reports ↑



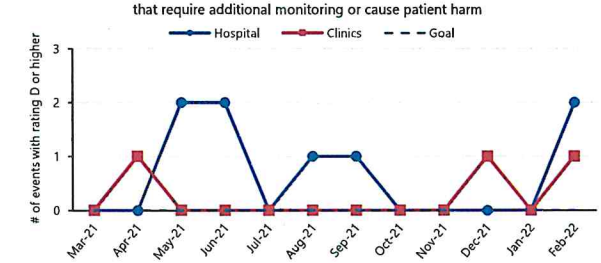
Hospice Average Length of Service ↑



	1Q 2020	2Q 2020	3Q 2020	4Q 2020	1Q 2021	2Q 2021	3Q 2021	4Q 2021
# of patients discharged	34	36	38	40	24	27	31	38

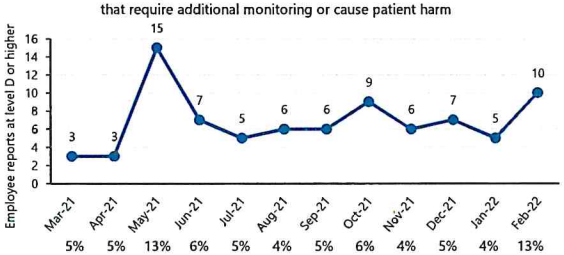
Adverse Medication Events ↓

that require additional monitoring or cause patient harm



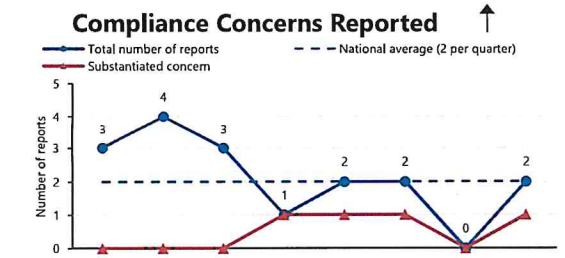
Reports of Occurrences ↓

that require additional monitoring or cause patient harm

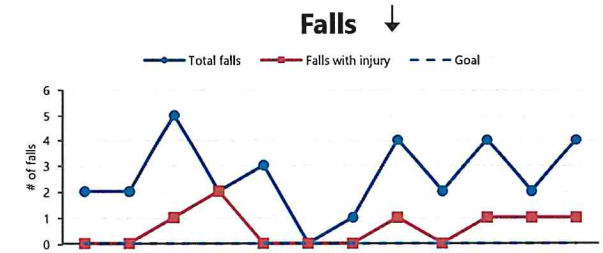


	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
	5%	5%	13%	6%	5%	4%	5%	6%	4%	5%	4%	13%

Compliance Concerns Reported ↑



Falls ↓



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	1. Received within three hours: initial lactate level measurement, broad spectrum or other antibiotics, blood cultures drawn prior to antibiotics; 2. Received within six hours: repeat lactate level measurement if initial lactate level was elevated; 3. Received within three hours: crystalloid fluid bolus if indicated; 4. Received within six hours: vasopressors if indicated	
Sepsis Antibiotic Timing	Median time from arrival to administration of antibiotics	Sepsis is an infection. The first step in treating the condition is administration of antibiotics.	Timing begins at hospital arrival, which can be before sepsis is suspected.
Median Time to CT or MRI (Stroke)	Median time from arrival to CT or MRI exam and to result for patients with acute ischemic stroke or hemorrhagic stroke	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry. Time measured to beginning of exam and to availability of result from radiologist.	
Median Time to ECG (Chest Pain)	Median time from arrival to ECG for patients with chest pain who are eventually admitted to KVH Hospital or transferred	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry. Time measured from when patient arrived to time ECG is charted as "signed" or "completed."	
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: start time, stop time, if the patient had a reaction to the transfusion, pre-transfusion vital signs, vital signs 15 minutes after transfusion started, post-transfusion vital signs, and documentation of a consent. Vital signs include temperature, blood pressure, respiration rate and pulse. Numerator is number of blood product units considered complete. Denominator is total number of blood product units given.	

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Restraints	Numerator: Number of patients who met all possible measures for restraints Denominator: Total number of patients in restraints	Measures for restraint use include: ►Initial restraint order written ►Restraint problem added to care plan ►Restraint orders continued/signed by physician every 24 hours or sooner ►Restraint charting/assessment done as frequently as appropriate for the reason for restraint (behavioral: every 15 min, medical: every 60 min)	
Needlesticks	Total number of staff who experience a sharps injury during the month	Dependent on reporting by staff.	
Hospital Acquired Infections (HAIs)	Total number of infections contracted by an inpatient as a result of care or treatment provided during their hospital stay. Includes CAUTIs, CLABSIs, VAEs, and SSIs.	Inpatient infections from urinary catheters, certain types of intravascular devices, ventilators or surgeries. Based on criteria from the National Health and Safety Network (a division of the Centers for Disease Control and Prevention). Includes superficial surgical site infections, which are not included in Washington State Hospital Association comparison reports.	CAUTI: Catheter-associated urinary tract infection CLABSI: Central line-associated bloodstream infection VAE: Ventilator-associated event SSI: Surgical site infection
Days to Referral Completion	The number of calendar days to referral completion for KVH clinic patients	Based on month of referral order date. Only completed referrals are included in data (accounting for >90% of all referral orders).	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, *except* 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	

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Improvement in Management of Oral Medications (Home Health)	The percentage of patients who are discharged from home health services during the month who experienced an improvement in their management of oral medications.	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
Medicare Wellness Visits	Numerator: The number of traditional Medicare patients who have received a Medicare Wellness Visit within the previous 12 months 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	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: ►A review of medical and family history ►Developing or updating a list of current medications ►Height, weight, blood pressure, and other routine measurements ►Cognitive impairment screening ►Personalized health advice ►A screening schedule (checklist) for appropriate preventive services like cancer screenings	Visits can only cover preventive care. They cannot address current medical concerns. All traditional Medicare patients seen in these three clinics are included, even if they receive their primary care elsewhere.
Workplace Violence Events	Number of harm events related to workplace violence per 100 FTEs	As defined by the Occupational Safety and Health Administration, workplace violence includes any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site.	Threats and verbal abuse are included as events.
Adverse Medication Events	The number of medication events that are Category D or greater, separated by setting of clinics or hospital	A Category D error is an error that reaches the patient and requires monitoring to confirm that it did not results in harm to the patient and/or required intervention to preclude harm	Unanticipated medication allergies can be included in Category D or greater medication events
Falls	Blue line (circles): The total number of patient falls anywhere in the organization Red line (squares): The number of patient falls that result in any injury	Injuries are defined as anything that requires the application of a dressing or bandage, ice, cleaning of a wound, limb elevation, or topical medication	Non-patient falls are not included (employee falls, visitor falls, parking lot falls); near misses are not included

KVH Quality Improvement Council Dashboard Glossary

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

KVH
Kittitas Valley Healthcare
Your Home for Health

Chief Executive Report
April 2022

Draft Agenda for May Retreat

Planning is well underway for the Board retreat coming up May 18 – 20th. The plan is to arrive in time for social gathering Wednesday evening so we can get an early start Thursday morning.

Thursday we will receive updates from each of the four strategy groups including timelines for our strategic work through 2024. We will participate in a culture of safety exercise and spend a significant amount of time talking about how we can capitalize on the chaos in the labor market and receive a preview on our provider recruitment plan. Friday morning Jeff Yamada will spend some time walking us through our IT risk assessment work and we will wrap up about noon with an update on all of the facilities projects underway and on the board.

Leadership Development

Two components of our workforce plan include succession planning and leadership development. We have invited three members of our current leadership team, Rachel Scott, Dede Utley and Jason Adler, to attend the AHA Leadership Summit this summer with Manda Scott and myself. All three are perusing graduate degrees and have demonstrated, through their contributions to KVH, that they are going to continue to grow in their careers. We intended for Stacy Olea to be included in this group but she beat us to the punch. A second cohort of leaders, many of whom are familiar to you, will be tapped in the coming months.

COVID Clinic and Other Facility Discussions

The COVID testing site is officially closed and the few souls remaining in the building are being relocated so that architects, engineers and facilities can proceed with an assessment.

The Health Information Management staff has been temporarily relocated to the Medical Arts Annex while Facilities deals with a mold issue in their building.

The triplex the District acquired when the Medical Arts Annex was purchased is being evaluated as a possible temporary housing solution for new hires and agency staff.

Speaking of the Medical Arts Annex, we are convening a group to discuss the best use of the property for the next 12 – 24 months. Remodeling will be kept to an absolute minimum.

Values Alignment

The Values Alignment Committee will reconvene May 5th. The committee will address the updated work called for bi-annually in the compensation manual as well as extending the work to our specialists.

Levy Discussion

Matt Ellsworth, Executive Director of the Association of Washington Public Hospital Districts, presented an overview of the levy process to Hospital District #2 at their April meeting. He will be updating this Board with the same information.

Busy Couple of Months

Now that we are able to travel more and meet in person, there seems to be a rush to do so. In addition to our own board retreat, between mid-May and the early August there are three WSHA/AWPHD conferences planned, and an AHA conference. I have also scheduled PTO during that time. All that is to say, while I will not miss any Board meetings, I will have a choppy few months. I apologize.

Human Resources & Staff Development- April 2022

March Metrics

Employee Population				
	22-Mar	*22-Feb*	*21-Jan*	*21-Dec*
Full-time	452	458	445	448
Part-time	114	111	113	116
Total Employees	692	687	675	668

Turnover			
	YTD	*22-Mar*	*2021 Year End*
Turnover (People)	42	15	164
Turnover (Percentage)	9.53%	3.90%	24.79%
Voluntary	38	14	153
Involuntary	4	1	11

General Recruitment				
	22-Mar	*21-Feb*	*21-Jan*	*21-Dec*
Open Postings	27	16	18	19
Unique Applications Received	133	115	94	94
Employees Hired	17	17	18	13
Time to Fill (Median)	25.5	32	52	43.5
Time to Fill (Average)	45.8	62.9	67.7	47.2

Annual Evaluations	
	YTD
Percent complete	83.3
Total evaluations over due	117
# of employee evals over due	97
# of provider evals over due	20

Recruitment: We saw an increase in the number of jobs postings in March (27) with a solid mix of both replacements and new positions. The number of applicants has been steadily increasing each month this year. Last meeting, the board was interested in highlighting which positions were high demand. There is still a high demand for Clinic Medical Assistants MA-C (14 postings), Patient Care Technicians NA-C (12 postings), and Hospital Nurses RN (15 postings). As of 4/19/2022 we have 72 job postings but some postings have multiple openings, leaving us with a total of 89 total openings.

Student and Volunteer Services: Currently we have 32 learners on-site from the following groups: 3 Pharmacy students, 2 Imaging Tech students, 4 Job Shadow students, 2 Surgery Tech Students, 10 Nursing students, 3 Physician Assistant student, 2 Nurse Practitioner students, 3 Medical students, and 3 Family Medicine Residents. On May 14th we are holding a preceptor education event with the 3 Washington state medical schools sending presenters to provide preceptor education for everyone in Kittitas County who teaches learners in a medical setting. The CWU Health Sciences Department has kindly offered the use of their new building for the event. We celebrated National Volunteer Week, April 17-23.

Staff Development: We continue to partner closely with Clinical Education and Clinic Staff Development Coordinators to align our workforce strategies.

We are getting ready to offer ALTA certification for staff who are bilingual in English/Spanish and support their career development. We are happy to say that we applied for a grant and it got accepted which will provide some funding.

Benefits/Wellness: Benefits Advisory Committee: Two members were added to the committee representatives for WSNA and Teamsters members, with two more possible seats still open. The committee discussed the $125 Wellness Incentive through SmartHealth that employees can earn towards next year's medical.

A variety of free retirement planning and financial wellness sessions have been offered to employees through the month of May from Parker, Smith, and Feek, AIG, and USI.

Labor Relations: Extended the Incentive Pay MOU's with our Teamsters and WSNA unions.

Staff Engagement/Recognition – We provided Circle K gas cards to our HHH and GNP staff members to assist with the increase in gas prices. We intend to continue this for at least a few more months.

We partnered with Winegar's Ice Cream and brought in Mint Chocolate Chip ice cream on St. Patrick's Day.

We are also gearing up for Healthcare Week; starting May 9th through the 13th. We have a couple new ideas that we think will be a fun change.

HR Operations- HR is exploring ways to make leave management more efficient and add value to the employee and supervisor communications. Complexity in leaves has increased in the last few years. We are considering replacing manual tracking and paper forms with centralized portal. Attended two WA State rules meetings on WA State Paid Family and Medical Leave as it continues to impact employee leaves.

We had an additional review period for staff who had COVID-19 vaccine exemptions through AWAKE health. We successfully closed out their medical exemptions and have completed any other qualifying exemptions with the majority of staff.

KVH
Kittitas Valley Healthcare
Your Home for Health

OPERATIONS REPORT
April 2022

PATIENT CARE OPERATIONS

Emergency Department / Urgent Care

Simulation Education

The Emergency Department hosted a simulation exercise on Difficult Airways. This was both in the classroom and hands-on. Thank you Dr. Lindsey for bringing your expertise to our event!

International SANE Conference

KVH is able to send two of our SANE nurses to this great educational opportunity this month. This is an investment in the care we provide our sexual assault and domestic violence patients.

Staffing

We continue to have open positions in both nursing and patient care technicians in the Emergency Department. Urgent Care is fully staffed!!

Surgical Services

We are excited to be hosting YVC 2nd quarter nursing students, one 6th quarter nursing student and 3 YVC surgical technology students over the next several months. The team is looking forward to having them here and letting them see what a great place KVH is to work, we have high hopes of recruiting staff!

