



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: 888-475-4499 Meeting ID: 870-7763-4327 Passcode: 205077

October 27, 2022

1. Call Budget Hearing to Order:

- a. Review of 2023 Budget
 - b. Approval of Resolution No. 22-10: Adoption of 2023 Budget ** **(3-4)**
 - c. Approval of Resolution No. 22-11: Authorization of 2023 Regular Property Tax Levy ** **(5)**
 - d. Adjourn Budget Hearing
-

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: September 22, 2022, September 28, 2022 **(6-12)**
- b. Approval of Checks **(13)**
- c. Report: Foundation **(14)**
- d. Minutes: Finance Committee **(15-16)**

4. Public Comment and Announcements

5. Presentation:

- a. Manda Scott, Chief Human Resources Officer: Review of Three-year Employee Development Plan

6. New Business

- a. 2023 Board Officers **
- b. 2023 Board Committees ** **(17)**
- c. 2023 Board Calendar **(18-19)**
- d. CEO Annual Evaluation

7. Reports and Dashboards

- a. Quality – Mande Olsén, Chief Quality Officer **(20-24)**
- b. Chief Executive Officer – Julie Petersen **(25-27)**
- c. Operations **(28-34)**
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer



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- iii. Stacy Olea, Chief of Clinic Operations
- d. Support Services
 - i. Michele Wurl, Chief Public Relations Officer (35-37)
 - ii. Jeff Yamada, Chief Information Officer (38-43)
 - iii. Ron Urlacher, Chief of Facilities (44-53)
- e. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (54)
 - ii. Chief Medical Officer, Kevin Martin MD (55-56)
- f. Finance – Chief Financial Officer - Scott Olander
 - i. Operations Report (57-67)
 - ii. Capital Expenditure Request: MRI and CT Pad (68)
 - iii. Capital Expenditure Request: C-Arm (69)

8. Education and Board Reports

9. Old Business

10. Executive Session

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

11. Adjournment

Future Meetings

December 1, 2022, Special Meeting
January 5, 2023, Special Meeting

Future Agenda Items

KITTITAS VALLEY HEALTHCARE

RESOLUTION NO. 22-10

A resolution adopting the budget for Kittitas County Public Hospital District No. 1, dba Kittitas Valley Healthcare, for the calendar year 2023.

WHEREAS the Board of Commissioners of Public Hospital District No. 1, Kittitas County, is responsible for adopting an appropriate operating budget for District for the year 2023.

THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Public Hospital District No. 1, Kittitas County, to adopt the 2023 operating budget (Exhibit A).

APPROVED at a regular meeting of the Commission this 27th day of October, 2022.

Erica Libenow, President

Matt Altman, Vice-President

Terry Clark, Secretary

Jon Ward, Commissioner

Bob Davis, Commissioner

Exhibit A

Kittitas County Public Hospital District 1, dba
Kittitas Valley Healthcare

2023 Projected Operating Budget

	<u>2023 Budget</u>
Net Operating Revenue	\$ 123,700,000
Operating Expense	<u>\$ 118,700,000</u>
Net from Operations	\$ 5,000,000
Non-Operating	
Levy-Regular	\$ 9,832
Other Non-Operating	<u>\$ 300,000</u>
Net Non-Operating	\$ 309,832
Net Gain/Loss	\$ 5,309,832



Ordinance / Resolution No. 22-11
RCW 84.55.120

WHEREAS, the Board of Commissioners of Kittitas County Public Hospital District No. 1 has met and considered its budget for the calendar year 2023; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 9,832.49; and,

WHEREAS, the population of this district is [X] more than or [] less than 10,000; and now, therefore,

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2023 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 98.32 which is a percentage increase of 1.0% from the previous year.

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

Adopted this 27 day of October, 2022.

Three sets of horizontal lines for signatures.

If additional signatures are necessary, please attach additional page.

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

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KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B & Via Zoom

September 22, 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, Mande Olsen, Ron Urlacher, Michele Wurl, Vicky Machorro, Rhonda Holden, Jason Adler, Trisha Sinek, Nasser Basmeh

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien,

1. At 5:06 p.m., Vice President Matt Altman called the regular board meeting to order.

2. **Approval of Agenda:**

At the request of Scott Olander agenda item discussion of 501(c)(3) recognition was requested to be added under Finance (e)(vi).

At the request of Erica Libenow agenda item Coffee with the Commissioner was added under Old Business.

At the request for Matt Altman the Joint Meeting with HD2 on September 28, 2022 was added under Future Meetings.

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 Bob Davis, the Board members unanimously approved the consent agenda as presented.

4. **Presentation:**

Scott Olander, Chief Financial Officer reviewed the financing options for the KVH Expansion Project. He reviewed the different interest rates over a 10-year, 15-year and 20-year term. The amount that KVH would need to fund is \$15.3 million dollars. It is preferred that the bonds be bought before end of the year. Olander stated that he is asking the board to approve the solicitation to distribute an offering document to our network of bond buyers and banking relationships. Ron Urlacher, Chief of

Facilities discussed the expansion bid readiness and his interactions with the Department of Health.

ACTION: On the motion of Jon Ward and second of Bob Davis, the Board members unanimously authorized administration to advance the financing of the expansion project in the amount of \$15.3 million dollars plus issuance costs for a term of 15 years through the issuance of debt.

5. Public Comment/Announcements:

None

6. Reports and Dashboards:

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen announced that we received our DNV accreditation and plans to celebrate this with staff are in the works. Olsen stated that she is looking for patient volunteers to be on the Patient Family Advisory Council.

The Board members reviewed the CEO report with Julie Petersen. Petersen reported that Dr. Martin, Kathryn Brunner and Michelle Wurl are in Washington DC attending a Family Medicine recruitment conference. KVH will have a reboot of the TeamSTEPPS Masters training to be held at Suncadia. Training will be through the University of Washington, thirty of our employees will be in attendance. Petersen sent out a lengthy email to employees keeping them updated on the construction projects going on around the hospital.

The Board members reviewed the operations report with Manda Scott, Vicky Machorro, Rhonda Holden, and Stacy Olea. Scott gave the board an update on the Values Alignment committee. Machorro reported that WSNA is struggling to find an attorney but once they do, discussions will start with them. Staffing is the biggest issue; they currently have 14 traveling RN's on a long-term contract. Holden reported that Pharmacy received their HRSA audit results back with 2 findings that they will need to write a corrective action plan for. This was the first audit the hospital has had since starting the program 10 years ago.

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 Bobbi Beard, DNP, ARNP, Lisa Benson, PA-C, Amy Claussen, PA-C and Shafeen Rahman, MD and the

reappointments for Chi Pui, MD, Tahir Alkhairy, MD, Gene Griffiths, MD, Kenneth Gano, CRNA, Tracy Keniston, PA-C, Robert Merkel, PA-C, James Repsher, PA-C, as recommended by the Medical Executive Committee.

Chief of Staff Dr. Timothy O'Brien presented the draft Delineation of Privileges for Teleradiology with the addition of an advanced privilege to allow the Screening of Mammography Reads.

ACTION: On the motion of Terry Clark and second of Bob Davis, the Board members unanimously approved the addition of Screening of Mammography Reads to the Teleradiology privileges.

Chief of Staff Dr. Timothy O'Brien presented the draft Criteria for Specialty Privileges. The need to review these was as a result from a DNV finding. Criteria for each privilege has to be specified on each delineation of privilege. Criteria have not been reviewed since 2011. The changes to the criteria included board certification must be obtained within 5 years from initial appointment.

ACTION: On the motion of Jon Ward and second of Bob Davis, the Board members unanimously approved the new criteria for the following privileges: Dentistry & Orthodontics, Emergency Department, Family Medicine Department, General Surgery Department, Ophthalmology, Otolaryngology, Pathology, Pediatrics, Podiatry, Radiology, Urology, Obstetrics and Gynecology.

The Board Members reviewed the Chief Medical Officer report.

Scott Olander reported on KVH's financial performance for August. Olander stated that in-patient days are up, med surg and ICU patient days are up, as well as the ED. Family Birth Place delivered more infants than budgeted. Payer mix was higher and Surgery, Urgent Care and ED remain busy.

Olander reported that they are asking for a credit card increase through Cashmere Valley Bank. Our current card limit is \$80,000 and he is asking for a \$40,000 increase to make our new credit card limit \$120,000, this would include adding a new credit card to Medical Staff Services. There was consensus from the board to authorize the Chief Finance Officer to work with the bank to increase our limit from \$80,000 to \$120,000.

Olander presented a Capital Expenditure request to replace the OR lights in OR rooms 1-3 and add booms. The amount of this purchase is \$356,610.

ACTION: On the motion of Terry Clark and second of Jon Ward, the Board members unanimously approved the Capital Expenditure request to add OR lights and Boom to OR rooms 1-3 in the amount of \$356,610.

Olander presented a Capital Expenditure board request to purchase a community messenger reader sign, electrical for sign and charging stations and courtyard door. The total cost requested is \$208,700.

ACTION: On the motion of Jon Ward and second of Bob Davis, the Board members unanimously approved the Capital Expenditure request to purchase a community messenger reader sign, electrical for sign and charging stations and courtyard door for a total request for \$208,700.

Olander discussed the plan for the hospital to apply for 501(c)(3) recognition. Currently the hospital is working with a provider that currently lives in Canada. Having the 501(c)(3) recognition will assist in the H1-B visa process. Olander stated that he could not see any negative impacts to the hospital for applying for this recognition. He is bringing to the board for informational, no action is necessary.

The Board Members reviewed the Community Relations Report.

7. Education and Board Reports:

None

8. Old Business:

Matt Altman discussed the upcoming event, coffee with a Commissioner. He wants to make sure employees know that this is not just to hear complaints. Depending on the attendance at this one will depend on what other type of events they hold in the future.

9. New Business:

Board members discussed completing a strength and weakness assessment similar to one they have completed in the past. They would also like to have feedback from senior leadership. Manda Scott will work with Erica Libenow on creating questions and a tool to use. Questions will be brought back to the board for review and then once approved will be sent to senior leadership to respond.

10. Executive Session:

At 7:06 p.m., Vice President Altman announced that there would be a 10-minute recess followed by a 40-minute executive session regarding personnel. RCW 42.30.110(g). No action was anticipated.

At 8:00p.m. the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:02 p.m.

CONCLUSIONS:

1. Motion passed to approve the board agenda as amended.
2. Motion passed to approve the consent agenda.
3. Motion passed to authorize administration to advance the financing of the expansion project in the amount of \$15.3 million dollars plus issuance costs for a term of 15 years through the issuance of debt.
4. Motions passed to approve the reappointments as recommended by the Medical Executive Committee.
5. Motion passed to approve Teleradiology Delineation of Privileges.
6. Motion passed to approve updated criteria for specialty privileges.
7. Motion passed to approve Capital Expenditure for OR lights and boom in the amount of \$356,610.
8. Motion passed to approve Capital Expenditure for community messenger reader sign, electrical for sign, and charging stations and courtyard in the amount of \$208,700.

Respectfully submitted,

Shannon Carlson, CPCS/Terry Clark
Medical Staff Coordinator



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
&
KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 2
 BOARD OF COMMISSIONERS' WORK SESSION
 Upper Kittitas County Medic One Ambulance Station 99
 111 Pine Street, Cle Elum

September 28, 2022

HD1 BOARD MEMBERS PRESENT: Erica Libenow, Matt Altman, Jon Ward, Terry Clark, Bob Davis

HD 2 BOARD MEMBERS PRESENT: Hartwig Vatheuer, Fred Benjamin, Carrie Youngblood, Ingrid Vimont

STAFF PRESENT: Julie Petersen, Scott Olander, Ron Urlacher, Rhonda Holden, Dr. Kevin Martin, Geoff Scherer, Manda Scott, Tricia Sinek, Dr. Andrew Thomas, Stephanie Walker

The joint work session was called to order at 2:22 p.m. Julie Petersen reviewed the agenda and stated that at the end of the day the goal is to have a worklist.

Scott Olander reviewed the buildings and land owned by HD2 and reviewed possible future expansion for Family Medicine Cle Elum.

Ron Urlacher showed all properties owned by HD1 and HD2 along with their building sizes and locations.

Scott Olander reviewed the financial dashboards.

Dr. Thomas discussed services currently being provided at Family Medicine Cle Elum and the visiting specialists that rotate through the clinic.

Tricia Sinek stated that Kittitas County has the second highest age population in the state. Tricia reviewed the social determinates, mental health needs, labor shortages and stated the importance of partnering with others when we don't have the expertise.

Geoff Scherer reviewed the services that are provided for EMS and who provides them in the district. Geoff stated that mental health calls are going up and they have little reimbursement.

Rhonda Holden reviewed the strategic plan for HD2 and stated that they need to be prepared for growth and they are continuing to work on assessments of the impacts of future developments. Rhonda stated that the urgent care also needs space to expand.

Items discussed for Joint Strategy – 3 year window

- Expansion of primary care
- Assisted living
- Moving PT to open up rural health space for primary care
- Adding onto existing Cle Elum clinic
- Opening up an emergency room or another urgent care in upper county
- Engage Architect to look at buildings

HOSPITAL DISTRICT 2 ACTION: On motion of Ingrid Vimont and second of Carrie Youngblood, the Hospital District 2 Board members unanimously authorized administration to collaborate with Hospital District 1 to identify services and property to serve the strategic plans of both hospital districts. Motion passed 4-0 with Commissioner Rogalski being absent.

****Note**** Motion was struck from the HD2 version of minutes and motion was addressed and passed in their regular meeting on October 17, 2022.

With no further business and no action taken, the meeting was adjourned at 6:13 p.m.

Respectfully submitted,

Mandy Weed/Terry Clark/Hartwig Vatheuer
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: October 27, 2022

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>287443-288145</u>	NET AMOUNT:	<u>\$6,960,769.16</u>
		SUB-TOTAL:		<u>\$6,960,769.16</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>82022-82026</u>	NET AMOUNT:	<u>\$7,002.82</u>
#2	PAYROLL CHECK NUMBERS	<u>82027-82031</u>	NET AMOUNT:	<u>\$11,339.66</u>
#3	PAYROLL CHECK NUMBERS	<u>82032-82033</u>	NET AMOUNT:	<u>\$2,511.29</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,492,277.19</u>
#5	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,465,988.65</u>
#6	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,554,034.90</u>
		SUB-TOTAL:		<u>\$4,533,154.51</u>

TOTAL CHECKS & EFTs: \$11,493,923.67

Prepared by



Sharoll Cummins
Staff Accountant



Tough Enough to Wear Pink

The Foundation at KVH and the Ellensburg Rodeo Association partner each year to raise funds to support breast cancer awareness and prevention services in Kittitas County. The Foundation at KVH uses the TETWP funds to provide free mammography screenings at Kittitas Valley Healthcare for patients in need and to support breast cancer education materials in our community. This year we raised \$11,575.00. Many thanks to the community and the Ellensburg Rodeo for their generous support.

We will be holding a check presentation soon featuring Ellensburg Rodeo leadership, KVH administration and Foundation TETWP committee members. A press release highlighting the photo and donation will be sent to local press.

Annual Appeal (Oct)

The Foundation’s Annual Appeal for 2022-23 is slated to be mailed to the community October 12th. We extended our mailer to reach over 9,000 KVH patients, community members and staff. This is an increase of 1,200 households from last year.

Gobble Wobble – November

We are launching the Foundation’s fourth annual Gobble Wobble 5K fun run benefitting Community Wellness. Slated for November 12, you can join the fun by registering online via our QR code featured below.

We are collaborating with KVH Employee Wellness to giveaway 10 registration slots to KVH employees through a contest being run in the Announcements this week. Winners will be picked at random from all entries received.

In addition to the fun run, we are seeking gently used sneakers as part of our used athletic shoe drive. Sneakers collected will be turned over to a charitable organization who works to redistribute or recycle thus keeping the sneakers out of area landfills. The Foundation receives a donation on behalf of all shoes received.



Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

FOUNDA

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

October 25, 2022
Tuesday

7:30 A.M.
Join Zoom Meeting

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: September 20, 2022**
- **September Financial Highlights**
- **Capital Expenditure**
 - **MRI Pad**
 - **C-Arm**
- **2023 Budget**
- **Adjourn**

Next Meeting Scheduled: November 29, 2022 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
September 20, 2022

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

Members Excused: Jerry Grebb

Staff Present: Kelli Goodian Delys and Jason Adler

Guests: Jeff Fivecoat, Piper Sandler

The meeting was called to order at 7:31 a.m.

Two motions were made, one to approve the agenda and one to approve the August 23, 2022 minutes. Both motions passed.

Olander presented the highlights of the August 2022 financial results. It was a busy month. Volumes were ahead of budget for admissions, patient days, and deliveries. The case mix index of 1.24 indicates inpatients were pretty ill. ER and urgent care were also busy for the month. We have an adequate supply of contrast medium allowing us to do high end imaging procedures. The clinics were quite busy and exceeded budget. The revenue variances are related to the volume variances. Inpatient and professional fee revenue exceeded budget and outpatient revenue is less than budget for the month. Revenue deductions are in alignment with revenue being above budget and reflect our recovery rate is better than budget. August expenses exceeded budget \$996,043 and include temporary labor budget overage of \$607,388 and purchased services budget overage of \$361,968. The overage in purchased services is due to repair and maintenance on the building. The non-operating rev/exp line includes an unrealized gain on investments. The month ended with a net operating gain of \$666,586 and net income of \$272,258. August 2022 AR days are 61.4 and days cash on hand is 212.5. The details are in the Chief Financial Officer Report.

