



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

**Call in by phone: 888 475 4499 Meeting ID: 837 1260 9605 Passcode: 968500**

**April 27<sup>th</sup>, 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: March 23<sup>rd</sup>, 2023 **(3-5)**
  - b. Approval of Checks **(6)**
  - c. Report: Foundation **(7)**
  - d. Minutes: Finance Committee **(10)**
- 4. Public Comment and Announcements**
- 5. Presentations:**
  - a. 2023 Compliance Work Plan – Cindy Kelly\*\*
  - b. Rehab Visions – Bill Mannewitz & Marcus Jaffe
  - c. Construction Update and Quarterly Report – Ron Urlacher
- 6. Reports and Dashboards**
  - a. Quality – Mandee Olsen, Chief Quality Officer **(11-21)**
  - b. Chief Executive Officer – Julie Petersen
    - i. Manda Scott – Chief Human Resources Officer **(22,23)**
  - c. Operations
    - i. Dede Utley, Chief Nursing Officer **(24-26)**
    - ii. Rhonda Holden, Chief Ancillary Officer **(27,28)**
    - iii. Stacy Olea, Chief of Clinic Operations **(29-33)**
  - d. Medical Staff
    - i. Chief of Staff, Roberta Hoppe, MD
      1. Medical Executive Committee Recommendations for Appointment and Re-Appointment\*\* **(34)**
    - ii. Chief Medical Officer, Kevin Martin MD **(35,36)**
  - e. Finance – Chief Financial Officer - Scott Olander **(37-56)**
    - i. Operations Report

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**7. Education and Board Reports**

- a. 2023 American Hospital Association Leadership Summit – July 16-18, 2023 – Seattle (Early bird by June 2<sup>nd</sup>)
- b. June 3<sup>rd</sup>, 2023 – Canyon River Ranch, 9 a.m. to 3 p.m. – Board of Commissioners' One day retreat
- c. 2023 Rural Hospital Leadership Conference – June 26-28, 2023 - Chelan

**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**

May 25, 2023, Regular Meeting  
June 22, 2023, Regular Meeting

**Future Agenda Items**

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

**March 23<sup>rd</sup>, 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. Andrew Thomas, Jeff Yamada, Vicky Machorro, Stacy Olea, Rhonda Holden, Dede Utley, Ron Urlacher, LeAnn Bolding

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

**2. Approval of Agenda:**

**ACTION:** On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the agenda as amended (to correct an error and add an item under Old Business).

**3. Consent Agenda:**

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

**4. Public Comments/Announcements:**

Michael Barrow, of 101 S. Chestnut St. in Ellensburg, made comments to the Board regarding his experience while attempting to lobby Commissioner Clark. Barrow went on to describe his desire to see more social workers at KVH.

**5. Presentations:**

Commissioner Altman presented two Safe Catch awards, one to Erin Marshall, an Imaging Technician, and the second to Heidi Rhodes, LPN, from Home Health and Hospice.

LeAnn Bolding gave a presentation to the Board about "LEAN" at KVH and process improvement.

Ron Urlacher, COF, presented the Board with an update on the Expansion Project as well as the updated project phasing.

**6. Reports and Dashboards:**

Mandee Olsen, CQO, informed the Board on updated guidance from CMS when they survey and the conditions of participation from the Board. Olsen also presented the Board with the updated Quality dashboard, highlighting a few of the key changes such as the "Sepsis Bundle" and "Suicide Risk Assessment and Intervention" metrics. Olsen then informed the Board on the DOH masking guidance that is changing on April 3<sup>rd</sup>, 2023, explaining that masks will continue to be recommended in healthcare settings, and required if a person is sick, symptomatic, or has been exposed to COVID-19.

The Board members reviewed the CEO report with Julie Petersen. Petersen informed the Board about the integrated behavioral health summit taking place on April 6th, 2023. Petersen commented on the incredible work on quality metrics in the clinics and the onboarding processes for providers. Next, Petersen stated that the initiatives being used to make the MAs and PSRs feel more competent and the apprenticeship programs in the clinics are exceeding expectations. Petersen then shared the results from the remodel in the cafeteria and med-surge break room. Lastly, Petersen informed the Board that she will be speaking at a summit on Friday, March 24th, with the DOH regarding rural access to safe deliveries, additionally, she will be on a panel at the Rural Health Conference in Spokane on Monday, the 27th, about retention and establishing culture.

Vicky Machorro, CNO, gave her final presentation to the Board before her retirement. Machorro stated that the interim ED director started a few weeks ago, alleviating the pressure from the Emergency Department and allowing her replacement, Dede Utley, to focus on her new role as CNO. Machorro took the time to thank the Board for the opportunities she has had over her career and expressed her appreciation and pride in the hospital, her retirement celebration will be held on April 4<sup>th</sup>.

Rhonda Holden, CAO, informed the Board about the pharmacy technician apprenticeship program which had 30 applicants and is now narrowed down to two for whom we are going to make offers. One applicant is internal and one is external. Holden shared that the Cle Elum/Roslyn school district had a presentation from CHCW for a school-based medical and dental clinic, Holden will be meeting with them next week about how KVH can help facilitate. Next, Holden explained that 47\* North had submitted their application to the city of Cle Elum and it is available to view online. Holden pointed out that the SEIS supplemental environmental impact addendum, completed by 47\* North, stated that their project would not have much impact on Hospital District #1. Lastly, Holden shared that HRSA has accepted our 340b corrective action plan with our response due by September 2023.

Stacy Olea, CCO, shared that a new clinic Director of Nursing started this week, Jaime Georgeson. Next, Olea shared details about the rapid access clinic, explaining that there was a delay due to working around the notice incoming staff had to give to their current employers.

Vice Chief of Staff Dr. Thomas, 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; Sara Berg, MD, Craig Feeney, MD, Glen Pu, MD, Jonathan Schwartz, MD, Susan Svientek, MD, David White, MD, Wendy Bridger, ARNP, and the re-

appointments; Jonathan Hibbs, MD, Mark Larson, MD, Laine Murphey, MD, Zoe Birt, PA-C, Derek Henderson, PA-C, as recommended by the Medical Executive Committee.

Dr. Kevin Martin, CMO, shared his report with the Board, stating that the recruitment of new providers has been his work over the last month. Martin explained that through working with our recruiting consultants, he found there are more family physicians available than OBGYN providers. In response, we have broadened the parameters of our recruiting to target more family physicians trained in OB.

Scott Olander, CFO, shared his report with the Board, covering February's financials, stating that even as business increases, temporary labor costs continue to decline. Olander pointed out that we are having trouble with the length of stay, attributing the difficulty to finding placements for patients needing long-term care.

**ACTION:** On Motion of Jon Ward and Erica Libenow, the Board Members unanimously approved the amended agenda (to include three capital expenditure requests).

**ACTION:** On motion of Jon Ward and Erica Libenow, the Board Members unanimously approved the Capital Expenditure request for the deSoutter Medical Orthopedic Equipment.

**ACTION:** On motion of Jon Ward and Erica Libenow, the Board Members unanimously approved the Capital Expenditure request for the Mindray Point of Care Ultrasound System.

**ACTION:** On motion of Jon Ward and Erica Libenow, the Board Members unanimously approved the Capital Expenditure request for the Beckman Coulter Chemistry Immunoassay System.

**ACTION:** On motion of Jon Ward and Erica Libenow, the Board Members unanimously approved Resolution 23-1 for Surplus Personal Property.

## **7. Education and Board reports:**

### **8. Old Business:**

The Board reviewed the draft agenda for its upcoming one-day retreat on June 3<sup>rd</sup>, 2023.