We have one CS staff member (Nathan Longoria) who has completed his Purdue University Central Service Technical training and will soon sit for his national certification test. Way to go Nate!!! Otherwise we continue to be busy while searching and training new staff.

Food and Nutrition Services

Food Service:

- Staffing – Pretty good shape at this time. We will be our lead dietetic technician after eight years due to personal reasons.
- Remodel – All equipment has been ordered and waiting delivery. The contractor continues to obtain and organize all materials prior to beginning the project.

Clinical:

- No report for KVH.
- Snoqualmie Valley Hospital virtual dietitian. Pam Dick, RD has taken over the day to day operations.

Diabetes and Nutrition Education:

- Continues to have productivity. Providers from the Yakima area have been referring patients to KVH as services through Memorial have been limited. We continue to receive referrals from CHCW, and of course, KVH.
- Nicole Norton, RD has increased her FTE to 0.9.

Medical/Surgical/CCU

The census on the inpatient units remains above average and with high acuities. There is a mix of surgical and non-surgical medical patients.

Staffing is a continual concern, but we have been able to hire one RN and 2 patient care technicians over the last month.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

Staffing in Diagnostic Services

As announced in an email to you, Katy Bellotti has accepted the position of Lab Director and assumed her duties on 4/4/22. Kimme Greenwood accepted the Imaging Director role and assumed her duties on 4/7/22. We have hired a Med Tech in the Laboratory and have a traveler filling the remaining vacancy. We are looking for travelers in ultrasound, echo and vascular lab.

Lab Remodel

The Fire Marshall granted occupancy to the phase 2 remodel area of the lab on April 18, allowing the phlebotomy draw station to move into the former gift shop on April 19. Phase 3 of the lab remodel will start as soon as casework installation is completed.

Covid Testing

The Covid Testing Clinic closed on March 31 and we are not hearing complaints from the community regarding a lack of testing capacity.

Pharmacy

We are continuing to prepare for our HRSA 340 B Audit on May 2-3. Pharmacy is experiencing a backorder of medications and also receiving short dated items. We have a night shift pharmacist out for 2 months on leave.

HHH

Our new social worker joined the team on April 1. We have a traveling PT/OT couple that joined us April 16. We are over budget in our Home Health visits in February. On 4/18/21 a DOH Hospice surveyor arrived for our Hospice Licensure Survey. Unfortunately, she became ill and had to return home. She is set to complete the survey the week of 4/25/22.

Cardiopulmonary

The DOH has picked up the ventilators that they gave us for Covid relief and gave us new ones. These are a small portable ventilator that are easy to utilize during ambulance transports. Our BiPap machines had a safety recall by Phillips for possible alarm failures. We utilize cardiac monitors and pulse oximeters with patients on BiPap and keep an ambu bag at the bed. Staff have been instructed regarding responding to all alarms promptly.

Hospital District 2:

The Commissioners formally adopted the strategic plan shared with you last month:

- 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

47 Degrees North

The Kittitas County Unincorporated Area Council (KCUAC) has sent a letter to upper county service agencies encouraging them to write the Cle Elum City Council and request to be included in pre-application conferences anticipated between the City of Cle Elum and 47 Degrees North. This type of participation is allowed by City Code. Hospital District 2 Commissioners have submitted a letter to the Cle Elum City Council and we are asking Hospital District 1 Commissioners to do the same.

Emergency Preparedness

The Kittitas County Emergency Operations Center has asked us to participate in a Wildland Fire/Evacuation Drill for Upper County on May 11. This will allow us an opportunity to practice an emergency drill for FMC, Urgent Care and Home Health/Hospice.

Community Wellness

I will be assisting Community Relations with a booth at a Wellness Fair in Cle Elum on May 1.

Rotary Luncheon

Two reception staff from HHH and two reception staff participated in the employee appreciation luncheon on April 27.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

MA Apprenticeship Program Structure

The apprenticeship program has been in existence for several years. Our MA Development Coordinator, Shelly Contreras, has enhanced the program by creating a training plan for each MA apprentice. This structure will ensure that WA Association for Community Health expectations are met, apprentices are learning while doing instead of doing before learning, and managers can have a clear timeline of when these apprentices will be ready to work independently in the clinics and then transition to full-time KVH employees.

Power outage at the MAC

On Sunday, April 10th, Ellensburg had a power outage that included the MAC building. Around 11 am, engineering on-call received several out of temperature range alarms from the refrigerators and freezers at the MAC building. By the time Tim and I arrived at the MAC with ice and coolers to transfer the vaccines to the hospital pharmacy, the power had been restored and the refrigerators and freezers had all returned to normal range. On Monday each clinic had staff review the temperature data loggers to determine how long the vaccines were out of temperature and then contact the manufacturer to determine if the vaccines were safe to use or would need to be replaced. The refrigerator in Pediatrics was out of range the longest and therefore that clinic had to have their supply of vaccines replaced.

Ron is looking into getting an alarm that would notify engineering of a power loss to the building instead of waiting for the temperature alarms. This would allow us to be proactive and move the vaccines before the refrigerators go out of range.

Incyte Pending Log Cleanup

The Incyte pending log is 100% cleaned up. The MA team investigated 1,194 patient cases in the pending log. Of those cases, one abnormal report was found. This report was printed and given to a provider who has since contacted the patient and arranged a follow up plan of care. An additional 38 "negative" displaced pathology reports were found and will be scanned into patient charts. The MA Development Coordinator will continue to monitor the Incyte pending logs while we development the processes and train clinic staff to take over this responsibility.

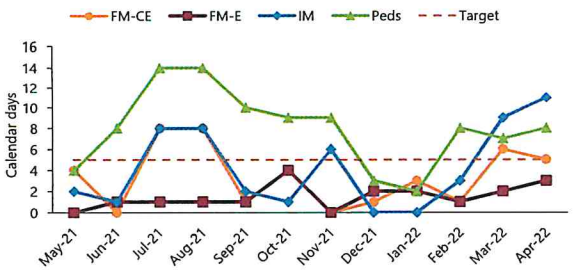
Customer Service Training

36% of the clinic staff have completed customer training.

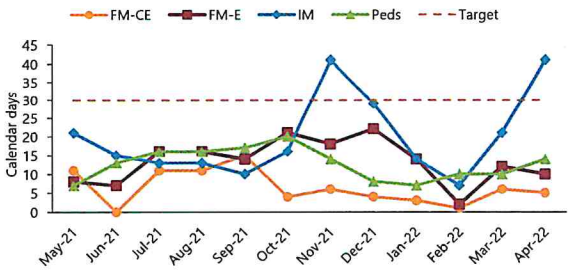
Thank you, Stacy Olea, Chief of Clinic Operations

Clinic Operations Dashboard

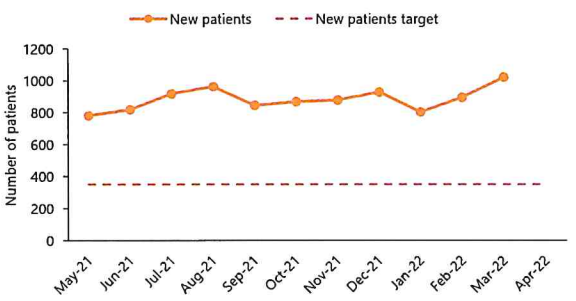
Third available appointment
for established patients



Third available appointment
for new patients

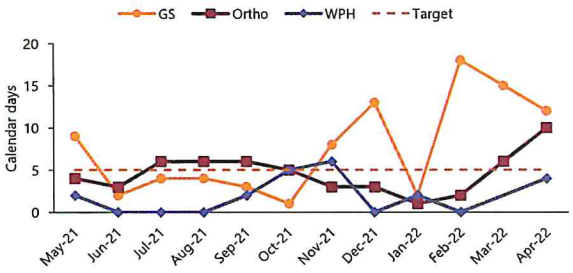


New patients

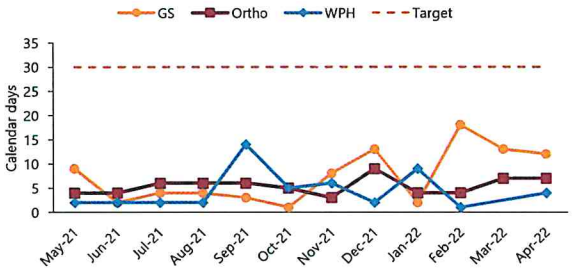


Effective March 2021, we began coding our "new" patients differently. The definition of "new" visits were changed as it was based on taxonomy code for the practice. Previously, we were only identifying the visit as "new" if the patient had not presented to any of the clinics

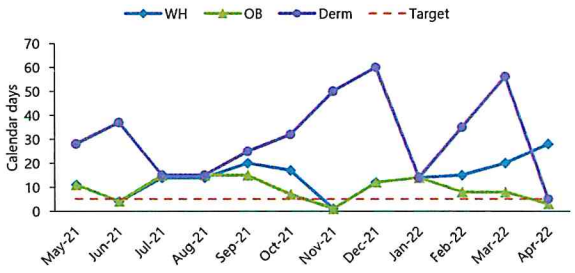
Third available appointment
for established patients



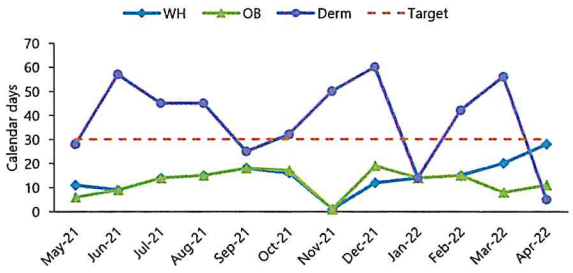
Third available appointment
for new patients



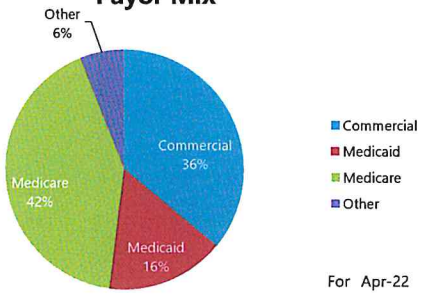
Third available appointment
for established patients



Third available appointment
for new patients

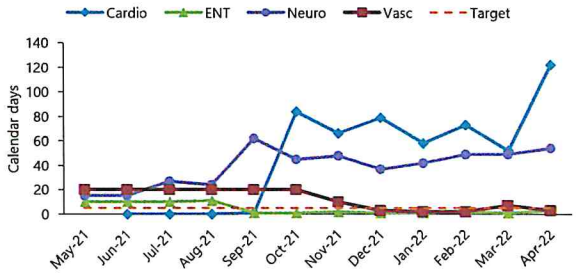


Payor Mix

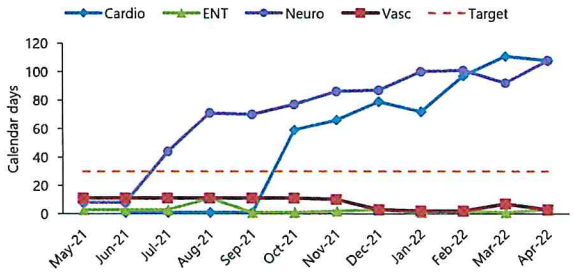


For Apr-22

Third available appointment
for established patients



Third available appointment
for new patients



Community Relations
April 28, 2022 Board Report

Current Projects:

- Customer Experience Strategy 1: Foster diversity, equity, and inclusion in our workforce and care delivery systems – We are beginning to examine data and will be looking at our collection processes and gaps.
- DNV site visit preparation

KVH Stories:

- Mary Holmgren – KVH Volunteer (https://www.kvhealthcare.org/2022/04/mary-holmgren-kvh-volunteer/)

COVID-19 & Emergency Preparedness Activities:

- We continue to look at, and when appropriate execute, the demobilization of emergency COVID operations. An example of this is in the beginning in May, we will be removing the paper signage on KVH doors regarding COVID masking and will be moving toward more professional, "permanent looking" vinyl signage.
- I'm very happy to report that one weekly COVID report requirement from the State has been lifted. It's only one, but it is progress.
- Upper County Wildland fire table top – May 11

Strategic Projects – Tricia is working on the following projects

- Vascular program review
- Dermatology program review
- Neurology program review
- Cardiac program review
- Augemetix program review
- RPG/KVH alignment
- Telemedicine options for KVH
- Childcare opportunities and other possible employee benefits
- Rapid Access for KVH patients
- Lab Remodel
- Site planning

Save the date:

- Sucasa Community Wellness Fair on Sunday, May 1 in Cle Elum
- Retirement party for Dr. Elise Herman, Sunday, May 15, 2022
- HD2 Station 99's Open House on Monday, May 16, 2022
- KVH Blood Drive on Tuesday, May 31

Quarterly plan:

Included with my report is the Quarterly Plan for Community Relations. I have also included examples of a new process we have implemented with respect to social media. Our Digital Marker, Kirsten, has created a social media calendar that both identifies topics we will be covering, as well as the calendar for these posts. This was a huge amount of work and has proven very valuable in planning out and tracking activities.