The committee received an updated debt financing presentation from Jeff Fivecoat.

The committee recommended moving forward to the Board of Commissioners the capital requests for OR Lights and Booms (3) and the Community Messenger Reader Sign and Courtyard Door.

The committee reviewed the KVH business credit card overall limit.

With no further business, the meeting was adjourned at 8:41 a.m.

**KITTITAS VALLEY HEALTHCARE
BOARD OF COMMISSIONERS
2023 COMMITTEES & MEETINGS**

Standing Board Committee/ Assignments	Meeting Schedule	2022 Members	2023 Members	Alternates
Quality Improvement Council	Bi-Monthly – 3 rd Monday at 3:00pm	Chair: Matt Altman Terry Clark	Chair:	<i>Erica Libenow</i>
Finance Committee	Monthly – Tuesday preceding Board Meeting at 7:30 am	Chair: Bob Davis Jon Ward	Chair:	<i>Matt Altman</i>
Medical Executive Committee – Board of Commissioners Liaison	Monthly – 2 nd Wednesday at 5:15 pm	Matt Altman Erica Libenow		<i>Bob Davis</i>
Compliance Committee	Monthly - 2 nd Thursday at 3:30 pm	Jon Ward Terry Clark		<i>Bob Davis</i>
Patient Family Advisory Committee (PFAC)	Quarterly	Erica Libenow		Jon Ward
The Foundation at KVH – Liaisons to Foundation’s Board	Bi-Monthly – 4 th Tuesday at 5:30 pm	Bob Davis		<i>Terry Clark</i>

Ad Hoc	Meeting Schedule	2022 Members	2023 Members	Alternates
Provider Values Alignment Committee	Varies	Bob Davis Matt Altman		<i>N/A</i>
CEO Evaluation Sub-Committee	Varies	Matt Altman Erica Libenow		<i>N/A</i>
Joint Districts Committee: Hospital Districts #1 & #2	Schedule to be determined	Erica Libenow Terry Clark		<i>Matt Altman</i>

Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2023

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Regular Meeting	26 5pm	23 5pm	21 5pm	27 5pm	26 5pm	22 5pm	28 5pm	24 5pm	27 5pm	26 5pm	30 5pm Special Meeting	1/7/24 5pm Special Meeting
Standing Items				Compliance Plan and Policies	Acceptance of Financial Audit			Approve Budget Assumptions (Operating & Capital)	Board Self-Evaluation	Plan Board Retreat Budget Hearing Annual CEO Evaluation Election of 2024 Officers Approve 2024 Board Committees 2024 Board Calendar	Approve 2024 Operating and Capital Budgets	Update 2023 Operating Budget 2024 QAPI Approval
Presentation Subject to Change												
EDUCATION, CONFERENCES & SPECIAL MEETINGS		2/14 WSHA Advocacy Day Olympia 2/19-2/22 AHA Rural Health Care Leadership Conference San Antonio, TX		4/23-4/25 AHA Annual Meeting WA DC		TBD WSHA CEO Retreat Chelan, WA	7/16-7/18 AHA Leadership Summit Puyallup, WA		TBD Federal WSHA Rural Advocacy Days WA DC	TBD WSHA Annual Meeting		

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Events												
Board Finance	24 7:30am	21 7:30am	19 7:30am	25 7:30am	24 3:00pm	20 7:30am	26 7:30am	22 7:30am	25 7:30am	24 7:30am	28 7:30am	1/5 7:30am
MEC	11 5:15pm	8 5:15pm	8 5:15pm	12 5:15pm	10 5:15pm	14 5:15pm	12 5:15pm	9 5:15pm	13 5:15pm	11 5:15pm	8 5:15pm	13 5:15pm
QI Council		27 3:00pm		10 3:00pm		12 3:00pm		14 3:00pm		9 3:00pm		11 3:00pm
Foundation Board	24 5:30pm		28 5:30pm		23 5:30pm		25 5:30pm		26 5:30pm		14 5:30pm	
Compliance	12 3:30pm	9 3:30pm	9 3:30pm	13 3:30pm	11 3:30pm	8 3:30pm	13 3:30pm	10 3:30pm	14 3:30pm	12 3:30pm	9 3:30pm	14 3:30pm
Strategic Planning												
Joint Districts												
HD #2	16 6:30pm	20 6:30pm	20 6:30pm	17 6:30pm	15 6:30pm	19 6:30pm	17 6:30pm	21 6:30pm	18 6:30pm	16 6:30pm	20 6:30pm	18 6:30pm

Emerging Topics:

WRHC Initiatives
 Kittitas County Health Department
 WRHA
 ACO
 WSHA/AWPHD



QUALITY IMPROVEMENT REPORT – Mande Olsen, BSN RN CPHQ
October, 2022

Annual Program Review and Quality Assessment Performance Improvement (QAPI) Planning

On September 30th, KVH leaders met to review their services and progress towards 2022 QAPI plans. Along with their senior leaders, they also drafted 2023 QAPI plans. These plans were presented to QI Council October 10th. This year we are emphasizing for plans to align with strategy and be seamless across department lines. Senior leaders met after QI Council to further refine the QAPI plans based on feedback from QI Council and other Admin team members. Over this month, senior leaders will further refine the plans with their direct reports. The most recent revisions of QAPI plans will be sent to all board of commissioners for review and feedback by November 10th. Final plans, along with a new proposed QI Dashboard will go to the December QI Council, with a request for approval from the board requested at the December meeting (held in January).

Quality Department Resources and Current Quality Improvement Projects

New improvement projects Quality Department staff are supporting or lead:

- Software for tracking, reporting, and reminders of required employee health immunizations or screenings (ie – TB or flu shots, mask fit)
- Physician consult role in clinic care teams
- FM-E phone optimization

No Flu for You!

Workplace Health and volunteer helpers are doing an amazing job getting staff vaccinated! If staff have not presented documentation of a vaccination or declination to influenza by November 1st, they will not be permitted to work until they do so. I will have updated numbers on vaccination/declinations rates at the board meeting.

COVID Emergency Orders and Changes

Despite the state emergency orders coming to an end, at this time all KVH staff are required to mask in all facilities. This is because the emergency order is not the only rule in effect for COVID precautions. Federal emergency orders, CDC, OSHA, and Washington State Departments of Health and Labor and Industries all have rules and guidance that we must interpret and follow. KVH Infection Preventionists are working closely with leaders and staff, to monitor all of our regulatory agencies and resources for current requirements and recommendations. We are working hard to communicate early and often about anticipated changes.



Speaking of Infection Preventionists...

October 16-22 is International Infection Prevention week – celebrating 50 years of Infection Prevention! COVID-19 continues to show the world what we’ve always known—infection preventionists (IPs) play a crucial role in keeping our neighborhoods safe and healthy. In addition to fighting a global pandemic, the infection prevention and control community is protecting us from surges in healthcare-associated infections, measles outbreaks, flu season, and so many other day-to-day infectious battles. We are very thankful we have Anna Scarlett and Nicole Hilderman to help us keep our patients and employees safe!

Quality Improvement Dashboard Data Summary – through August 2022

Summary of Areas Meeting Goal or Showing Improvement

- The median time to CT or MRI exam *and* results for patients with stroke was lower than goal for tenth month in a row.
- The median time to ECG for patients with chest pain was at goal.
- Pain reassessment after medication at goal for CCU.
- Workplace violence events reported decreased in August.
- No adverse medication events.
- Care and service reports of concerns down to numbers more frequently seen in the past.

Summary of Improvement Opportunities

- Four of the eight patients who had sepsis did not meet all aspects of the sepsis bundle. In many of the cases, the second lactate test was ordered after the recommended window. We have built an automated rule for this test order and are currently testing it.
- Blood product documentation declined for the fourth month in a row. Each case is sent to the staff involved for review and correction (if applicable).
- There were two needlesticks in August.
- There were three falls across the organization in August, although none with injury.
- Restraints review data missing as we are revising the reporting process.

Patient Stories

- *"I was a patient [of the Emergency Department] for a short bout of cardiac arrhythmia. Your area was very busy and filled beyond capacity. That being said, I never felt that my care was compromised due to the busy time. Dr. Peet was available and reassuring. He was comprehensive in his explanations, and I felt I was in good hands. Nurses Madeline and Holly never made me feel they were rushed. Their care deserves recognition. Molly the patient care tech was prompt and also excellent.*

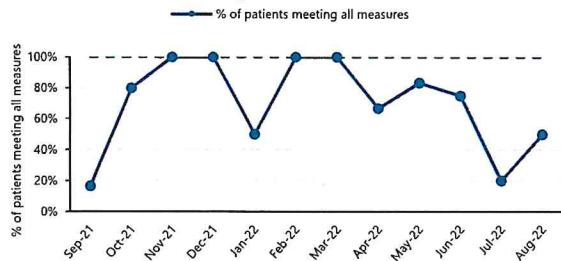


Being a retired RN, care is often viewed with a more critical eye. The entire department was superb. I felt my privacy was maintained even though being in the hall, and comfort a priority. I observed professionalism done with compassion for the entire patient population. So often we let you know when there is a perceived problem. I want you to know what an excellent job has been done by all. How an area is managed is evidenced through the entire staff. Job well done. Please let the staff know of their great care."

- KVH Emergency Department patient to Dr. Andrew Peet, RNs Madeline Majsterek and Holly Zerck, and PCT Molly Gebhart

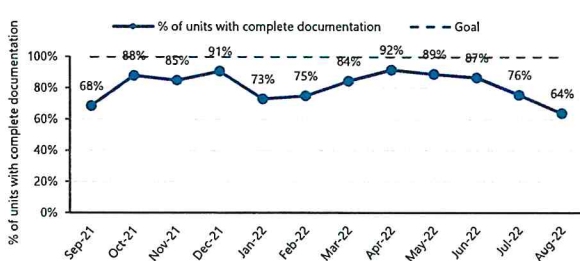
QI Council

Sepsis Bundle ↑



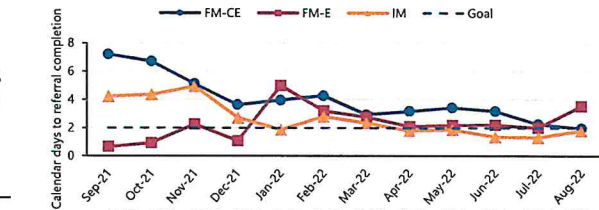
possible: 6, 5, 8, 4, 6, 2, 1, 3, 6, 4, 5, 8

Blood Product Documentation ↑



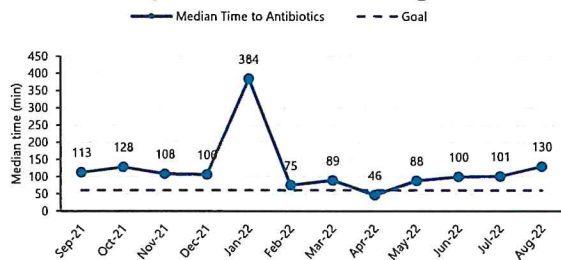
of units: 38, 58, 33, 43, 48, 36, 32, 36, 18, 15, 41, 25

Days to Referral Completion ↓



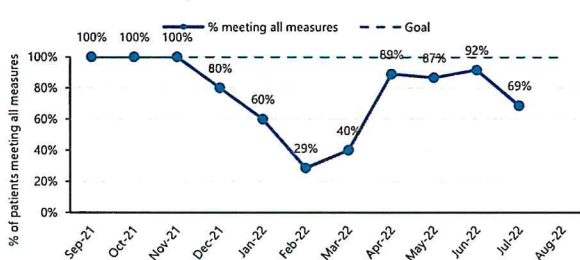
Category	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
FMCE	245	292	254	290	248	317	368	359	324	336	287	324
FME	622	503	566	559	599	650	770	687	612	786	749	825
IM	209	231	178	249	207	243	247	243	291	264	272	344

Sepsis Antibiotic Timing ↓



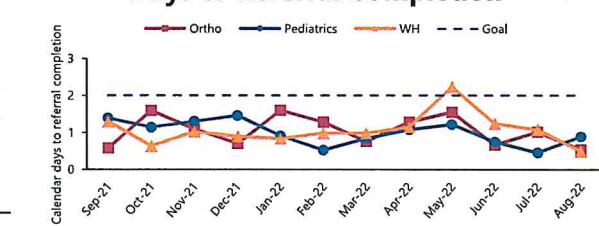
possible: 6, 5, 4, 5, 7, 2, 1, 3, 6, 4, 5, 8

Restraints ↑



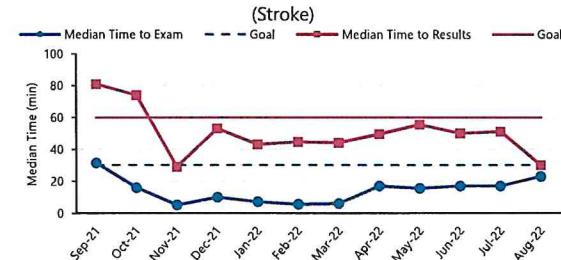
possible: 7, 5, 8, 5, 10, 7, 5, 9, 15, 12, 16,

Days to Referral Completion ↓



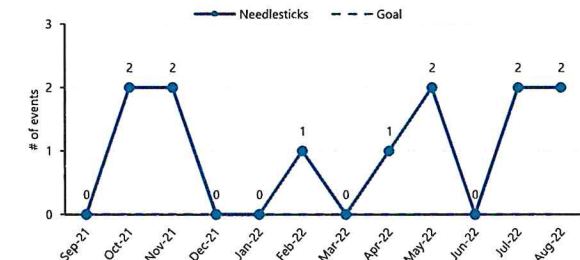
Category	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Ortho	39	35	44	34	26	44	52	62	66	57	56	77
Peds	69	110	90	100	73	97	71	52	60	64	42	46
WH	72	79	52	44	40	54	60	119	75	69	79	102

Median Time to CT or MRI ↓

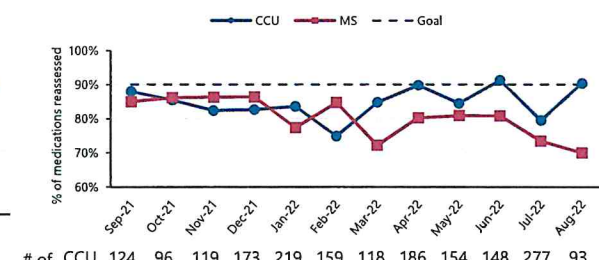


possible: 6, 4, 2, 9, 3, 6, 5, 10, 8, 5, 9, 3

Needlesticks ↓

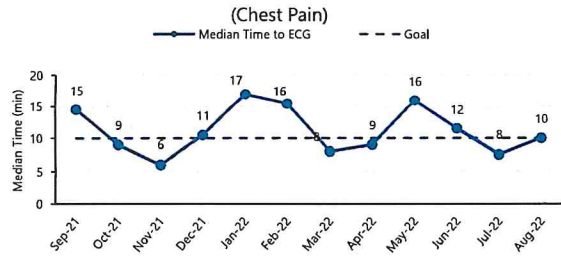


Pain Reassessment after Medication ↑



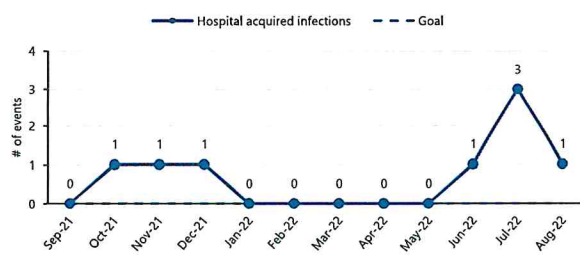
Category	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
# of CCU meds	124	96	119	173	219	159	118	186	154	148	277	93
# of MS meds	419	317	576	658	463	628	733	688	517	505	564	243

Median Time to ECG ↓

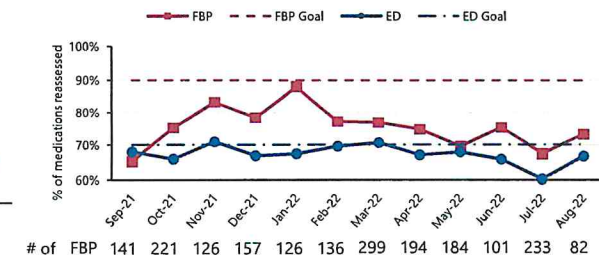


possible: 6, 7, 1, 12, 6, 10, 11, 11, 10, 8, 6, 10

Hospital Acquired Infections ↓



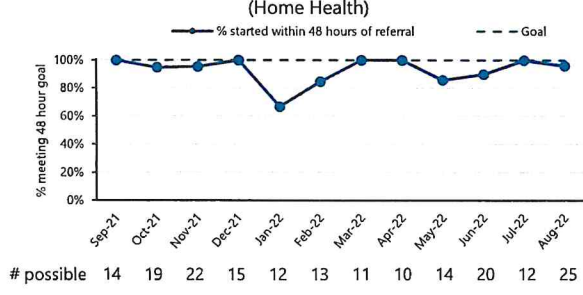
Pain Reassessment after Medication ↑



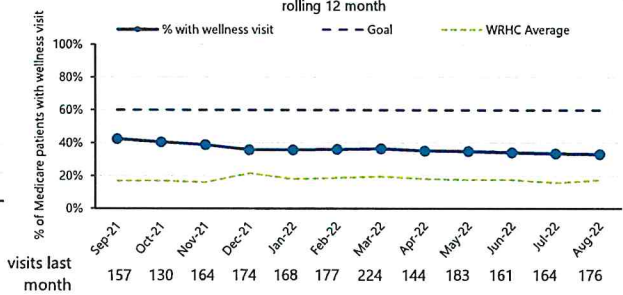
Category	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
# of FBP meds	141	221	126	157	126	136	299	194	184	101	233	82
# of ED meds	503	475	471	534	454	407	439	407	508	468	535	240