### **9. New Business:**

## **10. Executive Session:**

At 7:26 p.m. President Altman announced that there would be a 15-minute recess followed by a 30-minute executive session to discuss personnel/property per RCW 42.30.110(b).

At 8:11 p.m. the Board came back from executive session.

## **11. Adjournment:**

With no further business and no action taken, the meeting was adjourned at 8:12 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 the amended agenda to include three capital expenditure requests.
5. Motion Passed to approve the Capital Expenditure request for the deSoutter Medical Orthopedic Equipment.
6. Motion Passed to approve the Capital Expenditure request for the Mindray Point of Care Ultrasound System.
7. Motion Passed to approve the Capital Expenditure request for the Beckman Coulter Chemistry Immunoassay System.
8. Motion Passed to approve Resolution 23-1 for Surplus Personal Property.

**DATE OF BOARD MEETING:** April 27, 2023

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

#1	AP CHECK NUMBERS	<u>292214-293096</u>	NET AMOUNT:	<u>\$7,715,817.55</u>
		SUB-TOTAL:		<u>\$7,715,817.55</u>

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

#1	PAYROLL CHECK NUMBERS	<u>82088-82090</u>	NET AMOUNT:	<u>\$5,737.28</u>
#2	PAYROLL CHECK NUMBERS	<u>82091-82093</u>	NET AMOUNT:	<u>\$10,767.73</u>
#3	PAYROLL CHECK NUMBERS	<u>82094-82097</u>	NET AMOUNT:	<u>\$5,934.76</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,567,719.65</u>
#5	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,578,583.42</u>
#6	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,703,879.16</u>
		SUB-TOTAL:		<u>\$4,872,622.00</u>

**TOTAL CHECKS & EFTs:** \$12,588,439.55

Prepared by

*Sharoll Cummins*  
Sharoll Cummins  
Staff Accountant



## April

### *New Foundation Board Member*

The Foundation is pleased to announce the appointment of new board member, Dr. Lorin Peterson. “It is a privilege to welcome Dr. Peterson to our board,” said Penny Hein, Foundation president. Dr. Peterson is a retired dentist from Cle Elum and a long-time member of the community and will serve on the board for three years.

### *A Breath of Fresh Air - Fundraiser*

The Foundation is pleased to announce our return to an in-person dinner and silent auction benefitting Kittitas Valley Healthcare. Our 19<sup>th</sup> annual event will held Saturday, June 3, 5:30 pm at the CWU Sue Lombard Hall. The event is open to the public and tickets are on sale online at: <https://a-breath-of-fresh-air-2023.square.site/>

Join us for

A BREATH OF FRESH AIR

BENEFITING KITTITAS VALLEY HEALTHCARE

SATURDAY, JUNE 3  
5:30 PM

CWU SUE LOMBARD HALL  
601 E UNIVERSITY WAY, ELLENSBURG, WA 98926

TICKETS: \$75

WWW.KVHEALTHCARE.ORG/FOUNDATION  
(509)933-8669 FOUNDATION@KVHEALTHCARE.ORG

The flyer features a central illustration of orange flowers. The text is arranged in a clean, modern layout with a mix of serif and sans-serif fonts. The event details are clearly presented in a central box.

Respectfully submitted,  
Laura Bobovski, Assistant  
The Foundation at KVH



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

**April 25, 2023**

*Tuesday*

**7:30 A.M.**

**Join Zoom Meeting**

**AGENDA**

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: March 21, 2023**
- **March Financial Highlights**
- **SAO Accountability Audit Report**
- **Discussion – Philips Patient Monitoring**
- **Discussion - MRI**
- **Adjourn**

**Next Meeting Scheduled: May 23, 2023 (*Tuesday*)**

Kittitas Valley Healthcare  
Audit & Finance Committee Meeting Minutes  
March 21, 2023

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

Members Excused: None

Staff Present: Kelli Goodian Delys and Jason Adler

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

Two motions were made, one to approve the agenda and one to approve the February 21, 2023 minutes. Both motions passed.

Olander presented the highlights of the February 2023 financial results. February admissions and inpatient surgery cases are under budget. Outpatient surgical cases, GI procedures and ER visits are over budget. Clinic visits exceeded budget. This is reflected in revenue. Expenses exceeded budget, yet are tracking closer to budget for February. The result is an operating income of \$517,184. With interest income and unrealized gain on investments, the net income is \$524,249. Days cash on hand is 201.8. The details are in the Chief Financial Officer Report.

The committee recommended the three capital expenditure requests move forward to the Board of Commissioners. The three requests are 1) deSoutter Orthopedic Equipment 2) Mindray Point of Care Ultrasound System and 3) Beckman Coulter Chemistry Immunoassay System.

The surplus list/resolution was reviewed. The committee recommended the resolution be updated to correct the names of the Board of Commissioner's President and Secretary and move the list/resolution forward to the Board of Commissioners.

With no further business, the meeting was adjourned at 8:23 a.m.

## **QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ**

**April, 2023**

### **End of Universal Source Control Mandate**

The Washington state Secretary of Health order for healthcare requiring mandatory masking in healthcare as universal source control ended on April 3, 2023. In alignment with CDC and DOH guidance, KVH is continuing to recommend masking in all our facilities, especially in patient care areas, but it is now only required in certain situations. Patients, visitors, or staff are required to mask (as is appropriate for the wearers current condition) when:

- They have symptoms of infectious disease.
- They have been diagnosed with an infectious disease.
- They had a high risk exposure to an infectious COVID patient in the last 10 days.
- A patient requests it.

This practice begins to align with standard and transmission-based isolation precautions in place prior to COVID. This decision was made after consultation with Dr. Martin (and the rest of the KVH Administrative team), our KVH Infection Preventionists (IPs), and Kittitas County Health Officer, Dr. Mark Larson. It is contingent on COVID transmission levels in Kittitas County remaining at a moderate to low (per CDC data), and the absence of substantial outbreaks or transmission within KVH.

We have updated signage throughout the facilities. KVH IPs Anna Scarlett and Nicole Hilderman have been working with reception, registration, and care teams to ensure staff are supported in carrying out these new processes. We have re-implemented weekly check-ins with Kittitas County Public Health to share additional surveillance and exposure data. Everyone has been encouraged to continue routine (and essential!) infection prevention practices of:

- Hand hygiene
- Surface cleaning and disinfection
- Personal protective equipment (PPE) use

We expect an increase of COVID exposures to our staff as COVID is still circulating in our community. We have seen at least 50 potential high risk exposures to staff since April 3<sup>rd</sup>. We continue to monitor and notify staff of potential exposures, as well as give guidance on COVID exposure precautions, testing recommendations, and isolation for positive employees and their families.

### **DNV Preparedness**

DNV will be arriving to complete their second unannounced CAH Conditions of Participation survey with KVH sometime before June 13th. Although we aspire to be continually "survey



ready”, KVH staff and leaders have been reviewing our policies and procedures, re-familiarizing ourselves with standards, and shining up our work areas!

### **Culture of Safety**

In alignment with KVH strategy, we continue to make strides in our KVH culture of safety. A few quick updates:

- Updated TeamSTEPPS curriculum has been drafted and teams our meeting to begin scheduling our first set of new training sessions
- During National Hospital Week in May, all staff will be invited to participate in a survey on patient safety. This is a national survey developed by the Agency for Healthcare Quality and Research, which is a division of the U.S. Department of Health and Human Services. The last time we administered this survey was in November 2019. The survey asks about things like how well we work together as a team, how comfortable we are in bringing forward unsafe conditions or reporting mistakes or errors, and whether key information is communicated when a patient transfers from one KVH care setting to another. Important things to know about the survey:
  - They will receive a link to take the survey through their KVH email
    - The email link will come from [announcements@kvhealthcare.org](mailto:announcements@kvhealthcare.org) via Survey Monkey
  - KVH will know whether staff have responded, but their responses are anonymous and not linked to their email
  - The survey will be open from May 9 to June 11
  - It will take about 10 – 15 minutes
  - Staff can complete it at work
  - And, most importantly: it will help us improve patient safety!
- Quality has been working with Medical Staff services to implement software for provider quality measures and peer review, called MDStat. We are very excited to streamline these processes for our medical staff and quality teams.

