

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL 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: 837 1260 9605 Passcode: 968500

February 23rd, 2023

- 1. Call Regular Meeting to Order**

- 2. Approval of Agenda ****
(Items to be pulled from the Consent Agenda) **(1)**

- 3. Consent Agenda ****
 - a. Minutes of Board Meetings: January 26th, 2023 **(3-5)**
 - b. Approval of Checks **(6)**
 - c. Report: Foundation **(7,8)**
 - d. Minutes: Finance Committee **(9,10)**

- 4. Public Comment and Announcements**

- 5. Presentations:**
 - a. Terry Clark – WSHA Governing Board Committee recap **(11-15)**
 - b. Linda Navarre – Compliance Program Annual Report **(16-28)**

- 6. Reports and Dashboards**
 - a. Quality – Mandee Olsen, Chief Quality Officer **(29-35)**
 - b. Chief Executive Officer – Julie Petersen **(36,37)**
 - i. Manda Scott – Chief Human Resources Officer **(38,39)**
 - c. Operations
 - i. Vicky Machorro, Chief Nursing Officer **(40,41)**
 - ii. Rhonda Holden, Chief Ancillary Officer **(42-46)**
 - iii. Stacy Olea, Chief of Clinic Operations **(47-50)**
 - d. Medical Staff
 - i. Chief of Staff, Roberta Hoppe, MD
 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ****** **(51)**
 - ii. Chief Medical Officer, Kevin Martin MD **(52)**
 - e. Finance – Chief Financial Officer - Scott Olander **(53-63)**
 - i. Operations Report
 - f. Community Relations Report – Michele Wurl, Chief Public Relations Officer **(64-70)**

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7. Education and Board Reports

- a. American Hospital Association Annual Meeting – April 23-25, 2023 (Early-bird registration by March 22, 2023)

8. Old Business

9. New Business

10. Executive Session

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

11. Adjournment

Future Meetings

March 23, 2023, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' MEETING MINUTES

January 26th, 2023

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

KVH STAFF PRESENT: Julie Petersen, Mandee Olsen, Scott Olander, Dr. Kevin Martin, Dr. Roberta Hoppe, Ron Urlacher, Jeff Yamada, Vicky Machorro, Stacy Olea, Rhonda Holden, Manda Scott, Michele Wurl, Tricia Sinek, Jason Adler.

1. The meeting was called to order at 5:00 PM.

2. Approval of Agenda:

ACTION: On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved the agenda as amended (to include minutes from the Finance Committee meeting and other missing packet information).

3. Consent Agenda:

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

4. Public Comments/Announcements:

None.

5. Presentations:

Manda Scott, Chief Human Resources Officer, gave a presentation on Human Resources metrics for staffing. Scott covered Students and Volunteers that were on site, the "Hot Jobs" at KVH, as well as the totals for hires and terminations from last year to current.

6. Reports and Dashboards:

Mandee Olsen, CQO, informed the Board first on the Internal Audit Training happening at the beginning of February. Secondly, Olsen explained that employee engagement surveys this year would be focused on patient safety and could be expected in May or June, and lastly Olsen shared that the plan is for TEAMSTEPPS to roll out this year.

The Board members reviewed the CEO report with Julie Petersen. Petersen congratulated Commissioner Clark on his appointment to WSHA Governance Committee. She stated that KVH was invited to speak on a panel at the NW Rural Health Conference and asked for volunteers. Next, Petersen shared information about a meeting she, Rhonda Holden and Scott Olander had with the city of Cle Elum, Washington regarding the 47* North project. Furthermore, the state of OB coverage in rural settings is a huge concern not just at KVH, but on a state and national level as well.

Vicky Machorro, CNO, reported that we have continued to be exceptionally busy, stating that we were having trouble admitting patients to med surge/CCU. Machorro shared that the volumes in the ED have lowered over the last month. Lastly, she shared that Single Sign On is being trialed in the Family Birthing Place.

Rhonda Holden, CAO, informed the Board that a joint meeting was being held with the Cle Elum Mayor next Monday. Holden stated there was a delay in the go-live of PYXIS/Bar-code scanning in the clinics until February. Lastly, Holden shared that KVH was now using AMBRA to push images to other providers.

Stacy Olea, CCO, shared with the Board that there were four good candidates for the Clinic Nursing Director role. She shared that the MA's in the clinics switched from five 8-hour shifts to four 10-hour shifts to help with flow in the clinics. The Board thanked Stacy and her staff for all the hard work of improving processes.

Jeff Yamada, CIO, shared his report concerning all the projects that Information Systems has completed for 2022. Next, Yamada informed the Board about IT Security/Cybersecurity; stating that KVH is very close to industry average for Phish-prone percentage.

Ron Urlacher, CoF, informed the Board that we have added workplace violence/Security to his reporting. Urlacher stated that the mobile MRI is being reviewed by the DOH.

Chief of Staff Dr. Hoppe, presented the MECs recommendations for initial appointment and re-appointments to the board.

ACTION: On motion of Erica Libenow and second of Terry Clark, the Board members unanimously approved the initial Appointments; Dr. Kazaria, MD, Dr. Morsy, MD, Dr. Shah, MD, Dr. Upadhyay, MD, and Joseph Nebeker, PA-C and the Re-Appointments Dr. Ghermay, MD, Dr. Stone Casey, MD, Dr. Faith, MD, Dr. Rogotzke, DO, Mary Nouwans, ARNP, Jennifer Simons, ARNP, and Christine Ward, ARNP as recommended by the Medical Executive Committee.

Dr. Martin, CMO, reported to the board that plans were in place to provide coverage during the change of anesthesia providers later this year. He explained that previously, we were recruiting 2 OBGYN providers but, we are now recruiting for 3 providers. Dr. Martin stated that we were utilizing all the different tools at their disposal to find the right candidates, including locums, recruiting agencies, and targeted ads. Next, Dr. Martin said that KVH was staffed in the ED through February, and that he was working with an agency for staffing through March. Dr. Martin stated that Dr. Ghermay had taken the interim Medical Director role, on top of his 22 shifts,

sharing that he was doing an excellent job. Lastly, Dr. Martin mentioned that we had a new provider enrollment specialist start this month.

Scott Olander, CFO, shared his yearend report with the Board and presented a capital expenditure request that would buyout the lease for an x-ray machine.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved Resolution 23-1 for Capital Expenditure Request for an x-ray machine.

7. Education and Board reports:

Justin Becker, Executive Assistant, shared an education opportunity with the Board, a leadership conference in June.

8. Old Business:

None.

9. New Business:

None.

10. Executive Session:

At 6:55 p.m. President Altman announced that there would be a 10-minute recess followed by a 55-minute executive session to discuss personnel/property per RCW 42.30.110(b).

At 8:00 p.m. the Board came back from executive session.

11. Adjournment:

With no further business and no action taken, the meeting was adjourned at 8:00 p.m.

Respectfully submitted,

Justin Becker / Jon Ward
Executive Assistant / Secretary - Board of Commissioners

Conclusions:

1. Motion passed to approve the agenda as amended.
2. Motion passed to approve the consent agenda as submitted.
3. Motion passed to approve the Medical Executive Committee Recommendations for Appointment and Re-Appointment.
4. Motion passed to approve Resolution 23-1 Capital Expenditure Request for an x-ray machine.

DATE OF BOARD MEETING: February 23, 2023

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>290605-291387</u>	NET AMOUNT:	<u>\$8,192,858.95</u>
			SUB-TOTAL:	<u>\$8,192,858.95</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>82068-82075</u>	NET AMOUNT:	<u>\$18,950.51</u>
#2	PAYROLL CHECK NUMBERS	<u>82076-82080</u>	NET AMOUNT:	<u>\$3,836.67</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,484,649.57</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,823,707.71</u>
			SUB-TOTAL:	<u>\$3,331,144.46</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2017 \$12.5M REVENUE BOND - PRINCIPAL		NET AMOUNT:	<u>\$473,459.00</u>
#2	2017 \$12.5M REVENUE BOND - INTEREST		NET AMOUNT:	<u>\$180,263.71</u>
#3	2018 \$6M REVENUE BOND - PRINCIPAL		NET AMOUNT:	<u>\$180,000.00</u>
#4	2018 \$6M REVENUE BOND - INTEREST		NET AMOUNT:	<u>\$90,552.00</u>
			SUB-TOTAL:	<u>\$924,274.71</u>

TOTAL CHECKS & EFTs: \$12,448,278.12

Prepared by



 Sharoll Cummins
 Staff Accountant

February

Foundation Board Retreat

The Foundation's completed their annual board retreat at the January board meeting. Discussions centered on new fundraising efforts, smaller events, new committee assignments and planning a return to hosting the gala. Additional emphasis was placed on recruiting new board members and developing a stronger social media platform for online fundraising.

Community Outreach Projects

Valentine's Day

The Foundation distributed handmade Valentine's Day cards and roses to residents at local assisted living centers. The community outreach project promoted Legacy Gifting to The Foundation and helped create awareness of our organization. Special thanks to our new president, Penny Hein, who hand delivered the flowers to residents.



Suncadia Shamrock Shuffle 5K

The Foundation is working to be on-site at the Suncadia Shamrock Shuffle 5K on March 18th. Flyers to be distributed to race patrons promoting giving to The Foundation and a raffle featuring a gift basket to be highlighted.

Roslyn Theater

Board members are working with the independently owned Roslyn Theater to promote The Foundation to patrons at each show through slides and social media outreach.

Annual Appeal

The Foundation's Annual Appeal for 2022-23 was mailed to the community October 8th. We extended our mailing to reach over 8,600 KVH patients, community members and staff and have received over \$39,000.00 in donations as of December 28th.

Tough Enough to Wear Pink

The Foundation at KVH and the Ellensburg Rodeo Association have started making plans for the 100th Anniversary of the Ellensburg Rodeo. TETWP will be featuring new merchandise commemorating the celebration.

Fund-A-Need 2023

Planning has started for a return in 2023 to the annual Fund-A-Need campaign event. The Foundation is looking to host a smaller, transitional event before we launch back into the traditional gala in 2024. Details coming soon.

Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

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

February 21, 2023
Tuesday

7:30 A.M.
Join Zoom Meeting

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: January 24, 2023**
- **January Financial Highlights**
- **Adjourn**

Next Meeting Scheduled: March 21, 2023 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
January 24, 2023

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

Members Excused: Jerry Grebb

Staff Present: Kelli Goodian Delys and Jason Adler

The meeting was called to order at 7:32 a.m.

Two motions were made, one to approve the agenda and one to approve the January 3, 2023 minutes. Both motions passed.

Olander presented the highlights of the preliminary December 2022 financial results. December was busy with admissions, patient days, inpatient surgery, ER visits and clinics being over budget. GI procedures are less than budget due to provider vacations. Revenue aligned with the statistics and is above budget \$1.5mil for the month and above budget \$4.1mil YTD. Deductions from revenue are less than budget \$2.6mil YTD. Other operating revenue was almost at budget for the month. 340B revenue continues to be less than expected, however the café remodel is complete and sales were strong. The salary negative variance is mostly related to ER staffing for both clinical staff and physicians. Temporary labor has grown and is being monitored. The new accounting lease standard is implemented. The non-operating revenue/expense line activity is detailed in the Chief Financial Officer's Report. December ended with an operating loss of \$441,154 for the month and an operating gain of \$6,074,001 YTD. The net loss for December is \$946,513 and the net gain is \$4,079,789 YTD. Days cash on hand is 246.4. The details are in the Chief Financial Officer Report.

The committee recommended moving forward to the Board of Commissioners the capital expenditure request for the Lease Buyout GE Optima XR646 X-Ray.

With no further business, the meeting was adjourned at 8:35 a.m.

Financial woes threaten patient access to health care services across Washington

SEATTLE – Survey results released this week from the Washington State Hospital Association (WSHA) show total hospital and health systems losses grew to \$2.57 billion in the first nine months of 2022 with almost \$1.66 billion of this loss from operations.

“These on-going, unsustainable losses are beginning to impact patient access to services,” said Cassie Sauer, CEO of WSHA. “Hospitals are beginning to cut some services to preserve vital lifesaving care. If this troubling trend continues, some hospitals will need to seek partners to remain open or consider closing their doors if no options are available.”

WSHA surveyed all acute care hospitals in Washington to compare their nine-month financial results from September 30, 2022 to September 30, 2021. This survey represents all hospital systems and almost 98% of hospital beds across the state. Hospitals included in the survey employ more than 121,000 people. This is the third quarterly survey conducted by the association. Key findings include:

- While revenue was up 4% year over year, total operating expenses increased by 10% in the first nine months of 2022 compared to the same period the prior year. Higher expenses were driven by significantly increasing costs for staff, energy, supplies and drugs.
- Employee compensation increased 8% during the first nine months of 2022 compared to the prior year. Hospitals have hired about 1,800 FTEs since Q2 as the number of hospital employees increased by 1.5% to more than 121,000 full time equivalent positions.
- Net operating losses were \$1.66 billion for the first nine months of 2022 which represents a negative 7% margin. In 2021 the net operating losses were \$285 million.

These losses mean many hospitals are spending down reserves that would typically be used to invest in new technology, service lines, physical plant upgrades, and paying down long-term debt.

“If current trends continue, about half of Washington’s hospitals will be out of money by the end of 2023,” WSHA’s Chief Financial Officer Eric Lewis said. “Hospitals are considering bed and service closures as a way to preserve resources for the most critical services.”

[During a media briefing](#) this week hospital leaders shared impacts of the shortfalls on patient care, including the closure of cardiac services at Astria Health in Sunnyside.

There are several factors contributing to financial distress. Reasons include underfunding of Medicaid, higher costs for staff, supplies, and medications, and patients who no longer need hospital services who are taking up beds with either no payments or significantly limited payments to cover the cost of their care.

Hospitals are asking for several actions from the Washington State Legislature to address these issues in the long and short term, including:

- **Increase Medicaid payment rates for hospitals.** The Medicaid payment rate for most hospitals has not increase in 20 years. WSHA’s proposal will maximize federal funding and bring hospital Medicaid payments to at least Medicare levels - about 76% percent of the cost of providing care.

- **Increase payments for long-term care** to ensure the chronically underfunded long-term care system can attract and retain staff. The most complex patients can remain in hospitals for months awaiting placement in a long-term care facility. We need solutions to address this issue.
- **Improve process used to for Medicaid patients in need of guardianship to expedite discharge to appropriate long term care settings.** DSHS interpretation of federal and state law has led to a significant increase in patients in hospitals who must have a court appointed guardian to move out of the hospitals and into long-term care placement. WSHA supports allowing a court to order, as part of guardianship proceeding, appropriate hospital discharge and long-term care placement for an individual in a hospital.
- **Develop and fund new behavioral health 23-hour crisis receiving centers.** Currently, Washington state has very few options for people experiencing a behavioral health crisis besides the emergency department. WSHA supports the development of a sustainable funding model and recognition in law for a new type of facility that will function as an alternative to the emergency department for people experiencing a behavioral health crisis.
- **Continue to allow staffing flexibilities as hospitals** deal with high demands for emergency and other routine and life-saving care. The pandemic has shown us that delaying care leads to sicker patients who stay in hospitals longer, which further strains staffing.

#

Washington State Hospitals Financials

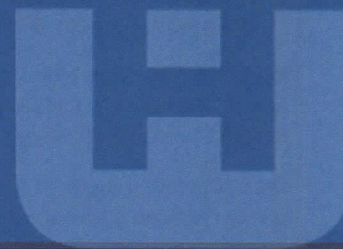
Nine Months Ending September 30, 2022 and 2021

Description	January - September 2022	January - September 2021	% Change Prior Year
Total Operating Revenues	\$ 23,032,459,742	\$ 22,112,003,635	4%
Employed Wages & Benefit Costs	\$ 12,548,782,871	\$ 11,586,132,148	8%
Agency Traveler Costs	\$ 1,569,617,154	\$ 525,612,435	199%
Supplies, Drugs, Purchased Services, Depreciation, and Other Expenses	\$ 10,573,809,700	\$ 10,285,723,955	3%
Total Operating Expenses	\$ 24,692,209,725	\$ 22,397,468,538	10%
Operating Income & Margin			
Net Operating Income (Loss)	\$ (1,659,749,983)	\$ (285,464,903)	-481%
Operating Margin	-7%	-1%	
Non Operating Rev/Loss			
Net Non-Operating Revenues (Losses)	\$ (1,187,234,315)	\$ 1,143,085,197	-204%
Net Income (Loss) (without COVID Relief)	\$ (2,846,984,298)	\$ 857,620,294	-432%
Net Margin (without COVID Relief)	-12%	4%	
COVID Relief	\$ 279,788,859	\$ 457,820,935	-39%
Net Income (Loss) (with COVID Relief)	\$ (2,567,195,439)	\$ 1,315,441,229	-295%
Net Margin (with COVID Relief)	-11%	6%	
FTE's			
Agency Traveler Full Time Equivalents	6,928	3,640	90%
Employed Full Time Equivalents	121,705	119,923	1.5%

Health Equity

Abby Berube, Director, Safety & Quality

Buffy Alegria, Past Chair



Objectives

Introduce three new requirements related to health equity:

- Collection of patient demographic data
- New quality performance measures
- Reporting of community health improvement services

Provide questions for board and commissioners to keep in mind to guide policy and strategic planning related to new health equity requirements

WA Data Collection Requirements

Legislation passed in 2021 HB1272

Requires reporting of inpatient detailed patient demographic data including:

- **Race, ethnicity, language, disability, sexual orientation, gender identity**

Intent: To identify health disparities, guide population health initiatives and put focus on historically marginalized patient groups

Data collection began for most hospitals Jan 2023 unless received a waiver (extension)

Questions to Ask:

Are we creating respective inclusive experiences for the diverse patients we serve?

Does the composition of our staff and board reflect our community demographics?

Quality Measurement

CMS Inpatient Quality Reporting (IQR) and Joint Commission Hospital Accreditation Standards

Requires foundational health equity components:

- **Creating accountability**
- **Population analytics using demographic data**
- **Assessing patient social needs**
- **Strategic planning and reporting to stakeholders**

Intent: Given linkage between social needs and health, promote hospital role in addressing drivers and identified health disparities

CMS voluntary reporting begins this year, mandatory starting 2024, TJC currently mandatory

Questions to Ask:

Who has accountability to lead activities to reduce health care disparities?

Are we routinely reviewing key performance indicators stratified by demographics/or social factors?

How are we addressing the social needs identified through screening?

Is our strategic plan reviewed annually for progress achieving health equity?