	Overall KVH Activity				Videos		Spectrio	Community Outreach			Radio	Stories		Daily Record					CWU	NKCT		Other	
	Program/ Provider	Move	Campaign/ Project	Newsletter	Theater	Other	8 messages/ quarterly updates				KKLE	HD1	Blog/ Other	HD2	TOMA				DR Digital	DR PSA (KVH Service)	DR Insert		Inserts & topics			
January	Herman retirement	Lab expansion project			Healthy New Year		Vascular Services Covid safe Home Health Kids ENT	PT Pt. Portal KVH Values Outpatient Rx							Make KVH your home for health - FME & FMCE	Pregnancy - Family Birthing - 4th Trimester - lactation services	KVH caring for the community	Physical Therapy	Make KVH your home for health - FME & FMCE	COVID Boosters	Ag Journal - WPH 1/22		In Memoriam	Vx FAQ	E Herman Retirement Rodeo Ct. Program	Cardiology Services
February			Strategic Plan		Healthy New Year		Vascular Services Home Health Kids ENT	PT Pt. Portal KVH Values Outpatient Rx				Tony Nelson - COVID RT			Cardiology	Make KVH your home for health - FME & FMCE	Pregnancy - Family Birthing - 4th Trimester - lactation services	KVH caring for the community	Cardiology	Heart Health Month	Wayfinder - Directory ad	Contractor's Guide -Gen. Surg.			Vascular - LTGL (Yakima)	Cardiology Services
March	Mark Beard, MD (FME) 3/7 Zoe Birt, PA-C (FME)		Strategic plan		ENT & Allergy		Vascular Services Home Health Kids ENT	PT Pt. Portal KVH Values Outpatient Rx	Blood Drive 3/16	Doctor's Day 3/30	Employee Forum 3/24	Recommend masking			Masking around others is the safe thing to do	Cardiology	Make KVH your home for health FME & FMCE	Pregnancy - Family Birthing - 4th Trimester - lactation services	Masking around others is the safe thing to do	National Nutrition month; around the KVH services	Almanac; Directory Bulldog Congrat	All Stars - winter; Family Med, Ortho, PT		Builer's Guide - WPH	Doctor's Day	Cardiology Services
April	Derek Henderson, PA-C (Ortho) 4/7 G. Longo (WH) 4/18		IM Recruitment		ENT & Allergy		Vascular Services Covid safe Home Health Kids ENT	PT Pt. Portal KVH Values Outpatient Rx	Wildcat athletic Banquet	Rotary Appreciation lunch	Cops & Bobbers	Mary H. volunteer story			KVH registered diaticiansservices	Masking around others is the safe thing to do	Cardiology	Make KVH your home for health FME & FMCE	KVH registered diaticiansservices	Parkinson's Awareness month (Neurology)	Charnber Directory - 4/27 Ag Journal - WPH					Cardiology Services
May	Wickholm-Meyer Dept. 5/31		IM Recruitment Change out of masking signage	HD2	Pediatric Vaccines		1. Pt. Portal 2. Cardiol. 5. WH Services 6. Dietician	3. Mental Health 4. Allergy 7. KVH team 8. 24x7 Rx	Sucasa Wellness Fair 5/1 Employee Forum 5/5	Herman Retirement Blood Drive 5/31	Station 99 Open House 5/16 Mother's Day baby 5/8	Hospital Wk 9-15 Nurses Day 5/6	Women's Health 2-13 $250 Allergy services 14-31 $450	Karen B. ED/ Hip story		Hartwig & Floyd - HD2	Stroke "F.A.S.T"	KVH registered diaticiansservices	Masking around others is the safe thing to do	Cardiology	Stroke "F.A.S.T"	Stroke	Bare & Broncs - 5/12	Visitor's Guide - 5/28		Visitor's Guide		Positive Mental Health & Resiliency
June	Possible IM provider JS Dept. 5/31		IM Recruitment		Pediatric Vaccines		1. Pt. Portal 2. Cardiol. 5. WH Services 6. Dietician	3. Mental Health 4. Allergy 7. KVH team 8. 24x7 Rx	Father's Day baby 6/19						24/7 Pharmacy services	Stroke "F.A.S.T"	KVH registered diaticiansservices	Masking around others is the safe thing to do	24/7 Pharmacy services	Healthcare inequities; LGTBQ, minority populations - KVH is here to be "Your Home for Health"	Virtual Graduation - 6/11	All Stars - 6/25		Pioneer Days		Positive Mental Health & Resiliency
July	PE Dept. 6/30	Lab Completion			Dermatology		1. Pt. Portal 2. Cardiol. 5. WH Services	3. Mental Health 4. Allergy 7. KVH team		Blood Drive 7/27					Are you up to date on your vaccines	24/7 Pharmacy services	Stroke "F.A.S.T"	KVH registered diaticiansservices	Are you up to date on your vaccines	Adult Vaccines	Ag Journal - 7/16	Rodeo HOF - 7/30		Cle Elum Round up		Positive Mental Health & Resiliency
August	D. Jackson Dept. 8/26				Dermatology		1. Pt. Portal 2. Cardiol. 5. WH Services 6. Dietician	3. Mental Health 4. Allergy 7. KVH team 8. 24x7 Rx	Ellensburg Rodeo						blue band, lactation services, & 4th trimester	Are you up to date on your vaccines	24/7 Pharmacy services	Stroke "F.A.S.T"	blue band, lactation services, & 4th trimester	Women's Health concerns	Labor Day pkg - Aug/Sept					
September			Prostate Cancer - Gen Surgery World Suicide prevention		KVH Specialties (Neuro, Cario, Vascular)		1. Pt. Portal 2. Cardiol. 5. WH Services 6. Dietician	3. Mental Health 4. Allergy 7. KVH team 8. 24x7 Rx							Got your flu shot? Schedule your flu shot now.	blue band, lactation services, & 4th trimester	Are you up to date on your vaccines	24/7 Pharmacy services	Got your flu shot? Schedule your flu shot now.	Flu shot	Wildcat Welcome 9/17 CWU football program - 9/22	Contractors Guide 9/29 Buskers 9/22		Back to School		
October					KVH Specialties (Neuro, Cario, Vascular)		1. Pt. Portal 2. Cardiol. 5. WH Services 6. Dietician	3. Mental Health 4. Allergy 7. KVH team 8. 24x7 Rx							Fall prevention PT/OT	Got your flu shot? Schedule your flu shot now.	blue band, lactation services, & 4th trimester	Are you up to date on your vaccines	Fall prevention PT/OT	Fall prevention - PT/OT	Ag Journal - 10/8	Hometown Holidays 10/29				
November			Hospice services												Hospice	Fall prevention PT/OT	Got your flu shot? Schedule your flu shot now.	blue band, lactation services, & 4th trimester	Hospice	Hospice services	Annual Calendar - 11/23	All Stars 11/26		Holiday Guide		
December					0											Hospice	Fall prevention PT/OT	Got your flu shot? Schedule your flu shot now.	0	Happy holidays - How KVH staff find joy	Medical Director 12/17 Bus Card Director 12/31					

	Quality Posters					Wallpaper	Screensavers	Foundation		
	Quality Display							Display	Special Events	Mailers
January	Back to School Wellness checks	Medication Disposal	Vaccine volunteer thank you	Vascuar Service	Neurology	Urgent Care	Wintery weather			
February	Back to School Wellness checks	Medication Disposal	Vaccine volunteer thank you	Vascuar Service	Neurology	Urgent Care	No change			
March	Back to School Wellness checks	Medication Disposal	Vaccine volunteer thank you	Vascuar Service	Neurology	KVH strategy with the (4) pillars - switch out weekly using photos of Passion, Kara, John/Jeff and the Board.	Doctor's day and St. Paddy's day			
April	Back to School Wellness checks	Medication Disposal	Vaccine volunteer thank you	Vascuar Service	Neurology	Access with the 4 strategies	Spring showers and wind	*'22 Board *Donors (2) *Legacy *Total Giving *Employee Giving		
May	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Finance with the 3 strategies	Spring flowers/ May day			
June	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Partnerships & Collab with the 4 strategies	Summer sunshine			
July	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Positive Mental Health & Resiliency	Customer experience wit the 4 strategies	Indepence Day and/or Jazz			
August							Sunflowers			
September							Hay harvest and/or Fair			
October							Pupkins and fall colors			
November							Thanksgiving			
December							Holiday Joy			

2022_ContentCalendar

February 2022 - March 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28 Weekly Dashboard Post	March 1 National Doctors' National Doctors' Car Seat Safety / EPD	2 Rural Health / Vaccine	3	4 HPV Awareness Day Dr. John's Radio Show	5
6	7 National Nutrition National Nutrition Vsafe Weekly Dashboard Post	8 Myeloma Action Intrnational Womens Day Rural Health / Vaccine	9 MA Apprenticeship Update Mask Policy	10	11 Keeping Up NY Masking / Why someone Masking / Why someone	12 National Colorectal National Colorectal MA Apprenticeship
13	14 National Nutrition / MA Apprenticeship Weekly Dashboard Post	15 Herman Blog Post Youth / Vaccine	16 Women's History Month	17 National Traumatic Brain Physician Video	18 National Endometriosis Dr Beard Welcome Deputy Ryan Thompson Plan for Spring Break	19 Deputy Ryan Thompson
20	21 National Drug and Discover the Forest Weekly Dashboard Post	22 Rural Health / Vaccine	23 National Poison	24	25	26 National Kidney Month

2022_ContentCalendar

	Priority	Publication Date	Campaign	Title	Start Date Observed
1				⊞ January	
8				⊞ February	
30				⊞ March	
97				⊞ April	
149				⊟ May	
150			Healthy You	⊟ Healthy You	
151			Healthy You	Hepatitis Awareness	05/01/22
152			Healthy You	Mental Health	05/01/22
153			Healthy You	National Physical Fitness and Sports	05/01/22
154			Healthy You	World Asthma	05/04/22
155			Healthy You	International No Diet	05/06/22
156			Healthy You	National Women's Health	05/09/22
157			Healthy You	World No Tobacco	05/31/22
158			Health Equity	⊞ Health Equity	
164			Tech + Health	⊞ Tech + Health	
168			KVH Stories & Spotlights	⊟ KVH Stories & Spotlights	
169		Fri 05/06/2022	KVH Stories & Spotlights	Dr. John's Radio Show	
170			KVH Stories & Spotlights	National Asthma & Allergy Awareness	05/01/22
171			KVH Stories & Spotlights	National Nurses	05/01/22
172			KVH Stories & Spotlights	National Stroke Awareness	05/01/22
173			KVH Stories & Spotlights	Preeclampsia Awareness	05/01/22
174			KVH Stories & Spotlights	North American Occupational Safety & Health	05/02/22
175			KVH Stories & Spotlights	National Nurses	05/06/22
176			KVH Stories & Spotlights	National Hospital	05/09/22
177			KVH Stories & Spotlights	National Stuttering Awareness	05/10/22
178			KVH Stories & Spotlights	World Autoimmune/Auto-inflammatory Arthritis	05/20/22

CHIEF INFORMATION OFFICER BOARD REPORT

JEFF YAMADA April Quarterly 2022

Cerner Community Works (EMR)

We recently implemented:

- Referral Management within Cerner. This gives the clinic staff a standard way to refer patients to other services and track each step through the process.
- Continued Changes on Covid Vaccines, Monoclonals and Antivirals within Cerner.
- CCN (Cerner Care Notification) This automated feature sends a notification to the patients PCP if they present at the hospital for care.
- Fetal Link + Allows OB providers to monitor patients in labor remotely using their SmartPhone.
- Interfacing of Clinic Ultrasounds to capture US images within our PACS system and bill the appropriate charges.

Infrastructure:

Currently installing new backup, storage and VDI (virtual desktop infrastructure) equipment at our Radio Hill location. This will be the first of two parts as we upgrade equipment and software with the goal to have redundancy between the Hospital Data Center and Radio Hill location. Once completed we will be able to fully implement Single Sign-On and Virtual Desktop Infrastructure. This will allow us to setup clinical areas with "tap in and tap out" capabilities when signing into a computer workstation.

IT Security:

We've fully implement our 2 factor authentication (DUO) platform for all users accessing the KVH network remotely. This increases our Cybersecurity footprint as well as puts us in compliance with our Cybersecurity Insurance vendor as they now require added protection to prevent cyber breaches.