### **Quality Improvement Dashboard Data Summary – through February 2023**

The glossary has also been revised and so is attached again this month.

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

- Fall risk screening and diabetic foot check rates continue to increase over time in clinics. There continues to be focused work in these areas.
- Medicare wellness visit data for **January** were the highest in the past one year period. These data are based on charges, so we expect February numbers will increase as charges are finalized. (Most recent month will always be a slight undercount.)
- The improvement in management of oral medications for home health patients shows 71% of patients improving from the beginning of their care to the end of their care. Of the patients who did *not* improve, there was also no decline. The patients maintained the same level of management from the beginning until the end of their episode of care.



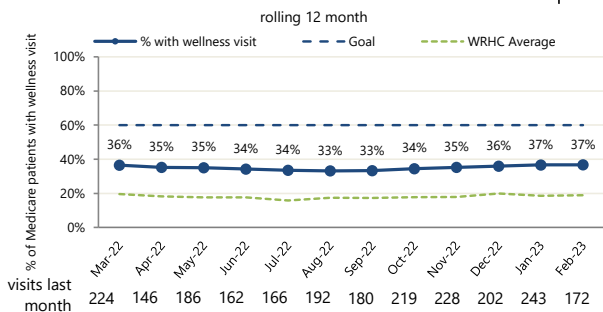
- Of the 35 units of blood given in February 2023, 33 had all components of the documentation expected within the timeframes allowed. In the two instances that did not have complete documentation, the documentation did occur but it was slightly after the allowed timeframe.
- Pain reassessments in Family Birthing have been trending upwards over the past several months.

### **Summary of Improvement Opportunities**

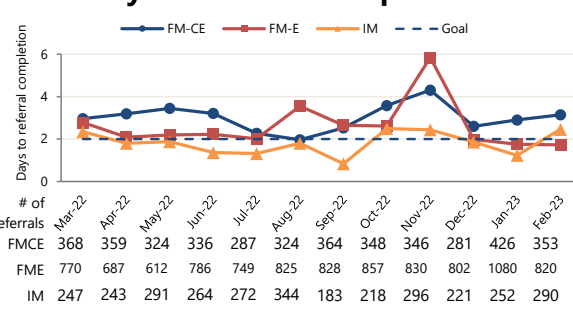
- Timely start of care for home health episodes of care dipped slightly. There were four new episodes of care that were not started within 48 hours. In two of those cases, there were issues in the patient's home that prevented the start of care.
- There was a delay in the order for the first lactic acid for one patient with sepsis.
- The median time to lytics for the single eligible patient presenting with stroke was above the goal of 60 minutes.
- There were four reports of staff-on-staff workplace violence in February 2023.

# QI Council

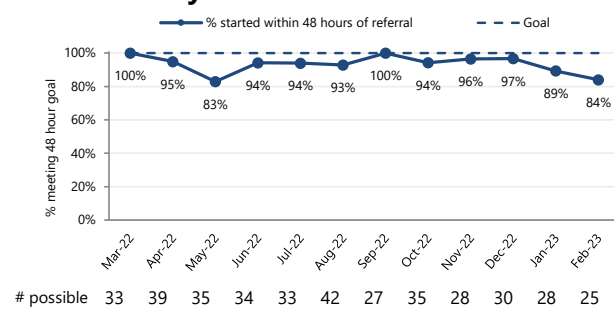
## Medicare Wellness Visits



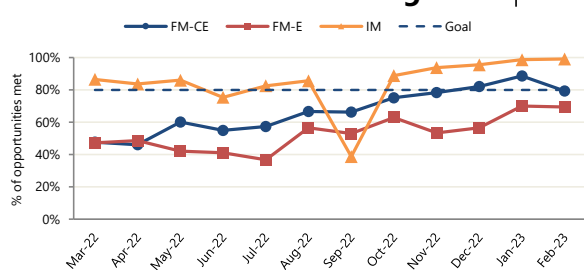
## Days to Referral Completion



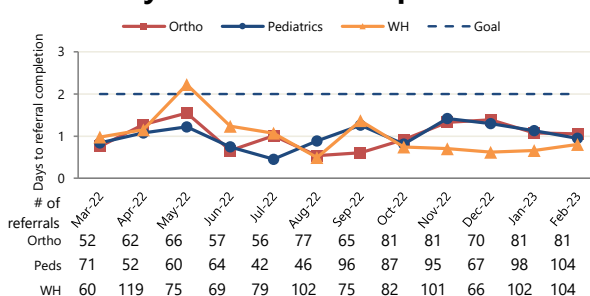
## Timely Start for Home Health



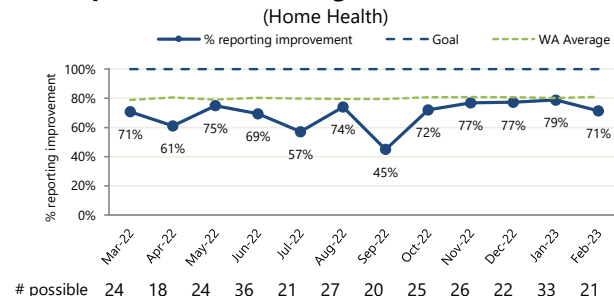
## Fall Risk Screening



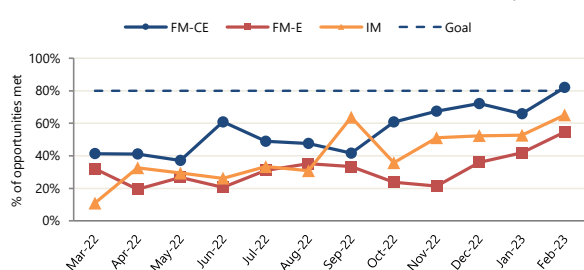
## Days to Referral Completion



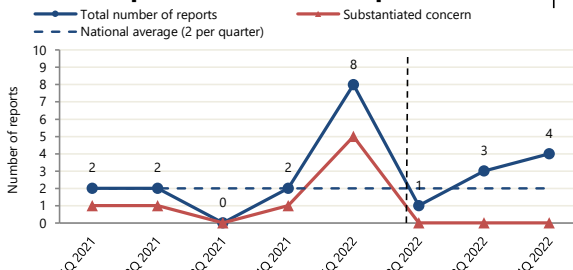
## Improvement in Management of Oral Meds (Home Health)