*August 2022 is only partial month data, report error, cannot be regenerated or recovered

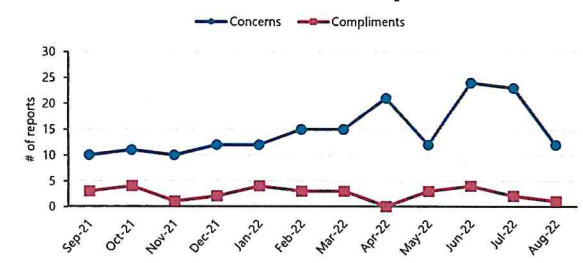
Timely Start for Physical Therapy (Home Health) ↑



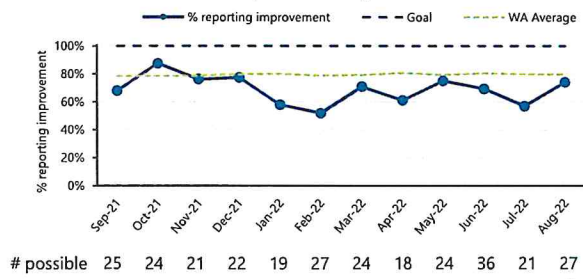
Medicare Wellness Visits ↑



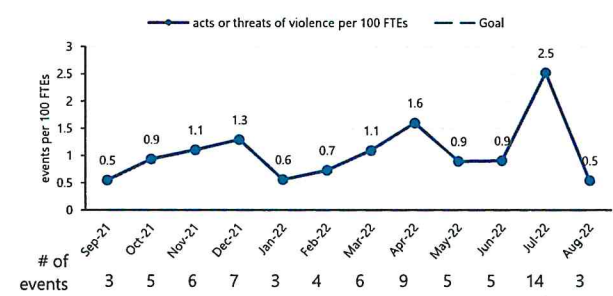
Care and Service Reports ↓



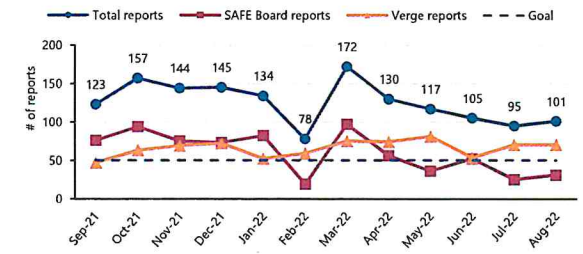
Improvement in Management of Oral Medications (Home Health) ↑



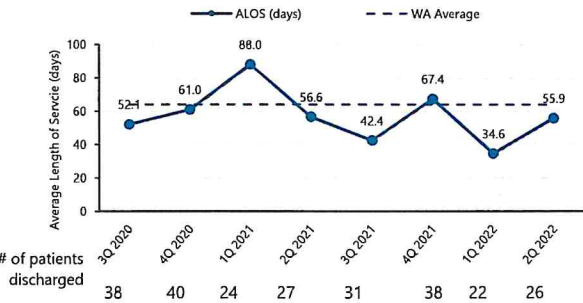
Workplace Violence Events ↓



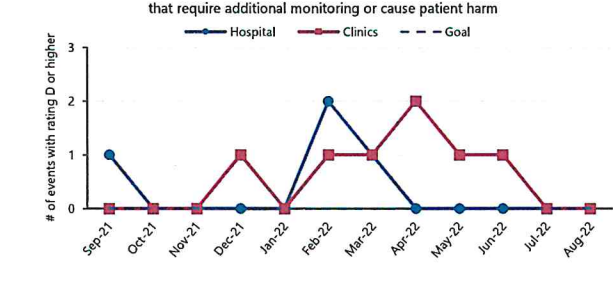
Employee Reports ↑



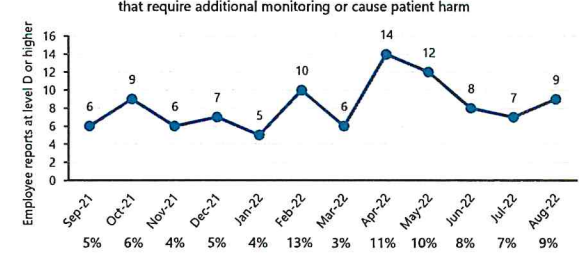
Hospice Average Length of Service ↑



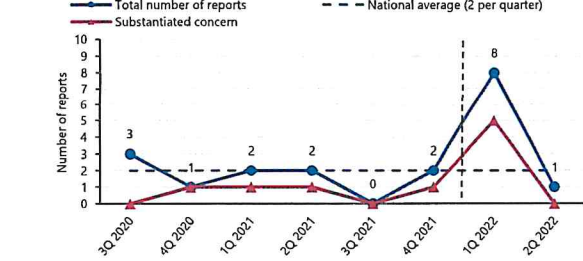
Adverse Medication Events ↓



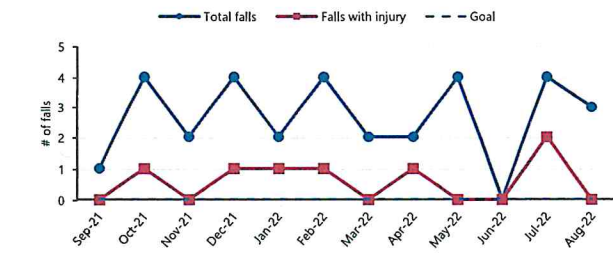
Reports of Occurrences ↓



Compliance Concerns Reported ↑



Falls ↓



Chief Executive Report October 2022

Chief Nursing Officer Transition - I blame grandchildren

Vicky Machorro has announced her intention to retire as the KVH Chief Nursing Officer in January, 2023. I remember during my interim days at KVH feeling so fortunate to have Vicky at the helm of nursing. She has served KVH since 1994 but never more remarkably than during the past two years. Vicky is smart, practical, calm and competent. She is also - all nurse. I predict that Vicky will have a very difficult time retiring so we are negotiating with her to stay on in some capacity. I say negotiating but really Vicky can step into any role, Clinical Educator, Staff Development, House Supervisor and the job is hers. A new role with fewer hours and less responsibility will give her more time to chase her grandchildren. More to follow.

Dede Uteley, BSN, RN has been with KVH since 2015 as Director – Emergency Services. Dede has made it clear that she wants to continue to develop as a nurse and community leader. In 2023 Dede will complete her Masters of Science in Nursing Leadership. In addition to her leadership role at KVH, Dede serves on the Kittitas County Board of Health, Kittitas County Behavioral Health and Recovery Advisory Board, Kittitas County Health Network and is the President of Kittitas County CASA. Dede has accepted the position of Chief Nursing Officer for Kittitas Valley Healthcare and will begin working with Vicky on the transition immediately.

I want to acknowledge that I have elected to fill the CNO position without looking outside the organization. That is a little unusual but it is also by design. We have asked our senior leaders to develop, within their teams, our best leaders for the future. Vicky and Manda designed a development plan for Dede with a senior leadership position in mind. We are the benefactors of our own foresight and planning. The best candidate is already a member of our team.

Emergency Department Leadership

We immediately began recruiting for a Director of Emergency Services in anticipation of Dede's move to the Chief Nursing Officer role. We will work very closely with the Emergency Department nursing staff, House Supervisors and leadership team on a succession plan.

Anesthesia Services

Kittitas Anesthesia LLC is still struggling to staff to the required levels. Currently we have just the two providers covering the Surgery Department, Emergency Department and Family Birth Place around the clock. A third provider begins October 31 but there is, as I understand it, little progress on recruiting the 4th necessary provider. We have asked that they come to the table to discuss their plans.

Executive Assistant Interviews

Mandy Weed's last day will be tomorrow. We have begun the interview process with some great candidates. Three more to follow. Thank you to the Board members who are participating in the interview process.

WSNA Negotiations

Our first opportunity to sit down with WSNA will be on Friday, October 21. They will be bringing new legal counsel to the table. Manda Scott, Dede Uteley, Vicky Machorro, Amy Krogstadt, Stacey Botten and I will represent KVH.

TeamSTEPPS

I want to thank the Board for their support of the TeamSTEPPS Master Training program. We had between 20-30 KVH folks attend the two day session. They allowed me to participate half of day one and I can tell you the energy and enthusiasm in the room was remarkable.

Joint Board Meeting

Staff are meeting in the coming days to translate your strategic discussion into an action plan for the expansion of services in Upper County.

Joe Hopkins Award

Thank you to all of you very sneaky Commissioners and coworkers for participating in the award shenanigans. I want to thank Commissioner Clark in particular for his kind words.

Human Resources & Staff Development- October 2022

September Metrics

<i>Employee Population</i>				
	<i>22-Sept</i>	<i>22-Aug</i>	<i>22-July</i>	<i>22-June</i>
Full-time	467	465	455	459
Part-time	118	116	113	110
Total Employees	715	706	690	696

<i>Turnover</i>			
	<i>YTD</i>	<i>22-Sept</i>	<i>2021 Year End</i>
Turnover (People)	131	19	164
Turnover (Percentage)	18.85%	2.66%	24.79%
Voluntary	105	18	153
Involuntary	7	1	11

<i>General Recruitment</i>				
	<i>22-Sept</i>	<i>22-Aug</i>	<i>22-July</i>	<i>22-June</i>
Open Postings	17	34	31	23
Unique Applications Received	133	154	141	182
Employees Hired	30	28	14	17
Time to Fill (Median)	31.5	43	36	28
Time to Fill (Average)	51.47	97.34	48.37	39.6

<i>Annual Evaluations</i>	
	YTD
Percent complete	79.2 %
Total evaluations over due	148
# of employee evals over due	114
# of provider evals over due	34

<i>Exit Interviews</i>	
Percent complete (YTD)	22%
<i>Top 3 reasons given</i>	
Relocation	34%
Compensation	34%
Interpersonal conflicts	31%

Recruitment: As of 10/10/2022 we have a 93% acceptance rate for 2022 jobs offered. We hired a record number of 30 employees in September.

We successfully filled the Clinic Pharmacy Coordinator position, this will help launch our Pharmacy Technician training program and start off-loading prescription refills from clinic nurses and medical assistants.

Student and Volunteer Services: Currently we have 55 learners on-site from the following groups: 3 Pharmacy students, 4 Imaging Tech students, 1 Job Shadow student, 1 HR Intern, 30 Nursing students, 3 Physician Assistant students, 5 Nurse Practitioner students, 5 Medical Students, and 3 Family Medicine Residents. We have worked with the Emergency Department to restart the ED Volunteer program. Currently we have one volunteer in the ED and two more starting later this month.

Staff Development: ALTA training program officially got started with 21 employees participating.

We are working with Grant Writer and county partners for potential grant to help fund education & training in Kittitas County. Focused mainly on healthcare roles and starting with high school age students.

We are working on bringing back (in an updated format) TeamSTEPPS. A large group of employees went on a Master Trainer retreat and will be working to develop the revised program in the upcoming months. Great feedback and staff appreciated the investment in their development and education.

Leadership Development: Continued 1:1 meetings with all leaders; have had great conversations on how to support them and how they can support their staff. Started a new process for Julie and Manda to meet with all new leaders and review leadership expectations at KVH.

Benefits/Wellness: Rate changes went in to effect in Sept. We have heard good things from current staff and explaining the cost structure is much easier for recruitment purposes.

Labor Relations: WSNA bargaining happening in the next few weeks. We have been hearing from our peers that the unions have had some fairly large requests in terms of compensation.

Employer of Choice: Exit interview data has been added to the front page of the HR Report. We have sent out or requested 129 exit interviews and have completed 29. Our current process is to mail the exit interview and send a request to have an in-person meeting. Respondents are able to select more than one answer and we see that is most common; compensation is rarely its own reason selected but rather combined with interpersonal conflict, department culture and/or training.



OPERATIONS REPORT

October 2022

PATIENT CARE OPERATIONS

ED/Urgent Care

The ED continues to see an increase in volume this past month and staffing continues to be a challenge. We have brought on board a few new staff members, who are orienting now. We continue to have multiple open RN positions for night shift. We are thankful for the contract nurses that are helping fill these shifts.

We celebrated Emergency Nurses Week Oct. 9-15 with Emergency Nurses Day on Oct. 12. With this year's theme "Standing Strong," we are reminded that our ED nurses face challenging situations, difficult days, and emotional patient scenarios every day. They always emerge standing strong!

KVH had representation at the National Emergency Nurses Association General Assembly and educational conference. Cody Staub, RN, our programs coordinator and WA State ENA President, represented emergency nurses at this annual conference. This was a time for networking, education, and advocacy.

The ED enjoys providing a clinical experience for CWU's Paramedic students. The students report they receive a great experience with our high acuity patients and a chance to hone their skills.

Urgent Care continues to also be busy, and we have slowly grown the nursing staff that is able to work in that environment. We are still searching for support in the Technician role. This tough-to-fill role wears many hats including patient care, diagnostic imaging, lab, and registration.

Surgical Services

We have filled all of our open SOP positions and are working on training the newest members of our team.

OR still has 4 open positions (one in CS). But we are able to fill the RN positions with travel staff.

Emily Turner (OR RN) has been providing Malignant Hyperthermia education and mock drills. She has made the education fun by creating an "Escape Room". She has had good attendance from the OR as well as other departments.

Dr. Hoppe spent time in the OR going over a pacemaker battery exchange procedure. We are excited to offer this new service and plan to do the first one in late October or early November.

Food and Nutrition Services

Food Services:

- Staffing – Made some progress this past month with the hiring of three new team members. Continue to have a 0.6 FTE cook position open.
- Café – Continue to advance services. Awaiting one piece of equipment and additional tables and chairs. Salad bar is back up and running.

Clinical:

- Collaborating with CWU Dietetic Internship program by preceptorship of three interns in becoming registered dietitians. One student recently completed her rotation last week. Next student starts middle of November.
- Continue to provide virtual nutrition services to Snoqualmie Valley Hospital swing bed program.

Diabetes and Nutrition Education:

- Continue usual caseload. Providing services to KVH providers and CHCW providers.

Medical/Surgical/CCU

The facility upgrades to the Med/Surgical Unit and Critical Care are still in progress. The doors to all the patient rooms, storage, areas and offices are all being refinished and all the ceiling tiles are being replaced. We'd like to extend a big thank you to all the staff who are working and have had to readjust their work flows through out this process.

Staffing remains a challenge and concern as we are currently onboarding 4 RN's (2 new graduates). Applicants remain few and far between. We are currently using travel RN's in all departments specifically on the night shift. We currently have a Patient Care Technician on a travel assignment on the day shift as well.

Census remains steady and Covid admissions are minimal.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

All ancillary departments have been very busy this month developing our 2023 operational and capital budgets and our 2023 QAPI plans.

Pharmacy

Pharmacy is providing 200 adult flu vaccines and 200 Covid-19 bivalent flu vaccines to the Public Health Department and assisting with their free community flu clinic on October 21 at the fairgrounds. In anticipation of staffing shortages this fall, we are adding a 1.0 FTE pharmacist position to ease the burden of staff planned absences and planned transitions.

HHH

We are evaluating an upgrade in our electronic health record- the first since 2011. We anticipate this capital request to come forward in December 2022. Cerner does not have a module for Home Health and Hospice, requiring us to utilize a separate system for documentation. Several leaders and GNP's will be attending the WSHPCO conference in Chelan on October 24-25.

Imaging

Work is underway to install the pad for our mobile MRI that will be deployed during the expansion project. We are also doing an upgrade with Vascupro software to enhance our vascular reports, are having weekly meetings for our PACS and Cardiology PACS transition to Change Healthcare.

Lab

The flooring that was damaged in the supply room has been replaced and we are re-installing high density shelving. We are in the final selection phases for our chemistry analyzer and Lab Director Katy and Chemistry Lead Alonna will be taking a site visit to look at a chemistry analyzer that we are considering purchasing.

Hospital District 2

We enjoyed a successful Joint Strategic Planning Meeting on September 28.

Jeff Ding with EA Engineering & Technology has reached out to me to update the information that we provided them in April 2020 regarding the potential impacts of the proposed 47 Degree North Development on HD1 and HD2 services. This information will be used to inform the SEPA Environmental Review for the City of Cle Elum.

On October 19th, I did a walkthrough of FMC with KDA, Dr. Thomas, Stacy Olea, and Stephanie Walker to look at options for expanding the footprint of the FMC building.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

Staffing

Staffing continues to be a challenge at the clinics and we have the following openings: 4 RN, 23 MA, and 8 PSR. Six of the posting we opened in 2021 and we will continue using travelers to fill some of these positions. We had 4 MA apprentices start this month.