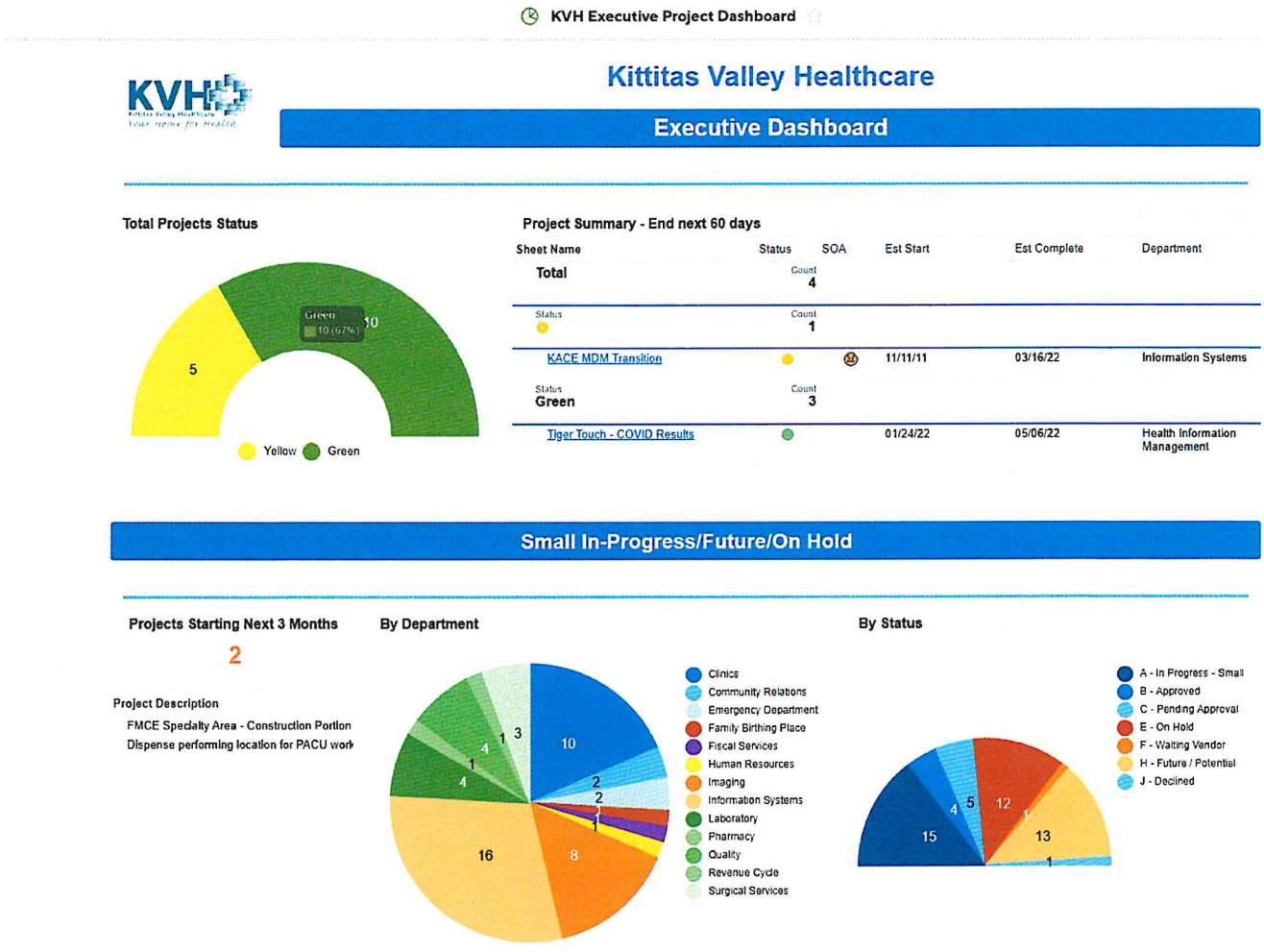
We are currently working through our 2021 Security Risk assessment and Vulnerability threat reports to mitigate potential gaps with Fortified Health Security. We meet on a monthly basis to review priority risk, next steps, and implement additional solutions. On a monthly basis VTM scans are done to verify any mitigations we implemented and to determine other potential gaps.

- Implemented new Anti-Virus Software and SOC (Security Operations Center) monitoring

service called Crowdstrike to all workstations/laptops/Servers. This service provides 24/7/365 remote monitoring to stop any potential cyber threats entering into our system. We now get real time alert notifications when a potential threat is detected both internal to KVH IT staff and Crowdstrike monitoring resources.

- We just purchased additional software and services (Knowbe4) to help us engage staff in email phishing exercises, ransomware training as well as monitoring the overall Organizational Cyber risk.
- We currently have a new open positon "Information Security Analyst" that will help coordinate, monitor our Cyber foot print and develop additional training/education for staff.

Smart Sheet for Project Management.



Projects Completed

Projects Completed by Year

2022	2021	2020
10	60	45

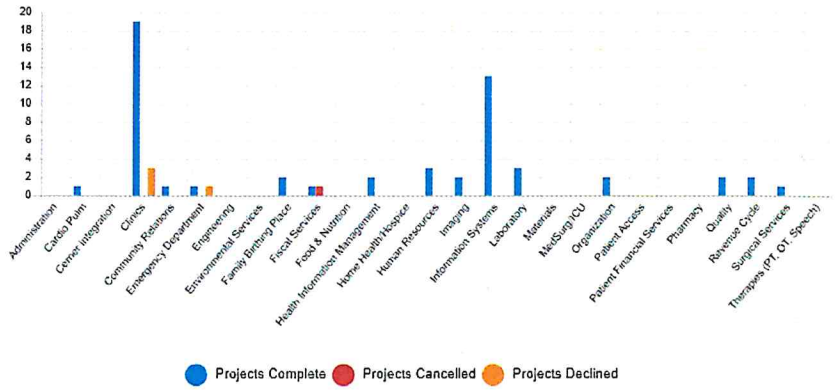
Projects 30 days past due date 2021

5

Primary

- Covid Vaccines in Clinics
- 2021 Employee Flu Vaccine Orders
- FME/FMCE/WH Results Station In Soiled Utility
- CareAware
- Holter/Stress

Complete Projects by Departments 2021



KVH Information Systems Daily Metrics

Date:	Total Tickets:	Current Volume:	Change:
Monday, March 14, 2022	231	24	-4

Division Breakdown

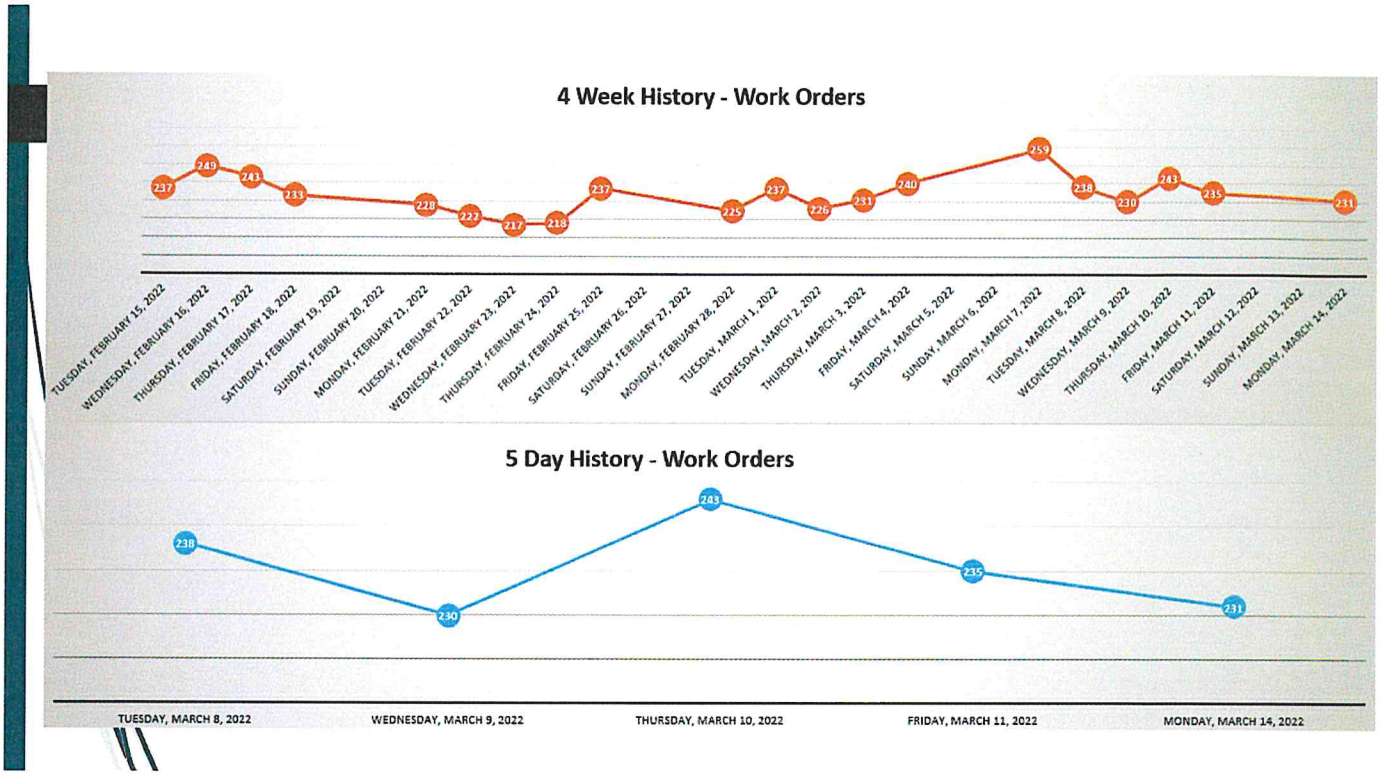
	Workable	Stalled	Total	Previous	Change
Informatics			131	136	-5
Brenda	30	16	46	46	0
Devan	8	3	11	17	-6
Ellen	0	4	4	4	0
Hanna	3	8	11	11	0
Jen	6	9	15	15	0
Kristin	3	16	19	18	1
Nick	6	10	16	15	1
Queue	8	1	9	10	-1

	Workable	Stalled	Total	Previous	Change
Support Services			73	71	2
Evan	2	1	3	3	0
Keith	22	5	27	26	1
Marshall	1	1	2	3	-1
Tim	19	7	26	25	1
Queue	11	1	12	12	0
Unassigned	3	0	3	2	1
HRIS			7	9	-2
Lionel	5	2	7	9	-2

	Workable	Stalled	Total	Previous	Change
Infrastructure			18	17	1
Dan O	5	4	9	9	0
Dan T	2	0	2	2	0
John	3	3	6	5	1
Queue	1	0	1	1	0
Projects			1	1	0
Kathryn	0	1	1	1	0
CIO			1	1	0
Jeff	1	0	1	1	0

	Total	Previous	Change
Excluded from Total	37	37	0
Global	25	25	0
Users	11	11	0
Enterprise	0	0	0
Catherine	1	1	0
Kelly	0	0	0

Today's Project Calls/Meetings:			
11:30am AEO Pickup Call	Noon Employee Forum	1:00pm Collections Project	


4 Week History - Work Orders
237
245
243
233
228
222
217
218
237
225
237
226
231
240
259
238
230
243
235
231
TUESDAY, FEBRUARY 15, 2022
WEDNESDAY, FEBRUARY 16, 2022
THURSDAY, FEBRUARY 17, 2022
FRIDAY, FEBRUARY 18, 2022
SATURDAY, FEBRUARY 19, 2022
SUNDAY, FEBRUARY 20, 2022
MONDAY, FEBRUARY 21, 2022
TUESDAY, FEBRUARY 22, 2022
WEDNESDAY, FEBRUARY 23, 2022
THURSDAY, FEBRUARY 24, 2022
FRIDAY, FEBRUARY 25, 2022
SATURDAY, FEBRUARY 26, 2022
SUNDAY, FEBRUARY 27, 2022
MONDAY, FEBRUARY 28, 2022
TUESDAY, MARCH 1, 2022
WEDNESDAY, MARCH 2, 2022
THURSDAY, MARCH 3, 2022
FRIDAY, MARCH 4, 2022
SATURDAY, MARCH 5, 2022
SUNDAY, MARCH 6, 2022
MONDAY, MARCH 7, 2022
TUESDAY, MARCH 8, 2022
WEDNESDAY, MARCH 9, 2022
THURSDAY, MARCH 10, 2022
FRIDAY, MARCH 11, 2022
SATURDAY, MARCH 12, 2022
SUNDAY, MARCH 13, 2022
MONDAY, MARCH 14, 2022
5 Day History - Work Orders
238
230
243
235
231
TUESDAY, MARCH 8, 2022
WEDNESDAY, MARCH 9, 2022
THURSDAY, MARCH 10, 2022
FRIDAY, MARCH 11, 2022
MONDAY, MARCH 14, 2022

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

Project Name	Project Scope	Progress Status
HD2 Station 99 new construction	New building and grounds for Station 99. Will have 3 ambulance bays with office and living quarters for 6 and exercise room.	Building occupied and in close out phase
House bill 1257 energy mandate	Implement several different mechanical and lighting measures for the sake of expanding life expectancy, providing redundancy and reducing energy consumption to lower operational cost and meet mandated energy usage targets.	The Led lighting measure of this project is underway. Materials have been ordered for fan wall systems and hot water heaters. Plans will go to DOH review soon while we wait for materials. Energy saving measures for Surgery area will be performed during the expansion project for logistical reasons.
Lab remodel and Expansion	Completely remodel the existing lab in its current location and add 1,100 Sq Ft with several pieces of new equipment. This project will also add humidification to meet equipment requirements, and badge access for this space and the hospital exterior and other key doors within the hospital. Also included in this project is a couple security cameras and an added server to support future cameras. The Building management system will monitor refrigeration temperatures in the lab the will provide granular data for compliance surveys, alarming 24/7 and eliminate staff rounds and manual documentation of temperatures.	Project is now starting phase 3 of 4. We have a temporary certificate of occupancy for phase 2. Phase 2 completion was extended one week for owner provided modular case work scheduling.
Café Remodel	Complete finish redo of café. Add on more serving line for more variety of food and better customer flow. Add vending for patient visitors after hours with security gate to serving area. Add multi-purpose room in court yard for dinning and conference.	This project was awarded to VKP. Owner has ordered equipment and contractor is verifying submittals and checking lead times. At this point we anticipate starting in June. The delayed start is due to long lead times.