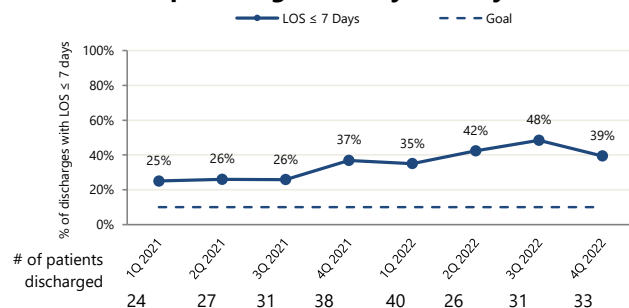
## Diabetic Foot Checks

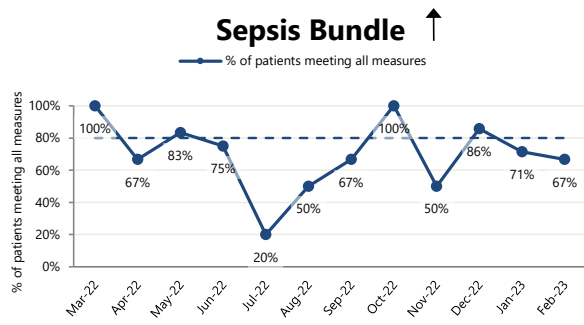


## Compliance Concerns Reported

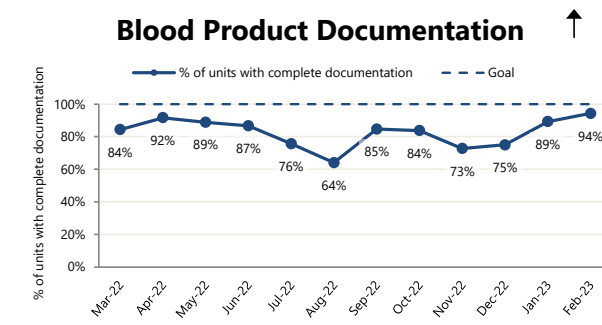


## Hospice Length of Stay ≤ 7 Days

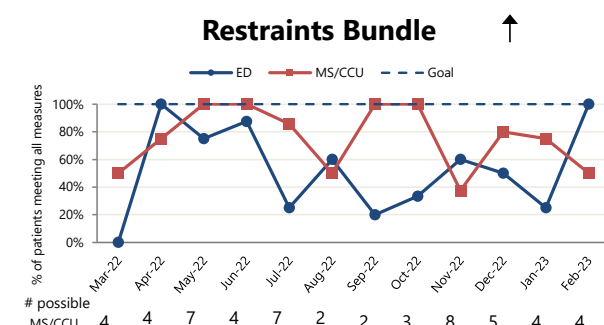




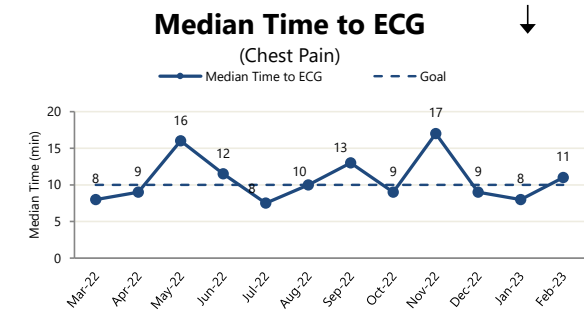
# possible



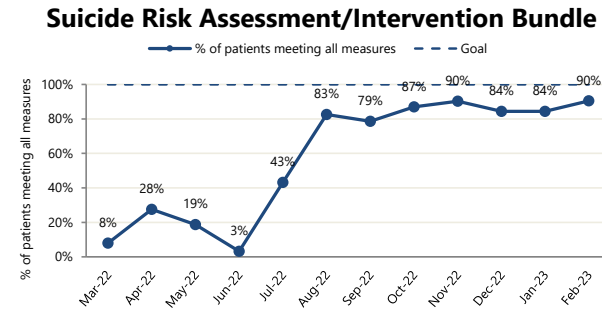
# of units



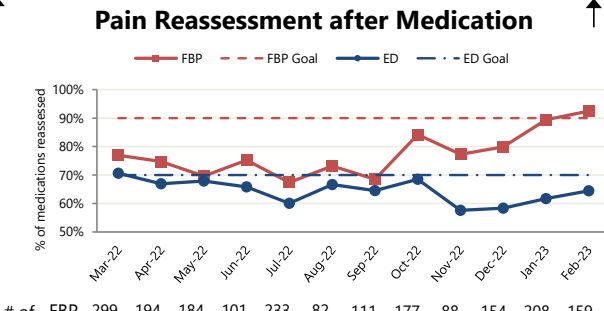
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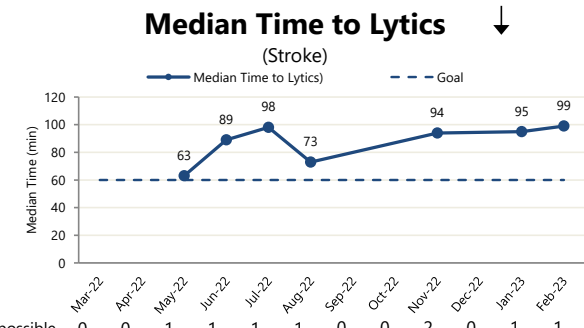
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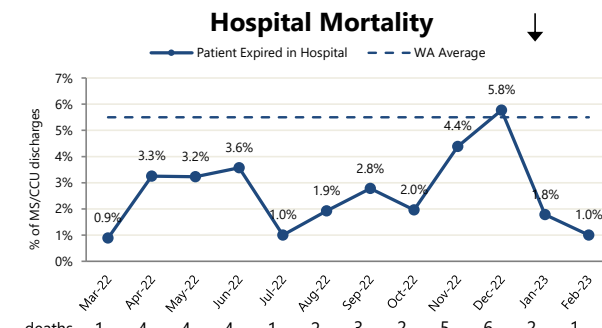
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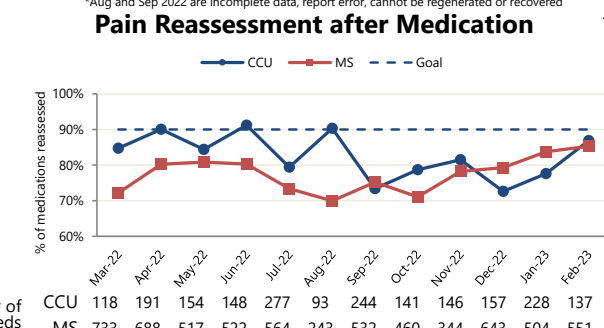
# of meds



# possible



deaths



# of meds

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

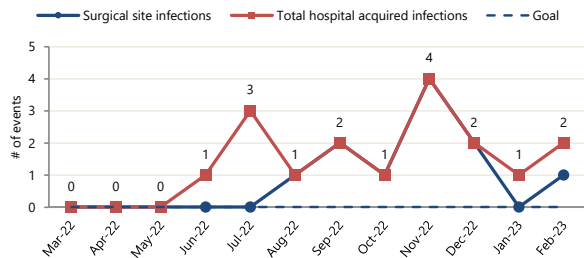
Month	FBP	ED
Mar-22	299	439
Apr-22	194	408
May-22	184	508
Jun-22	101	468
Jul-22	233	536
Aug-22	82	240
Sep-22	111	440
Oct-22	177	536
Nov-22	88	467
Dec-22	154	622
Jan-23	208	569
Feb-23	159	565

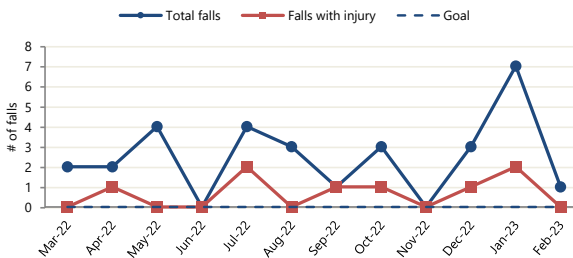
Month	CCU	MS
Mar-22	118	733
Apr-22	191	688
May-22	154	517
Jun-22	148	522
Jul-22	277	564
Aug-22	93	243
Sep-22	244	532
Oct-22	141	460
Nov-22	146	344
Dec-22	157	643
Jan-23	228	504
Feb-23	137	551