Days to Third Available Established and New Appointments (See charts)

- Internal Medicine: Decrease in both wait times are due to the addition of 2 mid-levels (Lisa Benson PA-C and Bobbi Beard DNP, ARNP) starting in October and new locum who is handling the patient load better than the previous one
- WorkPlace Health: Decreases in both wait times are due having a locum provider at the clinic fulltime

FME incoming calls (See chart)

Jeff Yamada created the charts and summary of the incoming calls to FME for September. He also facilitated a meeting with company to learn more about the process we have currently set up and discuss needs. We are also starting a Process Improvement project with LeAnn Bolding, our Process Improvement Coordinator, to ensure we have optimized the process with current technology and staffing levels.

FMCE Vaccine Refrigerator out of temperature range

FMCE received a letter from the Department of Health stating that their adult vaccine refrigerator was out of temperature range from 08/16 – 08/31. Upon investigation the clinic staff realized that the refrigerator was also out of range for the entire month of September. They disposed of all vaccines that were stored in that refrigeration and performed an A3 to identify gaps, targets, root causes, and follow up action. They had to contact 72 patients that had received those vaccines within that timeframe and offer them to be revaccinated at no charge. They are tracking these patients and will follow up with a phone call if they have not heard back from them.

Medical Assistants Recognition Week

This year the week is October 17 – 22 with the theme “Medical Assistants are Magic”. We purchased personalized stethoscope ID tags for each MA and provided them with a card signed by all of the clinic administration team.



Dermatology

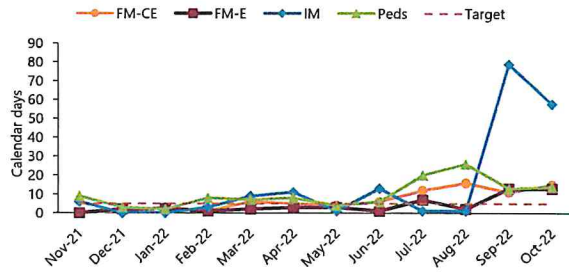
The move on Oct 17th went well and they were back to seeing a full patient load on the 18th. Staff love the new space, there is room to expand into UV therapy, and so far patients are doing well with the transition.



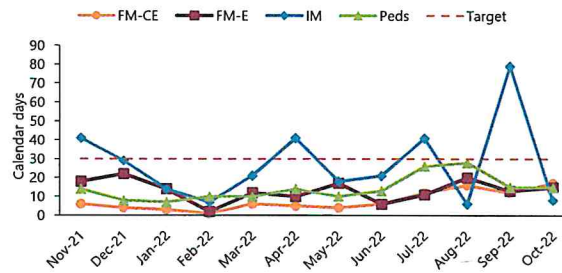
Thank you, Stacy Olea, Chief of Clinic Operations

Clinic Operations Dashboard

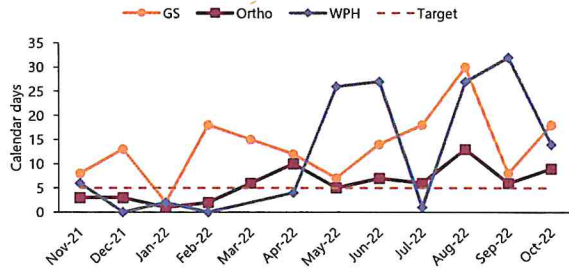
Third available appointment
for established patients



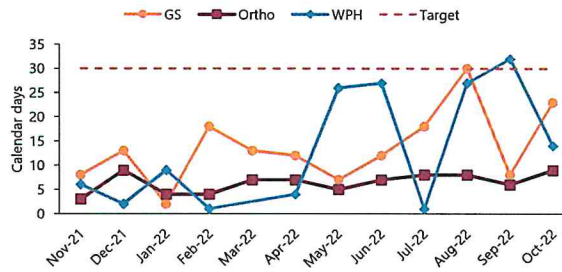
Third available appointment
for new patients



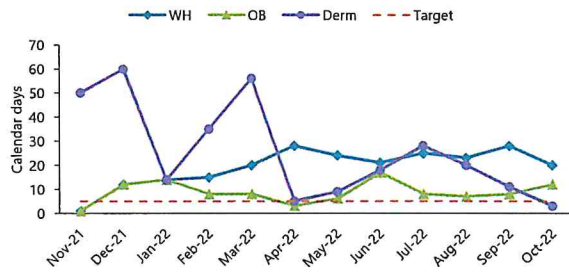
Third available appointment
for established patients



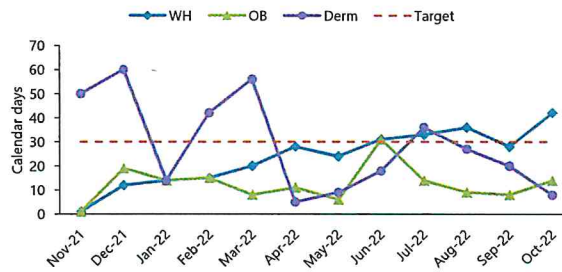
Third available appointment
for new patients



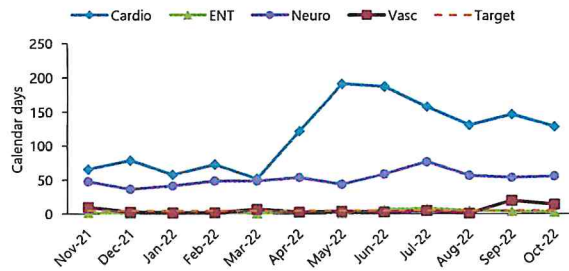
Third available appointment
for established patients



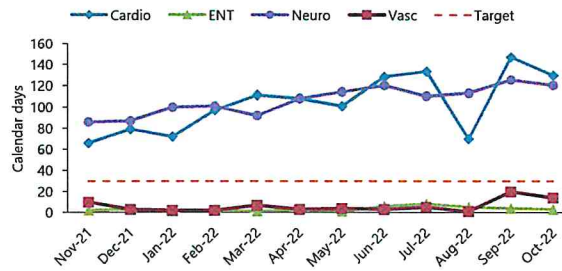
Third available appointment
for new patients



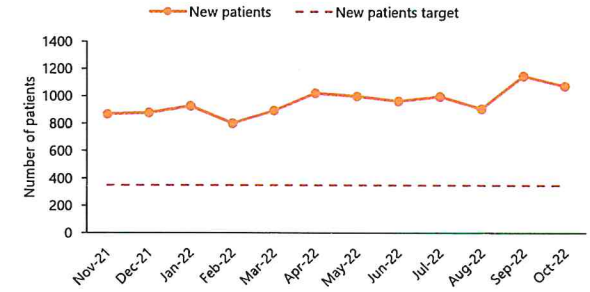
Third available appointment
for established patients



Third available appointment
for new patients

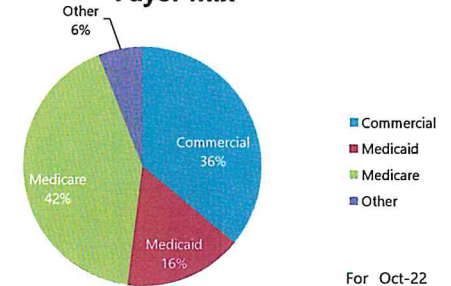


New patients



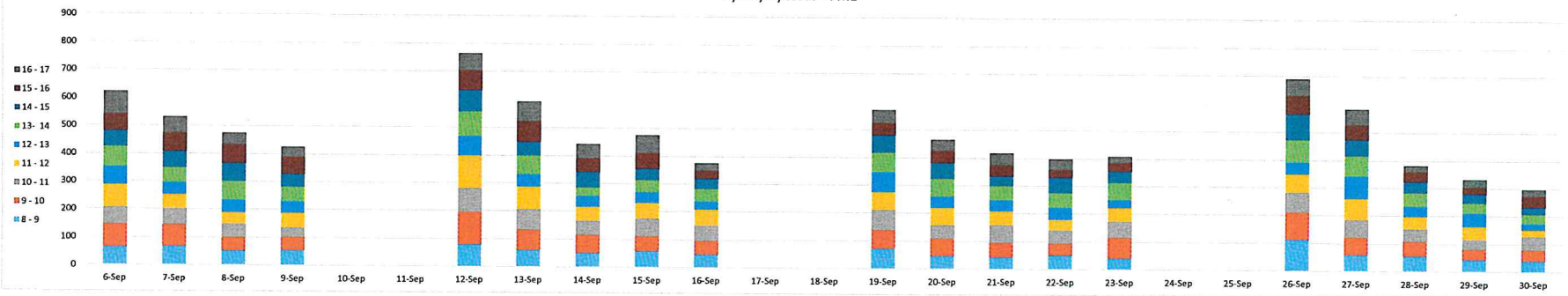
Effective March 2021, we began coding our "new" patients differently. The definition of "new" visits were changed as it was based on taxonomy code for the practice. Previously, we were only identifying the visit as "new" if the patient had not presented to any of the clinics

Payor Mix



For Oct-22

By Day by Hour - FME



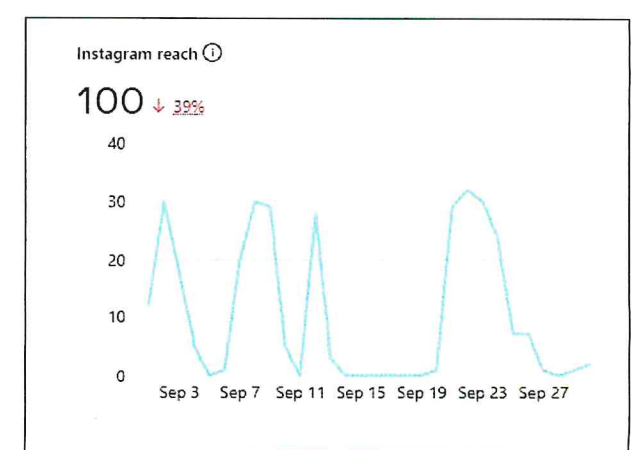
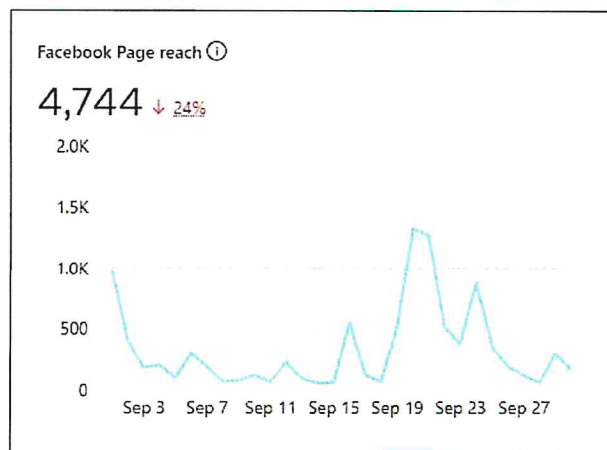
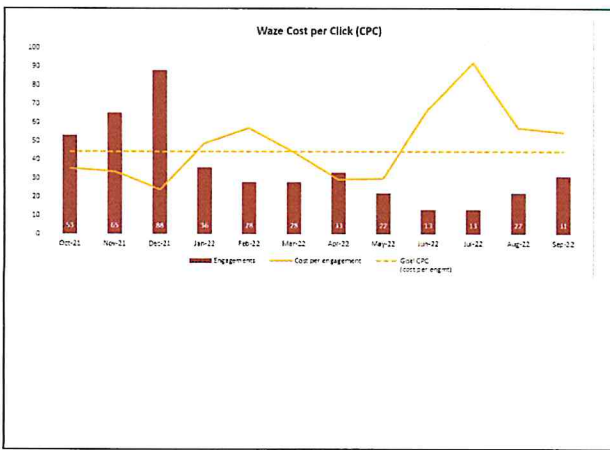
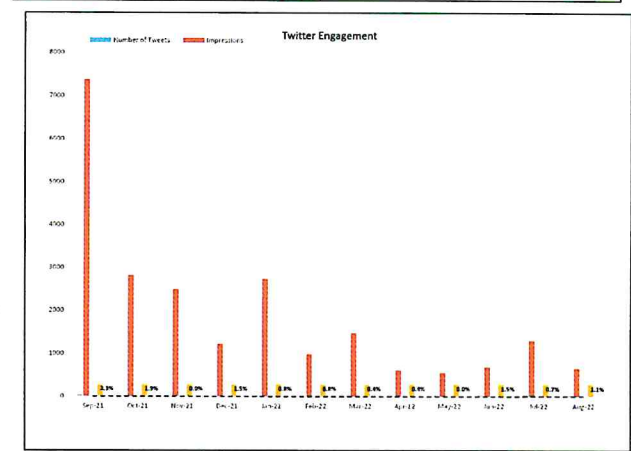
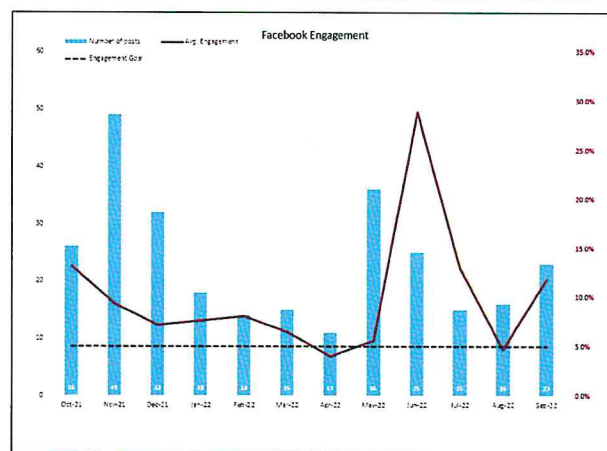
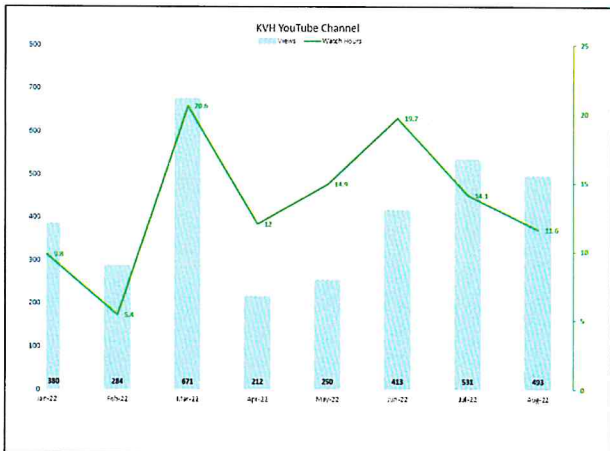
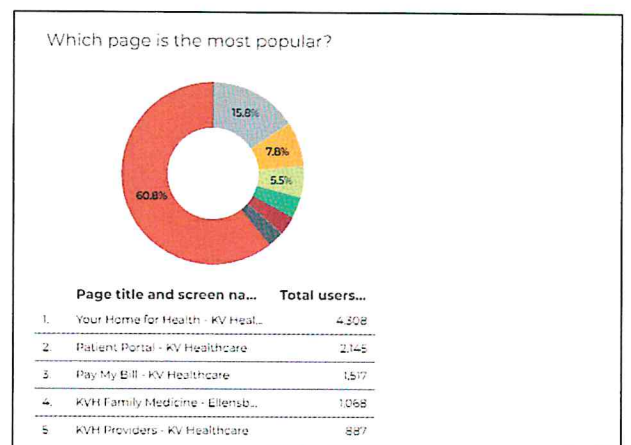
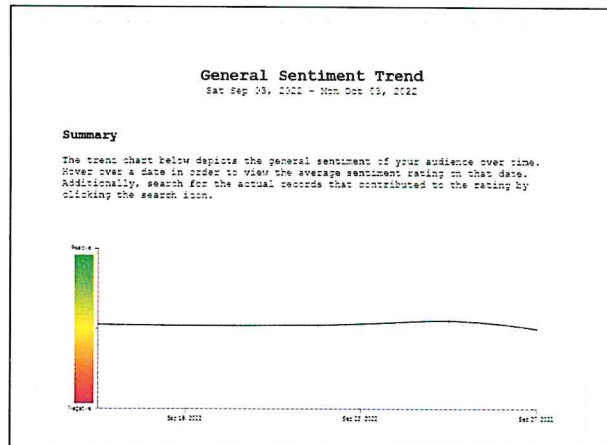
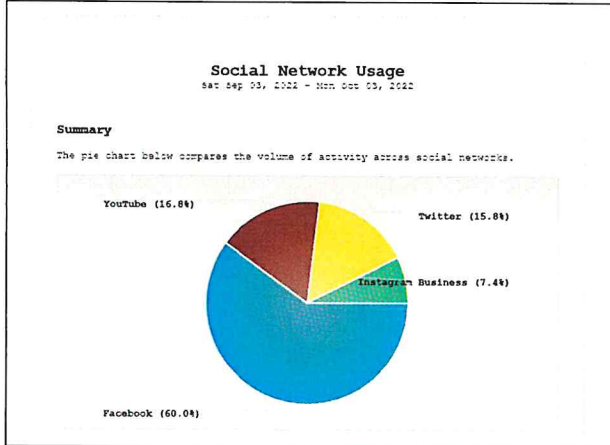
Community Relations
October 27, 2022 Board Report

Current Projects:

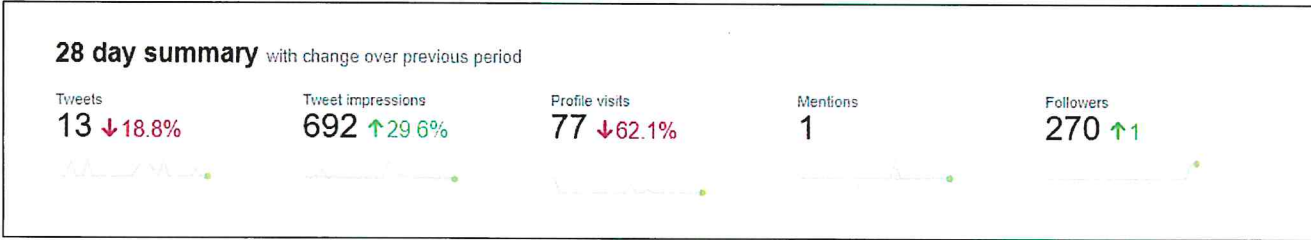
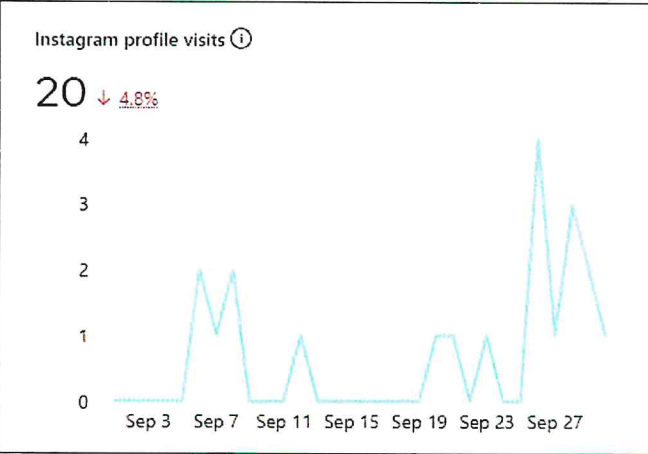
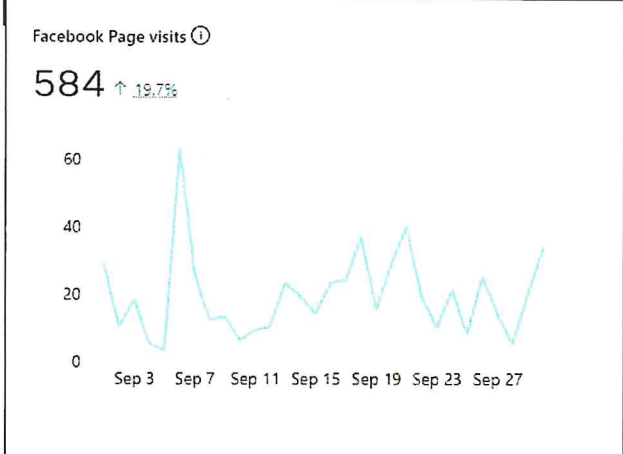
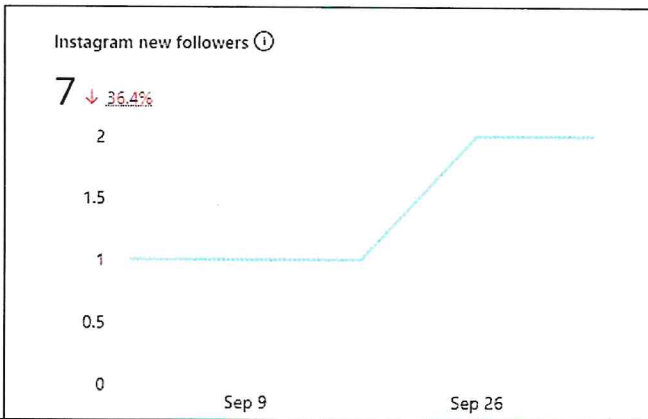
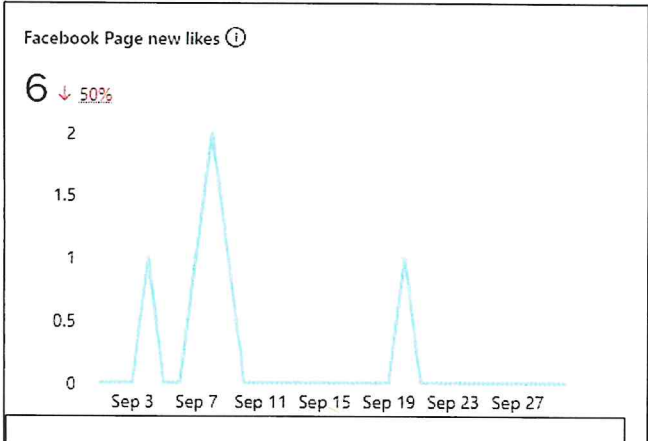
- **KVH 1st Annual Appreciation Banquet** – Saturday, December 3 at the CWU Ballroom. Invitation coming soon.
- **Awareness campaign around the HD2 Strategic Plan and collaborative work with HD1**
- **Re-creation of Experience Health** – A partnership with local school districts to expose students to healthcare employment opportunities. We plan on relaunching this in the summer of 2023.
- **Construction and move projects** – With all the new construction and clinic move projects comes multiple signage and art requests.
- **Provider outreach**
- **2023 Public Relations plan** – My department recently met to outline our work and goals for 2023. I am in the process of creating a summary of that work and will be able to share that with the Board next month. I'm proud of my team and their willingness to stretch themselves and grow with the ever changing industry and increased demands.
- **2023 QAPI goals** – I'm excited to be developing our plans to move our 2023 QAPI goals forward. These include
 - Increase awareness of Kittitas Valley Healthcare as a healthcare organization, employer of choice and community partner. (e.g., campaigns around employer of choice, recruitment, culture of safety, TeamSTEPPS relaunch, expanded services, etc.)
 - Broadening the customer voice to improve customer experience through the reinvigoration of PFAC and our DEI work.
 - Reliably serving our community, partners, patients and employees through coordinated communication, improved customer service activities and intentional collaborations to meet our patients' needs.
 - Enhancement of KVH Emergency Preparedness program and work to ensure we have the people and the tools needed to respond to emergencies.

2022 Community Relations Digital Dashboard

September



2022 Community Relations Digital Dashboard



CHIEF INFORMATION OFFICER BOARD REPORT

JEFF YAMADA October Quarterly 2022

Cerner Community Works (EMR)

We recently implemented:

- Recent Cerner Optimization event in Material Management and Surgical Services. 2 Cerner Knowledge Leads here on-site for 3 days.
- Dermatology move to MACC (10/18) completed.
- Continued Changes on Covid Vaccines, Monoclonal and Antivirals within Cerner.
- Continued KnowBe4 email phishing and training.

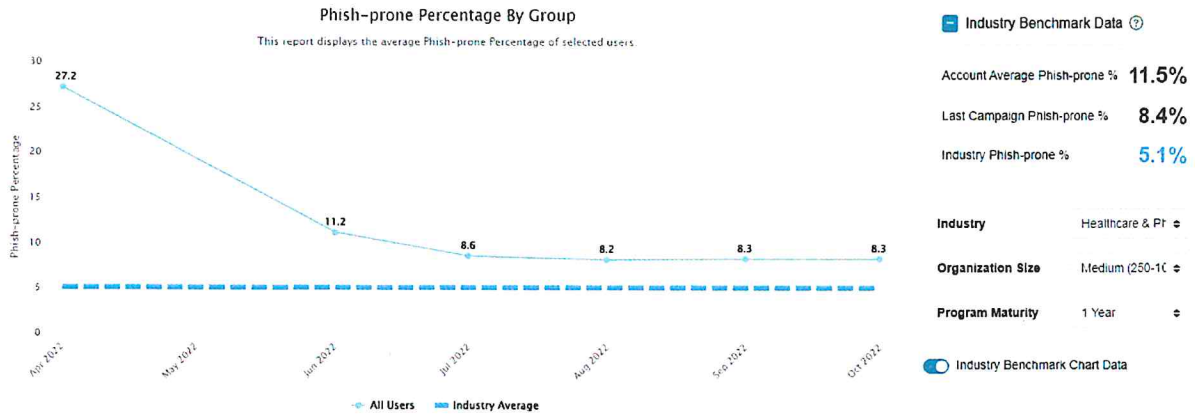
Infrastructure:

Currently installing new backup, storage and VDI (virtual desktop infrastructure) equipment at Radio Hill and Hospital Data Center locations, both sites will have the exact same equipment for redundancy and failover. 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. (Note: we just received the majority of equipment that is needed for this project, it has been backordered for months). This new setup will also give us redundant copies of our backup data at different locations as well as an immutable environment that is protected against Malware and viruses.

IT Security/Cybersecurity:

We continue to mature and evolve our Cybersecurity footprint.

- Monthly email phishing campaigns, and training.
- Monthly vulnerability scans and mitigation.
- Currently conducting an External Penetration testing with a third party security vendor
- Annual Security Risk Assessment scheduled for November.
- Continuing to automate software security patching.
- Implemented a “Sandbox” environment to investigate suspicious emails.
- Implemented Knowbe4’s “Fish hook” to report suspicious emails from end-users.



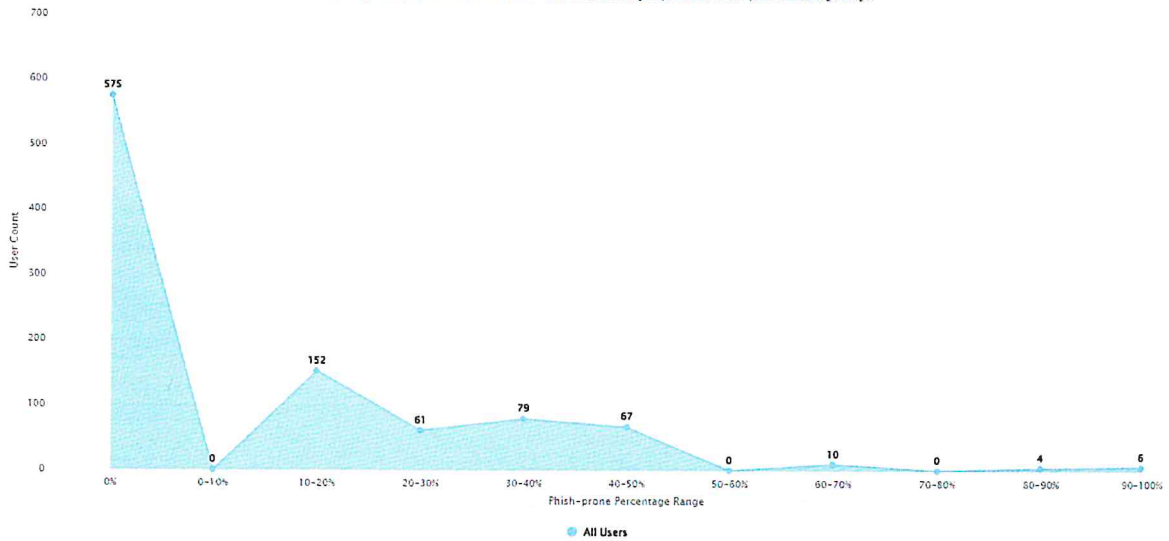
Wanted to share a few different email phishing reports. I changed our Maturity level from 90 days to 1 year, it is our goal to be below 5% (Best Practice) after 12 months of phishing exercises, training and awareness.

Date	Campaign	Delivered	Clicks	Replies	QR Codes Scanned	Attachment Opened	Macros	Data Entered	PPP
April 2022	Benchmark	744	187	15	0	0	0	0	27.2
June 2022	Monthly Campaign	825	84	2	0	6	0	0	11.2
July 2022	Monthly Campaign	859	68	0	0	6	0	0	8.6
August 2022	Monthly Campaign	895	65	4	0	4	0	0	8.2
September 2022	Monthly Campaign	930	70	0	0	7	0	0	8.3
October 2022	Monthly Campaign	723	56	0	0	4	0	0	8.3

Summary report of the number of emails sent monthly, individuals that clicked on the email as well as how many actually replied to the email with Information. (note: employees only get one phishing email each month).

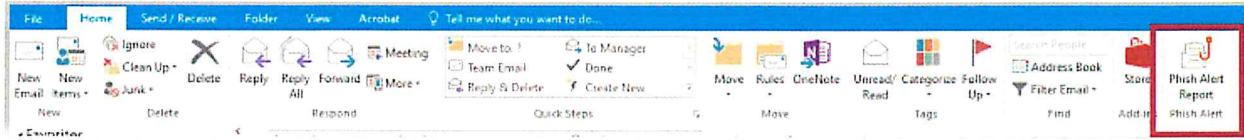
Phish-prone Percentage by User Count

This report displays the number of users within the selected groups in each Phish-prone Percentage range.



This report displays who is clicking on our internal phishing emails, only 87 employees have clicked 50% or more since we started the program. 6 employees have clicked on every phishing email sent. We will start to target these employees with more training and awareness. With this program we have also initiated to the phish prone end-users additional training modules if they continue to click.

We also programmed an email phishing icon within MS Outlook to report any suspicious emails. This system will automatically scan the reported email, send it back to the end-user if clean or quarantine it and notify the Information Security Analyst for further review.



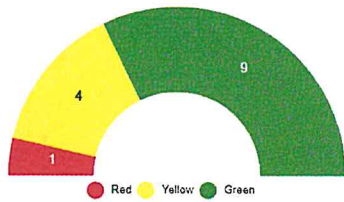
Smart Sheet for Project Management.



Kittitas Valley Healthcare

Executive Dashboard

Total Projects Status



Project Summary - End next 60 days

Sheet Name	Status	SOA	Est Start	Est Complete	Department
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Small In-Progress/Future/On Hold

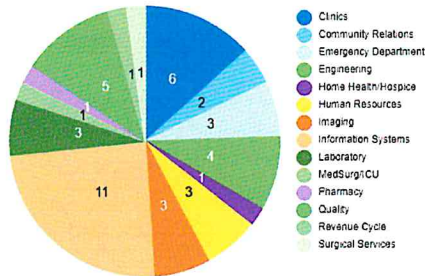
Projects Starting Next 3 Months

3

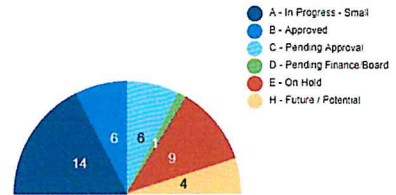
Project Description

Upgrade/Conversion to MS Office or Office 365
 Multiview AP Digital Flow
 NetSmart/Unity

By Department



By Status

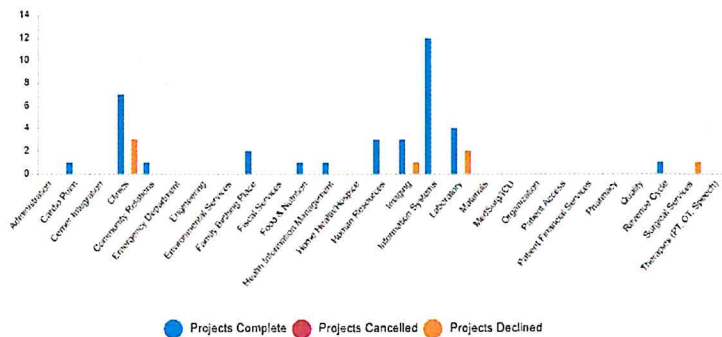


Projects Completed

Projects Completed by Year

Year	Count
2022	45
2021	60
2020	45

Complete Projects by Departments 2022



Current Active Projects:

- Dermatology move to MACC (completed 10/18)
- Ortho MACC, Dr. Longo go-live 11/1.
- Radio Hill Storage and Backup (majority of equipment finally arrived this week!)
- Rhapsody Upgrade and redundancy (Interface Engine)
- Virtual Desktop Infrastructure build out and pilot (dependent on the equipment that arrived this week).
- ZioPatch Integration with Cerner
- Pulmonary Function Testing (PFT) implementation for CardioPulm.
- HRIS and TAA Upgrade
- Change Healthcare implementation of CPACS, PACS and Stratus image Archive
- MD Metric/Adapt-X development with Cerner
- Clinic Ultrasounds, develop workflow and process for billing
- Multiple KVH initiated employee and dept. moved to various locations.
- Multiple new Lab instrumentation implementation and setup in Cerner
- Pyxis (medication dispensing) upgrade

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

Project Name	Project Scope	Progress Status
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 complete. The domestic and laundry hot water heaters, tanks and piping are complete less pipe insulation. The new domestic hot water system provides a higher level of protection against Legionella growth. The fan wall were slated to be installed fall 2022 but DOH review is backed up so this will get pushed to the spring. All equipment is on site. Several zone dampers will be installed for unoccupied control and that work will be next. The OR air flow equipment will be installed as part of the expansion project.
Lab remodel and Expansion	Completely remodel the existing lab in its current location and add 1100 Sq Ft with several pieces of new equipment. This project will also add humidification to meet equipment requirements, and badge access for this space and the hospital exterior and other key doors within the hospital. Also included in this project is a couple security cameras and an added server to support future cameras. The Building management system will monitor refrigeration temperatures in the lab the will provide granular data for compliance surveys, alarming 24/7 and eliminate staff rounds and manual documentation of temperatures.	Project is complete and punch list items are near completion.
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 is complete and punch list is near completion.