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

Front KVH Campus planning	Re-due all landscaping and redesign traffic flow. Update monument and wayfinding signage. Complete walking path around campus. Misc. exterior building updates and repairs.	Design documents are nearly complete and will be sent to the city for review. This review process is running 60 days due to the all the projects that are being submitted.
Surgery, MM, and Radiology expansion	Have predesign contract to develop an expansion that will take into account growth needs for all of surgical services including OR, Sterile Storage, Equipment Storage, Central Sterile, SOP and post op. Also includes MM permanent expansion. Radiology expansion was added to the scope. Radiology expansion will house the MRI and an additional CT as well as expand SOP.	This project is now moved into basic services and is in the construction document phase. At the end of schematic design phase a cost estimate was generated and presented to the board. There are considerations of breaking out the parking lot work to a different project so we can have a fall start.
Hospital med gas review and design fee proposal for adding medical air and bringing into compliance	Both med surg and FBC use medical air and have to use E cylinders which is a work flow issue and a risk of not having continuous supply. This also presents a compliance issue for allowed compressed gas storage in a smoke compartment. Additionally, our medical gas valving and alarming are not up to the NFPA 99 2012 addition that we are surveyed to.	Engineering firm is putting together fee proposal for the project. This work may be combined with other unit remodel work.
MAC annex HVAC repairs and upgrades	See issue spread sheet for complete details. In short the system has not been maintained properly, and was not designed correctly to provide freeze protection, loop chemical treatment, filtration, redundancy and more.	Work was planned for spring of 2021 and is now deferred to fall 2021 due to equipment lead time. Work is complete. Phase 2 of this project is planned for 2022. That will add DDC controls to all the heat pumps. Phase 2 is approved and materials ordered.
Replace flooring and paint in some ED rooms and OR 3.	Flooring is cracked and an infection control risk and was a DOH finding 6/2021.	Work was on hold until ED is back in the position to block out a room at a time. No anticipated restart date.
Analyze Radio Hill sewer issues and make plan	Sewer has been clogging issue from day one. We had the line traced and camera down entire line. This revealed multiple breaks with root and rock intrusion in the line. We elected to go with the	Work was completed successfully and working. We identified one more area that is problematic and formulating the right solution now. Work is now contracted for that.

	liner process rather than replacement.	
Minimize future water intrusion into hospital basement from spring ground water levels.	The basement under ED does not have adequate floor drains to drain off water intrusion through concrete walls and floor. Additionally water gets into elevator pit with no way of automatically getting pumped out. Will require an oil separator. This will also add a second sump pump and alarm for the tunnel floor drains. Failure of the single pump allowed ground water to come out of floor drains. This is a safety and compliance issue.	Work is complete.
Medical Arts 1st floor waiting room expansion	The rapid access space where our satellite lab is had a very small waiting room. Now that YVMH is out of the adjacent space we can create a temporary waiting area. This space can also be used by other clinics for people waiting for rides.	The floor plan was submitted to stake holders for review and submitted for approval. This work is now complete.
Existing radiology remodel	The scope for predesign would include adding a bath to mammography, changing the door configuration to CT, removing power equipment from CT control room to make room for standby teams, moving vascular, break room Echo rooms. This would also include a finish update for reception and office and dressing room.	Project details have been worked out and into contractor for pricing. CT control room was removed from the scope because of the cost to overcome logistical challenges. Some corrections for non-compliant medical gas conditions was added to the scope. This project will be below public bid threshold but will need board approval.
Ortho Expansion	This project expands Ortho clinic by 2,000 square feet and combines this service with Pre-Op services now in suite B. This project will be designed to provider based standards. This project will incorporate improvements to the walk way between the mediplex buildings such as security features and new wider concrete heated pathway.	This project is near the end of predesign and will move into full basic services upon board approval.

General Surgery and Vascular update design	General Surgery had a DOH finding on our last survey with the design of the soiled utility and clean utility rooms. In the process of creating a compliant design we found other issues with the clinic in terms of compliance as a provider based clinic. We performed a gap analysis.	Awaiting a design fee based on the gap analysis findings.
Medical Specialties Clinic	This project is a full remodel of the 716 Manitoba to KVH clinic standards, with possible expansion. Services to occupy the building TBD.	Building analysis and predesign is underway.
Family Birthing Place partial TI project	This project updates finishes in the common area and corridors including floor replacement, ceiling replacement, remove wall paper and paint wall. This also updates 5 other rooms that were either uncompliant or in poor shape.	The project got underway in March and will be completed in May.
Triplex by MAC Annex	This has been sitting vacant and will now be used for housing for KVH clinical staff. The water main was broken and is being replaced. We will freshen up the space and restore all utilities.	Project is underway and expected to be available by end of April.
Parking lot addition for MAC	We purchased property adjacent to the MAC with the intent of making it staff parking.	Project is on hold due to band width.

NOTIFICATION OF CREDENTIALS FILES FOR REVIEW

Date April 19, 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.

PRACTITIONER	STATUS	APT/REAPT	SITE
Frick, David, DO	Active	Re-Appointment	KVH ED
Hoppe, Roberta, MD	Active	Re-Appointment	KVH Cardiology
Merrill-Steskal, John, MD	Ambulatory	Re-Appointment	KVH FME
Elzinga-Diaz, Jose, PA-C	Allied Health Professional	Re-Appointment	KVH FME
Erley, Patrick, PA-C	Allied Health Professional	Re-Appointment	KVH FME
Kmack, Mekenzie, CRNA	Allied Health Professional	Re-Appointment	Surgery Dept.

KVH
Kittitas Valley Healthcare
Your Home for Health

CHIEF MEDICAL OFFICER – Kevin Martin, MD

April 2022

Medical Staff Services:

- **Recruiting:**
  - In March, we had 2 interviews
    - Internal medicine PA-C that we will not be moving forward.
    - Locum tenens occupational medicine PA-C declined our offer.
  - 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:

- As per MEC Report.

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. Our potential partners are as impacted by staffing as anyone, and we are working to get follow-up.
- **COVID-19 update:**
  - As of this writing, we have not seen any COVID-19 in the hospital since my last report.
  - 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. In March, I shared that the Washington Department of Health reported that our case rate was 89.3 per 100,000 over 14 days. As of 11 April, it was 41.6, the lowest we have seen since August 2020.
  - 51.1% of Kittitas County residents and 58.0% of residents 16 and over are fully vaccinated, versus 67.8% of Washingtonians and 77.4% of Washingtonians 16 and over. The percentage of Kittitas residents who have completed vaccinations since my last writing is 0.4%, which is similar the change at the state-wide level.
- **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.

- The Rural Collaborative is moving forward with a Rural Ethics Committee, which I have been asked to chair. We are working on a charter and application process.
- The Rural Collaborative (RC) Physician Leadership Committee meeting in April was cancelled.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer

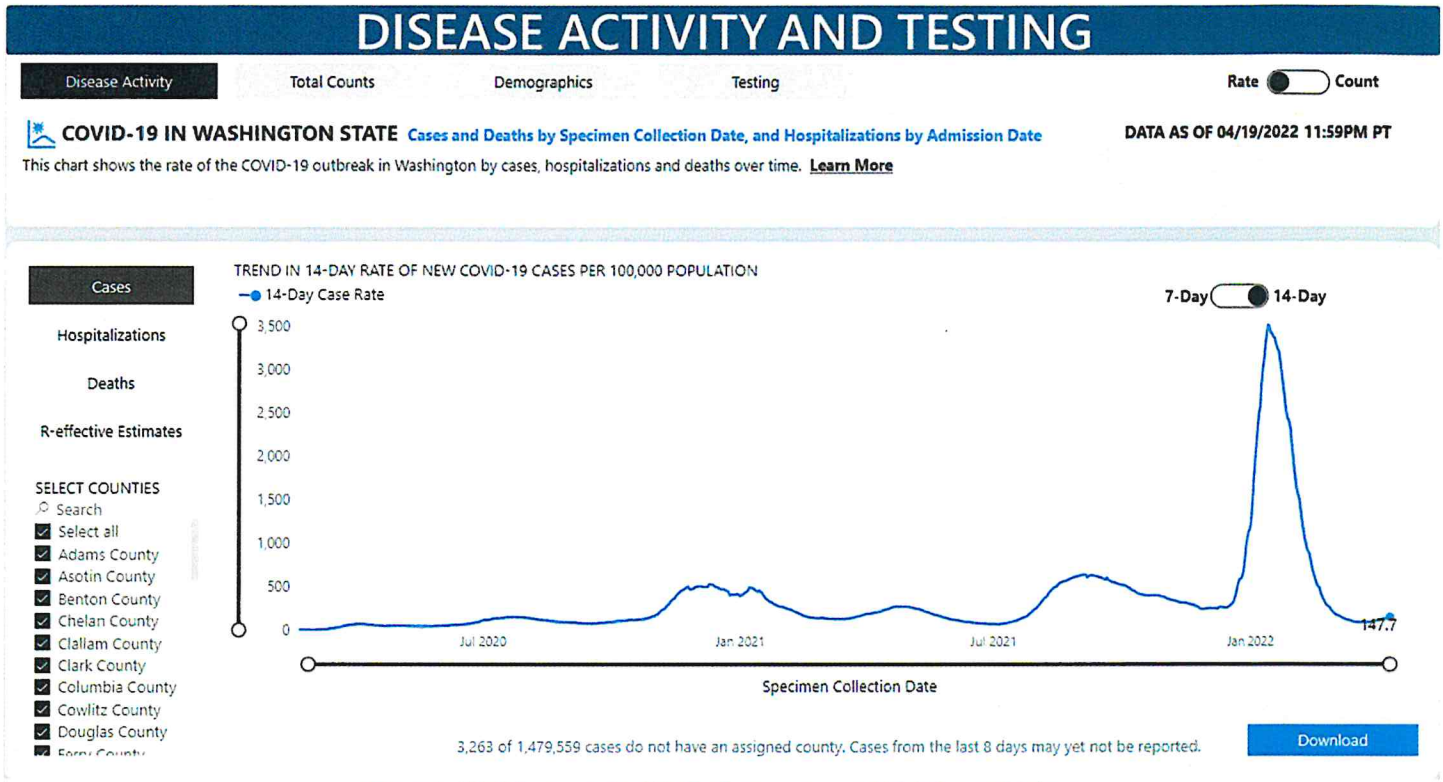


Figure 1: Washington state COVID-19 case rate per 100,000 over 14 days.