Services Reporting

Legislation passed in 2021 HB1272

Requires IRS 501(c)(3) hospitals to submit an annual Addendum to WA DOH for public access including:

- Community Health Improvement Services (CHIS) related to Community Health Needs Assessment (CHNA)
- Details for activities with a cost of \$5k or more, or for CAH, the 10 highest cost CHIS activities
- Participant demographics, outcomes, cost

Intent: Increase transparency regarding CHIS funding and community impact, addressing CHNA priorities

CHIS Addendum is due 120 days after the end of the hospital's fiscal year.

Questions to Ask:

How are we investing in community health needs?

What is the impact of our Community Health Improvement Services?

Is our strategy reaching the desired target populations?

Discussion Questions

- Have these new requirements been a topic of conversation for your Board?
- What is the role of board members in asking the right questions to ensure your hospital is on track to meet these requirements?
- What support can WSHA provide to help share information about these new requirements?

February 23, 2023

Compliance Program Annual Report- 2022

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

Healthcare continues to transform digitally to better serve communities beyond the traditional clinical walls. Therefore, keeping patient care confidential wherever data flows, requires vigilance. Threats of security breach remain extremely high as hackers become more technologically advanced in their activity. In 2022, KVH Compliance Program continued to place cybersecurity as a high priority for risk mitigation through systems controls and people. Our Information Security Officer led an aggressive plan of action with additional risk assessments and new monitoring programs to mitigate security breaches to the greatest extent possible. Risk mitigation included feedback loop education on one of the higher areas of risk- email phishing. Monthly phishing tests were sent to KVH leaders and staff with direct feedback. Transparency of our progress was shared throughout the organization. Information security is going to be a constant challenge but we can be assured our Information Security Officer and Privacy Officer are diligently leading their teams to stay current on new threats and mitigation strategies.

Below is a summary of additional steps taken in 2022 to mitigate compliance risks across the organization following the 7 principles of an effective compliance program delineated by the Office of Inspector General.

Compliance Program Structure: Our Performance of the Elements in 2022

Element 1 - Written Policy & Procedures

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

Activities:

1. The Compliance Committee conducted an annual review of Compliance policies, procedures and supporting documents. Policies were updated to meet new regulatory requirements.
 - Policies related to new HIPAA and Privacy regulations including 21st Century Cures Act- Information Blocking.
2. Select members of the Compliance Committee provided guidance on multiple organizational policies and tools that included privacy and compliance elements.
 - 340B Program Policy updates.
 - 340B Material Breach Policy.

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

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

Compliance Committee:

1. Members: Chief Executive Officer Julie Petersen, Chief Ancillary Officer Rhonda Holden, Chief Medical Officer Dr. Kevin Martin, Board Representative Jon Ward, Privacy Officer/Director of Health Information Management Cindy Kelly, Compliance Officer/Quality/Risk Management Coordinator Linda Navarre, Chief Quality Officer Mandee Olsen, Chief Information Officer Jeff Yamada, Chief Financial Officer Scott Olander, Director of Revenue Cycle Management Tara Preciado, Chief of Clinic Operations Carrie Barr, Director of Human Resources Manda Scott.
 - Changes to the committee in 2022 include Stacy Olea as the new Chief of Clinic Operations.
 - Members are highly committed to uphold the ethical and legal obligations for oversight of the Compliance Program.
 - Each member has expertise in their field for a well-rounded level of knowledge within the committee.
 - Compliance Work Plan action items receive oversight by Committee members who recognize the importance of cross-departmental team work to support improved system and processes. Committee members work to reduce barriers of progress and advocate for necessary resources when needed.
2. Scope: the Compliance Committee will work to ensure that all employees have the knowledge and resources necessary to help them do their work within the regulations that govern the healthcare business.
 - Compliance Committee meets monthly to support timely updates on improvement activities and reporting of newly identified risks. Standing agenda items included updates from our Privacy Officer, Revenue Cycle Management, Pharmacy 340B program and the Information Security Officer.
 - In 2022, our Chief Quality Officer began reporting MIPS/promoting interoperability and DNV compliance as a standing agenda item.
 - Sub-Committees:
 - 340B Team:
 - Members include Director of Pharmacy Services, Pharmacist and Pharmacy Technician representatives, Director of Revenue Cycle Management, Compliance Officer, Chief Ancillary Officer, Information Systems-Application Analyst and Medical Staff Coordinator. In 2022, our Privacy Officer became a new member of this team.
 - Privacy and Security Team
 - Members include Privacy Officer, HIM Applications Analyst, Compliance Officer and the Information Security Officer.
 - Team meets monthly to address privacy and security issues.

- Activities include:
 - Policy development.
 - Status reports on high risk HIPAA/Privacy investigations and cybersecurity threats.
 - Updates on new privacy and information security rules.
 - Identifying just in time education needs of staff and developing a plan of action to reach those most at risk of non-compliance.

Data:

- 25 Compliance, Privacy/Security and 340B meetings.
- 100% of Compliance Work Plan action items were initiated.

Element 3- Conducting Effective Training and Education

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

Activities:

1. Targeted education related to privacy, security and price transparency regulations through Announcements, Cross-Functional Huddles, Daily Huddles, Director and Provider Meetings
 - Information Security- phishing tests.
 - Amendment requests.
 - Information blocking.
 - Sharing Information with Family and Friends.
2. Annual education - Compliance and HIPAA/Privacy education.
 - Annual assignment for all staff in the electronic learning system, Bizlibrary.
3. New employee/leader education.
 - New employees, leaders and providers receive compliance and privacy education upon hire.
 - New Employee Orientation (NEO) has a strong emphasis on privacy with examples of inappropriate access of medical records and information blocking regulations.
4. Compliance Officer Education.
 - Member of the Washington Rural Health Collaborative Compliance Committee.
 - Member and certified in Health Care Compliance through Health Care Compliance Association.

Data:

- 100% new leaders received Compliance/HIPAA/Privacy education during orientation.
- 93% KVH staff completed a Code of Conduct review as of 11/9/2022.
 - Final data not available due to Bizlibrary system issues at the time of this report.
- Information Security phishing exercises.
 - 3,862 Phishing exercises sent to staff August through December 2022.
 - 8.2 % Phish-prone rate (December 2022) 6 months into our 1 year campaign.

- KVH target by end of our one year campaign- 5% aligning with best practice for an organization of our size in healthcare.
- 11 Washington Rural Health Collaborative Compliance Committee meetings attended via remote access.
 - KVH hosted the annual in-person meeting in October.

Element 4 - Developing Effective Lines of Communication

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

Activities:

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

Data:

- 16 Compliance investigations.
 - Reporting routes:
 - 4 Compliance Hotline calls
 - 2 compliance@kvhealthcare.org email
 - 3 Quality Department email
 - 7 other
- 94% Compliance investigations initiated within 2 business days.
- 100% Reporters whose identify is known received feedback related to their concern.
- 31% of all reports were substantiated.

Element 5 - Enforcing Standards through Well-Publicized Disciplinary Guidelines

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

Activities:

1. Standards enforcement through the following activities:

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

Data:

- 100% New leaders completed a Conflict of Interest Disclosure Statement.
- 100% Newly employed providers completed a Conflict of Interest Disclosure Statement.
- 100% Board of Commissioners and KVH Administration completed annual Conflict of Interest Disclosure Statement
- 2 Disclosures with potential for a conflict of interest were reviewed by Compliance Committee. Both were found to have appropriate planned actions to mitigate a perceived conflict of interest.

Element 6 - Auditing and Monitoring

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

Activities:

1. Revenue Cycle Management (RCM)
 - Revenue Integrity- RCM daily work has many checks and balances in place to ensure compliant billing to our payors. In the last year, we have had no significant audits or audit findings.
 - Throughout the year, the Revenue Cycle Management team adjusted to updates in price transparency and No Surprise Billing requirements. Following regulatory requirement, KVH

website provides Price Transparency Tools. Information available includes: approximate out-of-pocket costs for a specific medical procedure or service at KVH Hospital, standard charges, average charges by patient group, shoppable services pricing and unshoppable services pricing. Written price estimates are provided upon request.

2. HIM coding

- KVH has 15 certified coders who work closely with our RCM Department. We conducted a retrospective professional fee and facility coding review for 2022 to evaluate the accuracy of code assignment. Coding accuracy scores to the industry standard of 95% are recommended by the Office of Inspector General (OIG).
- The 2022 coding audit included facility coding for Inpatient, OBS and ED cases. The professional fee coding audit included GI procedures, OP Surgery, and Urgent Care. This is the first audit in these areas in at least 5 years. The pro-fee coding of Vascular, and Clinic cases were also audited.
- The Overall Accuracy rate for the areas audited was 94%. Some areas of training were identified and webinars have been provided to further educate the coders in those areas.

3. Human Resources

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

4. 340B Program audits

- The 340B Program has many system and process complexities that require ongoing auditing to ensure compliance with 340B regulations. KVH 340B auditing plan includes monthly provider, prescription, drug and clinic audits. An audit of 340B contracted pharmacies registrations is conducted annually.
 - Monthly and annual internal audit targets were met
 - External audit by Health Resources and Services Administration (HRSA) was completed in May of 2022. KVH 340B program did very well in the audit. A Corrective Action Plan (CAP) was submitted to Office of Pharmacy Affairs-Health Resources and Services Administration (HRSA) for the few identified opportunities for improvement. All corrective actions have been completed. CAP is currently under final review by HRSA.
- KVH Director of Pharmacy Services actively participates in Washington Rural Health Pharmacy Committee and utilizes Apexus 340B program as a resource for education.

5. Security

- The 2021 Annual Security Risk Analysis (SRA) audit of physical, technical and administrative safeguards was reported out to the Compliance Committee in 2022. The objective of the SRA was to identify and implement safeguards that comply with the standards and implementation

specifications in the Security Rule. Analysis of findings demonstrated KVH is trending in the right direction with significant increase in best practice measures to mitigate security risks. Jeff Yamada, Security Officer and Chief Information Officer, leads improvement actions based on the SRA findings and ongoing alerts of new security threats in healthcare.

6. Privacy Auditing and Monitoring
 - KVH Privacy Officer followed Federal and State regulations in response to reports of privacy violations. When required, privacy breaches were reported following the Federal HIPAA breach notification rule.
7. Recall monitoring
 - The Quality Department, Materials Management, Pharmacy and Engineering work collectively to ensure recall notices are brought to the attention of department leaders and staff to ensure recalled products are removed from patient use. Alerts on device/equipment use are also communicated promptly using high alert email notifications to support user awareness. Visual as well as written information is provided to support user understanding of the notification guidance.

Data:

- 155 Exit Interviews mailed to employees who left their position in 2022
- 34 (21.9%) Exit Interviews received back from employees.
 - 100% % of Exit Interview were reviewed by Julie Petersen, KVH CEO
- 70 Privacy investigations with 0 reportable privacy breaches
- 4,933 Internal 340B claim audits in 2022. Audits included: clinics, providers, prescriptions and drugs
 - 28 audit findings required follow up actions
- 94 Recalls were evaluated to determine if we had the product/device in our inventory
 - 36 recalled products/devices required follow up actions

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

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

Activities:

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

Data:

- Staff and providers screened for sanctions and background checks.
- Volunteers screened with background check.s

- 183 Vendors visits screened through Symplr during onsite visits in 2022.
 - 42 distinct individuals.
 - 12 KVH Departments accessed by Symplr credentialed vendors.
 - 32 Companies credentialed through Symplr accessed KVH.

Looking ahead:

January 1 of 2023, Cindy Kelly, was named my successor to the role of Compliance Officer. I believe this change will bring a great wealth of experience in regulatory compliance with Cindy's background in privacy and health information management. Cindy has led multiple successful improvements to her programs over the years to meet the ever changing regulations in these fields. Suzette Johnson, our new Compliance Specialist, will support Cindy Kelly in this new role. Suzette is highly specialized in Information Systems. This expertise will facilitate compliance program improvements, data collection and data analysis. There will be a focus on contract and policy management this next year. Other compliance work will continue as it has in the past.

KVH COMPLIANCE PROGRAM
2022 KVH WORK PLAN
Board of Commissioner approval 7/28/22

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

Objectives identified for the current year relate to the elements of an effective compliance program as defined in the Federal Sentencing Guidelines, new Federal and/or State healthcare regulations, and risk areas identified by KVH. Last update: 2/16/23

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
1. Policies & Procedures							
Compliance policies, procedures and supporting documents provide up to date guidance to staff and leaders	Compliance Committee	Compliance policy, procedures, and supporting documents are reviewed annually				X	Target met
2. Compliance Officer and a Compliance Committee							
Compliance Officer updates Hospital District #1 Board of Commissioners on Compliance Program activities	Compliance Officer	Annual Compliance Program Report and a bi-annual Compliance Work Plan update			X		Target met
Compliance dashboard provides a tool to evaluate the cultural health of our organization and compliance program effectiveness. Quarterly reporting of the # compliance reports/100 employees	Compliance Officer	Target-national benchmark 1.4 reports/100 employees				X	Target met

KVH COMPLIANCE PROGRAM
2022 KVH WORK PLAN
Board of Commissioner approval 7/28/22

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
3. Conducting Effective Training and Education							
Annual system-wide healthcare compliance training to support staff knowledge of compliance standards and KVH Code of Conduct	Compliance Officer/ Privacy Officer	All staff complete annual Compliance education bundle through Bizlibrary				X	11/9/22 Bizlibrary report re: Code of Conduct. Total assigned- 660 staff. Rate of completion- 93%. <ul style="list-style-type: none"> Year-end data not available by 2/16/23 due to system issue in Bizlibrary
Staff will be equipped with the knowledge to stop phishing cyber-security attacks before they impact patient care and facility operations. Measure: Staff response to phishing tests- Phish Prone percentage	Security Officer	KVH 3% phish-prone rate by December 31, 2022				X	Target not met. Reset target to 5% by end of one year campaign following healthcare industry best practice standards

KVH COMPLIANCE PROGRAM
2022 KVH WORK PLAN
Board of Commissioner approval 7/28/22

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
New employees, leaders and providers receive compliance education during new employee orientation	Compliance Officer, Privacy Officer, Security Officer	All new employees, leaders and providers receive education on Fraud, Waste & Abuse, HIPAA/Privacy and Information Security education				X	Ongoing training
4. Developing Effective Lines of Communication							
Respond, investigate, and follow up on all Compliance Hotline calls/complaints	Compliance Officer	Hotline calls and compliance concerns are logged and investigations initiated within 2 business days					Ongoing
Results of compliance internal investigations are shared with leadership and relevant departments	Compliance Officer	Compliance Officer attends Department Director monthly meetings & as needed Senior Leadership meetings					Ongoing

KVH COMPLIANCE PROGRAM
2022 KVH WORK PLAN
Board of Commissioner approval 7/28/22

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
5. Enforcing Standards through Well-Publicized Disciplinary Guidelines							
Employees are oriented to the KVH Intranet Policy/Procedure/Standard Work Folder and Lippincott's Nursing Procedures and Skills resource link	Director of Human Resources	Annual Bizlibrary education: All staff acknowledge awareness of how to locate policies, procedures and standard work through the KVH Intranet				X	Ongoing training
6. Auditing and Monitoring							
Ensure contract commitments are delivered and regulatory compliance is met through an efficient and effective contract review process. Focus on real estate and professional service contracts that require a Business Associate Agreement.	Compliance Officer/ Privacy Officer	Develop scope of work for contract management			X		In process, included in 2023 Work Plan
Security Risk Analysis (SRA) findings are reviewed and prioritized <i>Reference: Security Rule 45 CFR Part 160 and Subparts A and C of Part 164</i>	Security Officer	Information Security work plan is updated to address SRA findings					Ongoing
Internal 340B audits to meet regulatory requirements <i>Reference: 340B Drug Pricing Program (340B Program) requirements (42 USC 256b(a)(5)(C))</i>	Director of Pharmacy	Monthly 340B audits meet audit targets					Ongoing
7. Responding to Detected Offenses and Developing Corrective Action Initiatives							

KVH COMPLIANCE PROGRAM
2022 KVH WORK PLAN
Board of Commissioner approval 7/28/22

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



QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ February, 2023

CMS Promoting Interoperability for Hospitals

KVH successfully attested to the eligible hospital Promoting Interoperability program yesterday. We were able to claim the full 40 points for the health information exchange measure since we began participating in CommonWell. We also received some bonus points for Dr. Larson checking the prescription monitoring drug program on several patients who received opioids during the inpatient stay. We're not in full production for some of the public health interfaces, but the state has accepted our intent to participate.

The final result was a score of 104 out of 100. The minimum threshold for this program is 60. There is no financial incentive for meeting or exceeding the minimum threshold, but a significant financial penalty if we don't meet (more than \$100,000).

Special thanks to Amy Diaz for gathering all of the documentation from departments and Cerner, assessing our progress and performance on each area, and completing the actual submission.

DNV and ISO 9001

The week of February 13th, eight KVH staff attended DNV and ISO 9001 Internal Audit training at Arbor Health in Morton, Washington. Through the Washington Health Rural Health Collaborative, several hospitals participated to make the training more affordable. While DNV is the deemed organization for CMS to accredit/reaccredit us to CAH Conditions of Participation, they also contract with organizations to certify or verify compliance to ISO 9001. ISO 9001 is an international standard for any organization to manage the quality, business, and compliance of their organization. We will have two more DNV surveys before we will need to demonstrate compliance to ISO 9001. Over the next two years we will continue learning, educating, and developing our processes reach that compliance. During the week of training, we received in-depth education about the ISO 9001 clauses and how to conduct internal audits (an ISO 9001 requirement).

Quality Improvement Dashboard Data Summary – through December 2022

Summary of Areas Meeting Goal or Showing Improvement

- There were seven patients who had sepsis in December 2022. The median time to receiving antibiotics was 66 minutes, which is one of the lowest medians in the past year.
- The median time from door to ECG for patients with certain cardiac diagnoses was nine minutes. This is lower than the goal of 10 minutes.
- There were no needlesticks in the month of December.



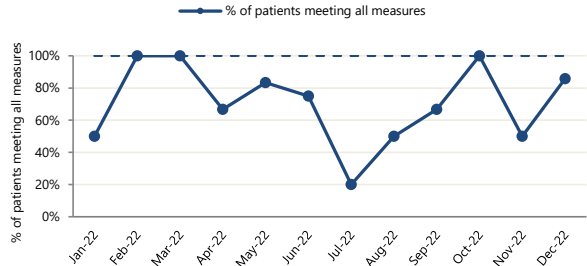
- The days to referral completion was nearly at or below goal for all clinics. A new referral coordinator was hired at KVH Family Medicine – Ellensburg, which has the highest number of referrals to manage.
- Home Health saw nearly 80% of their patients discharged in the month of December who improved their management of oral medications between the time they began and ended their episode of care.