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

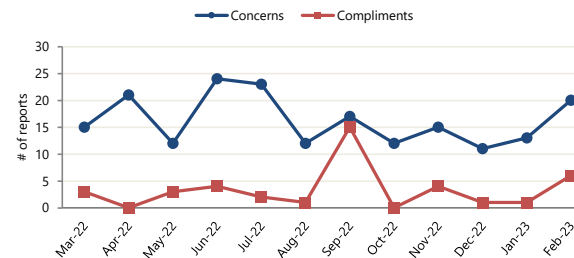
### Hospital Acquired Infections ↓



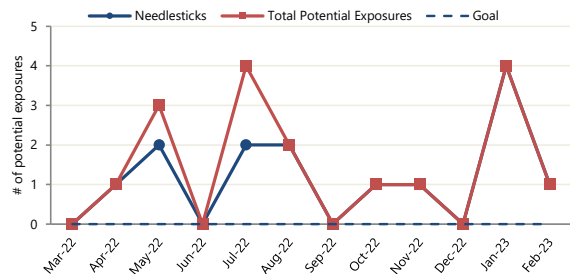
### Falls ↓



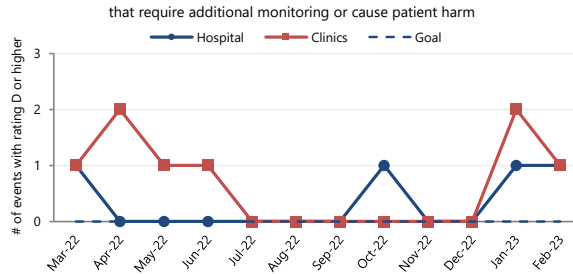
### Care and Service Reports ↑



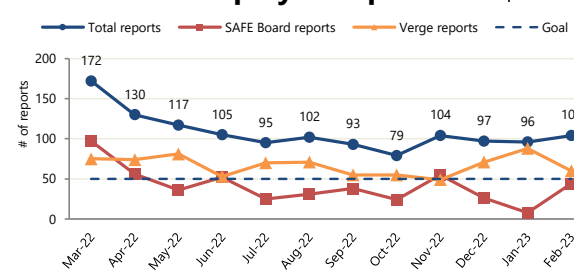
### Potential Bloodborne Pathogen Exposures ↓



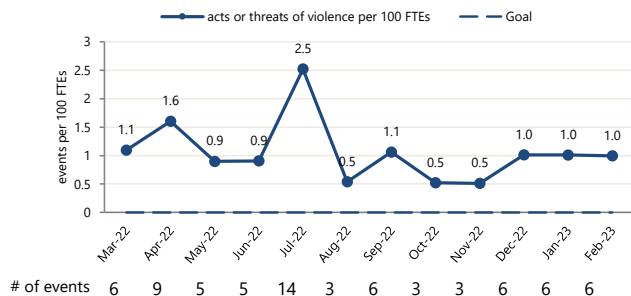
### Adverse Medication Events ↓



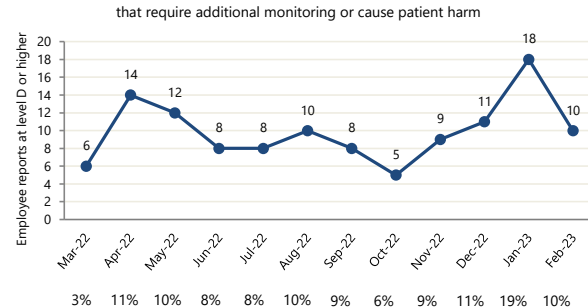
### Employee Reports ↑



### Workplace Violence Events ↓



### Reports of Occurrences ↓





## KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Medicare Wellness Visits	<p>Numerator: The number of traditional Medicare patients who have received a Medicare Wellness Visit within the previous 12 months</p> <p>Denominator: The total number of unique traditional Medicare patients who have been seen at KVH Family Medicine - Cle Elum, KVH Family Medicine - Ellensburg, or KVH Internal Medicine in the previous 12 months</p>	<p>Medicare Wellness Visits are an opportunity for patients with Medicare to develop or update a personalized prevention plan with their care team. This might include:</p> <ul style="list-style-type: none"> <li>▶ A review of medical and family history</li> <li>▶ Developing or updating a list of current medications</li> <li>▶ Height, weight, blood pressure, and other routine measurements</li> <li>▶ Cognitive impairment screening</li> <li>▶ Personalized health advice</li> <li>▶ A screening schedule (checklist) for appropriate preventive services like cancer screenings</li> </ul>	<p>Visits can only cover preventive care. They cannot address current medical concerns. All traditional Medicare patients seen in these three clinics are included, even if they receive their primary care elsewhere.</p>
Fall Risk Screening	The percentage of eligible patients who were due for and received a fall risk screening during their clinic visit	Patients age 65 or older are recommended to have a fall risk screening at least every 12 months	
Diabetic Foot Checks	The percentage of eligible patients who were due for and received a foot check during their clinic visit	Patients with diabetes are recommended to have a foot check at least every 12 months	
Days to Referral Completion	The number of calendar days to referral completion for KVH clinic patients	Based on month of referral order date. Only referrals that have been processed/sent are included in data.	ENT, General Surgery and Workplace Health are excluded due to small number of referrals
Compliance Concerns Reported	<p>Blue line (circles): The total number of compliance concerns reported</p> <p>Red line (squares): The subset of total compliance concerns reported that were substantiated concerns</p>		
Timely Start for Home Health	Percentage of new home health patients who are seen within 48 hours of referral	Patients who have referrals for care should be assessed and have care started promptly	
Improvement in Management of Oral Medications (Home Health)	The percentage of patients who are discharged from home health services during the month who experienced an improvement in their management of oral medications.	Patients answer questions at the beginning and end of a home health care episode using a screening questionnaire known as OASIS (Outcome and Assessment Information Set)	Tracked by the month of patient discharge from service

### KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Hospice Length of Stay $\leq$ 7 Days	The percentage of hospice patients who were on service for seven days or less prior to discharge due to death or service discontinuation	A greater length of service can provide better pain and symptom management for patients and emotional support for the patient and caregivers	Tracked by the month of patient discharge from service
Sepsis Bundle	Percentage of inpatients with sepsis, severe sepsis, or septic shock who received all applicable components of the sepsis bundle	<ol style="list-style-type: none"> <li>1. Received within three hours: initial lactate level measurement, broad spectrum or other antibiotics, blood cultures drawn prior to antibiotics;</li> <li>2. Received within six hours: repeat lactate level measurement if initial lactate level was elevated;</li> <li>3. Received within three hours: crystalloid fluid bolus if indicated;</li> <li>4. Received within six hours: vasopressors if indicated</li> </ol>	
Median Time to ECG (Chest Pain)	Median time from arrival to ECG for patients with chest pain who are admitted to KVH Hospital or transferred	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry. Time measured from when patient arrived to time ECG is charted as "signed" or "completed."	
Median Time to Lytics (Stroke)	Median time from arrival to receipt of lytic medication for patients with stroke	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry. Time measured from when patient arrived to time of medication administration	

### KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Blood Product Documentation	Percentage of blood product units that have complete documentation in the patient's electronic health record	Items that must be documented to be considered complete include: start time, stop time, if the patient had a reaction to the transfusion, pre-transfusion vital signs, vital signs 15 minutes after transfusion started, post-transfusion vital signs, and documentation of a consent. Vital signs include temperature, blood pressure, respiration rate and pulse. Numerator is number of blood product units considered complete. Denominator is total number of blood product units given.	
Suicide Risk Assessment/ Intervention Bundle	Percentage of patients with mental health issues who have all appropriate components of a suicide risk assessment/intervention bundle included	Measures for suicide risk assessment/intervention bundle include: <ul style="list-style-type: none"> <li>▶ Columbia Suicide Severity Rating (CSSR) assessment completed</li> <li>▶ CSSR charted</li> <li>▶ Order created for suicide precautions (if moderate or high risk)</li> <li>▶ If precautions order placed: Environment made safe/SI precautions in place AND frequency of documentation achieved per policy AND sitter documentation completed (if appropriate)</li> </ul>	
Hospital Mortality	Percentage of discharges from MS or CCU where the discharge disposition is expired	Excludes patients receiving hospice services or visits where admitting provider note states comfort measures only	Includes inpatient, observation, and swing bed encounters for MS and CCU units only
Restraints Bundle	Numerator: Number of patients who met all possible measures for restraints Denominator: Total number of patients in restraints	Measures for restraint use include: <ul style="list-style-type: none"> <li>▶ Initial restraint order written</li> <li>▶ Restraint problem added to care plan (MS/CCU only)</li> <li>▶ Restraint orders continued/signed within appropriate timeframe</li> <li>▶ Restraint charting/assessment done as frequently as appropriate for the reason for restraint</li> </ul>	

## KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Pain Reassessment after Medication	Percentage of patients in certain hospital units who had a documented follow up assessment of their pain level after receiving pain medications	Patients should be followed up with to assess whether administered medications are reducing their pain. Follow-up should occur within 60 minutes of medication administration, <i>except</i> oral medications in the Emergency Department should be followed up within 90 minutes.	IV Tylenol is currently excluded from this measure, scheduled pain medications for FBP patients are excluded
Hospital Acquired Infections	Red line (squares): Total number of infections contracted by an inpatient as a result of care or treatment provided during their hospital stay. Includes CAUTIs, CLABSIs, VAEs, and SSIs. Blue line (circles): The subset of the total infections that were SSIs	Inpatient infections from urinary catheters, certain types of intravascular devices, ventilators or surgeries. Based on criteria from the National Health and Safety Network (a division of the Centers for Disease Control and Prevention). Includes superficial surgical site infections, which are not included in Washington State Hospital Association comparison reports.	CAUTI: Catheter-associated urinary tract infection CLABSI: Central line-associated bloodstream infection VAE: Ventilator-associated event SSI: Surgical site infection
Potential Bloodborne Pathogen Exposures	Red line (squares): Number of potential staff exposures to bloodborne pathogens by any route Blue line (circles): The subset of the total exposures that were needlesticks/sharps injuries	Total potential exposures: All reported potential exposures, including needlesticks, splashes, Needlesticks: Total number of staff who experience a sharps injury during the month	Dependent on reporting by staff
Workplace Violence Events	Number of harm events related to workplace violence per 100 FTEs	As defined by the Occupational Safety and Health Administration, workplace violence includes any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site.	Threats and verbal abuse are included as events.
Falls	Blue line (circles): The total number of patient falls anywhere in the organization Red line (squares): The number of patient falls that result in any injury	Injuries are defined as anything that requires the application of a dressing or bandage, ice, cleaning of a wound, limb elevation, or topical medication	Non-patient falls are not included (employee falls, visitor falls, parking lot falls); near misses are not included
Adverse Medication Events	The number of medication events that are Category D or greater, separated by setting of clinics or hospital	A Category D error is an error that reaches the patient and requires monitoring to confirm that it did not results in harm to the patient and/or required intervention to preclude harm	Unanticipated medication allergies can be included in Category D or greater medication events

### KVH Quality Improvement Council Dashboard Glossary

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

# Human Resources & Staff Development- April 2023

March 2023 Metrics

<i>Employee Population</i>				
	<i>23 - Mar</i>	<i>23-Feb</i>	<i>23-Jan</i>	<i>22-Dec</i>
Full-time	505	505	502	495
Part-time	118	121	117	115
Total Employees	754	764	754	746

<i>Turnover</i>			
	<i>YTD</i>	<i>23-Mar</i>	<i>2022 Year End</i>
Turnover (People)	53	11	149
Turnover (Percentage)	6.87%	1.46%	20%
Voluntary	52	11	140
Involuntary	1	0	9

<i>General Recruitment</i>				
	<i>23-Mar</i>	<i>23-Feb</i>	<i>23-Jan</i>	<i>22-Dec</i>
Open Postings	19	18	11	18
Unique Applications Received	145	144	203	103
Employees Hired	10	13	25	14
Time to Fill (Median)	234	27	67.5	43.5
Time to Fill (Average)	243.2	83.4	96.38	96.38

<i>Annual Evaluations</i>	
	<b>YTD</b>
Percent complete	83.6%
Total evaluations over due	107
# of employee evals over due	76
# of provider evals over due	31

**Recruitment:** Our Time-To-Fill numbers skyrocketed this month because we filled a couple positions that had been posted for greater than one year; an MA at Ortho and a PSR in Cle Elum. We had a larger than “normal” month of internal transfers and position changes; of the 11 positions filled in March 7 were internal transfers/promotions. One very exciting internal promotion was Bonnie Vidonne from Buyer to Director of Materials. Bonnie has been with KVH for many years and we are excited to see her take on this new challenge, especially will the construction projects going on. We continue to search for a permanent ED director candidate; we have partnered with a few external agencies and have two phone screens coming up with potential candidates.

**Student and Volunteer Services:** Currently we have 59 learners on-site from the following groups: 3 Pharmacy students, 7 Imaging Tech students, 10 Nursing Students, 1 Surgery Tech Student, 1 Dietetic Intern, 22 Paramedic students, 4 Medical Laboratory Technician students, 3 Job Shadow students, 3 Physician Assistant students, and 5 Nurse Practitioner students. The Preceptor Education event on April 1<sup>st</sup> was a big success with attendees from as far away as Newport and Pasco. We plan to offer the next Preceptor Education event in October.

National Volunteer week was this month from April 16 to April 22. The volunteers were celebrated during volunteer week including thank you notes from the staff, an appreciation luncheon, and gifts of Awesome Volunteer socks. We have volunteers serving in many departments from the hospital Courtesy Desk, Food and Nutrition Services, Cle Elum Family Medicine, Home Health and Hospice, Caring Canines and more. I encourage you to get to know a KVH volunteer. They are all altruistic, compassionate, and committed to helping KVH serve the community.

**Staff Development:** Customer Service Workshop trainings continue. We are seeing much better numbers so far in 2023 than we did in 2022. One change we made was to automatically sign-up all clinic staff to attend at the next available workshop.

**Benefits:** No changes in benefits are anticipated. It was recommended that we have the committee meet with our USI representative, Mike Van Der Velden in May for a review meeting and discuss any potential changes due to the Secure Act 2.0.

**Wellness:** Committee sponsored Volleyball team has great participation. Continued Gallery One art classes for the quarter have been filling up. Potential to have those art projects as part of the MAC Art rotations. Expanded Garage Studio fitness to now offer a mid-day mobility/core related class twice a week. Headspace has new offerings for committee to consider that expands from employee to employee plus their family. The 1<sup>st</sup> Qtr Wellness Challenge closed, hope to increase participation for 2<sup>nd</sup> Qtr with more communication of opportunities to complete tasks.

**Labor Relations:** We completed the step adjustment review and sent out letters to all WSNA staff that submitted requests.