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

<p>Front KVH Campus planning</p>	<p>Re-due all landscaping and redesign traffic flow. Update monument and wayfinding signage. Complete walking path around campus. Misc. exterior building updates and repairs.</p>	<p>The project was put on hold as per special board meeting. The Plans have been reviewed by the city. We have elected to do the North parking lot for preparation for the Surgery expansion project. Also to be completed this year is the door to the med surg court yard and the concrete sitting area in the court yard. Additionally the new reader board sign will be installed this fall. This will include landscaping around the north lot and security cameras around all of internal medicine.</p>
<p>Surgery, MM, and Radiology expansion</p>	<p>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.</p>	<p>This project is now in the bidding stage. Bid date is set for 10/31. The MRI mobile pad has been pulled out of this scope and is currently being completed so we can get the mobile unit in place before construction so there is uninterrupted MRI service. (See MRI pad line)The demo of the old MRI building is the responsibility of Alliance and they are contracting that. Hoping to see construction start in December.</p>
<p>Hospital med gas review and design fee proposal for adding medical air and bringing into compliance</p>	<p>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.</p>	<p>Engineering firm is putting together fee proposal for the project. This work may be combined with other unit remodel work.</p> <p>We will be including medical air and code compliance in the FBP room conversion for Panda Warmers. Pipe sizing and stub outs will be engineered for Med Surg. See (Family Birthing Place birthing rooms)</p>
<p>MAC annex HVAC repairs and upgrades</p>	<p>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.</p>	<p>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 now complete. Modifications and repairs made in this project have greatly increased</p>

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

		the reliability of the system and therefore comfort.
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. We anticipate restart in November.
Existing radiology remodel	The scope for this project has changed based on rooms added in the expansion project. the scope now include remodel of the reception area, new ceilings in the main corridors, new casework in x-ray rooms and CT, patch and paint common areas, making a ADA dressing room stall, new flooring common areas, adding a bathroom in Mammography, and adding med gas alarms that will also support the expansion project.	Project details have been worked out enough to obtain contractor pricing. The job will be under the public bid threshold. Plans are being submitted to DOH for review. Expect construction to start in November.
Ortho Expansion	This project expands Ortho clinic by 2000 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 will include an x-ray machine within the clinic.	Predesign is complete after several iterations on predesign. This project will include all new HVAC system to meet Washington State energy code, and the requirements for provider based clinic. This project now nearing completion of design development phase Basic services contract is now in place. Construction is targeted for late February. During construction Ortho will operate out of the Ortho clinic in the Medical Arts.
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.	Design changes have been worked out and will be submitted to DOH for approval. This project will require new HVAC to meet the Washington state energy code and the requirements for provider based clinic. This project will go into the basic services contract for construction documents now.
Medical Specialties Clinic	This project is a full remodel of the 716 Manitoba building to KVH clinic standards, and provider based design with possible expansion. Services to occupy the building are TBD. The plan is to	Predesign is complete. All support spaces have been included and exam room count was the variable. Predesign has a count of 17 exam rooms and one procedure room supported by 2 bull pens. Predesing

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

	<p>model MAC, but take into account feedback we received after 2 years of operation, and design to generic needs to provide the most flexibility and meet provider based requirements.</p>	<p>has also includes an optional 3000 foot addition to the west. Demo of this building will be put on hold so it can be used for an empty chair to facilitate other projects.</p>
<p>Parking lot addition for MAC</p>	<p>We purchased property adjacent to the MAC with the intent of making it staff parking.</p>	<p>This project was on hold but now was put as high priority and land survey, SEPA and design are underway. We are targeting completion by November but city review and SEPA will push this to spring. The city is requiring us to include some street storm water improvements as well as street lighting at that corner. The lot will have 22-24 spots.</p>
<p>Hospital Exterior building paint</p>	<p>Most of the hospital exterior finish is rockcrete. Rockcrete is problematic in that you can't match the finish color with each addition and minor change. Additionally this finish is very hard to maintain as washing it causes the rocks to fall off. Paint the surface will make the color uniform and secure the rocks in place while making it cleanable.</p>	<p>This project is now complete. The painting of 2 roof mechanical Air handling units is deferred to spring as the fan wall project damage the new paint.</p>
<p>Med Surg and CCU common area update</p>	<p>The scope of this project will target common areas of Med Surg and CCU. The scope will include new ceiling and re finishing all doors and hand rail. This project is designed to freshen the space up but while keeping the cost down. This is the oldest part of the hospital and will need updated infrastructure and more comprehensive finish update in the future.</p>	<p>The Med Surg portion of the project is now complete and CCU will be complete in November.</p>
<p>Family Birthing Place birthing rooms</p>	<p>As of recent we had an infant warming light fail. Parts are no longer available nor can we find replacement units. The industry has gotten away from these and gone to mobile units that incorporate the warmer along with other essential emergency</p>	<p>This project is in predesign. We have chosen to include medical air and other med gas updates to be part of this project to avoid rework in the future. Additionally new flooring will be added. The existing flooring is VCT tiles and we will be going to sheet vinyl for infection</p>

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

	<p>equipment. In order to make room for the mobile unit the case work will need to be redesigned. Additionally medical air is needed in FBP and is currently being supported by small air tanks that pose risks to infants.</p>	<p>control purposes. Additionally the VCT colors are no longer available. The medical gas code work will include more O2 and Vacuum outlets, alarm panel, and vacuum and medical air shut off valves.</p>
<p>Dermatology move to MAC suite 104</p>	<p>The scope of this project will give new finishes such as flooring and paint to brand as a KVH clinic and provide a gate that will separate the clinic from the newly added waiting room and the common area. Dermatology will only occupy part of this suite.</p>	<p>This project is complete in terms of construction. they started seeing patients on 10/18.</p>
<p>Medical Arts Annex Access control</p>	<p>The scope of this project is to install badger access system on all exterior doors except the main entry which will be timed open and close. This will be the same system as MAC and the hospital. Based on the current use of the space there is no reception to monitor front door and no one in common areas to monitor other doors.</p>	<p>This project is underway and expected to complete in November.</p>
<p>Hospital Fire Alarm System Replacement</p>	<p>The existing fire alarm system is not supported well and at capacity. We have already put in the head end of a new fire alarm system in another project. This project brings the rest of the hospital onto the new system. The new system is an addressable system which means it will report the exact detector that is in alarm which speeds up response time, and troubleshooting time.</p>	<p>This project is underway and expected to complete by the end of November.</p>
<p>MRI Mobile Pad and Utilities</p>	<p>Our existing location for Mobile units is on the north side of the hospital where the new addition will go. We have an older location on the south side but it does not meet the requirements of Mobile MRI or CT. This project will provide a structural pad and utility improvements for this use. It will provide temporary covered path to the unit from the hospital. It is</p>	<p>This project was pulled from the scope of the expansion project and will start on 10/18. We expect completion end of November. There is a chance the lot will not get repaved around the pad until spring due to closure of asphalt plant.</p>

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

	designed so parking can still be in this location when there is no mobile unit.	
Water Damage at 107 Mountainview	Broken sprinkler head allowed water to pour onto window sill and saturate the wall internally. This project is mitigation work from the damages. The damage was noticed early enough that mold growth had not started. The wall were open and dried out.	This project is near completion but the wood wainscot was damaged and is no longer available. Alternate solution is being explored. Work should wrap un in November.
Ortho Clinic at Medical Arts	This is the old Orthopedics Northwest clinic. Only minor work is required to get it ready for Dr. Longo. Security pendants, security camera, access control, digital DDC controls, and the paging system will be extended to this clinic to KVH standards.	This clinic is slated to open in November. This clinic will serve as our Ortho clinic while we remodel the Ortho clinic in the Mediplex.
Medical Arts Expansion	The Medical Arts building is a Rural Health building. Expanding the building will allow us to meet the needs of the community and maintain the reimbursement rate we have now. Building a new RHC would be reimbursed at the much lower newer rates. Projected community growth will play a role in clinic sizing.	This project is in conceptual design. The original concept is to join the Medical Arts and MAC Annex building to create one larger RHC. This concept requires vacating the alley way in between the buildings and rerouting all utilities within that alley right of way. Other additions that would not be built over this alley are being explored. We are producing ROM cost for moving the utilities. In most of the addition scenarios parking counts are under code. This will have to be considered in early design.
Family Medicine Cle Elum Expansion	The FMCE building is a Rural Health building. Expanding the building will allow us to meet the needs of the community and maintain the reimbursement rate we have now. Building a new RHC would be reimbursed at the much lower newer rates. Projected community growth will play a role in clinic sizing.	KDA has been asked to provide design services for this project. Project scope meetings will be set soon.

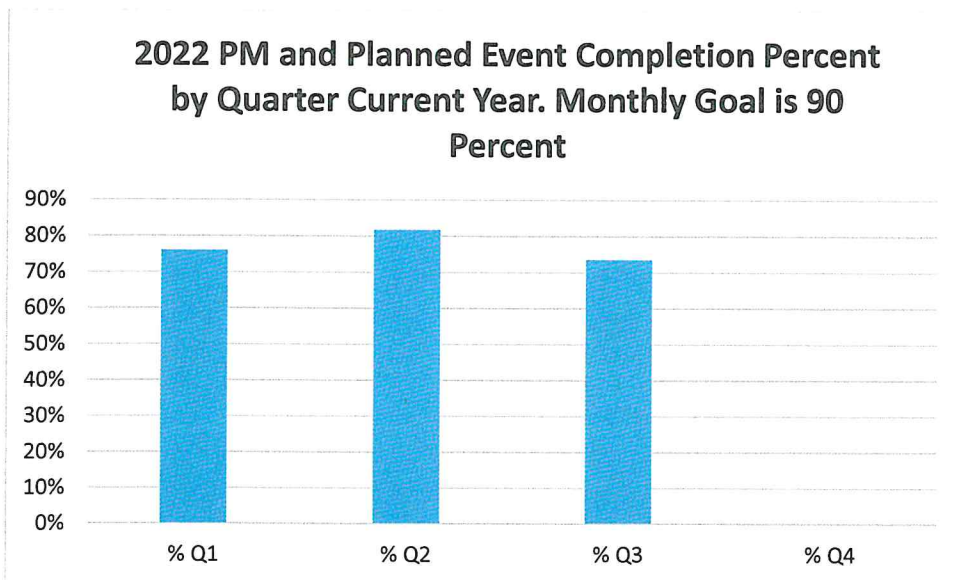
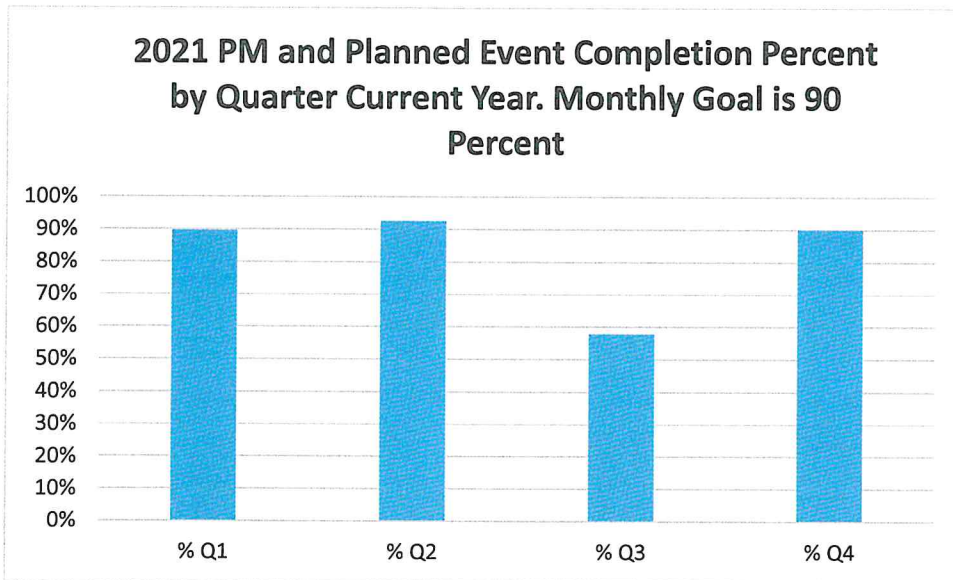
KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

<p>Family Birthing Place Repair Work from Car Crash</p>	<p>A driver of a car accidentally accelerated and hit the FBP North brick wall and broke completely through. No KVH staff, patient, or visitor injuries were incurred.</p>	<p>The building in that area was assessed for structural damage and temporary shoring installed. The area is isolated from the rest of FBP and is under negative pressure. All biomedical equipment in the area was assessed with minimal damage. Reconstruction costs were quoted and submitted to the insurance company. We are now underway rebuilding the brick wall. Project completion expected to be in December.</p>
<p>KVH Staff Hoteling Space on the Mezzanine</p>	<p>This project is meant to provide workstations for remote working staff that have occasional need to be on site. This space will be located on the Mezzanine.</p>	<p>Utility needs to support the workstations is being looked into now.</p>

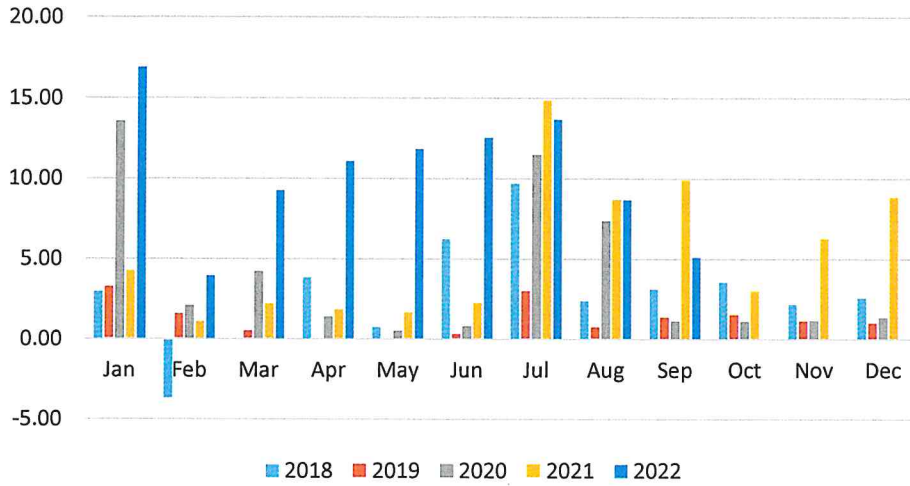
Facilities Q3 2022 Board Report

Staffing levels are below work load. We have recently filled our engineering position that was vacated when Trent moved into the supervisor role. We still have 2 open positions that were listed in the spring.

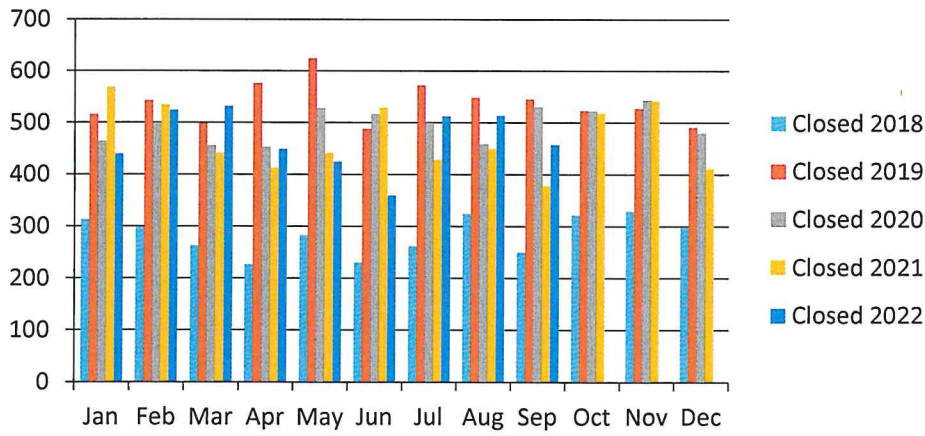
Move and construction interface requests has been a very big factor for Facilities. This added load has been a significant factor in completing PM and maintenance work requests. While filling the 2 open positions will help, on position intended for in-house painting and other minor remodel work that we are currently outsourcing.