Summary of Improvement Opportunities

- There were two missing consent forms for blood administration, and multiple instances of missing patient temperatures after administration. In many cases, the temperature documentation were missed by traveling nurses.
- There were two surgical site infections. The first was following a higher-risk femoral popliteal bypass surgery where the patient also had a gangrenous toe amputated. The surgery itself was nearly four hours long. The second was after a total knee procedure, with blistering likely related to the skin adhesive used after surgery. The blistering may have compromised the skin, leading to later infection.
- We had four falls in the month of December. Two of the falls resulted in injury.

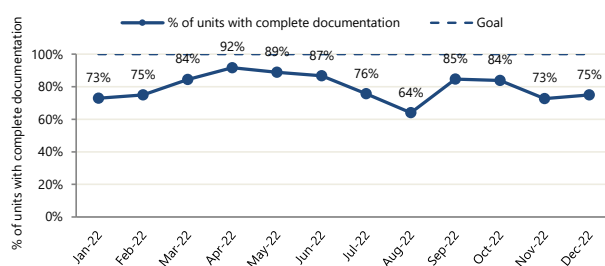
QI Council

Sepsis Bundle ↑



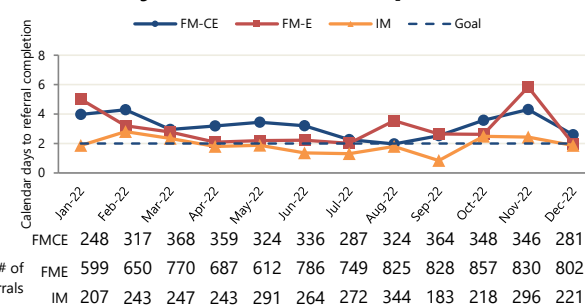
possible 6 2 1 3 6 4 5 8 3 2 2 7

Blood Product Documentation ↑



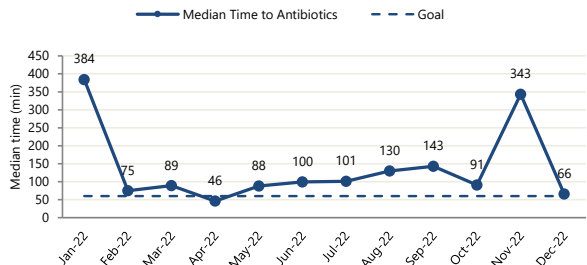
of units 48 36 32 36 18 15 41 25 13 37 22 40

Days to Referral Completion ↓



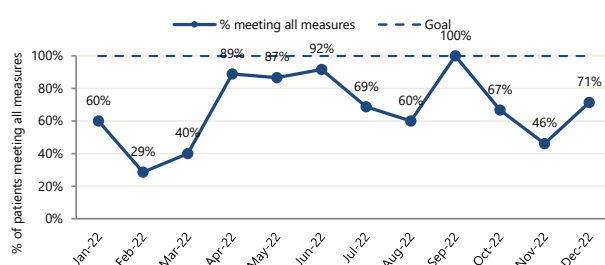
of referrals FMCE 248 317 368 359 324 336 287 324 364 348 346 281
FME 599 650 770 687 612 786 749 825 828 857 830 802
IM 207 243 247 243 291 264 272 344 183 218 296 221

Sepsis Antibiotic Timing ↓



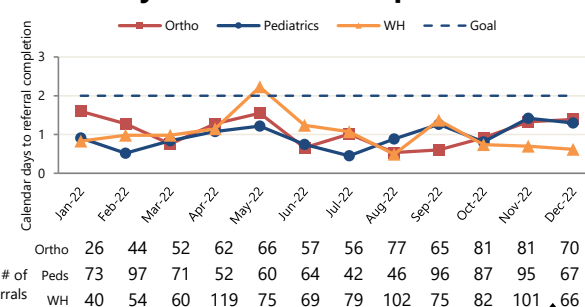
possible 7 2 1 3 6 4 5 8 3 2 2 7

Restraints ↑



possible 10 7 5 9 15 12 16 5 2 6 13 7

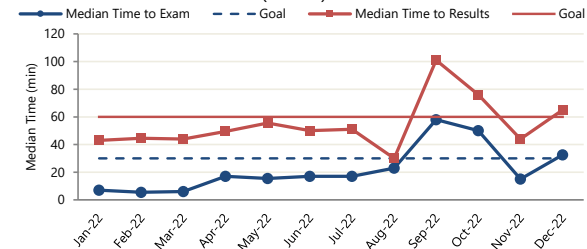
Days to Referral Completion ↓



of referrals Ortho 26 44 52 62 66 57 56 77 65 81 81 70
Peds 73 97 71 52 60 64 42 46 96 87 95 67
WH 40 54 60 119 75 69 79 102 75 82 101 66

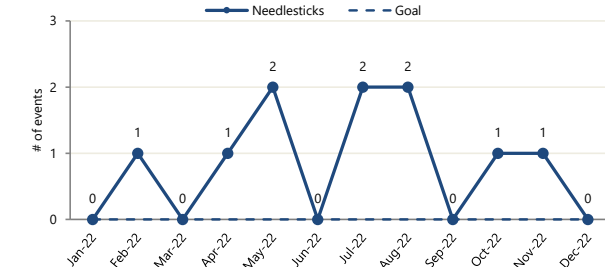
Median Time to CT or MRI ↓

(Stroke)

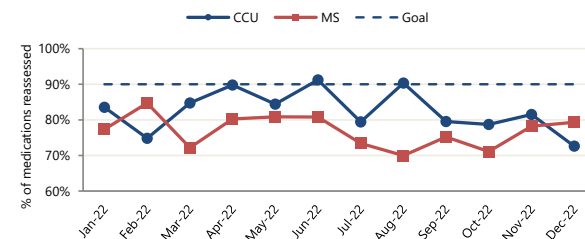


possible 3 6 5 10 8 5 9 3 2 3 7 8

Needlesticks ↓



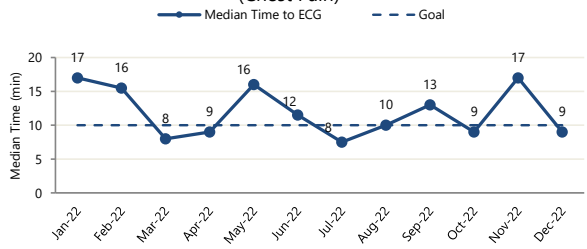
Pain Reassessment after Medication ↑



of CCU 219 159 118 186 154 148 277 93 225 141 146 157
meds MS 463 628 733 688 517 505 564 243 532 460 344 643

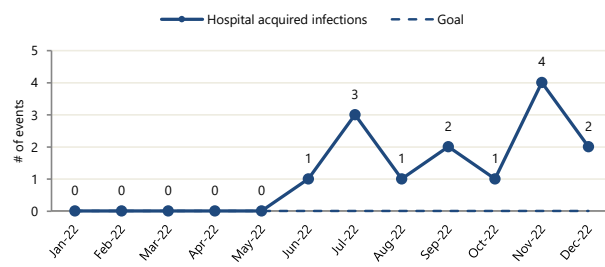
Median Time to ECG ↓

(Chest Pain)

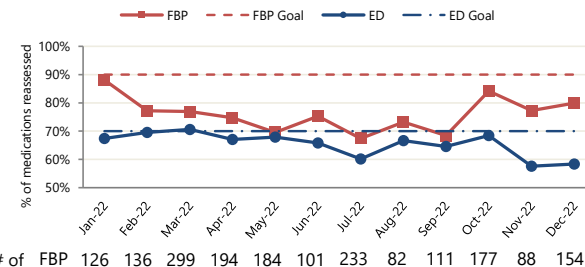


possible 6 10 11 11 10 8 6 10 10 13 8 7

Hospital Acquired Infections ↓



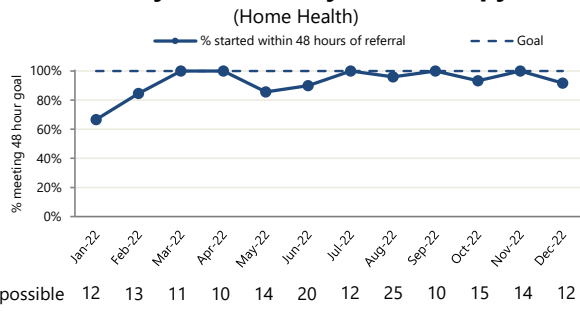
Pain Reassessment after Medication ↑



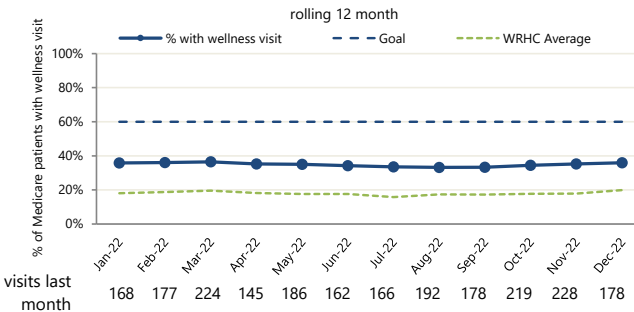
of FBP 126 136 299 194 184 101 233 82 111 177 88 154
meds ED 454 407 439 407 508 468 535 240 440 536 467 622

*Aug and Sep 2022 are incomplete data, report error, cannot be regenerated or recovered

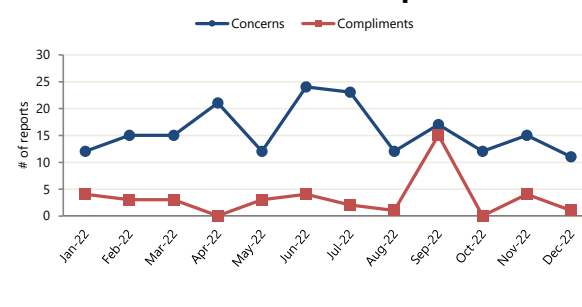
Timely Start for Physical Therapy (Home Health) ↑



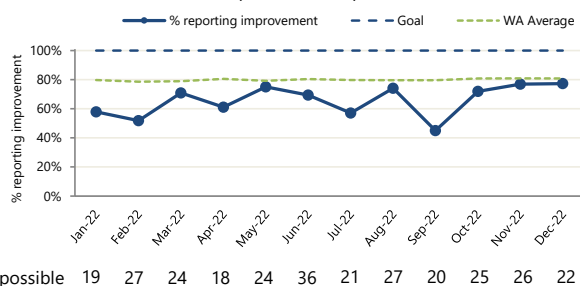
Medicare Wellness Visits ↑



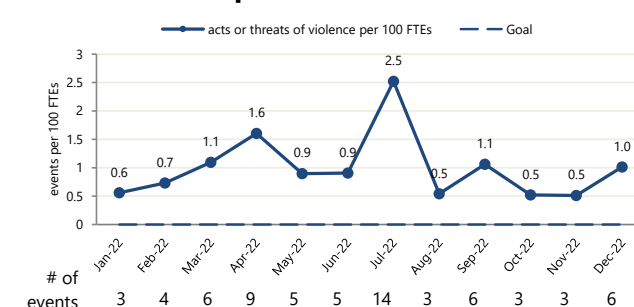
Care and Service Reports ↓



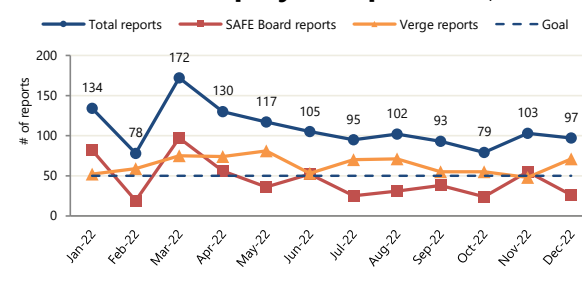
Improvement in Management of Oral Medications (Home Health) ↑