**Staff Engagement/Recognition:** We continue to celebrate our staff by focusing on department-level appreciation. During the first few months of the year we have already celebrated our Social Workers, all patient access staff (front desk at the clinics and at the hospital), our Lab Phlebotomists, Volunteers, Marketing, and .

**HR Operations:** Manda Scott is officially out on Maternity Leave, we miss her greatly and can't wait to see her back in the middle to end of June.

## **Patient Care Services April, 2023**

### **Clinical Education/Staff Development**

- **New Employee Clinical Orientation (NECO):**
  - Reoccurring.
- **Clinical Education Days 3/29 and 3/30:**
  - Housewide/Home Health and Hospice RNs and PCTs (Patient Care Technician-CNA). Topics included Diabetes Education, High Flow Oxygen Delivery, Finding KVH Policies and Procedures including Blood Administration, Infection Control -Sharps Safety and steps to follow if one gets a needle stick, and Vascular Access. The sessions were held in classroom style and staff reported appreciating the set up and the content.
- **Safe Patient Handling:**
  - To be held April 26<sup>th</sup> in Conference Rooms A, B, & C. Topics are: ECG Lead Placement, Quality Metrics and will include Fall Prevention and Education, the Hoyer Lift, ED Specific Restraints, Inpatient Restraints, use of Gait Belts and Assistive Devices, and Critical Results Reporting.
- **Yakima Valley Community College 2<sup>nd</sup> Quarter Nursing Students:**
  - Coordinated Spring Quarter Clinical Rotations and held orientation for YVC.
- **Just in Time Training Module Created for Biz:**
  - Balloon Cuffing and Management of an Entrapped Indwelling Urinary Catheter. RNs have one month to complete the on-line mini course.
- **Collaboration:**
  - The first Nursing Staff Development Committee Meeting was held in partnership with RNs from each nursing unit, Nursing Unit Directors, and Human Resources staff. This commitment is per the WSNA Collective Bargaining agreement.

### **Medical/Surgical & CCU**

- Struggling trying to find PCT help. Currently have 6 open CNA positions.
- Departments have remained steady.
- Working to complete Philips upgrade approval for house wide Philips upgrade.
- Trialing new hospital beds in MedSurg/CCU for possible request for replacement in late 2023 or 2024

### **Food Nutrition Service**

- Staffing – After the better part of a couple of years, FNS does not have an unfilled position.
- Café sales continues to show slow growth month to month.
- **Clinical**
  - Hired a per diem registered dietitian. Hoping to have her start in May.
  - Continue to provide virtual dietitian services to Snoqualmie Valley Hospital and Lincoln County Hospital.
- **Diabetes and Nutrition Education**
  - No new updates. Volume of outpatients are consistent derived from KVH and CHCW providers.



## Surgical Services

- Construction continues to go well, Ron will give a larger update on this.
- Staffing-we are working on ways to work efficiently during times that construction is happening in our space. The SOP group is exploring different staffing models.
- Positions posted for a second procedure RN and an SOP PCT
- We are also exploring ways to move MOPs and CT IVs to another space.
- OR staff are organizing and prioritizing equipment to be stored down the hall making space for work in our equipment room.
- Dave Swory is a huge contributor to this project. He is on top of current standards and looking toward the future of Sterile Processing to make sure that our new space is state of the art!

## Emergency Department/Urgent Care

- **Volume:** Volume is increasing March daily average is: 47.1 patient per day and has risen from 40.2 in January & 46.7 in February
- **Staffing:**
  - **ED:** Have been able to fill almost all posted RN positions. Still working with two contract travelers to help fill staff on orientating and leaves of absence. Still struggling to hire PCT. Working with administration to review ED volumes and increase nurse staffing as volumes have increased.
  - **Urgent Care:** Hired part-time RN to fill all RN positions. Continue to recruit for a per diem UC Tech, applicants being reviewed but due to the nature of the position it is slow moving.
- **Trauma:** We hired a Trauma Registrar-training will take place and we are working on a plan to complete backlog of trauma charts to report to the state.
- **Staff Meetings:** ED: Scheduled for April 25. Urgent Care's was conducted on April 18 with a good turnout.
- **Best Practice Committee:** Shared governance committee that is staff led are reviewing: Physical restraints, chest pain protocols, sepsis order sets, ESI training of RN's, ED throughput, procedural sedation, and improvement work for QAPI initiatives.
- Ultrasound machine has arrived – awaiting rep for training-scheduled week of April 24.
- Staff attended AVADE training, Level 3 was offered at KVH for the first time. In addition, we are reviewing WPV prevention policies and procedures and reviewing opportunities for the safest work environment possible.

## Family Birth Place:

- Conducted their 2<sup>nd</sup> Quarter Acute Newborn Drill on April 20<sup>th</sup>.

## Case Management & Social Services

- Both areas remain busy as patient volume has remained high on Med/Surg and CCU.
  - Posted a per diem Social Worker position.
  - Working on a staff meeting and continuing education for staff.
-

I have had a busy first three weeks on my own in my new role and have enjoyed spending time in the departments, observing the work performed, learning, and getting to know staff. Staff have been very welcoming and helpful with my many questions.

Respectfully submitted,  
Dede Utley, BSN, RN  
Chief Nursing Officer

# Ancillary Services report to Board of Commissioners April 2023

## **Ancillary Service Operation Report:**

### **Imaging**

We've had some challenges with the performance of our mobile MRI resulting in downtime and rescheduling patients. We have opened up some Saturday appointments to help patients be rescheduled in a timely fashion. We are looking at purchasing our own MRI rather than leasing. We will be bringing bids from Siemens and GE to Capital in May.

We have finished a Vascular software upgrade that will allow our final reports to be in a more friendly format for end users. We've also expanded the Vascular Lab to 5 days per week, which is wholly staffed by contracted labor.

DOH completed a radiation inspection at the MAC, Urgent Care, FMC and the hospital April 17-19. We passed without findings.

### **Hospital District 2**

On March 28 Fire District 6 and The City of Roslyn Fire Department presented Roslyn City Council with a proposal to combine the two Fire Departments. This would require a vote of the residents of Roslyn for approval and could impact EMS service delivery, depending on how the proposal is written. City Council asked for further study on this proposal before making a recommendation to support the request.

As I mentioned last month, 47 Degrees North has submitted their final application and the City of Cle Elum determined on April 18 that their application is complete. The City did not approve their applications for boundary line adjustments or for subdivision plat development. The City will now prepare and distribute the required Notice of Application and initiate an extended 30 day public review and comment period on the application and the SEIS Addendum. The comment period is anticipated to begin on April 27. Our attorney Jamie Carmody has sent letters on behalf of HD1 and HD2 encouraging the Cle Elum City Council to deny this application, which Sun Communities is calling a "Major Modification" to the original application, and require them to submit a completely new application. The City did not respond to our letter.

Kittitas Valley Fire and Rescue (FD7) and Cle Elum (FD2) held a special meeting on April 19<sup>th</sup> to discuss regionalization efforts of the districts. Consultants from ESCI presented findings from their 254 page "Cooperative Efforts Feasibility Analysis" at the meeting. The report recommends a contractual consolidation between FD7 and KVFR to eventually pave the way to a Regional Fire and EMS Authority. The plan calls for adding an additional staff member to oversee EMS Operations. The plan was developed without discussions with Hospital District 2 or Medic One.

The County Commissioners and the City of Roslyn held a special joint meeting on April 18<sup>th</sup>, similar to the one held with the cities of Cle Elum and Ellensburg. The meeting mostly focused establishing memorandums of agreement to work collaboratively.