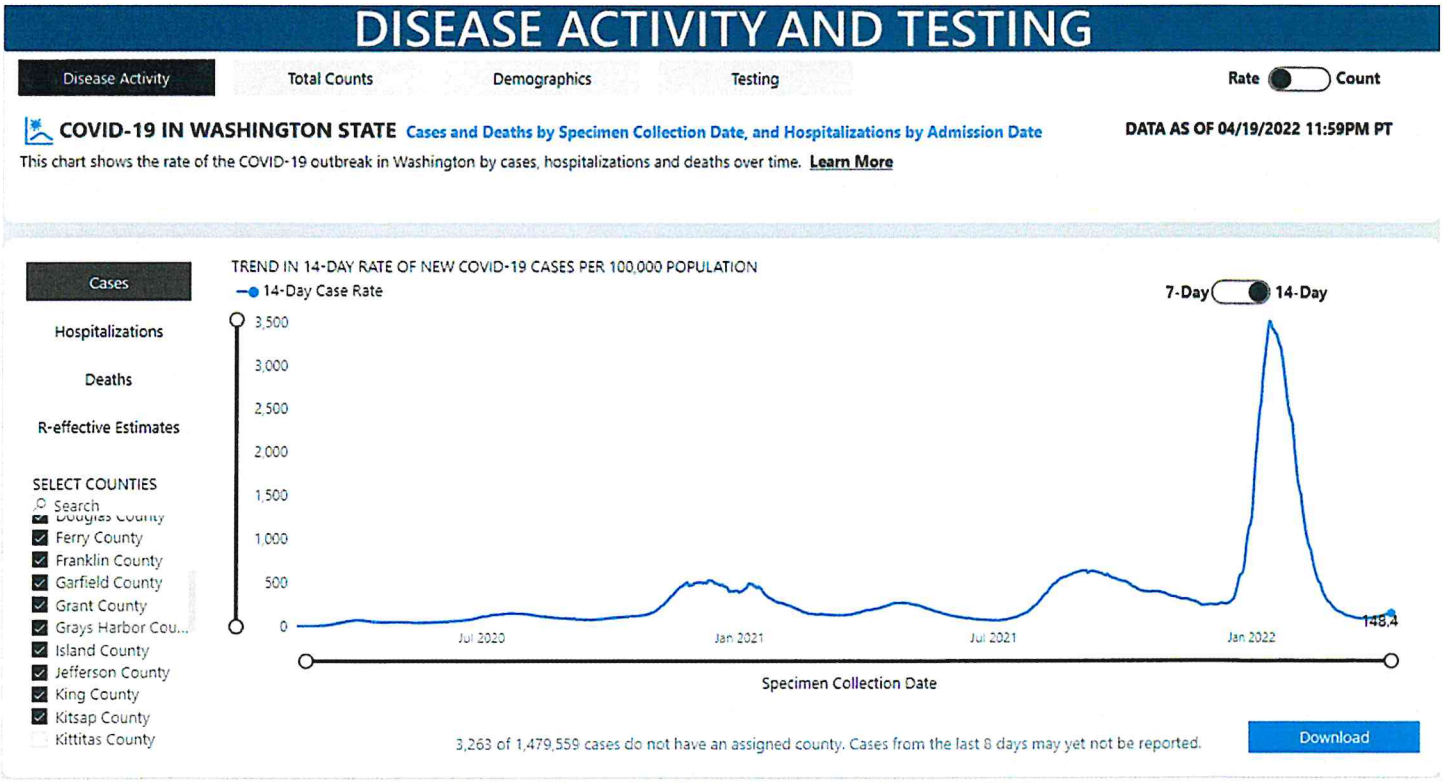


Figure 2: Kittitas County COVID-19 case rate per 100,000 over 14 days

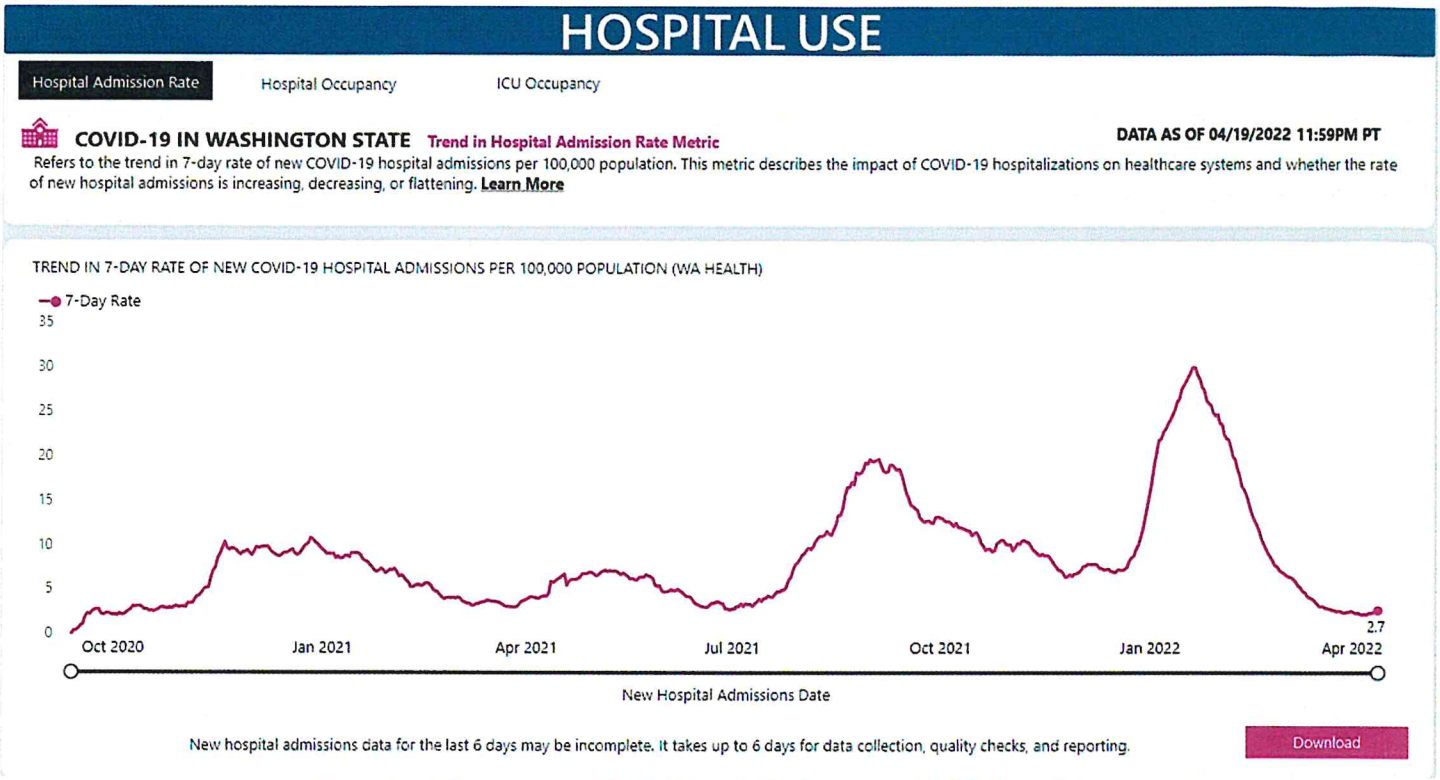


Figure 3: Washington state COVID-19 hospitalization rate per 100,000 over 7 days.

KVH
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Your Home for Health

CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

March Operating Results

- March inpatient volumes for the hospital were strong. KVH admitted 97 patients in March; 13 admissions greater than budget. March inpatient days were 355 compared to budgeted inpatient days of 264; a positive variance of 91 inpatient days. YTD KVH has a positive inpatient day variance of 394 days. The Family Birth Place delivered 28 infants in March, 2 better than budget and are 1 delivery better than budget YTD. Volumes in the hospital's ancillary department volumes trended upward but were below their budget target. Outpatient surgery cases were below budget by 12 cases but GI procedures exceeded budget by 21 procedures. ER, Urgent Care, laboratory tests, radiology exams, rehab visits were also below budgeted volumes. In March the lab did 1,252 Covid-19 tests, down from the 1,665 tests performed in February.

- Gross revenue of $17,647,352 was below budget by $1,078,234. Inpatient revenue exceeded budget by $15,562; outpatient revenue was below budget by $1,311,085 but professional fee revenue exceeded budget by $217,289. The following departments had significant positive revenue variances in March. Med/Surg by $94,324; Family Birth Place by $63,822; the clinics by $285,259 and Home Health by $18,113. The March ICU census was low the entire month so ICU revenue was below budget by $91,710. Ancillary departments that had negative revenue shortfall were surgery with a shortfall of $88,710; laboratory with a shortfall of $495,437; imaging had a shortfall of $338,334; pharmacy had a shortfall of $264,955; rehab had a shortfall of $77,218; ER had a shortfall of $65,872 and urgent care had a shortfall of $54,034.

- In March deductions tracked with the revenue shortfall and were below budget by $780,042. Contractual adjustments were below budget by $703,775. Bad debt deductions exceeded budget by $40,108. Financial assistance was below budget by $53,567. Other deductions totaled $135,942 and were below budget by $62,809. Untimely billing accounted for $9,775 of the total; hospice adjustments for $10,695; not medically necessary for $315 and no prior authorizations were $41,406. Adjustments related to Covid testing totaled $63,370 in March.

- March other operating revenue was below budget by $48,838. 340B contract pharmacy rebates were below the monthly budget by $74,887.

- March expenses were below budget by $147,023. Salaries were below budget by $212,702. Temporary labor exceeded budget by $305,291. ICU accounted for $13,060 of the variance; Med/Surg for $35,132; surgery for $90,885; laboratory for $20,897; radiology for $5,600; ER for $40,932 and Home Health & Hospice for $84,024. Professional Fees exceeded budget by $191,929. Locum physicians for Pediatrics, ENT

and Women's Health of $67,412, $45,770 and $96,450, respectively, accounted for the variance. Supply expenses were below budget by $112,289. Surgery was responsible for $111,272 of the variance. Purchased Services were under budget by $110,336. The laboratory was responsible for $86,276 of the variance.

- In March KVH posted operating income of $873,476 compared to a budgeted operating income of $1,073,483; a negative variance of $200,006. YTD operating income is $1,551,379 compared to a budgeted operating income of $1,629,097; a negative variance of $77,718.

- Non-operating revenue/expense was under budget by $440,201 due to unrealized losses on investments.

- KVH reported Net Income for March of $433,275. YTD Net Income is $599,609 a negative YTD variance of $1,129,486.

- March Days in Accounts Receivable were 59.7 days, a decrease of 2.4 days from 62.1 in February. Gross accounts receivables decreased by $1,113,882 from $35,846,952 in February to $34,733,070 in March. Total cash receipts in March from payers and patients totaled $11,148,759. Total Cerner receipts posted in March were $10,556,592.

- Average daily cash collections per working day increased from$473,597 in February to $484,729 in March.

- Days cash on hand increased .3 days to 222.9 days in March from 222.6 days in February. Actual cash and investments on hand increased by $743,688 from $60,311,163 in February to $61,054,851 in March.

Kittitas Valley Healthcare

Year over Year Financial and Operating Indicator Trends

March 2022 - Key Statistics and Indicators

L	Measure	2022 YTD	2022 Budget	2022 Annualize	2021	2020	2019	2018	2017	2016	2015	2014
1	Total Charges	49,216,407	209,389,163	199,599,875	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	27,284,632	114,324,215	110,654,340	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	1,551,379	6,500,000	6,291,703	12,131,449	(32,269)	2,901,869	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	5.7%	5.7%	5.7%	10.8%	0.0%	3.5%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Net Income	599,609.1	6,900,000	2,431,748	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 %	2.2%	6.0%	2.2%	14.7%	6.5%	4.4%	3.2%	3.7%	2.2%	7.3%	9.2%
7	Cash	61,054,851	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	273,895.8	217.6	NA	235.8	175.8	138.6	133.5	178.7	156.0	189.4	175.8
9	Surgeries	360	1,975	1,460	1,788	1,354	1,305	1,461	1,396	1,510	1,578	1,675
10	Gastrointestinal Procedures	293	1,500	1,188	1,321	1,211	1,416	1,250	1,383	1,396		
11	Emergency Visits	3,386	14,318	13,732	13,988	12,207	13,861	13,930	13,162	13,789	13,618	12,250
12	% ED visits To Bed	9.3%	10.0%	9.3%	9.2%	10.1%	9.5%	n/a	n/a	n/a	n/a	n/a
13	Laboratory Tests	71,032	283,255	288,074	288,552	237,710	209,144	207,040	190,587	181,082		
14	Radiology Exams	7,998	33,387	32,436	32,016	29,338	30,397	30,843	33,836	33,471		
15	IP & Obs Days (no swing)	1,414	4,194	5,736	4,820	3,717	3,805	3,999	3,440	3,937	3,740	4,976
16	Deliveries	75	300	304	280	284	309	342	322	312	368	334
17	Admits w/Swing	279	946	1,132	949	860	941	984	899	1,043	1,299	1,433
18	Primary Clinic Visits	17,069	62,643	69,224	64,687	54,028	60,871					
19	Specialty Clinic Visits	4,034	20,026	16,360	17,871	12,855	11,840					
20	Telehealth Visits	411	1,534	1,667	1,391	3,793	-					
21	Total Clinic Visits	21,514	84,203	87,251	83,949	70,676	72,711	59,241	50,917	48,525		
22												
23	FTEs	543.0	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	199,599,875	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%	-4.30%	21.48%	2.94%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%
27	Operations Growth Exclude COVID Testing			-8.51%	19.26%	-0.38%						

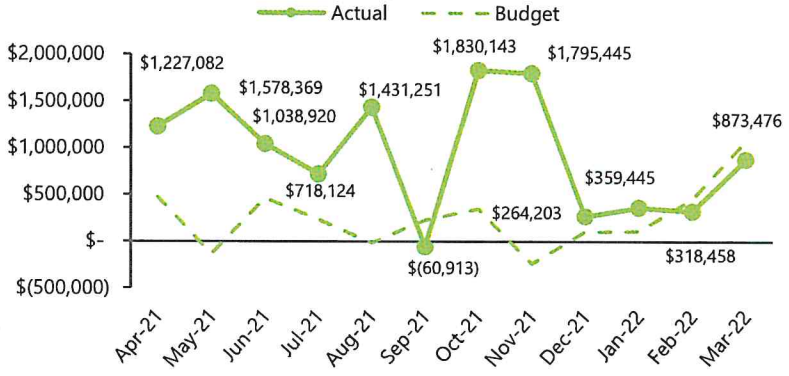
Kittitas Valley Healthcare

March 2022 - Key Statistics and Indicators

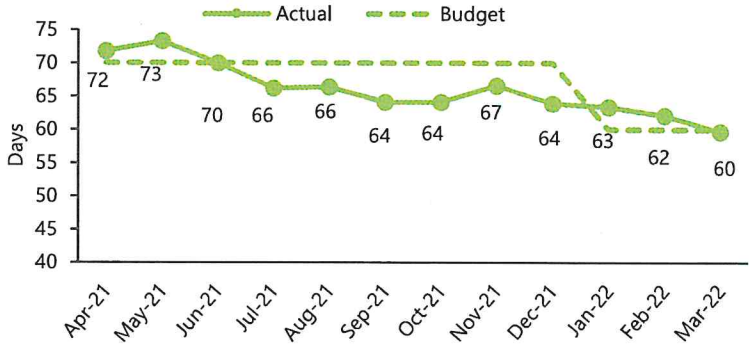
		Current Month			Year to Date			Prior YTD		
	Activity Measures	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01	Admissions w/Swingbed	97	84	15.7%	279	234	19.1%	203	37.4%	01
02	Patient Days - W/O Newborn	355	264	34.3%	1,129	735	53.7%	721	56.6%	02
03	Patient Days - Swingbed	9	8	18.1%	13	21	-38.7%	NA	NA	03
04	Avg Daily IP Census w/Swingbed	11.7	8.8	33.8%	12.7	8.4	51.2%	8.0	58.4%	04
05	Average Length of Stay	3.7	3.2	16.0%	4.0	3.1	29.1%	3.6	13.9%	05
06	Average Length of Stay w/Swingbed	3.7	3.2	15.6%	4.1	3.2	27.0%	3.6	15.2%	06
07	Deliveries	28	26	9.8%	75	74	1.3%	62	21.0%	07
08	Case Mix Inpatient	1.00	1.00	0.4%	1.13	1.00	12.5%	1.13	-0.4%	08
09	Surgery Minutes - Inpatient	3,257	2,796	16.5%	9,147	7,799	17.3%	6,892	32.7%	09
10	Surgery Minutes - Outpatient	8,848	10,265	-13.8%	19,580	28,637	-31.6%	26,936	-27.3%	10
11	Surgery Procedures - Inpatient	24	23	5.4%	73	64	14.9%	57	28.1%	11
12	Surgery Procedures - Outpatient	141	153	-7.6%	287	426	-32.6%	382	-24.9%	12
13	Gastrointestinal Procedures	154	133	15.6%	293	372	-21.1%	314	-6.7%	13
14	ER Visits	1,116	1,271	-12.2%	3,386	3,546	-4.5%	2,895	17.0%	14
15	Urgent Care Cle Elum Visits	415	462	-10.2%	1,120	1,293	-13.4%	763	46.8%	15
16	Laboratory	24,112	25,181	-4.2%	71,032	70,134	1.3%	69,334	2.4%	16
17	Radiology Exams	2,858	2,964	-3.6%	7,998	8,268	-3.3%	7,710	3.7%	17
18	Rehab Visit	1,665	1,963	-15.2%	4,442	5,470	-18.8%	5,342	-16.8%	18
19	Outpatient Percent of Total Revenue	87.2%	88.1%	-0.9%	84.6%	88.0%	-3.9%	88.6%	-4.5%	19
20	Adjusted Patient Days	2,777	2,210	25.7%	7,325	6,115	19.8%	6,317	16.0%	20
21	Equivalent Observation Days	108	109	-1.6%	285	304	-6.2%	362	-21.2%	21
22	Avg Daily Obs Census	3.5	3.5	-1.6%	3.2	3.4	-6.2%	4.0	-21.2%	22
23	Home Care Visits	574	456	25.9%	1,483	1,270	16.8%	1,383	7.2%	23
24	Hospice Days	551	710	-22.4%	1,798	2,061.1	-12.8%	2,154	-16.5%	24
25	Primary Clinic Visits	6,599	5,795	13.9%	17,069	15,567	9.6%	16,283	4.8%	25
26	Specialty Clinic Visits	1,513	1,774	0.0%	4,034	4,961	0.0%	4,253	0.0%	26
27	Telehealth Visits	110	136	-19.3%	411	380	8.2%	627	NA	27
28	Total Clinic Visits	8,222	7,705	6.7%	21,514	20,908	2.9%	21,163	1.7%	27
	Financial Measures									
29	Salaries as % of Operating Revenue	44.2%	44.8%	1.3%	46.3%	47.1%	1.6%	45.3%	2.2%	29
30	Total Labor as % of Operating Revenue	54.8%	56.6%	3.1%	58.1%	59.6%	2.6%	57.5%	1.0%	30
31	Revenue Deduction %	45.3%	46.8%	3.3%	45.7%	47.0%	2.8%	46.9%	-2.5%	31
32	Operating Margin	8.8%	10.5%		5.7%	5.8%		9.0%		32
	Operating Measures									
33	Productive FTE's	495.9	508.8	2.5%	484.8	508.8	4.7%	468.4	3.5%	33
34	Non-Productive FTE's	52.4	65.4	19.8%	58.3	65.4	10.9%	61.5	-5.3%	34
35	Paid FTE's	548.4	574.1	4.5%	543.0	574.1	5.4%	529.9	2.5%	35
36	Operating Expense per Adj Pat Day	$ 3,251	$ 4,151	21.7%	$ 3,513	$ 4,363	19.5%	$ 3,718	-5.5%	36
37	Operating Revenue per Adj Pat Day	$ 3,565	$ 4,637	-23.1%	$ 3,725	$ 4,629	-19.5%	$ 4,083	-8.8%	37
38	A/R Days	59.7	60.0	0.5%	59.7	60.0	0.5%	72.3	-17.4%	38
39	Days Cash on Hand	222.9	217.6	2.4%	222.9	217.6	2.4%	172.2	29.4%	39