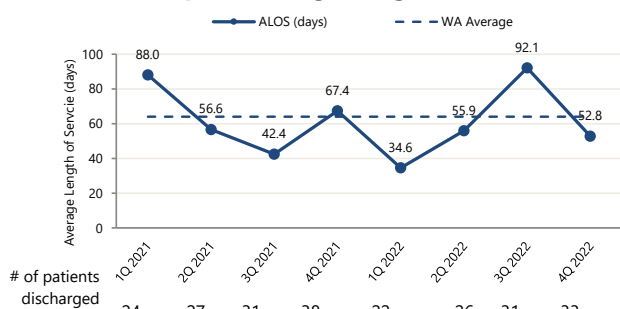
Workplace Violence Events ↓



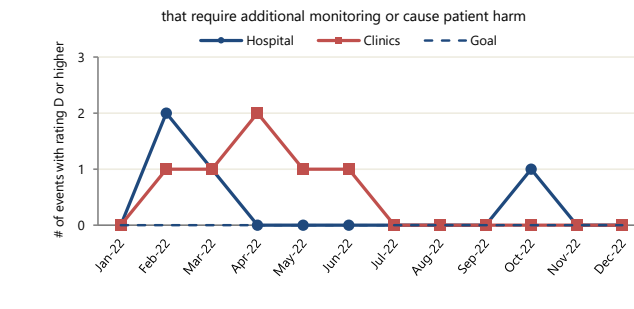
Employee Reports ↑



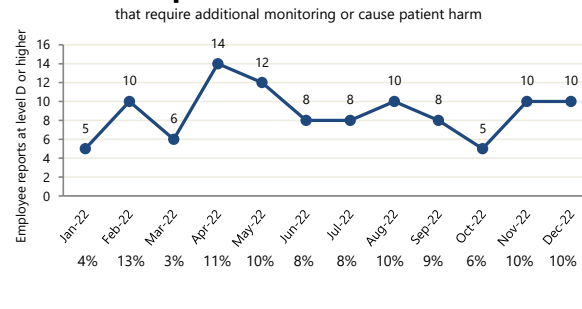
Hospice Average Length of Service ↑



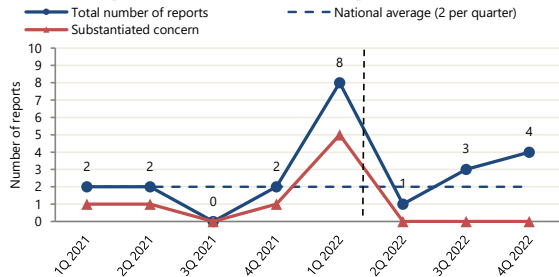
Adverse Medication Events ↓



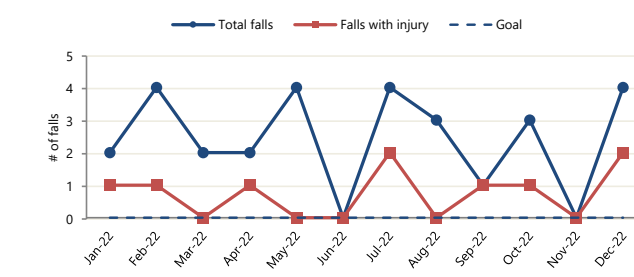
Reports of Occurrences ↓



Compliance Concerns Reported ↑

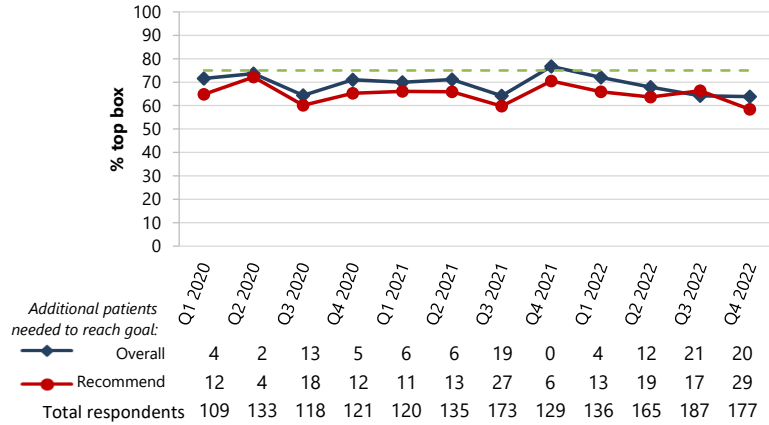


Falls ↓

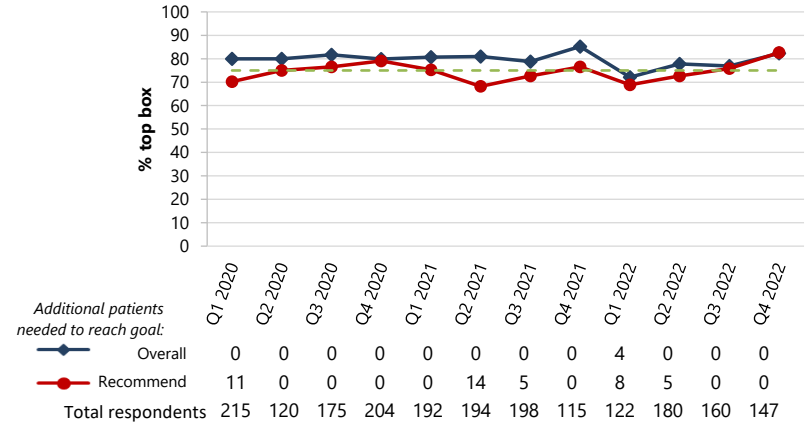


Patient Satisfaction Dashboard

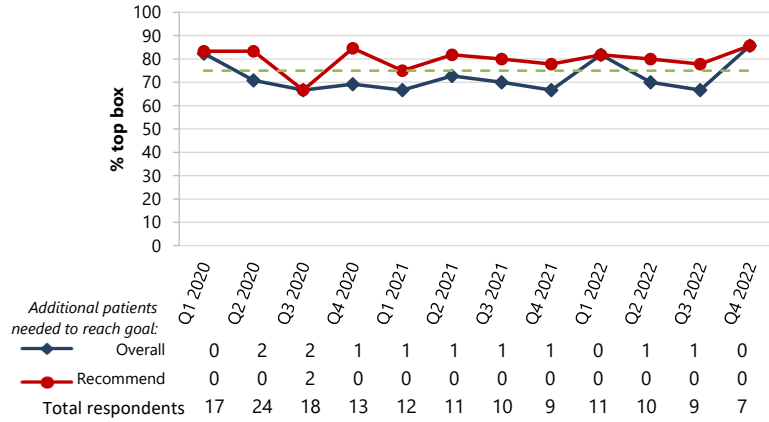
Emergency Department



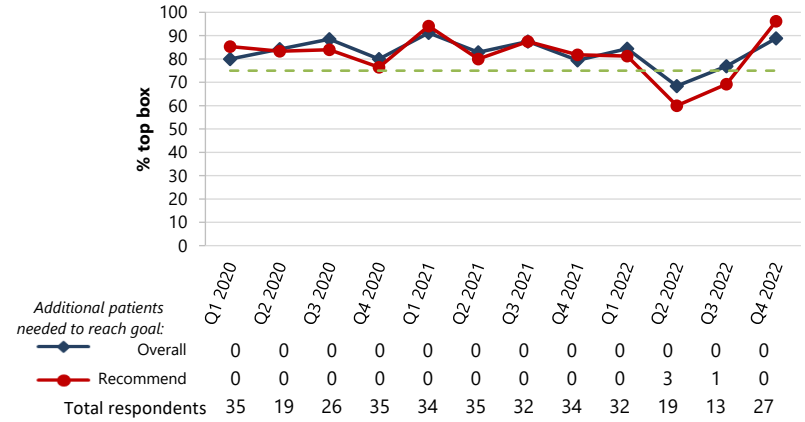
Outpatient Surgery



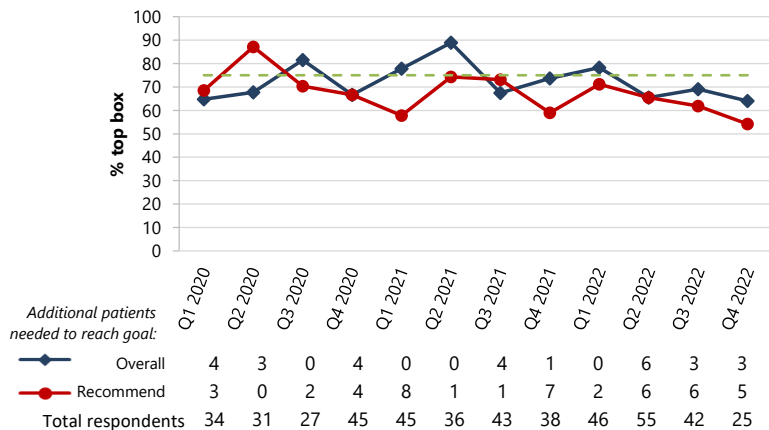
Family Birthing



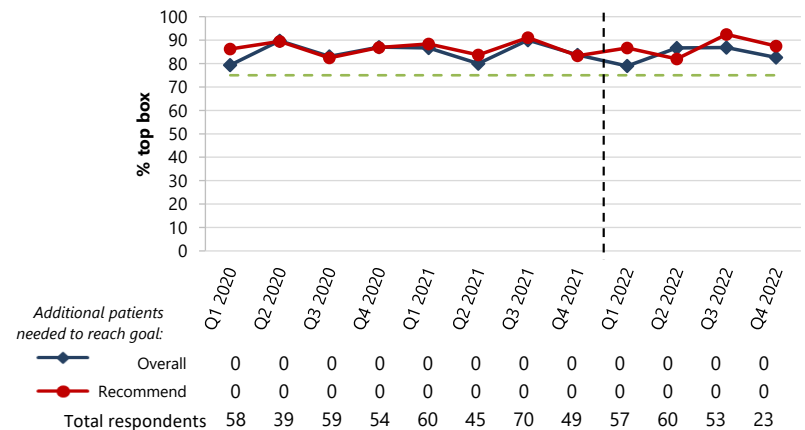
Outpatient Rehab



MedSurg/CCU

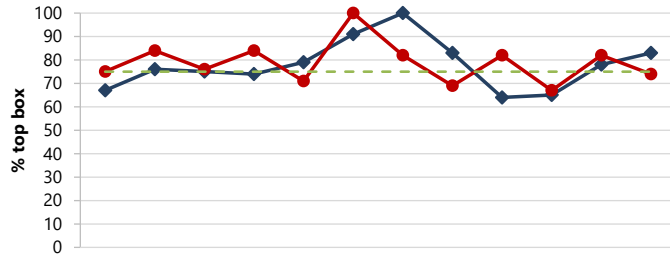


Urgent Care - Cle Elum



Patient Satisfaction Dashboard

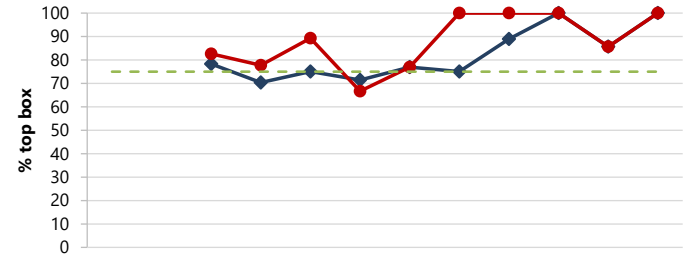
Home Health



Additional patients needed to reach goal:

	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Overall	2	0	0	1	0	0	0	0	2	2	0	0
Recommend	0	0	0	0	1	0	0	1	0	2	0	1
Total respondents	21	25	20	19	24	11	12	17	11	17	18	18

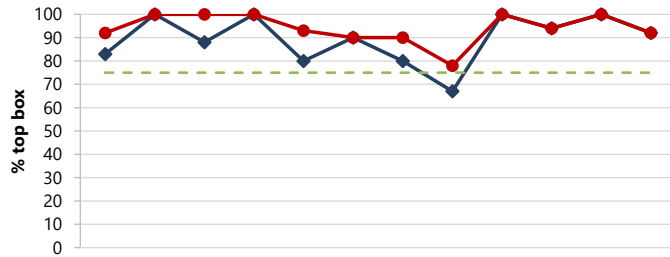
ENT and Allergy



Additional patients needed to reach goal:

	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Overall	0	2	0	1	0	0	0	0	0	0
Recommend	0	0	0	2	0	0	0	0	0	0
Total respondents	23	27	28	14	13	8	9	7	7	9

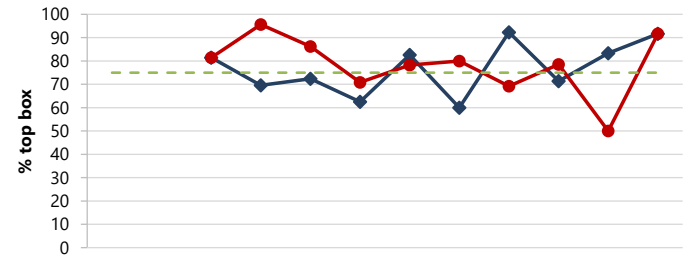
Hospice



Additional patients needed to reach goal:

	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Overall	0	0	0	0	0	0	0	1	0	0	0	0
Recommend	0	0	0	0	0	0	0	0	0	0	0	0
Total respondents	12	11	8	12	15	10	10	9	7	18	5	13

Pediatrics

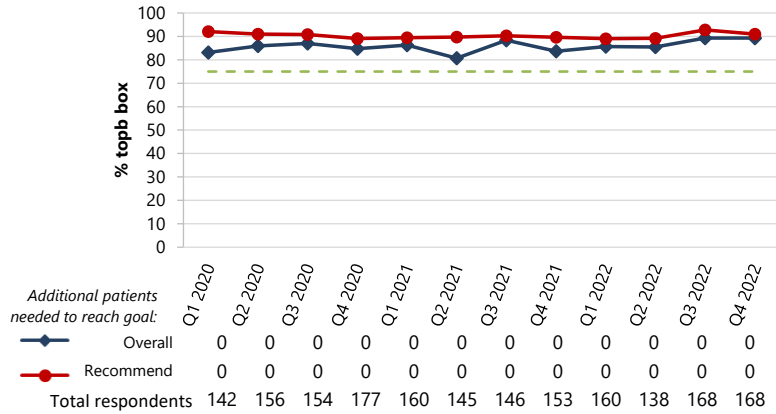


Additional patients needed to reach goal:

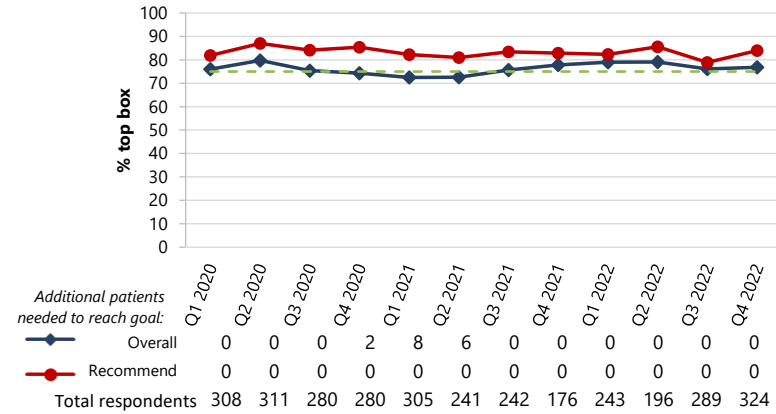
	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Overall	0	2	1	3	0	3	0	1	0	0
Recommend	0	0	0	2	0	0	1	0	2	0
Total respondents	27	23	29	24	23	15	13	14	6	12

Patient Satisfaction Dashboard

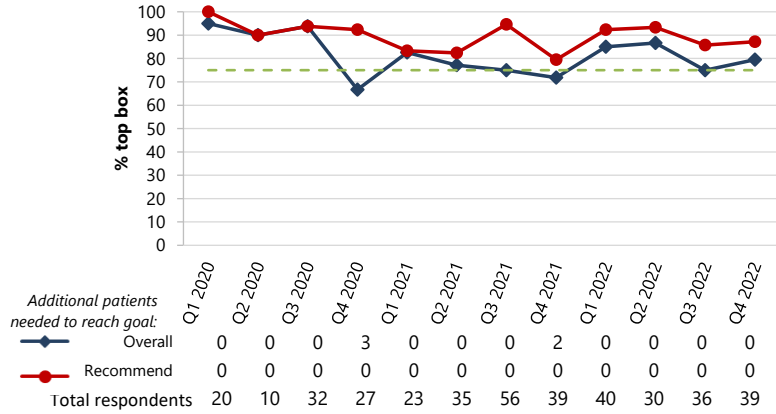
Family Medicine - Cle Elum



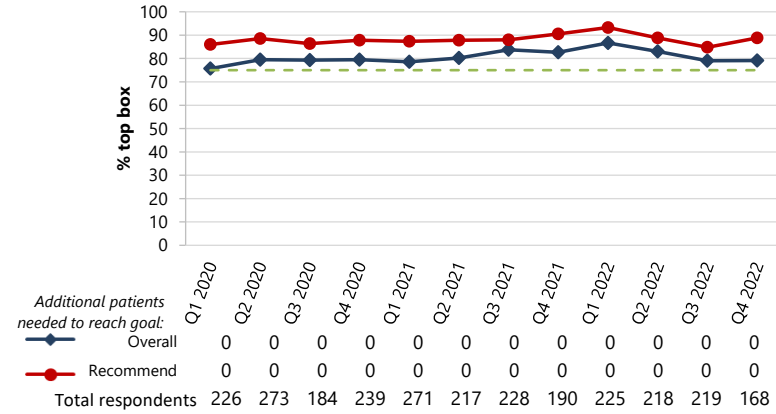
Family Medicine - Ellensburg



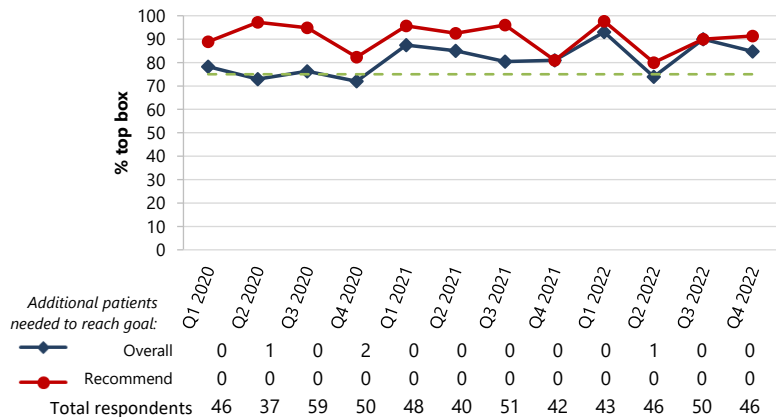
General Surgery



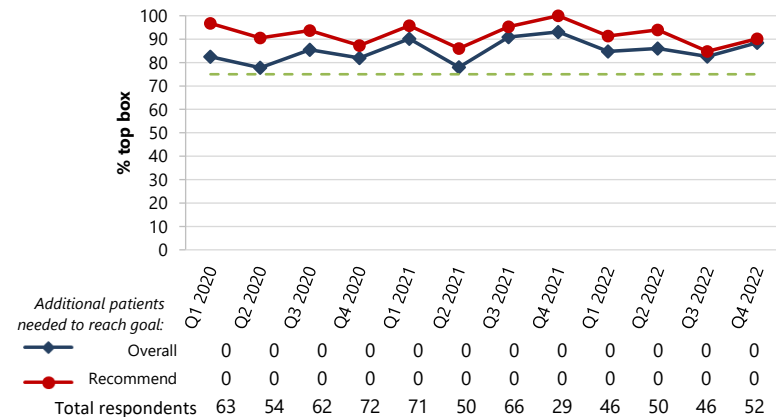
Internal Medicine



Orthopedics



Women's Health



Chief Executive Report February 2023

Safe Deliveries Road Map through a Rural Lens

The Rural Collaborative is assembling a group of women's health providers from member health systems. Participating members include Newport, Forks, Island, Jefferson, Coulee, Kittitas and Whidbey. This group will refine a message about access to OB care in rural Washington in preparation for an in-depth discussion with the DOH. Dr. Dawson will represent KVH on the group when it assembles in early March. Goals, outputs and the agenda of this group follows.

Goals for Phase 1 work

- Improve access to safe deliveries for rural parents
- Maintain services in communities at risk of losing those services

Outputs

- List of confirmed root causes
- List of described possible strategies
- Prioritized and selected strategies ready to move to testing/implementation plans
- Possible convening strategy specific work groups

Agenda structure

- Confirm problems
- Revise strategies
- Prioritize strategies
- Define next steps

Rotary Park Ellensburg Community Field House

The City of Ellensburg is fast tracking a plan to replace the Ellensburg Racquet and Recreation Center. The City Manager provided the project description below.

Our City team has been working on a plan to fund the Ellensburg Community Fieldhouse—a multi-generational fitness complex at the city-owned Rotary Park in Ellensburg. This facility replaces the Ellensburg Racquet and Recreation Center (ERRC)—a critical community fitness and education resource—destroyed on Dec. 2, 2022, by what is believed to have been arson. With the total loss of this unique indoor fitness facility, schools lost overflow education space and the residents of the greater Ellensburg area lost access to the only public indoor fitness space. The Kittitas County Public Health Department reminded us that heart disease is the number one cause of mortality in the county and we know the loss of space for year-round health and wellness activities has created an urgent public health challenge for Ellensburg and Kittitas County.

Based on this emergent need, our two-year project plan is aggressive—to complete construction on the Ellensburg Community Fieldhouse by December 2024. The project has been designed to have maximum impact on public health, education, social services, economic development/tourism, infrastructure, energy efficiency, and recreation. Our funding plan for the \$25 million facility includes \$16 million local partners (city, county, private) and \$9 million state. Attached is a flyer that describes project.

Because of the timing of the fire loss and the need to rebuild swiftly, we were not able to participate in regular state budget cycle funding activities. We have submitted a 2023 State community capital project request for \$2 million to help with early site preparation costs. A match of \$3 million of secured local funding will complete the initial phase (design and site preparation). We'll need more than local funds to fully bring this project to life and are looking for additional resources.

I see a natural alignment between KVH's vision for community health improvement and the City's field house project. I intend to engage with the City as they advance this project.

City Presentation

I was able to provide an update to the Ellensburg City Council on January 6th. The presentation, KVH by the Numbers, focused on our economic impact, services and the expansion project.

Legislative Updates

Commissioner Clark attended WSHA advocacy days in Olympia to address bills on everything from nurse staffing to public records and difficult to discharge patients. These bills are working their way through the process as we speak and you will receive an up to the minute report at the Board meeting.

Human Resources & Staff Development- February 2023

January 2023 Metrics

<i>Employee Population</i>				
	<i>23 - Jan</i>	<i>22-Dec</i>	<i>22-Nov</i>	<i>22-Oct</i>
Full-time	502	495	487	475
Part-time	117	115	120	120
Total Employees	754	746	144	726

<i>Turnover</i>			
	<i>YTD</i>	<i>23-Jan</i>	<i>2022 Year End</i>
Turnover (People)	26	26	149
Turnover (Percentage)	3.45%	3.45%	20%
Voluntary	26	26	140
Involuntary	0	0	9

<i>General Recruitment</i>				
	<i>23-Jan</i>	<i>22-Dec</i>	<i>22-Nov</i>	<i>22-Oct</i>
Open Postings	11	18	23	15
Unique Applications Received	203	103	158	128
Employees Hired	25	14	27	19
Time to Fill (Median)	67.5	43.5	28.5	56
Time to Fill (Average)	82.43	96.38	90	65.93

<i>Annual Evaluations</i>	
	YTD
Percent complete	83.3
Total evaluations over due	112
# of employee evals over due	78
# of provider evals over due	34

Recruitment: The number of postings dropped dramatically in January due to budgeting and reviewing open FTEs for replacements or “new” positions. We saw the highest number of applicants than we’ve seen in months, nearly double what we saw in December. We posted a couple of director-level positions that we are actively recruiting for. We’ve engaged permanent-hire agencies to help specifically with the ED Nursing Director position.

Student and Volunteer Services: Currently we have 48 learners on-site from the following groups: 3 Pharmacy students, 7 Imaging Tech students, 11 Nursing students, 1 MA Externship student, 3 Medical Laboratory Technician students, 10 Job Shadow students, 1 Dietetic Intern, 1 Physician Assistant students, 7 Nurse Practitioner students, 1 Medical students, and 3 Family Medicine Residents.

Animal Therapy Volunteer Program: Caring Canines started on 2/20 with our first Animal Therapy Team, Katy (Handler) and Barrett, a Great Pyrenees (Therapy Dog). This program is available for patients, visitors and staff to provide comforting, supportive, calming and engaging interactions with a therapy dog. Katy and Barrett will volunteer on the weekend. The schedule will be published so staff know when Barrett is available. We are grateful for the support of departments to make this program a reality including: Infection Control, Risk Management, the Wellness Committee, and Community Relations. We anticipate having more volunteer Animal Therapy Teams in the future.

Volunteer numbers continue to grow with 15 active volunteers. Animal Therapy teams are counted as 1 volunteer. We had a well-attended volunteer appreciation lunch on January 18th. The volunteers reported it was a fun opportunity to connect with other volunteers and learn about the workforce development and construction projects at KVH.

Staff Development: We continue to work on relaunching TeamSTEPPS with the group that met at the end of 2022-expected in Quarter 2. We are planning on rolling out the Preceptor Training Program in Q3.

Leadership Development: We will be starting additional Leadership Cohorts in Q2 that will closely align with their Leadership Development Plans created in 2022.

Total Rewards: A 2% retention bonus notification went out to hourly, non-contract staff. We are planning on sending total compensation reports to all staff in February.