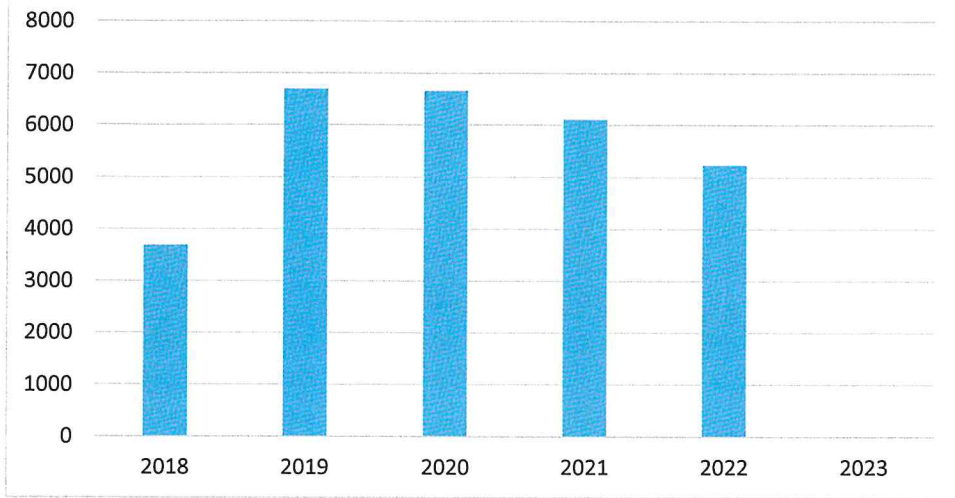
All Work Order Day Deficit by Month and Year Expressed in the Number of Days it Would Take to Clear the Back Log



Total Number of Work Orders Completed Each Month



Total Work Orders Created Annually



NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date October 13, 2022

TO: Board of Commissioners
 Kevin Martin, MD

FROM: Shannon Carlson, CPCS
 Medical Staff Services

The Medical Executive Committee has reviewed the applications for appointment or reappointment for the practitioners listed below. They recommend to the Board that these practitioners be granted appointment and privileges as noted in each file. Please stop by Mandy's office prior to the next Board meeting if you wish to review these files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Adams, Lance, MD	Active	Re-Appointment	RPG
Ali Idris, Amrou, MD	Active	Re-Appointment	RPG
Bowen, Kristina, DO	Active	Re-Appointment	CHCW
Gonzales, David, DO	Active	Re-Appointment	RPG
Menon, Rejeesh, MD	Active	Re-Appointment	RPG
O'Brien, Timothy, MD	Ambulatory	Re-Appointment	KVH Gen Surg
Tseng, Vanessa MD	Associate	Re-Appointment	VM Telestroke
Beachy, Ryan, PA-C	Allied Health Professional	Re-Appointment	KVH ED/UC
Heniges, Sarah, PA-C	Allied Health Professional	Re-Appointment	KVH FME
Musick, Lauren, PA-C	Allied Health Professional	Re-Appointment	KVH ED/UC
Riel, Julia, PA-C	Allied Health Professional	Re-Appointment	KVH FME
Smeback, Michelle, ARNP	Allied Health Professional	Re-Appointment	KVH Vascular

CHIEF MEDICAL OFFICER – Kevin Martin, MD

October 2022

Medical Staff Services:

- **Recruiting:**

- September was busy with travel, education, and values alignment work.
- **Provider Recruitment**
 - 1 interview in September: General Surgeon – ongoing talks about compensation & values alignment work
 - Signed contract for ENT – starting March 13, 2023
 - Signed letter of intent for Workplace Health – start date TBD
 - Negotiations with an APC for FME in progress
 - Kat Brunner, Michele Wurl, and I attended FMX, the annual meeting of the American Academy of Family Physicians. We are working with several contacts from the event and have one coming for a site visit, with more expected.
- **Locum Recruitment:**
 - Internal Medicine Locum tenens– Provider started 10/10
 - Workplace Health Locum tenens– Provider started 10/11
 - Also working searches for locum tenens in ED and Internal Medicine.
- We continue to recruit for:
 - OB/Gyn
 - Family medicine physicians and APCs
 - Internal medicine physicians and APCs
 - Occupational medicine physician and APCs
 - Pulmonologist
 - Geriatric nurse practitioner
 - Cardiologist
 - Psychiatrist
 - Vascular surgeon

- **Medical Staff:**

- Completed 12 reappointments for the month of October.
- 3 initial applications are in process including an OB/GYN locum, Employed ENT Provider and Employed Pediatric Provider.
- 2 applications remain incomplete from ONRAD.
- MEC elections will be November 7th. We have 2 candidates for Chief of Staff, 2 candidates for Vice-Chief of Staff and 7 candidates for Member at Large. MEC has decided to keep the committee composition at 9.
- Payer Enrollment Specialists continues to work on working with payers to ensure all our providers are properly credentialed.
- November 6th-12th is National Medical Staff Awareness Week. Started in 1992 by Proclamation from George Bush, Medical Staff Professionals celebrate 30 years of recognition.

- **Program development:**

- We continue to look for partners in psychiatry and nephrology. These remain challenging.
- We are working with Eagle TeleMedicine to explore specialty support for our emergency department, starting with cardiology. Part of this work involves developing processes for credentialing their providers at KVH.

CMO activities:

- **COVID-19 update and hospital capacity:**

- Hospital volumes remain high, although down somewhat from last month.
- In terms of omicron strains, we see new strains arising as we would expect, with BA.5 slowly giving way to BA.4.6, BF.7, BQ.1, and BQ.1.1. Clinically, this is not a significant change as these appear fairly similar clinically, but it highlights the potential for further mutations which may be more severe, more transmissible, or both. We continue to hear that consequently we should expect another winter surge. Organizationally, we maintain Incident Command as of this writing.
- COVID-19 hospitalizations are falling but transfers remain problematic. Our local skilled nursing facility is expanding staff and reopening beds, but we still occasionally find we are transferring patients as far as Idaho.

- Bivalent vaccinations appear to offer enhanced protection against hospitalization due to omicron strains and their release has led to a slight bump in the number of doses given statewide and locally. Nonetheless, Kittitas County still only has 52.8% of our population fully vaccinated, 27th of Washington's 39 counties.
- **Values alignment:**
 - We continue to work with our providers outside of primary care to craft contracts that reflect the work we have done to date while recognizing the variations in call expectations and burden. The ultimate goal is a structure that is competitive from a recruiting stand point while acknowledging the realities of medical economics.
- **Physician leadership:**
 - We now have a physician leadership team covering every area of KVH's services, consisting of Medical Directors for Emergency Services (Dr. Ken Lindsey), Clinic Operations (Dr. Jonathan Hibbs), Surgical Services (Dr. Thomas Penoyar), Hospitalist Services (Dr. Mark Larson), and Community-based Care Services (me). We are working with Manda Scott on developing this into a highly functional team guiding our providers. This group will be an important voice in our leadership structure going forward.
- **The Rural Collaborative (TRC):**
 - Along with Paul Babcock, PhD and CFO at Forks Community Hospital, I am now co-chairing TRC's newly formed Rural Ethics Committee. Our first meeting was 14 October. The membership includes physicians, social workers, nurses, and ethicists including our own Dr. Matt Altman. Additionally, we are supported by faculty at the University of Washington as well. Initially this group will serve as an educational resource for TRC members, but we hope to offer consultative services to small facilities that cannot field an ethics committee. We await blessing from counsel.
 - The Physician Leadership Committee met virtually 17 October.
- **Kittitas County Health Network (KCHN)**
 - We continue to work closely with KCHN. In particular, we have been partnering with them around their care coordination work.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer



September Operating Results

- September admissions to the hospital of 79 were equal to budgeted admission. Patient days exceeded the September budget by 20 patient days. The ICU department was over their budgeted patient day target by 16 days and the surgery department did 5 more inpatient procedures than were budgeted which contributed to the positive inpatient revenue variance. YTD KVH has a positive inpatient day variance of 1,048 days. The Family Birth Place delivered 24 infants in September, one delivery below budget. YTD the Family Birth Place has delivered 244 infants, 19 deliveries better than budget and 42 deliveries more than the 202 deliveries through September of 2021. September patient volumes through the ER and Urgent Care Clinic were high. The ER exceeded their budget visits by 211 visits and the Urgent Care exceeded their budgeted visits by 80 visits. September volumes in the hospital's ancillary departments, for the most part, exceeded budget.
- Gross revenue of \$19,112,352 exceeded budget by \$1,640,448. Inpatient revenue exceeded budget by \$456,183. Outpatient revenue exceeded budget by \$436,172. Professional fee revenue exceeded budget by \$748,093. The following departments had significant positive revenue variances in September. ICU by \$36,395; Med/Surg by \$616,516; Family Birth Place by \$31,257; Imaging by \$313,136; Pharmacy by \$67,401; Emergency Department by \$583,901; Urgent Care by \$22,971 and KVH's clinics by \$538,980. Contrast media for imaging is readily available now so providers are able to order imaging studies with contrast. Departments with significant negative variances were outpatient surgery by \$285,611, laboratory by \$360,897 and Rehab by \$84,813.
- In September deductions from revenue exceeded budget by \$986,938. Contractual adjustments exceeded budget by \$903,483. YTD contractual adjustments are below budget by \$2,572,621. KVH's reimbursement rate from our payers is greater than was budgeted and is an important factor in the organization's positive net patient service revenue variance. The decrease in untimely billing adjustments is also an important factor in improved reimbursement rates. Bad debt deductions exceeded budget by \$146,584. Financial assistance was below budget by \$51,919. Other deductions totaled \$169,331 and was below budget by \$11,210. Untimely billing accounted for \$8,117 of the total; hospice adjustments for \$4,180; no prior authorizations were \$20,500 and not medically necessary adjustments totaled \$62,365. September adjustments related to Covid testing totaled \$70,699. Provider not credentialed adjustments totaled \$691 in September.
- September other operating revenue was below budget by \$138,664. Most of the shortfall was due to 340B contract pharmacy rebates which were below the monthly budget by \$103,087.

- September expenses were below budget by \$59,930. Salaries exceeded budget by \$37,231. Temporary labor exceeded budget by \$522,096. Temporary labor for the following departments exceeded their monthly budget: ICU by \$17,513; Med/Surg by \$48,397; Family Birth Place by \$61,245; surgery by \$127,927; radiology by \$65,778; ER by \$92,406 and Home Health & Hospice by \$83,820. Professional Fees were below budget by \$26,688. KVH spent \$85,653 for ENT locum and another \$15,000 for workplace health locums. These expenses were offset by a refund of \$66,586 for an overpayment for radiology coverage. Supply expenses were below budget in September by \$125,103 and are below budget by \$1,565,991 YTD. YTD the surgery department is below their supply budget by \$574,651; the lab is below their supply budget by \$512,398 and pharmacy is below their budget by \$744,427. KVH recorded a negative expense for license and taxes of \$151,381 leading to a favorable variance of \$233,059. KVH received a large refund from Washington State for sales taxes that were overpaid in previous years.
- In September KVH posted operating income of \$1,341,677 compared to a budgeted operating income of \$766,900; a positive variance of \$574,776. YTD operating income is \$6,476,888 compared to a budgeted operating income of \$5,018,531; a positive variance of \$1,458,357.
- Non-operating revenue/expense exceeded budget by \$357,132 due to unrealized gains on investments. YTD KVH has posted an unrealized loss variance of \$1,964,180.
- KVH reported Net Income for September of \$1,017,877. YTD Net Income is \$4,812,707 a negative YTD variance of \$505,823.
- September Days in Accounts Receivable were 61.9 days, an increase of .5 days from 61.4 in August. Gross accounts receivables increased by \$1,876,077 from \$37,229,409 in August to \$39,105,486 in September. The very strong September revenue growth was the primary factor in the growth in accounts receivable. Total cash receipts in September from payers and patients totaled \$10,765,795. Total Cerner receipts posted in September were \$9,479,285.
- Average daily cash collections per working day increased from \$454,988 in August to \$512,657 in September.
- Days cash on hand decreased 3.4 days to 209.1 days in September from 212.5 days in August. Actual cash and investments on hand decreased by \$1,159,829 from \$61,033,152 in August to \$59,873,323 in September. KVH made a \$976,000 interim 2022 Cost Report payment near the end of September which was the reason for the 3.4 days cash decrease.

Quarterly Capital Project Update

Laboratory Expansion – The lab project construction is nearly completed. There is a little on-going touch-up work still occurring. Some of the mobile equipment shelves that are part of the project have not yet been received. Through September 30, 2022, KVH has spent \$1,704,164 on the lab expansion. Third quarter spending towards the project totaled \$396,302. Mitchell Rhodes is working on paperwork requesting the State to send KVH \$397,000 in funds approved by the legislature for this project.

Cafeteria Remodel – The cafeteria project is also nearly completed. Through September 30, 2022, KVH has spent \$575,710 towards this project. Third quarter spending toward the café remodel totaled \$399,866. There is a considerable amount of invoicing for the project that is still outstanding.

Energy Efficiency Project – The lighting phase of the project in which all the lights in the main hospital building are replaced with LED lights is nearly completed. Due to high patient volumes there are some room in the Medical/Surgical department where staff have not been able to enter to replace the lights. The domestic hot water system work is 85% complete. Total cost to upgrade the domestic hot water system is projected at \$573,241. Through September 30, 2022, KVH has spent \$1,008,810 on the energy efficiency project. Third quarter spending towards the project totaled \$151,268. Work on the surgery department and emergency department fan walls has most likely been delayed until the spring due the DOH project reviewer leaving DOH. The cost for the surgery fan wall is projected at \$569,916 and the cost for the emergency department fan wall is projected at \$697,152. 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.

Main Hospital Parking Lot Project – The parking lot expansion project on the main hospital campus has started but there not been billings from the contractor received or any payments made towards the project.

Kittitas Valley Healthcare
September 2022 - Key Statistics and Indicators

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions w/Swingbed	79	79	0.3%	834	711	17.2%	685	21.8%	01
02 Patient Days - W/O Newborn	267	247	8.1%	3,280	2,232	47.0%	2,554	28.4%	02
03 Patient Days - Swingbed	-	7	-100.0%	53	64	-17.8%	50	6.0%	03
04 Avg Daily IP Census w/Swingbed	8.9	8.5	5.0%	12.2	8.4	45.1%	9.5	28.0%	04
05 Average Length of Stay	3.4	3.1	7.8%	3.9	3.1	25.4%	3.7	5.5%	05
06 Average Length of Stay w/Swingbed	3.4	3.2	4.7%	4.0	3.2	23.8%	3.8	5.1%	06
07 Deliveries	24	25	-2.8%	244	225	8.6%	202	20.8%	07
08 Case Mix Inpatient	1.08	1.00	7.9%	1.13	1.00	12.7%	1.18	-4.5%	08
09 Surgery Minutes - Inpatient	3,360	2,622	28.1%	30,335	23,684	28.1%	22,048	37.6%	09
10 Surgery Minutes - Outpatient	9,406	9,630	-2.3%	70,696	86,966	-18.7%	79,582	-11.2%	10
11 Surgery Procedures - Inpatient	26	21	21.7%	248	193	28.6%	180	37.8%	11
12 Surgery Procedures - Outpatient	148	143	3.4%	1,119	1,293	-13.4%	1,194	-6.3%	12
13 Gastrointestinal Procedures	127	125	1.6%	1,064	1,128	-5.7%	1,039	2.4%	13
14 ER Visits	1,403	1,192	17.7%	11,346	10,768	5.4%	10,381	9.3%	14
15 Urgent Care Cle Elum Visits	514	434	18.3%	4,237	3,925	7.9%	3,526	20.2%	15
16 Laboratory	22,937	23,595	-2.8%	209,870	213,036	-1.5%	216,701	-3.2%	16
17 Radiology Exams	3,100	2,780	11.5%	25,657	25,109	2.2%	24,013	6.8%	17
18 Rehab Visit	1,180	1,840	-35.9%	12,947	16,615	-22.1%	16,255	-20.4%	18
19 Outpatient Percent of Total Revenue	86.6%	88.0%	-1.5%	85.0%	88.0%	-3.4%	87.3%	-2.7%	19
20 Adjusted Patient Days	2,001	2,060	-2.9%	21,860	18,582	17.6%	20,138	8.6%	20
21 Equivalent Observation Days	117	102	14.5%	839	923	-9.1%	949	-11.6%	21
22 Avg Daily Obs Census	3.9	3.4	14.5%	3.1	3.4	-9.1%	3.5	-11.6%	22
23 Home Care Visits	578	427	35.3%	5,489	3,858	42.3%	3,896	40.9%	23
24 Hospice Days	497	687	-27.7%	5,505	6,252.0	-11.9%	6,068	-9.3%	24
25 Primary Clinic Visits	5,517	5,278	4.5%	51,021	47,352	7.7%	49,200	3.7%	25
26 Specialty Clinic Visits	1,828	1,667	9.7%	13,828	15,060	-8.2%	13,638	0.0%	26
27 Telehealth Visits	113	128	-11.6%	1,020	1,154	-11.6%	1,083	NA	27
28 Total Clinic Visits	7,458	7,073	5.4%	65,869	63,566	3.6%	63,921	3.0%	28
Financial Measures									
29 Salaries as % of Operating Revenue	43.6%	45.5%	4.3%	45.7%	47.3%	3.5%	45.0%	1.4%	29
30 Total Labor as % of Operating Revenue	54.0%	57.9%	6.8%	56.7%	59.8%	5.2%	56.3%	0.6%	30
31 Revenue Deduction %	48.1%	46.9%	-2.4%	45.2%	47.0%	3.9%	46.8%	-3.5%	31
32 Operating Margin	13.3%	8.0%		7.4%	5.8%		10.0%		32
Operating Measures									
33 Productive FTE's	492.8	508.8	3.2%	488.7	508.8	4.0%	468.1	4.4%	33
34 Non-Productive FTE's	73.2	65.4	-12.0%	63.5	65.4	2.8%	61.5	3.2%	34
35 Paid FTE's	566.0	574.1	1.4%	552.2	574.1	3.8%	529.6	4.3%	35
36 Operating Expense per Adj Pat Day	\$ 4,361	\$ 4,263	-2.3%	\$ 3,721	\$ 4,360	14.7%	\$ 3,686	1.0%	36
37 Operating Revenue per Adj Pat Day	\$ 5,031	\$ 4,635	8.5%	\$ 4,018	\$ 4,630	-13.2%	\$ 4,096	-1.9%	37
38 A/R Days	61.9	60.0	-3.2%	61.9	60.0	-3.2%	66.4	-6.8%	38
39 Days Cash on Hand	209.1	217.6	-3.9%	209.1	217.6	-3.9%	209.2	0.0%	39