Financial Dashboard

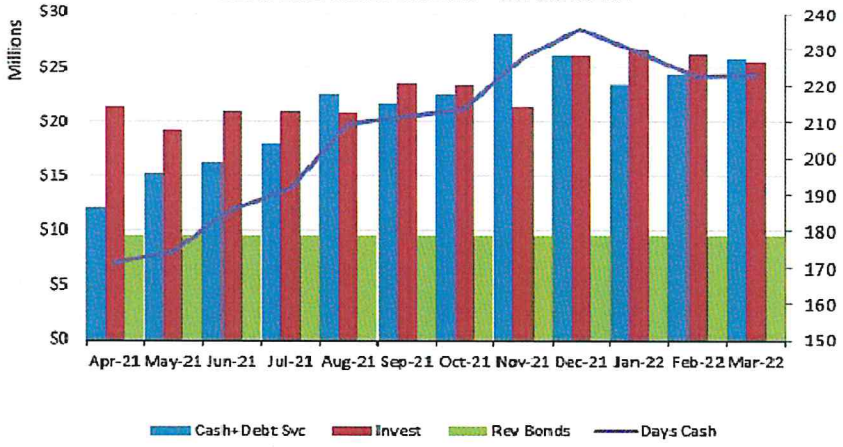
Operating Income



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%	39.88%
Medicaid	18.72%	19.41%	19.08%	19.68%
Commercial	32.81%	34.97%	35.29%	35.65%
Self Pay	2.21%	2.66%	2.38%	2.15%
Other	4.30%	3.55%	3.01%	2.65%

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	2,252,971	2,237,408	15,562	7,588,079	6,231,557	1,356,522	5,355,579
OUTPATIENT REVENUE	12,212,756	13,523,841	(1,311,085)	33,380,335	37,667,680	(4,287,345)	33,686,057
PROF FEE REVENUE	3,181,625	2,964,336	217,289	8,247,994	7,976,193	271,800	7,855,443
REVENUE	**17,647,352**	**18,725,586**	**(1,078,234)**	**49,216,407**	**51,875,430**	**(2,659,023)**	**46,897,078**
CONTRACTUALS	7,222,363	7,926,138	(703,775)	20,381,476	22,076,743	(1,695,267)	20,096,058
PROVISION FOR BAD DEBTS	529,255	489,146	40,108	1,551,843	1,345,081	206,762	1,041,656
FINANCIAL ASSISTANCE	102,274	155,841	(53,567)	270,243	429,586	(159,344)	332,751
OTHER DEDUCTIONS	135,942	198,751	(62,809)	301,978	541,622	(239,644)	520,319
DEDUCTIONS FROM REVENUE	**7,989,834**	**8,769,877**	**(780,042)**	**22,505,540**	**24,393,032**	**(1,887,492)**	**21,990,784**
NET PATIENT SERVICE REVENUE	9,657,517	9,955,709	(298,192)	26,710,867	27,482,398	(771,531)	24,906,295
OTHER OPERATING REVENUE	244,547	293,385	(48,838)	573,765	827,656	(253,891)	887,247
TOTAL OPERATING REVENUE	**9,902,064**	**10,249,094**	**(347,030)**	**27,284,632**	**28,310,054**	**(1,025,422)**	**25,793,542**
SALARIES	4,376,269	4,588,970	(212,702)	12,635,746	13,322,817	(687,071)	11,690,360
TEMPORARY LABOR	403,446	98,155	305,291	884,865	284,967	599,898	218,485
BENEFITS	1,053,735	1,209,683	(155,948)	3,222,155	3,564,036	(341,881)	3,148,425
PROFESSIONAL FEES	321,687	129,758	191,929	705,703	376,718	328,985	67,508
SUPPLIES	1,045,285	1,157,574	(112,289)	2,614,508	3,250,124	(635,615)	2,616,622
UTILITIES	97,433	98,064	(631)	315,246	330,550	(15,304)	303,547
PURCHASED SERVICES	985,858	1,096,194	(110,336)	3,203,577	3,190,238	13,339	3,239,598
DEPRECIATION	365,894	402,542	(36,648)	1,082,628	1,207,625	(124,998)	1,115,949
RENTS AND LEASES	87,126	100,821	(13,695)	254,759	302,463	(47,704)	312,036
INSURANCE	108,234	74,467	33,767	254,591	223,400	31,191	225,995
LICENSES & TAXES	75,185	87,177	(11,991)	209,558	242,768	(33,210)	239,403
INTEREST	49,757	48,499	1,258	149,355	145,496	3,859	154,374
TRAVEL & EDUCATION	18,684	30,188	(11,504)	49,845	84,375	(34,530)	46,379
OTHER DIRECT	39,995	53,520	(13,525)	150,718	155,381	(4,663)	106,037
EXPENSES	**9,028,588**	**9,175,611**	**(147,023)**	**25,733,253**	**26,680,957**	**(947,704)**	**23,484,718**
OPERATING INCOME (LOSS)	**873,476**	**1,073,483**	**(200,006)**	**1,551,379**	**1,629,097**	**(77,718)**	**2,308,824**
OPERATING MARGIN	8.82%	10.47%	57.63%	5.69%	5.75%	7.58%	8.95%
NON-OPERATING REV/EXP	(440,201)	33,334	(473,535)	(951,770)	99,998	(1,051,768)	59,304
NET INCOME (LOSS)	433,275	1,106,817	(673,542)	599,609	1,729,095	(1,129,486)	2,368,129
UNIT OPERATING INCOME							
HOSPITAL	1,042,920	1,108,902	(65,983)	2,405,073	2,231,965	173,108	2,638,139
URGENT CARE	3,695	17,571	(13,876)	8,165	35,394	(27,229)	(49,698)
CLINICS	(113,632)	(73,121)	(40,510)	(834,581)	(666,734)	(167,847)	(396,962)
HOME CARE COMBINED	(59,507)	20,131	(79,637)	(27,278)	28,472	(55,750)	117,345
OPERATING INCOME	**873,476**	**1,073,483**	**(200,006)**	**1,551,379**	**1,629,097**	**(77,718)**	**2,308,824**

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	25,384,365	25,190,022	194,343
ACCOUNTS RECEIVABLE	34,733,070	35,722,017	(988,947)
ALLOWANCE FOR CONTRACTUAL	(25,260,395)	(25,319,514)	59,119
THIRD PARTY RECEIVABLE	0	0	0
OTHER RECEIVABLES	342,626	360,237	(17,611)
INVENTORY	2,568,479	2,482,365	86,114
PREPAIDS	1,786,404	818,866	967,538
INVESTMENT FOR DEBT SVC	455,325	958,166	(502,841)
CURRENT ASSETS	**40,009,875**	**40,212,160**	**(202,285)**
INVESTMENTS	**35,215,161**	**35,766,314**	**(551,153)**
PLANT PROPERTY EQUIPMENT & ROU ASSET	92,495,306	92,342,239	153,068
ACCUMULATED DEPRECIATION & ROU AMORT	(49,570,082)	(49,248,525)	(321,557)
NET PROPERTY, PLANT, & EQUIP	**42,925,225**	**43,093,714**	**(168,490)**
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	**42,925,225**	**43,093,714**	**(168,490)**
ASSETS	**118,150,260**	**119,072,188**	**(921,928)**
ACCOUNTS PAYABLE	1,419,587	2,613,363	(1,193,776)
ACCRUED PAYROLL	2,198,738	1,993,442	205,295
ACCRUED BENEFITS	904,309	351,261	553,048
ACCRUED VACATION PAYABLE	2,337,518	2,213,102	124,416
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
CURRENT LIABILITIES	**10,856,913**	**12,237,720**	**(1,380,807)**
ACCRUED INTEREST	148,859	285,600	(136,740)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	7,374	0	7,374
DEFERRED REVENUE HOME HEALTH	62,197	39,518	22,679
DEFERRED OTHER	2,531,913	2,531,913	0
DEFERRED LIABILITIES	**2,750,345**	**2,857,032**	**(106,687)**
LTD RIGHT OF USE ASSETS	491,728	525,770	(34,042)
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
LONG TERM DEBT	**17,683,975**	**17,718,017**	**(34,042)**
NONCURRENT LIABILITIES	**20,434,319**	**20,575,048**	**(140,729)**
LIABILITIES	**31,291,232**	**32,812,769**	**(1,521,537)**
FUND BALANCE	86,259,419	86,259,419	0
NET REVENUE OVER EXPENSES	599,609	(0)	599,609
FUND BALANCE	**86,859,028**	**86,259,419**	**599,609**
TOTAL LIABILITIES & FUND BALANCE	**118,150,260**	**119,072,188**	**(921,928)**

03/31/2022

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	599,609
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	321,557
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	921,166
CHANGE IN CURRENT ASSETS ($)	
PATIENT ACCOUNTS	929,828
OTHER RECEIVABLES	17,611
INVENTORIES	(86,114)
PREPAID EXPENSES & DEPOSITS	(967,538)
INVESTMENT FOR DEBT SVC	502,841
TOTAL CURRENT ASSETS	**396,628**
INVESTMENTS	551,153
PROPERTY, PLANT, & EQUIP.	(153,068)
OTHER ASSETS	0
TOTAL ASSETS	**1,715,880**
CHANGE IN CURRENT LIABILITIES ($)	
ACCOUNTS PAYABLE	(1,193,776)
ACCRUED SALARIES	205,295
ACCRUED EMPLOYEE BENEFITS	553,048
ACCRUED VACATIONS	124,416
COST REIMBURSEMENT PAYABLE	(433,000)
CURRENT MATURITIES OF LONG-TERM DEBT	(636,791)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	**(1,380,807)**
CHANGE IN OTHER LIABILITIES ($)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(136,740)
DEFERRED OTHER	0
DEFERRED TAX COLLECTIONS	7,374
DEFERRED REVENUE - HOME HEALTH	22,679
TOTAL OTHER LIABILITIES	**(106,687)**
CHANGE IN LT DEBT & CAPITAL LEASES ($)	
LTD RIGHT OF USE ASSETS	(34,042)
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
TOTAL LONG-TERM DEBT & LEASES	**(34,042)**
TOTAL LIABILITIES	**(1,521,537)**
NET CHANGE IN CASH	194,343
BEGINNING CASH ON HAND	25,190,022
ENDING CASH ON HAND	25,384,365