Benefits/Wellness: Open enrollment went well and the year started smoothly. We switched over from the Standard Insurance to Lincoln Financial for LTD, Life Insurance, AD&D. Total Rewards is in process. Work is currently being done to clean up non-vested or inactive retirement accounts. The PEBB has projected KVH may be online with them in May of 2023, as we are currently processing enrollments on paper.

Wellness is continuing to be a focus. The Wellness Committee has a full agenda. Step challenge restarted for 2023. 90 Day Wellness Challenge, a Quarterly Wellness Program started in January with structured list of activities and rewards. Volleyball team is being organized. Local Yoga Instructor is providing free Yoga sessions every Wednesday for Healthcare Workers/First Responders in the Kittitas County, sponsored by a local non-profit, Quiet Cadence. Fitness courses and Gallery One classes are continuing, with HR working on updates/changes. Increase in use of the Headspace App.

Labor Relations: Working on the implementation of the Nursing Staff Development Committee with WSNA. Bargained wage changes were implemented. Review of WSNA salary adjustments per the CBA are in progress.

Staff Engagement/Recognition: Gearing up for the year. We have focused more on the department-level recognition events that happen throughout the year; ensuring that each position within KVH has a day or week that celebrates their work. Another full calendar of events will

HR Operations: We hired an internal applicant for our Recruiter position, Rhonda Pruitt, who recently joined the HR team as our Division Assistant. To replace her (now vacant Division Assistant position) we hired another internal applicant, Terry Yenter, from the front desk at the hospital. He joins us with a couple years of HR experience from a previous position. Manda will be out on leave next month (see you all in June).

Patient Care Services Board of Commissioners Report

February, 2023

Emergency / Urgent Care

The search continues for a Nursing Director for the ED. We are looking into an option for an Interim Director. All RN positions are currently filled. We continue to on-board and train Patient Care Technicians.

Surgical Services

Staffing remains challenging in the OR. There are 4 RN positions open with very limited opportunities for hiring. Despite, the team is working hard as they have had record OR numbers. All of the Central Sterile staff positions are filled. They are trialing a “late shift” to keep up with the high volumes. Work is continuing for the start of the expansion project. Supplies and equipment are being ordered as we anticipate a long lead time in securing equipment.

Food and Nutrition Services

Food Service

- Staffing – successfully hired a full time cook in February that has been open since early November. A 0.6 FTE cook position remains open.
- Place custom sandwich service back into operations in January.

Clinical

- Continue the Virtual Dietitian program with two hospitals.

Outpatient diabetes and nutrition education

- Finished 2022 with very similar patient numbers as 2021.

	2021	2022
Referrals	487	506
Scheduled	411	402
	84%	79%

Med Surg/CCU

The door to outside from staff breakroom is getting closer to completion. This will provide staff the ability to go outside for meal and rest breaks.

There are no RN opening in the CCU currently. There are currently 2 travel staff assignments that will be completed by the first week in March,

We will be trialing new Stryker beds March 22-27th for potential replacement of our existing Medsurg and CCU beds which are at end of their life cycles.

Thank you to capital committee for the purchase of rechargeable telemetry batteries soCCU and Medsurg can help reduce waste by eliminating over 16,000 AA batteries from going to waste/ special disposal handling.

Clinical Education Report

This month the largest project for the Clinical Educators was planning for and coordinating the training for the new Pyxis ES. This is the Automated Medication Dispensing System used here at KVH. The actual training was provided by a Pyxis representative, but both Babbi and Debra assisted in getting staff Bio Identified, and each taught one of the evening demonstrations. This is an upgrade for the Inpatient side of things, not a new device. So while training was required, feedback from staff was positive re: the changes and improvements, and they were quick to adapt. 117 staff members went through the training including Pharmacists, Pharmacy Techs, RNs, and Imaging staff.

Babbi continues to conduct New Employee Clinical Orientations, and has mandatory training happening for RNs in MedSurg and CCU on the use of Wound Vacuums and a refresher on Ostomy Devices next week. Debra, in partnership with Jeannette Simonton, RN, is continuing the training on the Medtronic Temporary External Pacemaker with the CCU RNs and ED RNs next in line on 2/27 and 3/13/23 respectively. Debra will be conducting a training session for the Home Health RNs on how to change a Peripherally Inserted Central Line (PICC) dressing on 2/24/23. Both are involved in finding an acceptable product exchange for the Baxter Buretrol Intravenous Solution Set which is currently on back order due to supply chain issues.

The educators are also on the Leadership/Preceptorship committee spearheaded by the HR Staff Development team and have contributed content related to Critical Thinking and Clinical Judgement for Nurses.

Sincerely submitted,

Vicky Machorro, CNO

Ancillary Services report to Board of Commissioners February 2023

Ancillary Service Operation Report:

Pharmacy

Pyxis training has been completed and the new equipment is being installed in nursing departments, FMC, FME and Women's Health. Bar Code Scanning in the clinics was deployed on February 14. We will be monitoring bar code scanning rates and working to overcome any barriers encountered.

We are currently working with Engineering to find appropriate space in the MAC Annex to house the pharmacy staff who will be working on medication refills in the clinics, the acoustics in the building are the biggest challenge. We have a pharmacist employed to train our pharmacy tech apprentices and have one applicant in the program who is already a pharmacy technician.

Cardiopulmonary

Aldrin Dimalanta has completed his pacemaker interrogation certification. We are working with clinics to determine the best day to schedule patients with him, it will likely be two Mondays per month.

Imaging

Imaging continues to be quite busy with remodeling. We are still working to add a restroom in the mammography area. The imaging reception area remodel has been completed, but the staff will remain in the former gift shop location until the remodel of the technician room is complete. The technician will be temporarily housed in the imaging reception area during the remodel of their staff room. Having the former gift shop space available has allowed great flexibility during remodeling projects.

Akumen was able to obtain DOH certification for their mobile MRI trailer are we are working with them to confirm the date it will be onsite and when we can schedule applications training for staff. They are planning to decommission the current MRI beginning on March 6th, which will allow us to remove the modular building.

Congratulations to Janelle Beard for passing her cardiac echo certification exam. Imaging is also celebrating doing their first CT guided bone marrow biopsy.

Imaging is finalizing an upgrade to cardio PACS this month.

47 Degrees North & The City of Cle Elum

Attorney Jamie Carmody, Julie, Scott, and I met with the Cle Elum Mayor McGowan and acting City Planner Greg Dohrn on January 26. The purpose of the meeting was for us to have an opportunity to explain the impact of the proposed 47 Degrees North application on HD1 and HD2 and how the current plan creates a negative financial impact on the districts compared to the plan that was approved in 2002.

Scott and I were then invited to meet with Mayor McGowan, Greg Dohrn and leaders of 47 Degrees North on January 31. According to Greg Dohrn, "The purpose of this meeting was to allow an opportunity for the District to hear directly from the Project Sponsor their plans as they are finalizing their application to modify the approved master site plan, ask questions and express concerns directly. The City would encourage a discussion of mitigation strategies". There was very little discussion on the proposed modifications and quite a lot of pressure to discuss mitigation strategies. Neither Scott nor I were in authority for negotiating mitigation strategies, but we did discuss that the Districts should not be harmed financially by the project and should remain "whole", as we would have been in the approved Master Site Plan.

As of this writing, Sun Communities has not submitted an application for 47 Degrees North, but have stated that they will by the end of the month.

Rehab Services

Chelsea Miller-Erion joined FMC rehab service as a Speech Therapist on February 20th.

Lab

Lab is finalizing their selection for a new chemistry analyzer and hope to take this to Capital Committee for approval in March. We celebrated "Phlebotomist Week" the week of February 13-17.

Home Health & Hospice

After struggling significantly with staffing related to Covid-19, we are almost fully staffed at HHH. In 2022 we had 5 travelers working and I'm down to 1 RN traveler and a very hard to fill vacancy for a physical therapist. This team provides tremendous service to clients all the way to the top of Snoqualmie Pass and over to Vantage.

Our Hospice team received a wonderful compliment from a Swedish oncologist who was referring a patient to us who was on PCA pump for pain management. Our team went over the top to provide service to this patient and fulfill his wish of returning home, even driving the CADD pump with the medication over to Swedish and providing an RN to ride home with him in the ambulance. The oncologist said we were the best team she has worked with and that we made everything easy. Kudos to KVH pharmacy staff, April Grant, Dr. Martin, and RN's Sarah Johnson and Chad Bearup for making this patient and his family comfortable at home.

Ground Ambulance Patient Billing Committee

Our first public meetings have been scheduled for March 21-22. I am still waiting to see when they will be rescheduled. The Washington State OIC has had one initial orientation meeting.

Respectfully submitted by Rhonda Holden, MSN, CENP

Ellensburg High School



February 6, 2023

Dear Ms. Holden,

It is my pleasure to write this letter in support of the outstanding work of Zane Davies. Zane provides a tremendous service to EHS and our other local high schools. The partnership with Kittitas Valley Healthcare is outstanding. We are grateful for the partnership in offering the highest level of care possible for our student athletes.

Zane has shared his expertise with the students and coaches at EHS. In that process he has been a great communicator and has made himself regularly available to conference with parents and athletes to coordinate a great care plan. In his time here at EHS he has cared for both of my own children that have been at EHS. Zane conducts himself as a professional and my children received excellent care.

We often like to use the phrase "Be the standard" at EHS. This partnership, and Zane's excellent work have clearly set the standard for athletic care in our area. Thank you again for your partnership to support our student athletes.

Sincerely,

A handwritten signature in blue ink, appearing to read "Beau J. Snow". The signature is fluid and cursive, written over the printed name.

Beau J. Snow
Principal EHS



Ellensburg School District #401

1300 East Third Avenue Ellensburg, WA 98926, www.esd401.org, Phone: 509-925-8000, Fax: 509-925-802

February 7, 2023

Rhonda Holden, MSN CENP
Chief Ancillary Officer
Kittitas Valley Healthcare
603 S. Chestnut St.
Ellensburg, WA 98926

Dear Rhonda Holden,

On behalf of the Ellensburg Board of Directors and District, I would like to thank you for your financial support of having Zane Davies as our official Athletic Trainer. Zane invests multiple hours each week with our students and those of other schools. He travels with our football team to away contests and is present for all home football, volleyball, and basketball games, as well as wrestling and soccer matches.

Zane is also essential in creating connections and a sense of belonging to our students, families and community. He has communicated well with our families and coaches regarding the evaluation, rehabilitation and safe return of our athletes. His presence alleviates the stress of injury management on our coaches and frees them up to lead our programs. Lastly, during volleyball season, we had a community member suffer a medical emergency, and Zane was a key part of her evaluation, treatment and eventual transport to KVH for further evaluation.

Again, thank you so much for your support of Zane Davies as our Athletic Trainer. His presence and expertise positively impacts our students and their families, and he is a crucial asset to our athletic programming. We appreciate our partnership with KHN and our shared commitment to promoting lifelong wellness.

Sincerely,

Jinger Haberer, Superintendent of Ellensburg School District

Clinic Operations report to Hospital District #1 Board of Commissioners February 2023

Staffing

Open positions:

- Clinic Director of Nursing
- Nursing
 - Family Medicine of Ellensburg
 - Ortho/General & Vascular Surgery
- Medical Assistants:
 - Rapid Access
 - Internal Medicine
 - Orthopedics
 - General & Vascular Surgery

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

- Internal Medicine: We have added new patient slots to the schedule of our two newer providers which has increased access for new patients. We had a locum start in February and another will start in March. Both will stay through the end of June
- General Surgery: We are now having the MAs perform the consults for screening scopes which has opened up access.
- Women's Health: Continues to struggle with getting in new and existing patients due to a decrease in the number of providers. We are limiting the OB patients to 20 deliveries a month.
- Cardiology continues to struggle to get new patients in. Our new PA is doing well and taking on more follow up appointments. Dr. Hoppe continues to be busy with procedures. You can review the cardiology dashboard for details
- We changed how we collect new patient data and I will have an updated number for you by the board meeting.

General and Vascular Surgery

The temporary wall and subsequent reception area will be officially fixed over the course of 2/24 – 28. The temp wall has been up and fans going since the Thanksgiving weekend flood. There was more floor damage than originally thought which is why it is taking three months to complete repairs. We have worked through the construction and have not decreased appointments.

Orthopedics

The staff at the main campus will be moved to the Ortho MAC location by May to allow the remodel to start. We are still working on schedules and the space plan for this transition.

ENT and Allergy

The clinic continues to see overflow pediatric patients for store throats. These are usually same day appoints and are being triaged through pediatrics.

Women's Health

On April 3rd Anna Parr, PA-C will transition to this clinic from Family Medicine Ellensburg to help support the clinic. She will be there at least through 2023 with the possibility to extend into 2024 if needed. Patient letters will be going out soon.

Rapid Access Clinic

We will be opening a Rapid Access clinic on April 3rd located in the MAC. They will share the Rapid Access space with the phlebotomy. This is a same day access clinic for existing KVH patients. We will be open Monday – Saturday 9 am – 8:30 pm and be staffed with one APC, 1 MA, and shared registration staff. Most patients will be triaged through their home clinic who will let them know that they can either walk-in or we can make an appointment for Rapid Access.

Medication Scanning

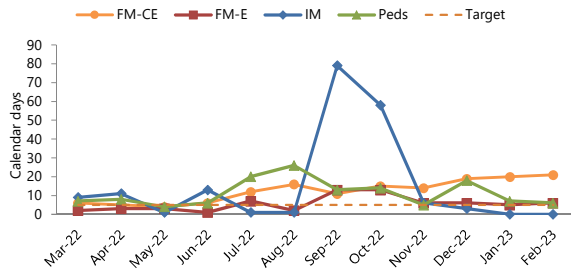
On February 14th all the clinics started scanning medications at the time of administration. Medication Scanning improves patient safety by ensuring the patient receives the right medication and dose by comparing what is bar code scanned to what is ordered. We have also included vaccines as part of this project. The scanners are wireless and compact being only 4 inches long, two inches wide, and less than an inch deep.



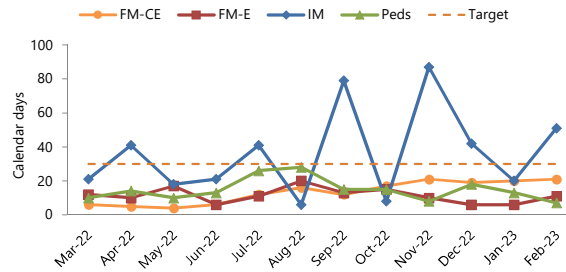
Respectfully submitted by Stacy Olea, MT(ASCP), FACHE

Clinic Operations Dashboard

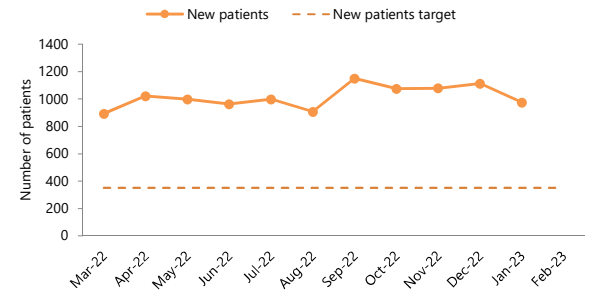
Third available appointment for established patients



Third available appointment for new patients

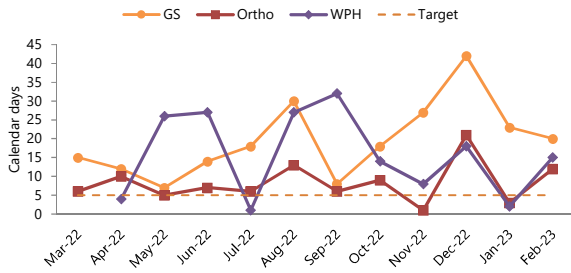


New patients

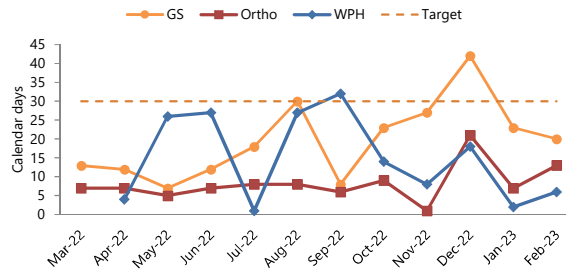


Effective March 2021, we began coding our "new" patients differently. The definition of "new" visits were changed as it was based on taxonomy code for the practice. Previously, we were only identifying the visit as "new" if the patient had not presented to any of the clinics in the

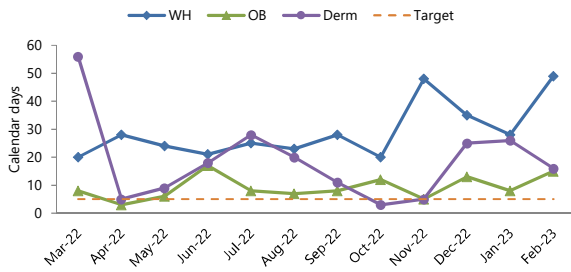
Third available appointment for established patients



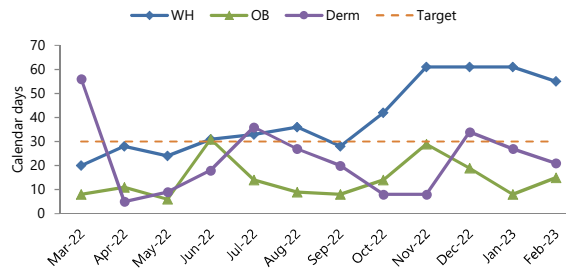
Third available appointment for new patients



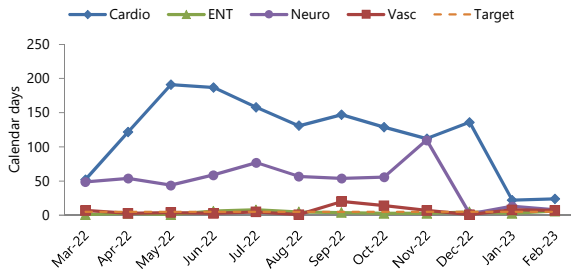
Third available appointment for established patients



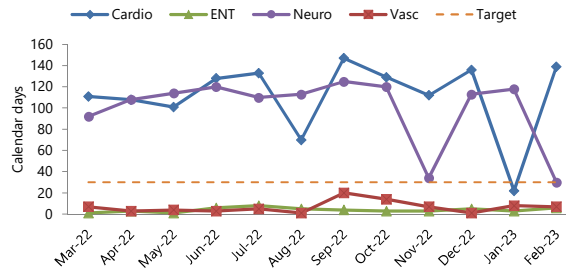
Third available appointment for new patients