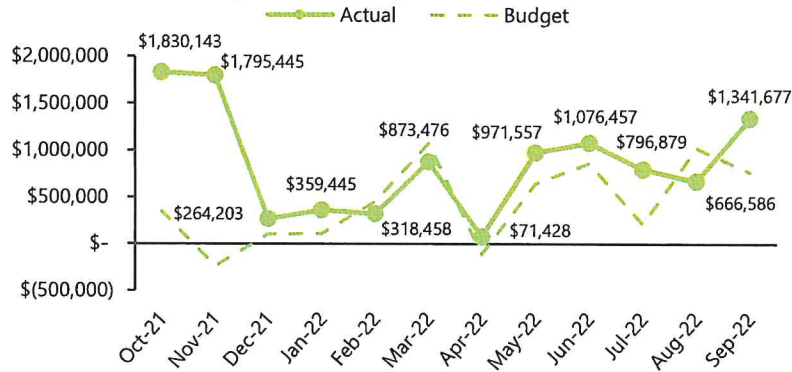
Kittitas Valley Healthcare

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

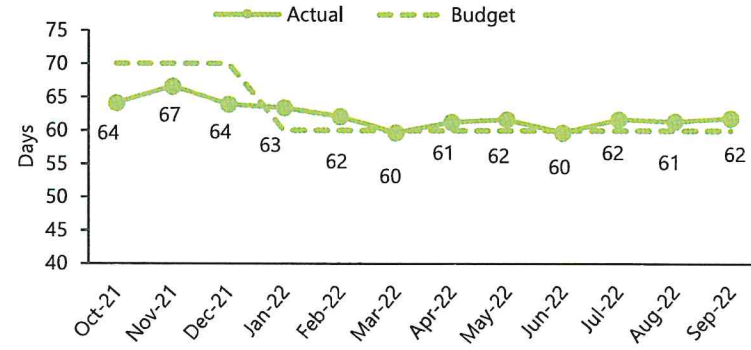
L	Measure	2022 YTD	2022 Budget	2022 Annualize	2021	2020	2019	2018	2017	2016	2015	2014
1	Total Charges	156,795,731	209,389,163	209,635,318	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699
2	Net Revenue	87,825,394	114,324,215	117,422,230	112,372,961	89,252,245	83,527,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460
3	Operating Income	6,476,888	6,500,000	8,659,575	12,131,449	(32,269)	2,901,869	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	7.4%	5.7%	7.4%	10.8%	0.0%	3.5%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Net Income	4,812,706.5	6,900,000	6,434,571	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 %	5.5%	6.0%	5.5%	14.7%	6.5%	4.4%	3.2%	3.7%	2.2%	7.3%	9.2%
7	Cash	59,873,323	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	209.1	217.6	NA	235.8	175.8	138.6	133.5	178.7	156.0	189.4	175.8
9	Surgeries	1,367	1,975	1,828	1,788	1,354	1,305	1,461	1,396	1,510	1,578	1,675
10	Gastrointestinal Procedures	1,064	1,500	1,423	1,321	1,211	1,416	1,250	1,383	1,396		
11	Emergency Visits	11,346	14,318	15,170	13,988	12,207	13,861	13,930	13,162	13,789	13,618	12,250
12	% ED visits To Bed	7.9%	10.0%	7.9%	9.2%	10.1%	9.5%	n/a	n/a	n/a	n/a	n/a
13	Laboratory Tests	209,870	283,255	280,595	288,552	237,710	209,144	207,040	190,587	181,082		
14	Radiology Exams	25,657	33,387	34,303	32,016	29,338	30,397	30,843	33,836	33,471		
15	IP & Obs Days (no swing)	4,119	4,194	5,507	4,820	3,717	3,805	3,999	3,440	3,937	3,740	4,976
16	Deliveries	244	300	326	280	284	309	342	322	312	368	334
17	Admits w/Swing	834	946	1,115	949	860	941	984	899	1,043	1,299	1,433
18	Primary Clinic Visits	51,021	62,643	68,215	64,687	54,028	60,871					
19	Specialty Clinic Visits	13,828	20,026	18,488	17,871	12,855	11,840					
20	Telehealth Visits	1,020	1,534	1,364	1,391	3,793	-					
21	Total Clinic Visits	65,869	84,203	88,067	83,949	70,676	72,711	59,241	50,917	48,525		
22												
23	FTEs	552.2	574.1	NA	529.9	499.0	477.4	469.4	457.6	449.1	437.9	437.7
24	AR Days	61.9	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	209,635,318	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%	0.51%	21.48%	2.94%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%
27	Operations Growth Exclude COVID Testing			-1.49%	19.26%	-0.38%						

Financial Dashboard

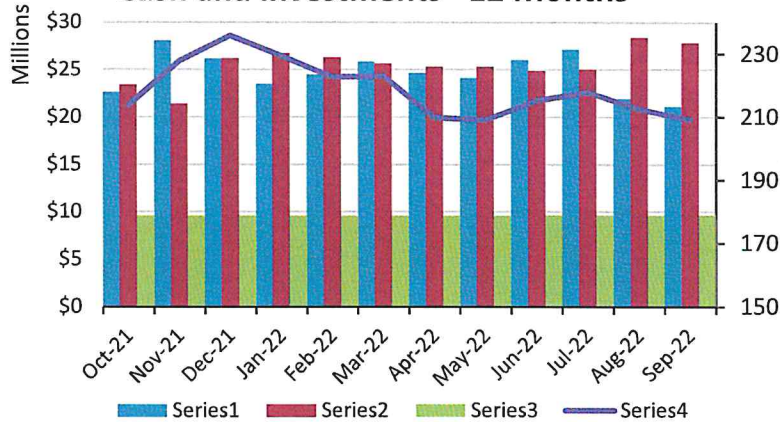
Operating Income



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%	41.91%
Medicaid	18.72%	19.41%	19.08%	19.01%
Commercial	32.81%	34.97%	35.29%	33.69%
Self Pay	2.21%	2.66%	2.38%	2.16%
Other	4.30%	3.55%	3.01%	3.23%

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	2,552,660	2,096,478	456,183	23,526,540	18,928,716	4,597,824	19,051,208
OUTPATIENT REVENUE	13,108,529	12,672,357	436,172	106,656,371	114,417,110	(7,760,739)	106,757,264
PROF FEE REVENUE	3,451,163	2,703,070	748,093	26,612,819	24,256,411	2,356,408	24,378,404
REVENUE	19,112,352	17,471,904	1,640,448	156,795,731	157,602,237	(806,506)	150,186,875
CONTRACTUALS	8,330,214	7,426,731	903,483	64,481,250	67,053,871	(2,572,621)	63,228,824
PROVISION FOR BAD DEBTS	594,945	448,360	146,584	4,444,656	4,075,439	369,217	3,756,149
FINANCIAL ASSISTANCE	91,276	143,195	(51,919)	833,228	1,301,405	(468,177)	1,103,873
OTHER DEDUCTIONS	169,331	180,541	(11,210)	1,074,395	1,643,076	(568,682)	2,235,336
DEDUCTIONS FROM REVENUE	9,185,766	8,198,828	986,938	70,833,528	74,073,791	(3,240,263)	70,324,182
NET PATIENT SERVICE REVENUE	9,926,587	9,273,076	653,510	85,962,202	83,528,446	2,433,756	79,862,694
OTHER OPERATING REVENUE	138,986	277,650	(138,664)	1,863,192	2,513,012	(649,821)	2,613,211
TOTAL OPERATING REVENUE	10,065,572	9,550,726	514,846	87,825,394	86,041,458	1,783,936	82,475,905
SALARIES	4,383,650	4,346,419	37,231	40,112,873	40,702,407	(589,534)	37,145,921
TEMPORARY LABOR	617,085	94,989	522,096	4,011,149	864,400	3,146,749	807,349
BENEFITS	1,054,231	1,188,012	(133,781)	9,664,119	10,757,122	(1,093,002)	9,297,304
PROFESSIONAL FEES	98,884	125,573	(26,688)	1,847,754	1,142,711	705,043	424,367
SUPPLIES	966,171	1,091,274	(125,103)	8,301,151	9,867,142	(1,565,991)	8,980,923
UTILITIES	91,802	86,222	5,580	828,040	919,350	(91,310)	878,564
PURCHASED SERVICES	1,022,283	1,063,413	(41,129)	9,816,758	9,668,898	147,860	10,140,125
DEPRECIATION	334,030	402,542	(68,512)	3,177,530	3,622,875	(445,345)	3,312,271
RENTS AND LEASES	69,694	100,821	(31,127)	762,719	907,388	(144,669)	939,492
INSURANCE	108,041	74,467	33,575	893,940	670,200	223,740	596,071
LICENSES & TAXES	(151,381)	81,678	(233,059)	491,740	737,437	(245,697)	698,402
INTEREST	49,585	48,499	1,086	447,295	436,489	10,806	463,121
TRAVEL & EDUCATION	26,471	28,125	(1,654)	269,629	255,188	14,441	162,006
OTHER DIRECT	53,348	51,794	1,554	723,810	471,321	252,488	388,330
EXPENSES	8,723,896	8,783,826	(59,930)	81,348,506	81,022,928	325,579	74,234,246
OPERATING INCOME (LOSS)	1,341,677	766,900	574,776	6,476,888	5,018,531	1,458,357	8,241,658
OPERATING MARGIN	13.33%	8.03%	111.64%	7.37%	5.83%	81.75%	9.99%
NON-OPERATING REV/EXP	(323,800)	33,333	(357,132)	(1,664,181)	299,999	(1,964,180)	2,813,792
NET INCOME (LOSS)	1,017,877	800,233	217,644	4,812,707	5,318,529	(505,823)	11,055,450
UNIT OPERATING INCOME							
HOSPITAL	1,381,260	930,765	450,495	8,724,412	6,758,107	1,966,306	8,925,773
URGENT CARE	19,165	13,257	5,908	142,724	111,319	31,405	89,454
CLINICS	(9,027)	(188,705)	179,678	(2,108,374)	(1,942,635)	(165,739)	(861,084)
HOME CARE COMBINED	(49,722)	11,583	(61,305)	(281,874)	91,741	(373,615)	87,515
OPERATING INCOME	1,341,677	766,900	574,776	6,476,888	5,018,531	1,458,357	8,241,658

09/30/2022

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	21,093,227	25,190,022	(4,096,794)
ACCOUNTS RECEIVABLE	39,105,486	35,722,017	3,383,469
ALLOWANCE FOR CONTRACTUAL	(26,671,525)	(24,319,514)	(2,352,011)
THIRD PARTY RECEIVABLE	0	0	0
OTHER RECEIVABLES	192,092	360,237	(168,145)
INVENTORY	2,650,442	2,482,365	168,077
PREPAIDS	1,459,835	818,866	640,969
INVESTMENT FOR DEBT SVC	1,287,698	958,166	329,532
CURRENT ASSETS	39,117,257	41,212,160	(2,094,903)
INVESTMENTS	37,492,398	35,766,314	1,726,084
PLANT PROPERTY EQUIPMENT & ROU ASSET	96,580,450	92,373,617	4,206,834
ACCUMULATED DEPRECIATION & ROU AMORT	(51,479,120)	(49,284,241)	(2,194,879)
NET PROPERTY, PLANT, & EQUIP	45,101,330	43,089,376	2,011,954
OTHER ASSETS	0	0	0
NONCURRENT ASSETS	45,101,330	43,089,376	2,011,954
ASSETS	121,710,984	120,067,850	1,643,135
ACCOUNTS PAYABLE	1,961,551	2,613,363	(651,812)
ACCRUED PAYROLL	1,286,823	1,993,442	(706,619)
ACCRUED BENEFITS	287,466	351,261	(63,795)
ACCRUED VACATION PAYABLE	2,215,981	2,213,102	2,880
THIRD PARTY PAYABLES	1,438,000	2,347,000	(909,000)
CURRENT PORTION OF LONG TERM DEBT	1,082,761	1,719,552	(636,791)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	8,272,583	11,237,720	(2,965,138)
ACCRUED INTEREST	148,859	285,600	(136,740)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	2,458	0	2,458
DEFERRED REVENUE HOME HEALTH	72,263	39,518	32,744
DEFERRED OTHER	2,531,913	2,531,913	0
DEFERRED LIABILITIES	2,755,494	2,857,032	(101,538)
LTD RIGHT OF USE ASSETS	422,874	525,770	(102,896)
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	17,615,121	17,718,017	(102,896)
NONCURRENT LIABILITIES	20,370,614	20,575,048	(204,434)
LIABILITIES	28,643,197	31,812,769	(3,169,572)
FUND BALANCE	88,255,081	88,255,081	0
NET REVENUE OVER EXPENSES	4,812,707	0	4,812,707
FUND BALANCE	93,067,787	88,255,081	4,812,707
TOTAL LIABILITIES & FUND BALANCE	121,710,984	120,067,850	1,643,135

09/30/2022

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	4,812,707
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	2,194,879
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	7,007,586
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(1,031,458)
OTHER RECEIVABLES	168,145
INVENTORIES	(168,077)
PREPAID EXPENSES & DEPOSITS	(640,969)
INVESTMENT FOR DEBT SVC	(329,532)
TOTAL CURRENT ASSETS	(2,001,891)
INVESTMENTS	(1,726,084)
PROPERTY, PLANT, & EQUIP.	(4,206,834)
OTHER ASSETS	0
TOTAL ASSETS	(927,222)
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(651,812)
ACCRUED SALARIES	(706,619)
ACCRUED EMPLOYEE BENEFITS	(63,795)
ACCRUED VACATIONS	2,880
COST REIMBURSEMENT PAYABLE	(909,000)
CURRENT MATURITIES OF LONG-TERM DEBT	(636,791)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(2,965,138)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(136,740)
DEFERRED OTHER	0
DEFERRED TAX COLLECTIONS	2,458
DEFERRED REVENUE - HOME HEALTH	32,744
TOTAL OTHER LIABILITIES	(101,538)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD RIGHT OF USE ASSETS	(102,896)
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	(102,896)
TOTAL LIABILITIES	(3,169,572)
NET CHANGE IN CASH	(4,096,794)
BEGINNING CASH ON HAND	25,190,022
ENDING CASH ON HAND	21,093,227

Grant	Grantee/ Applicant	Funding Category	Funding Source	Amount	Status	Funds Leveraged/Complimented	Partnerships	Purpose
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
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
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	Awarded	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Expanding on the work of the first Opioid response grant
RCORP Behavioral Health	KCHN	Opioids	HRSA	\$2,000,000	Awarded	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Funding would expand the work of the implementation grant to go beyond opioids and work to find solutions for other behavioral health issues
Harm Reduction Program #2	KCHN	Opioids	SAMHSA	\$1,200,000	Applied	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Activities focus primarily on ways increase access to treatment, and reduce harm for individuals with SUD
ALTA Training	KVH	Education/Staff Development	DOH	\$7,500	Awarded			Funding would support getting staff members through ALTA Language testing and help them to become certified.

Professional Development	KVH	Education/Staff Development	Hearst Foundation		Researching			Funding focuses on professional development and addressing healthcare professional shortages.
Coordinated Care	KCHN	Care Coordination	Coordinated Care		Applied	HRSA Care Coordination		Funding focuses on improving care management for underserved populations and improinb service delivery for LGBTQ+ individuals
Care Coordination Expansion	KCHN	Care Coordination	Yakima Valley Community Foundation	\$25,000	Applied	HRSA Care Coordination		Funding to extend care coordinators to fulltime.
Family Resource Center Capacity Building	KCHN	Care Coordination	DCYF	\$60,000	Applied	HRSA Care Coordination		Funding to provide care coordination for individuals and families at risk for abuse and neglect
Child Care Vouchers	KVH via KVHF	Child Care	Puget Sound Energy Grant	\$15,000	Applied			Funding to provide child care drop in vouchers for KVH Employees.
Rural Health Network Development PlanningProgram	KVH	Education/Staff Development	HRSA	\$100,000	Researching	School Districts, YVCC, Technical Programs, CHCW		In collaboration with school districts, technical schools, and health care providers, KVH is proposing strategic planning activities to create training programs for training new employees and addressing the workforce shortage.

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

** Bold and larger fonts are new opportunities

*** Denied Applications

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

KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative

Requesting Department: Facilities

Capital Item Requested: MRI and CT Pad

Function of Project: Provide a pad to accommodate a mobile MRI during the surgery expansion project.

Reason Requested: The surgery expansion project included relocating the MRI prior to expansion project construction to a pad built for a mobile MRI so that MRI services can be provided by KVH to the community throughout the expansion project. The pad could also be used for a mobile CT if KVH's CT goes down for an extended time period. The mobile pad needs to be constructed before the weather turns cold and prohibits construction.

Budget: \$0

Actual Cost: \$373,384.88

Submitted By: Ron Urlacher – Chief of Facilities

Date: 10/27/2022

KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative

Requesting Department: Surgery

Capital Item Requested: C-Arm

Function of Project: A second c-arm is needed to accommodate and increasing number vascular surgery cases.

Reason Requested: This will alleviate any conflict with orthopedic and vascular surgery cases which both require a c-arm. A second c-arm will also provide back-up. The hospital's current c-arm recently went down and vascular cases had be cancelled or rescheduled.

Budget: \$0

Actual Cost: \$272,438.46

Submitted By: Amy Krogstadt – Surgery Dept. Director

Date: 10/27/2022