KVH
Kittitas Valley Healthcare
Your Home for Health

Quarterly Capital Project Update

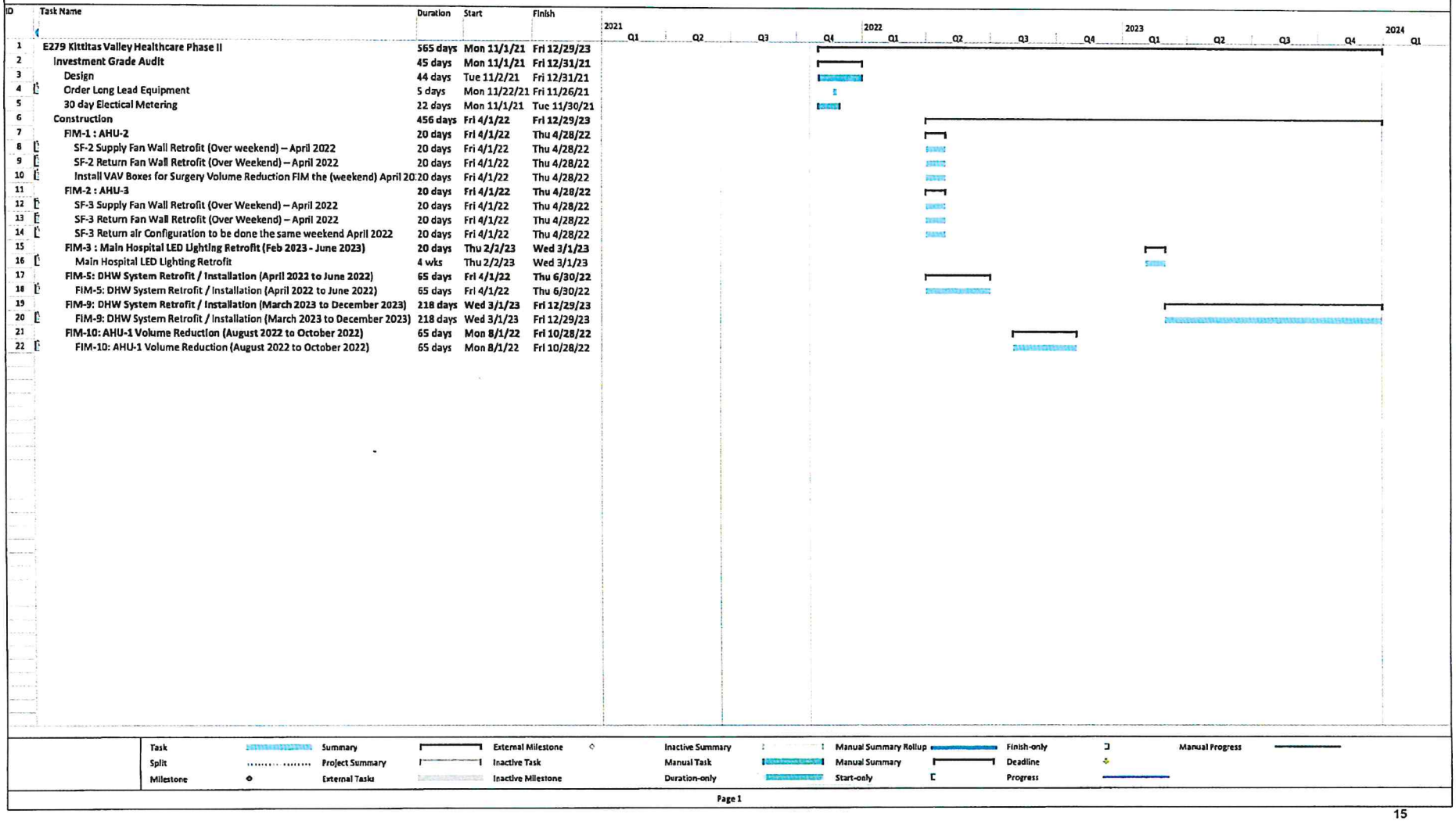
Laboratory Expansion – The lab project is proceeding according to schedule. Phase I is completed and operational. Phase II will be completed by the end of April. Phase III is scheduled to be completed by the end of July. Through March 31, 2022, KVH has spent $889,275.53 toward the laboratory project. In April of 2021 KVH received a grant award for $397,000 from the Washington State Legislature. Mitchell Rhodes is preparing paperwork requesting the State to send KVH these funds.

Cafeteria Remodel – All the cafeteria equipment for the project has been ordered. KVH has secured additional storage space to store the café equipment when it comes in. The contractor, VK Powell has also placed orders for all the material that they will need for the project. The project will begin when VK Powell is in receipt of their material and the hospital has received all of the new cafeteria equipment. At this point the project will start in early June 2022 and will take about two months to complete, however, the café will only be out of operation and unavailable for staff for approximately two weeks. Through March 31, 2022, KVH has spent $126.924.84 towards the project.

Energy Efficiency Project – The contractor, Apollo Solutions Group, began to plan and design the various phases of the energy efficiency project in November 2021. This work continued through January 2022. Orders for equipment with long lead times have been placed. The lighting phase of the project in which all the lights in the main hospital building are replaced with LED lights began in April 2022 and will continue through June 2022. Total cost to replace the lights is $609,887. Work on the domestic hot water system will begin in June and will continue for about three months. Total cost related to upgrade the domestic hot water system is $573.241. Through March 31, 2022, KVH has spent $353,655.90 towards the energy project but this amount will accelerate as KVH reimburses the contractor for work done over the next six months to replace the lights and upgrade the domestic hot water system. A copy of the project phases and time line is attached. KVH was awarded two grants to offset some of the cost for the energy efficiency project. In April of 2021 KVH received notice from the Department of Commerce of a $500,000 grant award. KVH is eligible to receive reimbursement from The Department of Commerce after project expenditures have been made. KVH also received a $250,000 grant from the Sunderland Foundation. These funds have been received but have not yet been recognized as income.

Campus Re-Design – The total amount committed to the project is $272,080. Through March 31, 2022, KVH has spent $113,613 toward this project.

Kittitas Valley Healthcare
Phase II



ID	Task Name	Duration	Start	Finish
1	E279 Kittitas Valley Healthcare Phase II	565 days	Mon 11/1/21	Fri 12/29/23
2	Investment Grade Audit	45 days	Mon 11/1/21	Fri 12/31/21
3	Design	44 days	Tue 11/2/21	Fri 12/31/21
4	Order Long Lead Equipment	5 days	Mon 11/22/21	Fri 11/26/21
5	30 day Electical Metering	22 days	Mon 11/1/21	Tue 11/30/21
6	Construction	456 days	Fri 4/1/22	Fri 12/29/23
7	FIM-1 : AHU-2	20 days	Fri 4/1/22	Thu 4/28/22
8	SF-2 Supply Fan Wall Retrofit (Over weekend) – April 2022	20 days	Fri 4/1/22	Thu 4/28/22
9	SF-2 Return Fan Wall Retrofit (Over Weekend) – April 2022	20 days	Fri 4/1/22	Thu 4/28/22
10	Install VAV Boxes for Surgery Volume Reduction FIM the (weekend) April 20	20 days	Fri 4/1/22	Thu 4/28/22
11	FIM-2 : AHU-3	20 days	Fri 4/1/22	Thu 4/28/22
12	SF-3 Supply Fan Wall Retrofit (Over Weekend) – April 2022	20 days	Fri 4/1/22	Thu 4/28/22
13	SF-3 Return Fan Wall Retrofit (Over Weekend) – April 2022	20 days	Fri 4/1/22	Thu 4/28/22
14	SF-3 Return air Configuration to be done the same weekend April 2022	20 days	Fri 4/1/22	Thu 4/28/22
15	FIM-3 : Main Hospital LED Lighting Retrofit (Feb 2023 - June 2023)	20 days	Thu 2/2/23	Wed 3/1/23
16	Main Hospital LED Lighting Retrofit	4 wks	Thu 2/2/23	Wed 3/1/23
17	FIM-5: DHW System Retrofit / Installation (April 2022 to June 2022)	65 days	Fri 4/1/22	Thu 6/30/22
18	FIM-5: DHW System Retrofit / Installation (April 2022 to June 2022)	65 days	Fri 4/1/22	Thu 6/30/22
19	FIM-9: DHW System Retrofit / Installation (March 2023 to December 2023)	218 days	Wed 3/1/23	Fri 12/29/23
20	FIM-9: DHW System Retrofit / Installation (March 2023 to December 2023)	218 days	Wed 3/1/23	Fri 12/29/23
21	FIM-10: AHU-1 Volume Reduction (August 2022 to October 2022)	65 days	Mon 8/1/22	Fri 10/28/22
22	FIM-10: AHU-1 Volume Reduction (August 2022 to October 2022)	65 days	Mon 8/1/22	Fri 10/28/22

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

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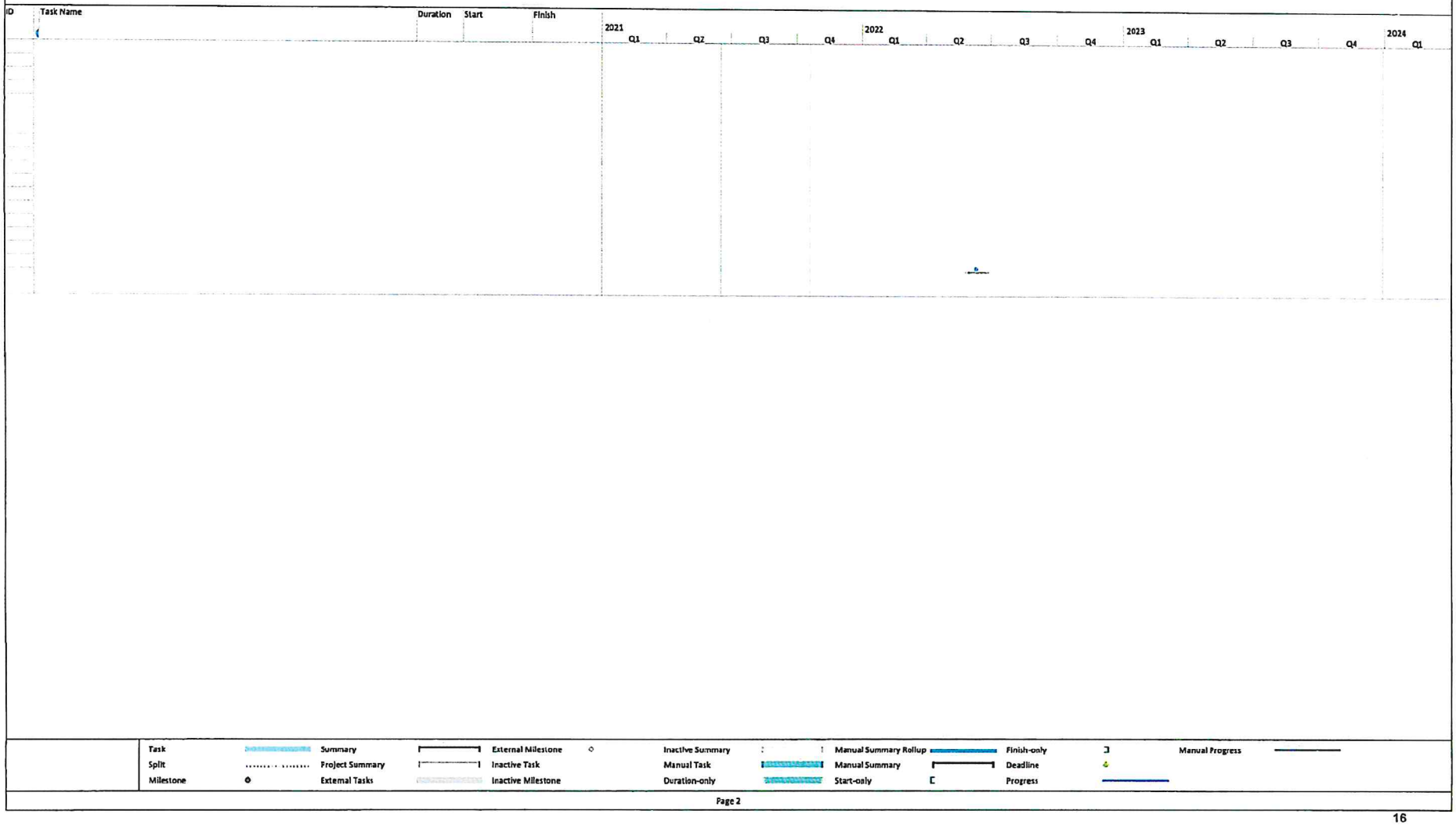
Kittitas Valley Healthcare
Phase II



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 para-medicine and community health workers programs

*Early Learning Facilities Grant	Happy Feet Academy / KCHN / KVH	Child Care	Department of Commerce	$1,000,000	Awarded	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
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	Applied	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Funding would expand the work of the implementtion 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.
Electric Vehicle Charging Stations	**KVH**	**Facilities**	**DOT**		**Researching**			**Funding would be used to install new charging stations with the grounds improvement project.**
Professional Development	**KVH**	**Education/Staff Development**	**Hearst Foundation**		**Researching**			**Funding focuses on professional development and addressing healthcare professional shortages.**

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

** Bold and larger fonts are new opportunities

***Denied Applications

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

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT NO. 1

RESOLUTION 22-05
SURPLUS PERSONAL PROPERTY

The District has determined the following item to be no longer required for Public Hospital District purposes and hereby declare them as surplus.

These items may be sold or disposed of in such manner and upon such terms and condition as the Board finds to be in the best interest of the District per RCW 70.44.320.

See Exhibit A attached.

DATED this 28th day of April 2022

Erica Libenow, President
Board of Commissioners

Terry Clark, Secretary
Board of Commissioners

EXHIBIT A

Asset No.	Description	Acqusition Date	Book Basis	Total Accum Depreciation	Book Value to remove	Proceeds from Sale	Disposition
8073	POS CASH REGISTER SYSTEM	03/28/2014	24,632.58	24,632.58	-	-	OBSOLETE
8905	POINT OF SALE CASH REGISTER	09/26/2018	5,447.51	5,447.51	-	-	OBSOLETE
9212	CONSTRUCTION	06/01/1971	1,999.00	1,999.00	-	-	OBSOLETE
9216	V.C. PARKING LOT	06/26/1991	13,450.25	13,450.25	-	-	OBSOLETE
9217	CHESTNUT ST IMPROVEMENTS	10/05/1993	20,265.90	20,265.90	-	-	OBSOLETE
9219	SPOKANE ST IMPROVEMENT	08/31/1994	50,802.66	50,802.66	-	-	OBSOLETE
9223	MASTER PLAN DEVELOPMENT LANDSCAPING ***	08/08/2002	131,142.90	131,142.90	-	-	OBSOLETE
NA	NON CAPITAL LANDSCAPE-HOSPITAL CAMPUS***	NA	NA	NA	NA	NA	SCRAP
			247,740.80	247,740.80	-	-	

*** This includes all plants, bushes, trees, rocks and flowers.