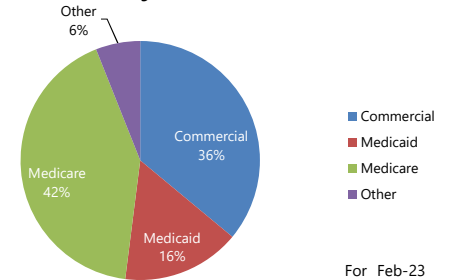
Third available appointment for established patients



Third available appointment for new patients



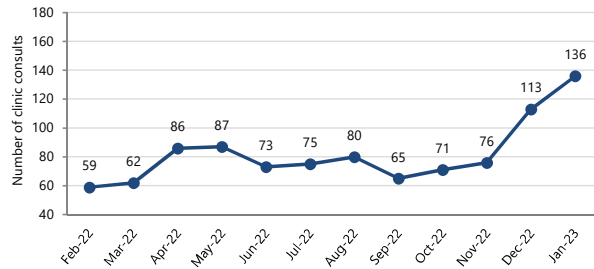
Payor Mix



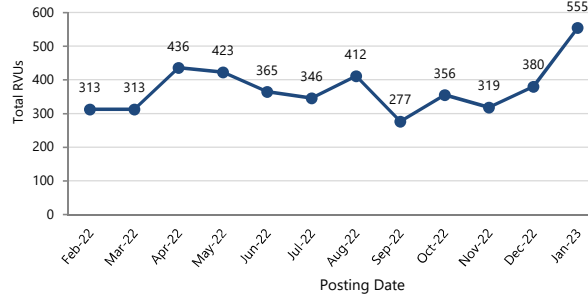
For Feb-23

Cardiology Services

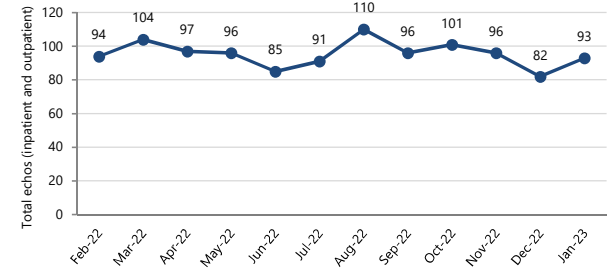
Clinic Consultations



RVUs

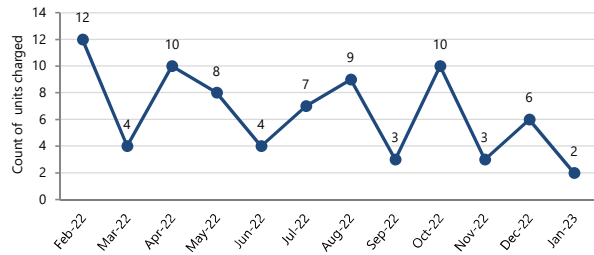


Echo Procedures



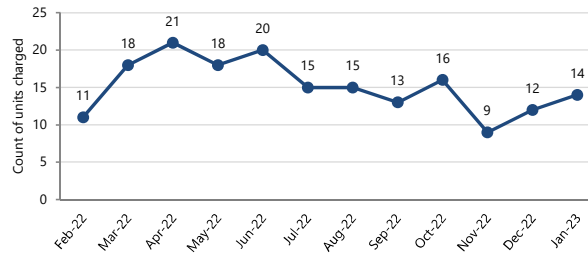
Holter Monitor Interpretation

CPT 93227



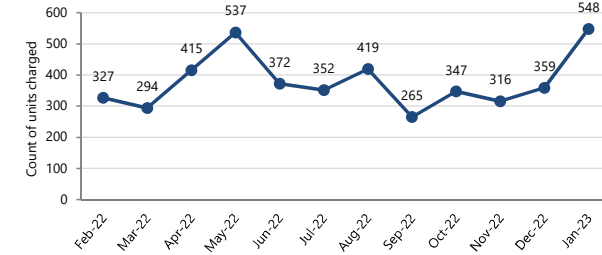
Stress Test Interpretation

CPT 93018



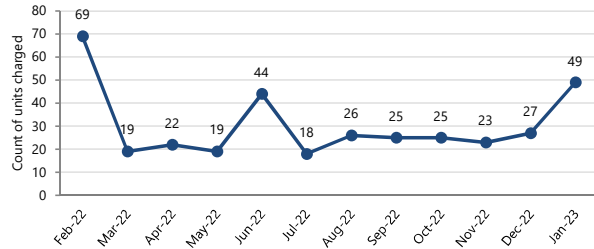
ECG Interpretation

CPT 93010

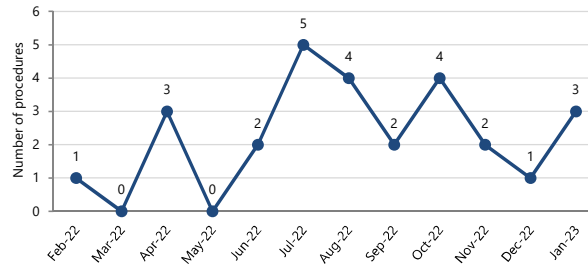


Zio Patch Interpretation

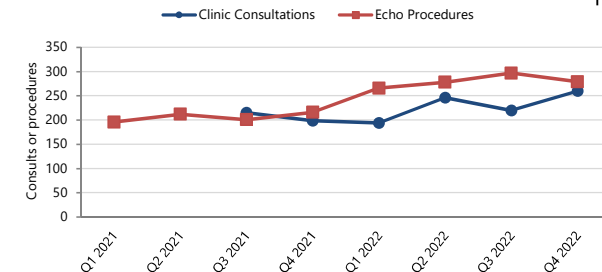
CPT 93224 and 93248



Surgical Procedures



Clinic Consultations/Echo Procedures



NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date February 17, 2023

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.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Harding, Blake, PA-C	Provisional	Initial Appointment	KVH FME
Kalan, Clinton, PA-C	Provisional	Initial Appointment	KVH ED/UC
Mandhai, Salmon, DO	Provisional	Initial Appointment	Eagle Telecard
Pfaff, Rebecca, MD	Provisional	Initial Appointment	KVH WH
Rogers, Shawn, MD	Provisional	Initial Appointment	KVH ENT
Sanjuan Chavez, Rachelle, DO	Provisional	Initial Appointment	KVH WH
Showalter, Anita, DO	Provisional	Initial Appointment	KVH WH
Wright, Vanessa, MD	Active	Re-Appointment	KVH FME
Beard, John "Mark", MD	Ambulatory	Re-Appointment	KVH FME
Sandquist, Dane, MD	Associate	Re-Appointment	Incyte Path.
Yapundich, Robert, MD	Associate	Re-Appointment	VM Telestroke
Monsees, Robert, PA-C	Allied Health Professional	Re-Appointment	KVH ED/UC

CHIEF MEDICAL OFFICER – Kevin Martin, MD
JFebruary 2023

Medical Staff Services:

• **Recruiting:**

- We have had turnover in both Women’s Health and the Emergency Department. We are working to ensure coverage. Our highest priorities are
 - Anesthesia
 - Women’s Health
 - Emergency Department
- **Incoming Providers:**
 - Family Medicine Ellensburg - Joseph Nebecker, PA-C 02.20.2023
 - Emergency Department – Clint Kalan, PA-C starts 03.07.23
 - ENT & Allergy - Shawn Rogers, MD starts 03.13.23
 - Family Medicine Ellensburg - Blake Harding, PA-C 03.20.2023
- **Providers in Progress:**
 - Family Medicine Ellensburg – Signed letter of intent for ARNP. Anticipated start date March 2023
 - Occupational Medicine – Awaiting signed contract.
 - 6 OB providers to help cover call while recruiting for 2 permanent providers
 - 1 ARNP for Women’s Health Clinic coverage
- **Additional Postings:**
 - Family medicine physicians
 - Internal medicine physicians and APCs
 - Occupational medicine APCs
 - Pulmonologist
 - Geriatric nurse practitioner
 - Cardiologist
 - Dermatologist
 - Psychiatrist
 - Vascular surgeon

• **Medical Staff:**

- The medical staff office has been busy supporting the recruiting efforts for OB/GYN. You will see on the agenda 3 OB/GYN locum provider applications for consideration.
- There are 7 providers up for initial appointment, 1 of those is the last of the TeleCardiology providers for Eagle Telemedicine and 5 providers for re-appointment.
- There are 8 application in process, 3 of them are Teleradiologist.

• **Program development:**

- We continue to look for partners in psychiatry and nephrology. We have made progress with nephrology, but these conversations are early stage..
- Eagle Telemedicine Cardiology had a smooth roll-out earlier this month.

CMO activities:

• **Respiratory illnesses and hospital capacity:**

- We did not see the volumes we anticipated, but statewide capacity remains strained.

• **The Rural Collaborative (TRC):**

- The Rural Ethics Committee held its first meeting 17 January and began laying the foundation for processes and expectations..
- The Physician Leadership Committee met 20 February.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer

January Operating Results

- January admissions to the hospital of 80 were 15 admissions less than budget, however, patient days of 395 exceeded budget by 18 days. The hospital has cared for a number of boarder patients who were ready to be discharged but could not be discharged to a safe setting. This is reflected in the average length of stay of 4.9 days. The Family Birth Place delivered 19 infants in January, 8 deliveries less than budget. The surgery department was very busy in January. Inpatient cases of 29 were right at budget, outpatient cases of 165 exceeded budget by 33 cases and GI procedures of 148 exceeded budget by 16 procedures. January patient volumes through the ER and Urgent Care Clinic were below budget by 71 visits and 92 visits, respectively. January clinic visits of 8,031 exceeded budgeted visits by 611 visits.
- January gross revenue of \$20,516,870 exceeded budget by \$1,284,990. January inpatient revenue exceeded budget by \$78,766; outpatient revenue exceeded budget by \$895,699 and professional fee revenue exceeded budget by \$310,525. The following departments had significant positive revenue variances in January: ICU by \$78,743; Surgery by \$1,627,303; Imaging by \$171,136; and KVH's clinics by \$379,002. Departments with significant negative variances were Family Birth Place by \$79,473; ER by \$151,230; laboratory by \$293,667 and Home Health by \$40,471.
- In January deductions from revenue exceeded budget by \$1,029,547. Contractual adjustments exceeded budget by \$900,873. Bad debt deductions were below budget by \$11,694. Financial assistance exceeded budget by \$35,766. Other deductions totaled \$242,879 and exceeded budget by \$104,602. Untimely billing accounted for \$31,533 of the total; hospice adjustments for \$5,156; no prior authorizations were \$30,740; not medically necessary adjustments totaled \$46,421 and provider not credentialed adjustments totaled \$31,973.
- January other operating revenue was below budget by \$63,033. In January the shortfall from 340B contract pharmacy rebates totaled \$35,951. The other variances were timing differences from actual receipts to how the budget was spread.
- January expenses exceeded budget by \$1,102,448 and is the reason that KVH posted an operating loss. A portion of the negative expense variance is due to greater than expected January patient volumes. In general, expenses are tracking closer to expected levels and are trending in a positive direction when compared November and December 2022. Salaries exceeded budget by \$87,625. The negative variance was related to higher than expected patient volume and an increase in the PTO liability due to wage increases that occurred in January. Temporary labor exceeded budget by \$225,331 and is

trending downward from nearly \$1 million of temporary labor that was used in December 2022. Temporary labor for the following departments exceeded their monthly budget: ICU by \$31,015; Med/Surg by \$12,365; Family Birth Place by \$52,548; Laboratory by \$10,574; Radiology by \$26,613; ER by \$67,189 and the Clinics by \$111,356. In many departments KVH has been able to hire permanent staff so we expect temporary labor expense to continue to decline over the next few months. Professional fees exceeded budget by \$166,176. KVH spent \$186,628 for ER locums, \$46,538 for an ENT locum and \$15,250 for a workplace health locum in January. Supply expenses exceeded budget in January by \$602,528. Some of the January supply variances were volume related and some of the expense variance was related to unusual one time purchases. Surgery exceeded their supply budget by \$158,421 due to greater than expected patient volumes. Lab exceeded their supply budget by \$148,247 due to the purchase of reagents for Covid testing for \$102,000. Pharmacy exceeded their supply budget by \$108,790 due to patient volume. IT exceeded their supply budget due to doubling the purchase of replacement computers to take advantage of some good pricing. IT normally purchases replacement computers twice per year. Lastly, the clinics exceeded their supply budget due to patient volumes that were greater than expected.

- In January KVH posted an operating loss of \$393,588 compared to a budgeted operating income of \$516,460; a negative variance of \$910,038.
- Non-operating income exceeded budget by \$206,399. In January KVH recorded interest income of \$140,423 and an unrealized gain on investments of \$166,749.
- KVH reported a Net Loss for January of \$71,341.
- December Days in Accounts Receivable increased 5 days to 68.7 days from 63.7 in December. Gross accounts receivables increased by \$3,997,881 from \$41,373,454 in December to \$45,371,335 in January. Total cash receipts in January from payers and patients totaled \$8,720,065. Total Cerner receipts posted in January were \$8,561,422.
- Average daily cash collections per working day decreased from \$452,530 in December to \$415,241 in January.
- Days cash on hand decreased 43.10 days to 203.3 days in January from 246.4 days in December. Actual cash and investments on hand decreased by \$3,052,595 from \$73,241,408 in December to \$70,188,813 in January. KVH made three unusual payments in January that contributed to the decline in cash. 1.) Principle and interest payments of \$826k 2.) Retro payment for KVH's registered nurses of \$570k and 3.) Provider incentive and severance payments of \$770k.

Kittitas Valley Healthcare
January 2023 - 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	80	95	-15.6%	80	95	-15.6%	92	-13.0%
02 Patient Days - W/O Newborn	395	377	4.9%	395	377	4.9%	414	-4.4%
03 Patient Days - Swingbed	-	8	-100.0%	-	8	-100.0%	4	-100.0%
04 Avg Daily IP Census w/Swingbed	12.8	12.4	2.9%	12.8	12.4	2.9%	13.5	-5.3%
05 Average Length of Stay	4.9	4.0	24.3%	4.9	4.0	24.3%	4.5	9.9%
06 Average Length of Stay w/Swingbed	4.9	4.1	21.9%	4.9	4.1	21.9%	4.5	8.9%
07 Deliveries	19	27	-30.6%	19	27	-30.6%	20	-5.0%
08 Case Mix Inpatient	1.35	1.00	35.4%	1.35	1.00	35.4%	1.32	2.6%
09 Surgery Minutes - Inpatient	3,078	3,572	-13.8%	3,078	3,572	-13.8%	2,667	15.4%
10 Surgery Minutes - Outpatient	11,442	8,324	37.5%	11,442	8,324	37.5%	5,082	125.1%
11 Surgery Procedures - Inpatient	29	29	-0.9%	29	29	-0.9%	23	26.1%
12 Surgery Procedures - Outpatient	165	132	25.3%	165	132	25.3%	76	117.1%
13 Gastrointestinal Procedures	148	132	12.1%	148	132	12.1%	63	134.9%
14 ER Visits	1,255	1,326	-5.4%	1,255	1,326	-5.4%	1,234	1.7%
15 Urgent Care Cle Elum Visits	403	495	-18.6%	403	495	-18.6%	360	11.9%
16 Laboratory	23,722	24,977	-5.0%	23,722	24,977	-5.0%	25,919	-8.5%
17 Radiology Exams	3,303	2,987	10.6%	3,303	2,987	10.6%	2,566	28.7%
18 Rehab Visit	1,705	1,687	1.1%	1,705	1,687	1.1%	1,379	23.6%
19 Outpatient Percent of Total Revenue	86.0%	85.5%	0.6%	86.0%	85.5%	0.6%	82.6%	4.1%
20 Adjusted Patient Days	2,822	2,591	8.9%	2,822	2,591	8.9%	2,380	18.6%
21 Equivalent Observation Days	124	93	33.1%	124	93	33.1%	94	32.0%
22 Avg Daily Obs Census	4.0	3.0	33.1%	4.0	3.0	33.1%	3.0	32.0%
23 Home Care Visits	465	604	-23.0%	465	604	-23.0%	378	23.0%
24 Hospice Days	760	638	19.1%	760	637.9	19.1%	724	5.0%
25 Primary Clinic Visits	5,590	4,988	12.1%	5,590	4,988	12.1%	5,084	10.0%
26 Specialty Clinic Visits	2,336	2,319	0.7%	2,336	2,319	0.7%	1,293	0.0%
27 Telehealth Visits	105	112	-6.6%	105	112	-6.6%	186	NA
28 Total Clinic Visits	8,031	7,420	8.2%	8,031	7,420	8.2%	6,563	22.4%
Financial Measures								
29 Salaries as % of Operating Revenue	49.4%	49.5%	0.1%	49.4%	49.5%	0.1%	48.1%	2.9%
30 Total Labor as % of Operating Revenue	61.9%	61.9%	-0.1%	61.9%	61.9%	-0.1%	60.7%	2.1%
31 Revenue Deduction %	47.7%	45.5%	-4.8%	47.7%	45.5%	-4.8%	47.2%	0.9%
32 Operating Margin	-3.6%	4.8%		-3.6%	4.8%		4.1%	
Operating Measures								
33 Productive FTE's	547.3	548.0	0.1%	547.3	548.0	0.1%	513.3	6.6%
34 Non-Productive FTE's	46.7	73.0	36.1%	46.7	73.0	36.1%	69.1	-32.5%
35 Paid FTE's	594.0	621.0	4.3%	594.0	621.0	4.3%	582.4	2.0%
36 Operating Expense per Adj Pat Day	\$ 3,990	\$ 3,920	-1.8%	\$ 3,990	\$ 3,920	-1.8%	\$ 3,550	12.4%
37 Operating Revenue per Adj Pat Day	\$ 3,851	\$ 4,119	-6.5%	\$ 3,851	\$ 4,119	-6.5%	\$ 3,701	4.0%
38 A/R Days	68.7	60.0	-14.5%	68.7	60.0	-14.5%	76.3	-10.0%
39 Days Cash on Hand	203.3	217.6	-6.6%	203.3	217.6	-6.6%	164.3	23.7%

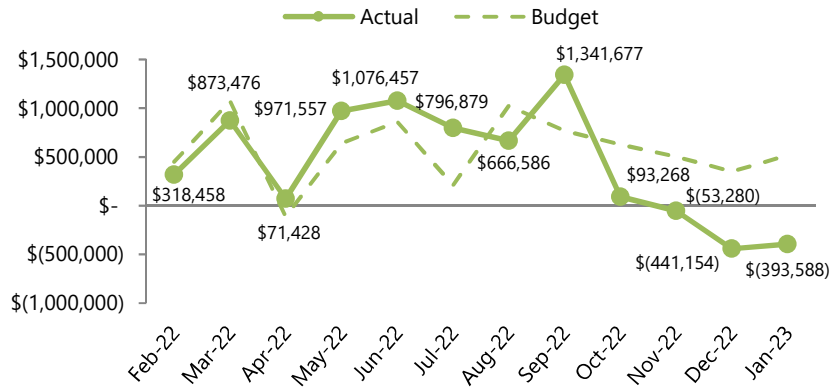
Kittitas Valley Healthcare

Year over Year Financial and Operating Indicator Trends
January 2023 - Key Statistics and Indicators

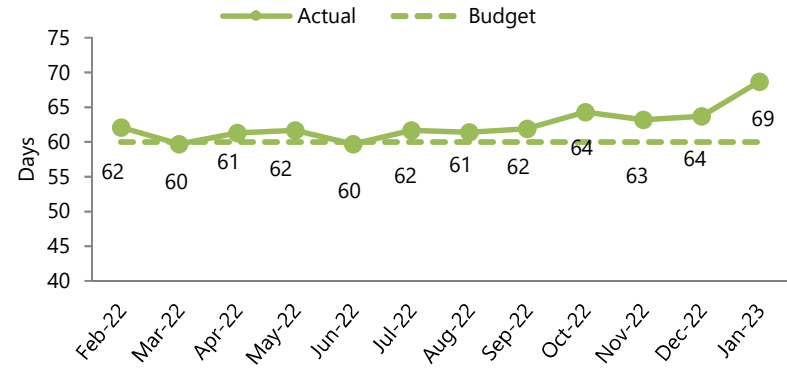
L	Measure	2023 YTD	2023 Budget	2023 Annualize	2022	2021	2020	2019	2018	2017	2016
1	Total Charges	20,516,870	233,240,187	241,569,598	213,492,081	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636
2	Net Revenue	10,865,490	129,100,000	127,932,384	120,219,085	114,372,961	89,905,245	83,527,969	78,753,810	71,490,964	71,506,819
3	Operating Income	(393,588)	8,000,000	(4,634,182)	6,074,001	14,127,110	620,732	2,901,869	474,120	885,655	(5,893)
4	Operating Margin %	-3.6%	6.2%	-3.6%	5.1%	12.4%	0.7%	3.5%	0.6%	1.2%	0.0%
5	Net Income	(71,340.5)	9,390,000	(839,977)	4,079,789	18,470,881	6,420,388	3,690,537	2,526,547	2,648,415	1,543,915
6	Net Margin %	-0.7%	7.3%	-0.7%	3.4%	16.1%	7.1%	4.4%	3.2%	3.7%	2.2%
7	Cash	70,188,813	62,853,786	NA	73,241,408	61,914,502	40,852,244	29,218,516	27,408,625	33,213,447	29,859,717
8	Days Cash on Hand	203.3	197.0	NA	246.4	235.8	175.8	138.6	133.5	178.7	156.0
9	Surgeries	194	1,950	2,284	1,922	1,788	1,354	1,305	1,461	1,396	1,510
10	Gastrointestinal Procedures	148	1,600	1,743	1,404	1,321	1,211	1,416	1,250	1,383	1,396
11	Emergency Visits	1,255	16,790	14,777	15,643	13,988	12,207	13,861	13,930	13,162	13,789
12	% ED visits To Bed	7.7%	10.0%	7.7%	7.7%	9.2%	10.1%	9.5%	n/a	n/a	n/a
13	Laboratory Tests	23,722	302,431	279,307	277,627	288,552	237,710	209,144	207,040	190,587	181,082
14	Radiology Exams	3,303	36,169	38,890	35,222	32,016	29,338	30,397	30,843	33,836	33,471
15	Rehab Visits	1,705	20,447	20,075	17,060	21,390	16,724	18,718	16,359		
16	IP & Obs Days (no swing)	519	5,684	6,116	5,470	4,820	3,717	3,805	3,999	3,440	3,937
17	Deliveries	19	322	224	318	280	284	309	342	322	312
18	Admits w/Swing	80	1,147	942	1,066	949	860	941	984	899	1,043
19	Primary Clinic Visits	5,590	61,377	65,818	58,013	60,229	53,270	60,871			
20	Specialty Clinic Visits	2,336	28,113	27,505	22,778	19,865	13,135	11,840			
21	Telehealth Visits	105	1,359	1,236	1,263	1,391	3,793	-			
22	Total Clinic Visits	8,031	90,849	94,559	82,054	81,485	70,198	72,711	59,241	50,917	48,525
23											
24	FTEs	594.0	574.1	NA	560.9	529.9	499.0	477.4	469.4	457.6	449.1
25	AR Days	68.7	60.0	NA	63.7	63.9	73.5	88.1	92.0	50.8	47.5
Normalize charges by adjusting for charge master increases:											
26	Normalized Charges to 2022		233,240,187	241,569,598	223,099,225	217,946,882	179,408,782	174,290,630	165,265,768	161,001,417	159,162,750
27	Operations Growth		4.55%	8.28%	2.36%	21.48%	2.94%	5.46%	2.65%	1.16%	-1.05%
28	Operations Growth Exclude COVID Testing			9.60%	6.29%	19.23%	-0.61%				

Financial Dashboard

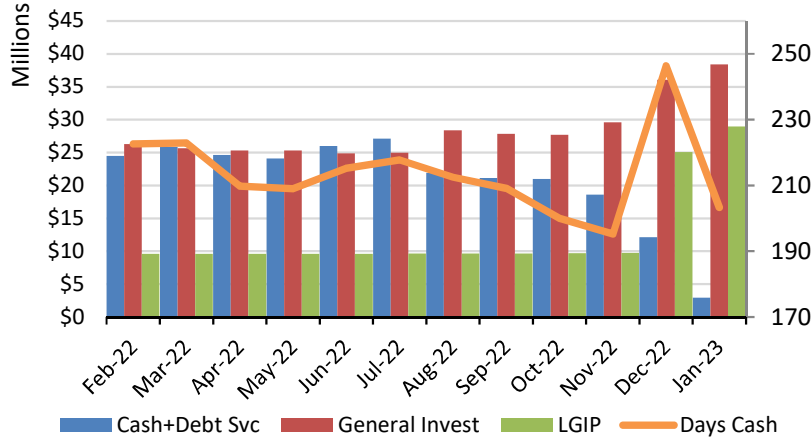
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2020	CY 2021	CY 2022	YTD 2023
Medicare	39.42%	40.24%	42.31%	43.23%
Medicaid	19.41%	19.08%	18.64%	19.90%
Commercial	34.97%	35.29%	33.66%	31.50%
Self Pay	2.66%	2.38%	2.10%	1.33%
Other	3.55%	3.01%	3.29%	4.04%

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	2,874,630	2,795,865	78,766	2,874,630	2,795,865	78,766	2,843,024
OUTPATIENT REVENUE	14,109,138	13,213,438	895,699	14,109,138	13,213,438	895,699	11,082,011
PROF FEE REVENUE	3,533,102	3,222,577	310,525	3,533,102	3,222,577	310,525	2,433,111
REVENUE	20,516,870	19,231,880	1,284,990	20,516,870	19,231,880	1,284,990	16,358,146
CONTRACTUALS	8,931,439	8,030,566	900,873	8,931,439	8,030,566	900,873	7,001,301
PROVISION FOR BAD DEBTS	477,576	489,271	(11,694)	477,576	489,271	(11,694)	539,439
FINANCIAL ASSISTANCE	129,440	93,674	35,766	129,440	93,674	35,766	77,007
OTHER DEDUCTIONS	242,879	138,278	104,602	242,879	138,278	104,602	110,485
DEDUCTIONS FROM REVENUE	9,781,335	8,751,788	1,029,547	9,781,335	8,751,788	1,029,547	7,728,231
NET PATIENT SERVICE REVENUE	10,735,535	10,480,092	255,443	10,735,535	10,480,092	255,443	8,629,915
OTHER OPERATING REVENUE	129,955	192,988	(63,033)	129,955	192,988	(63,033)	178,109
TOTAL OPERATING REVENUE	10,865,490	10,673,080	192,410	10,865,490	10,673,080	192,410	8,808,024
SALARIES	5,372,451	5,284,825	87,625	5,372,451	5,284,825	87,625	4,234,181
TEMPORARY LABOR	481,365	256,035	225,331	481,365	256,035	225,331	190,187
BENEFITS	1,356,618	1,319,895	36,723	1,356,618	1,319,895	36,723	1,109,906
PROFESSIONAL FEES	330,881	164,705	166,176	330,881	164,705	166,176	148,988
SUPPLIES	1,619,854	1,017,326	602,528	1,619,854	1,017,326	602,528	913,888
UTILITIES	102,781	106,272	(3,491)	102,781	106,272	(3,491)	102,278
PURCHASED SERVICES	1,017,633	1,080,970	(63,337)	1,017,633	1,080,970	(63,337)	1,021,706
DEPRECIATION	554,115	467,386	86,729	554,115	467,386	86,729	384,960
RENTS AND LEASES	(2,864)	3,250	(6,113)	(2,864)	3,250	(6,113)	83,578
INSURANCE	111,102	157,592	(46,490)	111,102	157,592	(46,490)	79,980
LICENSES & TAXES	100,079	82,614	17,465	100,079	82,614	17,465	78,291
INTEREST	112,058	110,969	1,089	112,058	110,969	1,089	50,107
TRAVEL & EDUCATION	39,968	45,419	(5,450)	39,968	45,419	(5,450)	10,189
OTHER DIRECT	63,036	59,374	3,663	63,036	59,374	3,663	40,342
EXPENSES	11,259,078	10,156,630	1,102,448	11,259,078	10,156,630	1,102,448	8,448,579
OPERATING INCOME (LOSS)	(393,588)	516,450	(910,038)	(393,588)	516,450	(910,038)	359,445
OPERATING MARGIN	-3.62%	4.84%	-472.97%	-3.62%	4.84%	-472.97%	4.08%
NON-OPERATING REV/EXP	322,248	115,849	206,399	322,248	115,849	206,399	(267,163)
NET INCOME (LOSS)	(71,341)	632,299	(703,639)	(71,341)	632,299	(703,639)	92,282
UNIT OPERATING INCOME							
HOSPITAL	106,953	945,530	(838,576)	106,953	945,530	(838,576)	729,954
URGENT CARE	(17,675)	5,675	(23,350)	(17,675)	5,675	(23,350)	(540)
CLINICS	(448,032)	(363,727)	(84,305)	(448,032)	(363,727)	(84,305)	(417,700)
HOME CARE COMBINED	(34,834)	(71,028)	36,194	(34,834)	(71,028)	36,194	47,731
OPERATING INCOME	(393,588)	516,450	(910,038)	(393,588)	516,450	(910,038)	359,445

Kittitas Valley Healthcare Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	2,625,417	11,162,290	(8,536,872)
ACCOUNTS RECEIVABLE	45,371,335	41,373,454	3,997,881
ALLOWANCE FOR CONTRACTUAL	(28,864,651)	(26,782,288)	(2,082,363)
THIRD PARTY RECEIVABLE	182,107	182,107	0
OTHER RECEIVABLES	2,044,633	2,007,557	37,076
INVENTORY	2,612,707	2,690,763	(78,056)
PREPAIDS	1,458,393	1,512,320	(53,927)
INVESTMENT FOR DEBT SVC	275,344	963,413	(688,069)
CURRENT ASSETS	25,705,286	33,109,615	(7,404,329)
INVESTMENTS	67,288,052	61,115,705	6,172,347
PLANT PROPERTY EQUIPMENT & ROU ASSET	106,290,518	106,089,339	201,180
ACCUMULATED DEPRECIATION & ROU AMORT	(54,405,439)	(53,865,018)	(540,421)
NET PROPERTY, PLANT, & EQUIP	51,885,079	52,224,321	(339,242)
OTHER ASSETS	0	0	0
NONCURRENT ASSETS	51,885,079	52,224,321	(339,242)
ASSETS	144,878,417	146,449,641	(1,571,224)
ACCOUNTS PAYABLE	2,995,732	4,228,424	(1,232,693)
ACCRUED PAYROLL	2,562,584	2,645,596	(83,011)
ACCRUED BENEFITS	1,330,883	985,345	345,538
ACCRUED VACATION PAYABLE	2,324,331	1,927,557	396,775
THIRD PARTY PAYABLES	1,284,899	1,284,899	0
CURRENT PORTION OF LONG TERM DEBT	1,640,441	2,293,900	(653,459)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	12,138,870	13,365,720	(1,226,850)
ACCRUED INTEREST	99,937	273,091	(173,154)
DEFERRED TAX COLLECTIONS	9,396	0	9,396
DEFERRED REVENUE HOME HEALTH	64,895	60,910	3,986
DEFERRED INFLOW RIGHT OF USE	622,280	628,695	(6,415)
DEFERRED OTHER	127,031	127,031	0
DEFERRED LIABILITIES	923,540	1,089,727	(166,187)
LTD RIGHT OF USE ASSETS	4,884,456	4,991,302	(106,846)
LTD - 2017 REVENUE BONDS	11,194,095	11,667,554	(473,459)
LTD - 2018 REVENUE BOND	5,100,000	5,280,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	898,152	898,152	0
LTD - 2022 REVENUE BOND	15,310,000	15,310,000	0
CURRENT PORTION OF LONG TERM DEBT CONT	(1,640,441)	(2,293,900)	653,459
LONG TERM DEBT	35,746,262	35,853,108	(106,846)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	3,806,216	3,806,216	0
NONCURRENT LIABILITIES	40,476,018	40,749,051	(273,033)
LIABILITIES	52,614,888	54,114,771	(1,499,884)
FUND BALANCE	92,334,870	92,334,870	0
NET REVENUE OVER EXPENSES	(71,341)	0	(71,341)
FUND BALANCE	92,263,529	92,334,870	(71,341)
TOTAL LIABILITIES & FUND BALANCE	144,878,417	146,449,641	(1,571,224)

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	(71,341)
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	540,421
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	469,081
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(1,915,518)
OTHER RECEIVABLES	(37,076)
INVENTORIES	78,056
PREPAID EXPENSES & DEPOSITS	53,927
INVESTMENT FOR DEBT SVC	688,069
TOTAL CURRENT ASSETS	(1,132,543)
INVESTMENTS	(6,172,347)
PROPERTY, PLANT, & EQUIP.	(201,180)
OTHER ASSETS	0
TOTAL ASSETS	(7,036,988)
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(1,232,693)
ACCRUED SALARIES	(83,011)
ACCRUED EMPLOYEE BENEFITS	345,538
ACCRUED VACATIONS	396,775
COST REIMBURSEMENT PAYABLE	0
CURRENT MATURITIES OF LONG-TERM DEBT	(653,459)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(1,226,850)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(173,154)
DEFERRED TAX COLLECTIONS	9,396
DEFERRED REVENUE - HOME HEALTH	3,986
DEFERRED INFLOW RIGHT OF USE	(6,415)
DEFERRED OTHER	0
TOTAL OTHER LIABILITIES	(166,187)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD RIGHT OF USE ASSETS	(106,846)
LTD - 2017 REVENUE BONDS	(473,459)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
LTD - 2022 REVENUE BOND	0
CURRENT PORTION OF LONG TERM DEBT	653,459
TOTAL LONG-TERM DEBT & LEASES	(106,846)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	0
TOTAL LIABILITIES	(1,499,884)
NET CHANGE IN CASH	(8,536,872)
BEGINNING CASH ON HAND	11,162,290
ENDING CASH ON HAND	2,625,417

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 improve 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
Technical Education Grant	KVH	Education/Staff Development			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. Currently searching for a grant program that will be a better fit for this work.
Capital Funding Request	KVH	Facilities	Washington State Legislature	\$2,000,000	WIP			Capital Funding to assist in the construction of the surgery expansion, with primary focus on the Diagnostic Imaging Department

Offender Re-Entry Program	KCHN	Opioids	SAMHSA	\$2,000,000	WIP	Opioid Implementation, Care Coordination		Funds will be used to provide continued MAT services to inmates as they re-enter the community and provide care coordination. This is a 3 year grant program.
Cyber Security Grant Programs	KVH	IT	State and FEMA		Researching			Funds to implement and improve cyber security at KVH.

* 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***

Community Relations February 23, 2023 Board Report

Reputation Management – We continue to see nice feedback from our rater8 implementation. I have attached some comments we have received at the end of my report. Our trial ends 2.23.23 and we intend to continue this service under contract for the next year.

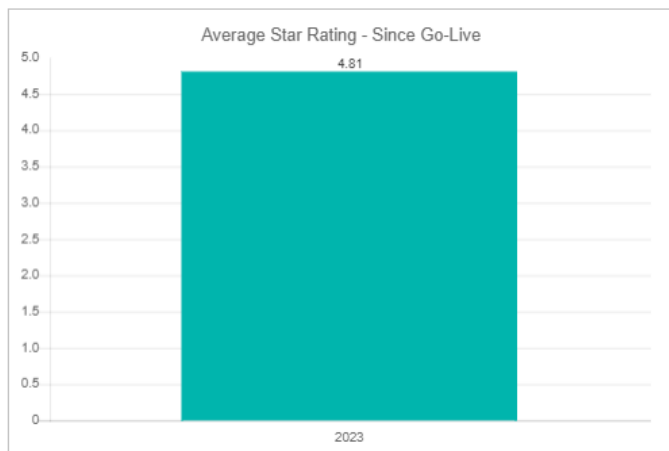
	2018	2019	2020	2021	2022	2023
1-Star	13	18	12	21	36	12
2-Stars	1	0	2	0	9	4
3-Stars	2	0	2	0	3	6
4-Stars	2	2	2	5	0	19
5-Stars	20	30	17	14	18	413
Total	38	50	35	40	66	454

	2018	2019	2020	2021	2022	2023
1-Star	34.2%	36.0%	34.3%	52.5%	54.5%	2.6%
2-Stars	2.6%	0.0%	5.7%	0.0%	13.6%	0.9%
3-Stars	5.3%	0.0%	5.7%	0.0%	4.5%	1.3%
4-Stars	5.3%	4.0%	5.7%	12.5%	0.0%	4.2%
5-Stars	52.6%	60.0%	48.6%	35.0%	27.3%	91.0%



	2023
1-Star	11
2-Stars	4
3-Stars	6
4-Stars	19
5-Stars	412
Total	452

	2023
1-Star	2.4%
2-Stars	0.9%
3-Stars	1.3%
4-Stars	4.2%
5-Stars	91.2%



KVH Intranet – We recently learned that the product we use for our Intranet will no longer be supported. Our current contract runs through 8.31.23 so we will be looking for a new vendor over the next quarter.

DEI – We are relaunching our DEI workgroup around the collection and stratification of data. This was delayed last year due to staffing transitions and competing priorities. By the end of 2023 Cerner will have the capability to capture all of the required data, our staff will have the training and resources needed to collect this data and we will have information material available to our patients on the reasons behind collecting the data. The expectations for this first phase are to:

1. Increase the collection, stratification and use of race, ethnicity, language (REaL) preference data
2. Increase the collection, stratification and use of data (sexual orientation, gender identity and disability status) among broader culturally diverse populations
3. Identify and monitor the collection and use of patient social needs such as: food insecurity, housing stability, transportation needs, education needs, social support, financial stability, employment, physical safety and other measures specific to our populations' needs.

Electronic Reader Board – The new electronic reader board is scheduled to be installed on Tuesday, February 28th. I am working with the students of Central’s Communication Agency (CCA) to develop our first slides.

Events:

- **Blood Drive** – KVH Hospital hosted a blood drive on Monday, February 23. We are working to schedule next blood drive in June and will let you know when we have a final date. You can see where the local blood drives are by going to redcrossblood.org/give and enter our 98926 zip code.
- We continue to work with the CCA students on a panel with CWU students entitled “**Let’s talk about mental health**”. This event will be taking place on March 6th and is open to CWU students. Dr. Vanessa Wright from FME will be a panelist and we are working to get one additional KVH Provider
- I will be out of the office on PTO 3/14-3/24 and 3/29-3/31. I will be in San Diego 3/25-3/28 to help with recruiting at the Annual American College of Osteopathic Obstetricians and Gynecologists (ACOOG).
- **KVH Provider Appreciation Banquet** - Wednesday, March 29 at CWU’s Sue Lombard
- **2nd Annual KVH Appreciation Banquet** – Save the Date! December 2, 2023

Patient comments:

Dr. Hoppe was very friendly and forthcoming. She was very well informed and explained everything. I am looking forward to seeing her again.	5	Feb-23	KVH Cardiology, Suite 109
Very good service. Front desk staff are especially kind and helpful.	4	Jan-23	KVH ENT & Allergy, Suite 102
Erin was attentive and professional. At the end of the visit she repeated what we had discussed to make sure I had clear treatment instructions.	5	Jan-23	KVH ENT & Allergy, Suite 102
Dr. Thomas is thorough and really listens to his patient. So happy I switched.	5	Jan-23	KVH Family Medicine-Cle Elum
She is my favorite doctor of all time!	5	Jan-23	KVH Family Medicine-Cle Elum
The quality of customer care is outstanding. The staff are friendly and professional. For me what makes this place a five star is because the staff and the docs, everyone there communicates as one team. Thank you All for helping us stay Healthier.	5	Jan-23	KVH Family Medicine-Cle Elum
I have unfortunately had several Physical Therapists over the years. I feel this is the best so far. He listens to me and addresses the issues as explained. I actually feel the results.	5	Feb-23	KVH Family Medicine-Cle Elum
Auren is so good at what he does. So helpful and caring.	5	Feb-23	KVH Family Medicine-Cle Elum
Dr Thomas is a gentle man that listens well and believes in informed consent. He takes the time to educate his patients. My entire family sees him.	5	Feb-23	KVH Family Medicine-Cle Elum
Nat is great! He is the only physical therapist I would go to .	5	Feb-23	KVH Family Medicine-Cle Elum
FINALLY....Solid direction-Thank you!	5	Jan-23	KVH Family Medicine-Cle Elum
Just saw Sarah Heniges for a zoom meeting and she was very attentive and helpful. So glad that they have this as an option now.	5	Jan-23	KVH Family Medicine-Cle Elum
Very Helpful. Great attitude. Professional. Knowledgeable. Caring. She makes me feel like I am important and concerned for my well being. I trust her completely and that is saying something. Hard to find a good Doctor these days so i feel Blessed to have found one. May God bless Dr. Stone! she has restored my faith in the medical system.	5	Jan-23	KVH Family Medicine-Ellensburg, Suite 301
I wouldn't be able to do normal daily activities if I wasn't able to get the quality of care I get from Dr. Casey. He listens well and gives me multiple treatment options. I'd give him a 10 out of 10 , he's that good.	5	Jan-23	KVH Family Medicine-Ellensburg, Suite 301
Dr. Wright always listens well and takes all the time necessary. She answers all questions and doesn't overlook anything. I really appreciate her diligence.	5	Jan-23	KVH Family Medicine-Ellensburg, Suite 301

Dr. Beard always answers all my questions, and takes as much time as I need. I never feel rushed, and he made sure my newborn (premature) baby was looked at thoroughly and made me feel good about what we've been doing at home to ensure his growth and health stay on track.	5	Feb-23	KVH Family Medicine-Ellensburg, Suite 301
This is the second appointment I have had with Zoey. She listens clearly to all your concerns and thoroughly answers questions in such a caring, thoughtful way. I have seen multiple medical personnel at KVH Family Healthcare and she is hands-down the very BEST. I would highly recommend her to anyone seeking a primary care PA.	5	Feb-23	KVH Family Medicine-Ellensburg, Suite 301
I received a prompt warm welcome. Dr Longo was prompt in seeing me for my appt. Dr. Longo saved my right arm and shoulder. He was the best doctor for the job I presented to him. I am grateful!!!!!!	5	Feb-23	KVH Family Medicine-Ellensburg, Suite 301
(Translated by Google) Excellent attention(Original)Muy buena atención	5	Feb-23	KVH Family Medicine-Ellensburg, Suite 301
I had recently been diagnosed with Lung cancer. This was found after Carissa Dahl encouraged me to get the recommended yearly screening of the lungs when my yearly check up came around .She has guided me through this whole experience.She goes over Labs , referral with me , And has been the sounding board helping me understand all of the medical.Most of all Ms Dahl has truly shown compassion and caring through this time .She is and will be as a patient the one that I do not hesitate to reach out to.And it cannot go without a wonderful shout out about the entire staff .Thank you All so very much .	5	Feb-23	KVH Family Medicine-Ellensburg, Suite 301
Dr Phillips is great, he listens, and actually pays attention to what you have to say	5	Feb-23	KVH Family Medicine-Ellensburg, Suite 301
(Translated by Google) Dr. Carissa is the sweetest and kindest Dr. I have ever met. I am satisfied with her attention to my daughters and my son.(Original)La Dra Carissa es la Dra más dulce y amable que he conocido estoy satisfecha por su atención hacia mis hijas y mi hijo	5	Jan-23	KVH Family Medicine-Ellensburg, Suite 301
Very good experience. Chris Petty is personable, funny, down to earth, very relatable-great bedside manner. Took his time, not rushed, asked if I had any questions. Wouldn't hesitate to recommend working with him!	5	Jan-23	KVH General Surgery
Lisa was friendly, listened very well, offered expertise and honored my experience and knowledge. We laughed, which really helped in meeting a new provider. I feel respected, heard, and cared about. I look forward to working with Lisa, confident in her abilities, and secure in our plan of action. Welcome to KVH and Eburg, Lisa. I'm very glad you're here!	5	Jan-23	KVH Internal Medicine

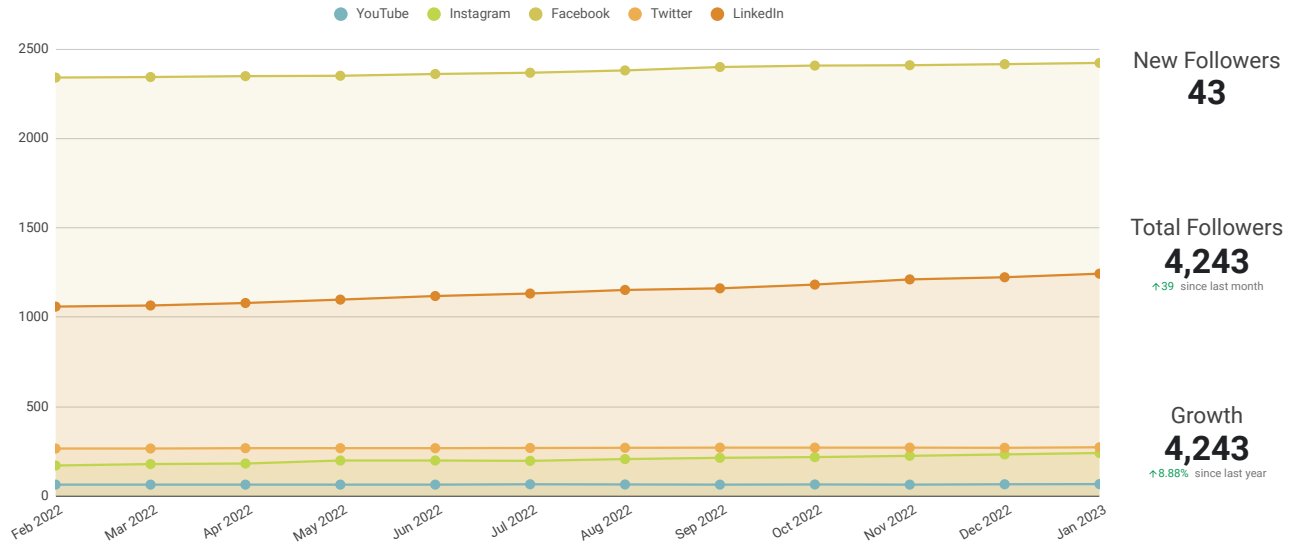
Another very fine Practioner, with an exceptional medical practice--KVH Internal Medicine. I am very pleased to have Ms. Bobbi Beard, ARNP, as my newest health care provider.	5	Jan-23	KVH Internal Medicine
I am grateful to have a neurologist who is knowledgeable about this condition here in Ellensburg. He's a valuable asset to our community 's healthcare!	5	Feb-23	KVH Neurology
Dena is an amazing PA! She radiates knowledge and experience, and she is compassionate and has a great sense of humor! She has given me several injections in different joints, and it's astounding how accurate, fast, and painless those shots have been!!!! don't ever want to see a different orthopedist!!	5	Jan-23	KVH Orthopedics
I cannot say enough about the care that Jim Repsher has given me on all my appointments and pre -op and post op care. He is a PAC for Dr. Mirich . They are a great team. Both of them have done my left knee and my right hand. Top notch !! They will be doing my right knee in a few weeks. I have the utmost respect for both of them.	5	Jan-23	KVH Orthopedics
Detailed and loving care. Dr. Anderson made sure to take her time to get to know each one of my kids individually and make them feel comfortable. She gave great feedback and advice!Best medical experience we have had in a long time!	5	Jan-23	KVH Pediatrics, Suite 101
Dr.Paul is amazing highly recommend him for your pediatric needs.	5	Jan-23	KVH Pediatrics, Suite 101
Love going here for OT kat is always so patient with my daughter and knows how to keep her on track for there sessionand the other staff are always so kind	5	Feb-23	KVH Physical Therapy - Ellensburg
Sheryl is an awesome therapist! She's extremely knowledgeable and personable! I always leave feeling a bit better and with additional knowledge to help with managing my condition!! I'm very grateful for her expertise!	5	Feb-23	KVH Physical Therapy - Ellensburg
I really enjoyed working with Chris. Ha was amazing to work with and he helped me alot!	5	Feb-23	KVH Physical Therapy - Ellensburg
We absolutely love Kelsey at KVH Physical Therapy. She has been so helpful. My three year old has come a long way since starting therapy a year ago. She gives tips and advice on how to practice at home, is very patient with strong willed toddlers, and has a heart for kids. I highly recommend seeing her if your kiddo needs speech therapy.	5	Feb-23	KVH Physical Therapy - Ellensburg
Dr. Dawson has been an excellent advocate for my care. Even in situations where scheduling is difficult due to staff shortages she has helped me find solutions to get the care I need. It is clear that she genuinely cares about the well-being of her patients.	5	Feb-23	KVH Women's Health, Suite 200

Jan 2023

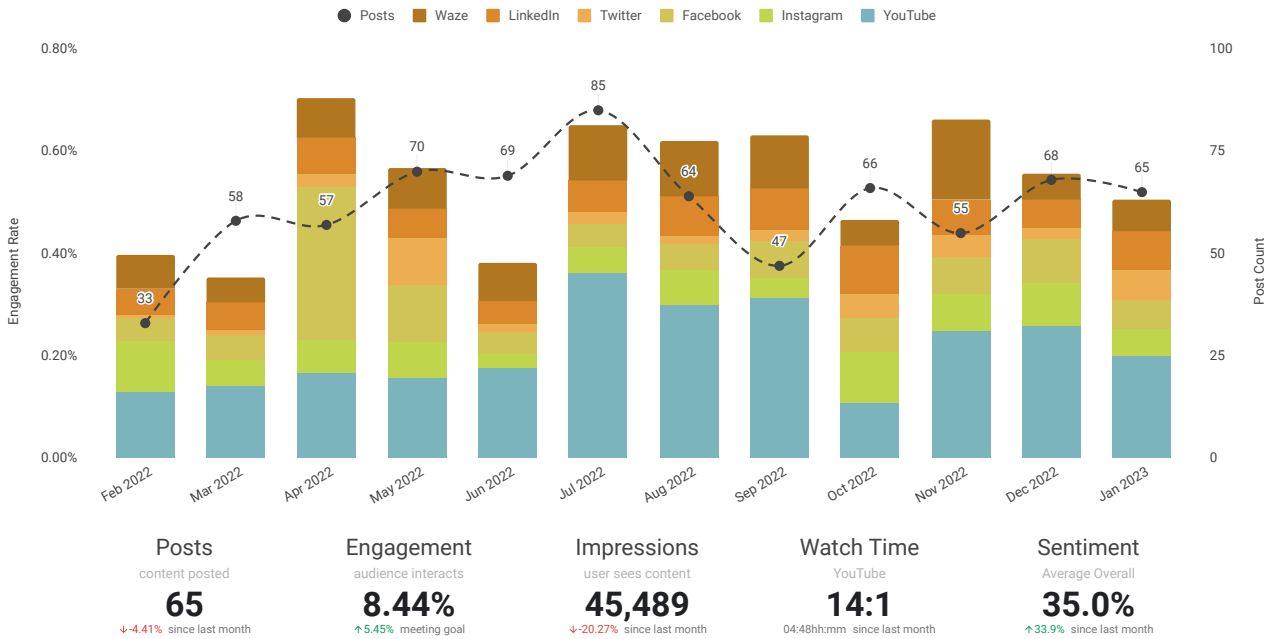
KVH SOCIAL METRICS OVERVIEW

	YouTube	Instagram	Facebook	Twitter	LinkedIn	Waze
Followers	66	240	2,422	272	1,243	▲
New Followers	2	10	6	3	22	▲
Impressions	2,820	668	13,816	485	3,973	▼
Engagement Rate	20.21%	5.13%	5.63%	5.89%	7.44%	▼

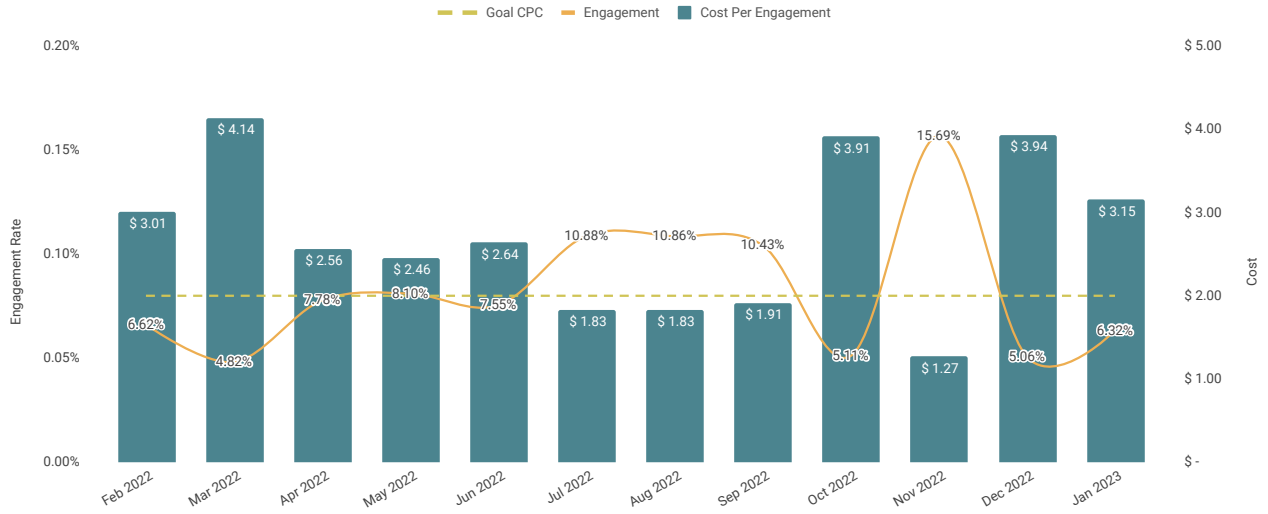
Follower Growth



Engagement



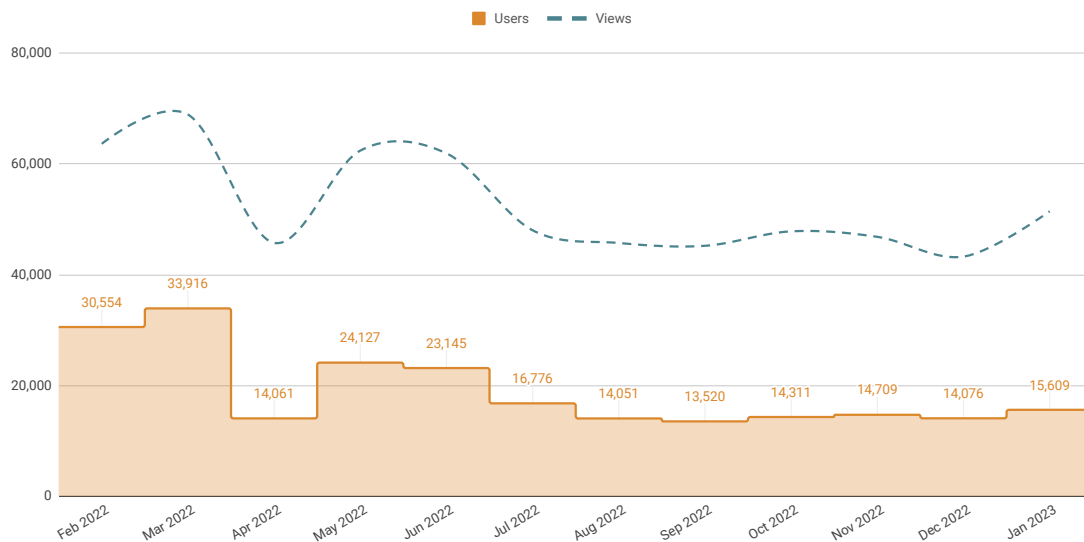
Waze CPC (cost per click)



YouTube Playlist Views



KVHealthcare.org / Overview



Users
15,609
↑10.89% since last month

Engagement
01:12
↑5.88% Average (mm:ss)

Events
142,460
↑17.08% basic interactions

Downloads
593