A new group has formed "Kittitas County Call to Action" with an inaugural meeting held on April 20<sup>th</sup>. This group has been established by the Republican Party and will focus on encouraging voter turnout to support voter values. Speakers for the first meeting were Larry Stauffer with Stop 47 Degrees North, Cle Elum Fire Chief Ed Mills and Jackie Von Dongen with Animal Control.

### **Lab**

We have implemented Cepheid testing of GC/Chlamydia at Urgent Care, FMC and KVH Hospital lab and will no longer have to send these specimens to our Reference Lab, providing a quicker turnaround time for patients and providers.

### **Home Health & Hospice**

We have extended our travel RN related to an upcoming FMLA and the resignation of one of our LPNs. We are finalizing our vendor selection to upgrade our HHA software and will be bringing it to the capital committee in May.

### **Ground Ambulance Patient Billing Committees**

Our first public meetings have been rescheduled to May 2 and May 3. The Washington State OIC met again on March 31 to review the draft survey of ambulance providers and insurance carriers regarding billing practices.

### **Pharmacy**

We have hired two staff members into the Pharmacy Technician Apprenticeship Program. Pharmacy staff have been very busy working with the clinics on medication bar code scanning, trouble shooting and training staff. We have signed with 340B ESP in hopes of increasing our revenues from the 340B program.

Respectfully submitted by Rhonda Holden, MSN, CENP

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

## **Staffing**

Open positions:

- Patient Service Representatives
  - Family Medicine Cle Elum
  - Internal Medicine
  - Dermatology
- Referrals Coordinator
  - Family Medicine Ellensburg
- Medical Assistants:
  - Internal Medicine
  - General & Vascular Surgery
  - Neurology
  - ENT & Allergy
  - Rapid Access per diem
  - Dermatology
- Nursing
  - Family Medicine of Ellensburg

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

- Internal Medicine: The two locums are doing a great job and have increased the number of patients they see
- Women's Health: The clinic is not currently accepting new GYN patients and is limiting OB patients to 20 deliveries a month.
- General Surgery: Separated out surgeries from colonoscopies (Scopes)
- FMCE: Provider on a LOA and we added additional blocks for same day appointments

## **Rapid Access Clinic**

We are still on schedule to open on May 1, 2023. This week we are finishing up stocking supplies in the clinic. Providers Chris Bentley PA-C and Mary Dowling ARNP started the week of April 17th and are spending time in the family practice clinics. Both MAs started earlier in April and have been spending time in the family practice clinics and we have completed the training of the Patient Access Representative. Per diem provider and MA positions are still open and will not delay the opening of the clinic. We will be closing watching volumes to determine if there needs to be any changes in staffing or hours of operation.

## **WorkPlace Health**

Dr. Frick attended the American Occupational Health Conference, the largest meeting of occupational and environmental health professionals in the work. At the conference he also attended Medical Review Officer Comprehensive Course, the required training for Medical Review Officers (MROs) to evaluate drug and alcohol test results. This will allow him to sit for the MRO Certification exam and once he passes this will be a new service KVH Workplace Health

will be able to offer. Most companies are set up that all positive drug screen results must be reviewed by a MRO and that service is usually provided by a third party.

### **Dermatology**

New clinic signage was installed.



### **Internal Medicine and Cardiology**

Internal Medicine will now be performing well women exams. Andy Shock, APC, has announced that he will be retiring in January 2024. Amy Claussen, Cardiology PA-C, will be conducting Stress Test consults. Cardio-Pulmonary & the cardiology clinical team have been working hard to decrease the no show rate for the stress tests. These consults would go over all preparation, provide an explanation of the testing, and provide the patient a chance to ask any questions while also going over the importance of showing up to the appointment. The Cardiology dashboard is attached.

### **AccessNurse**

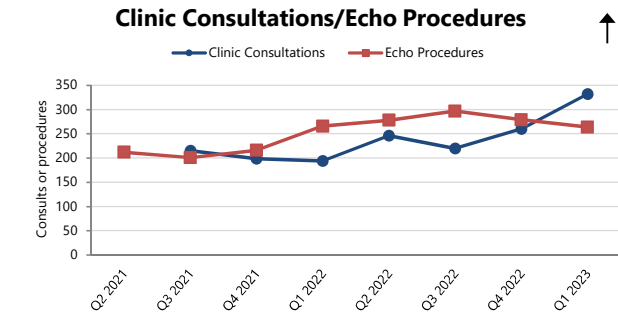
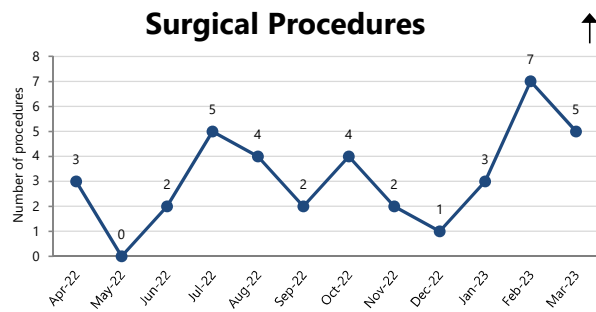
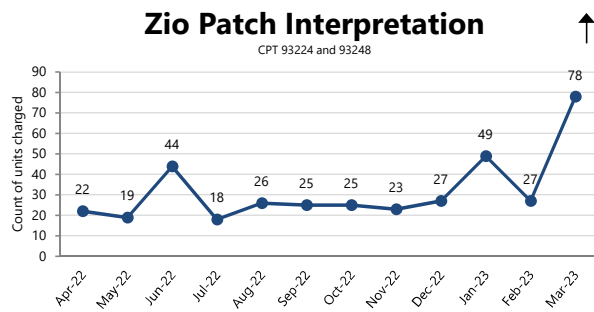
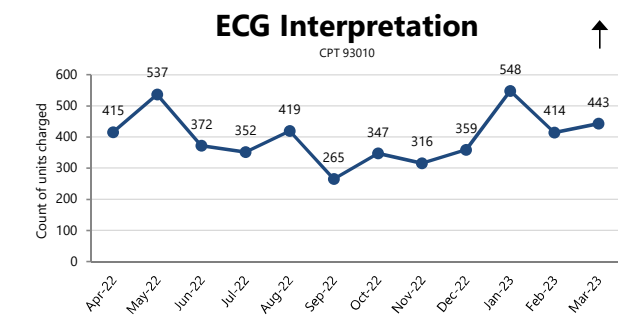
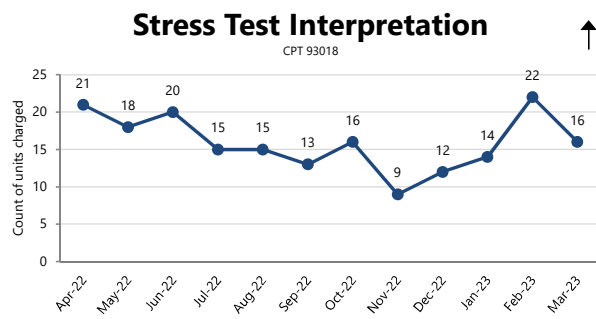
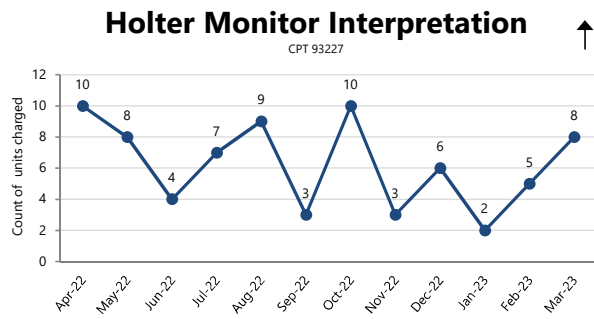
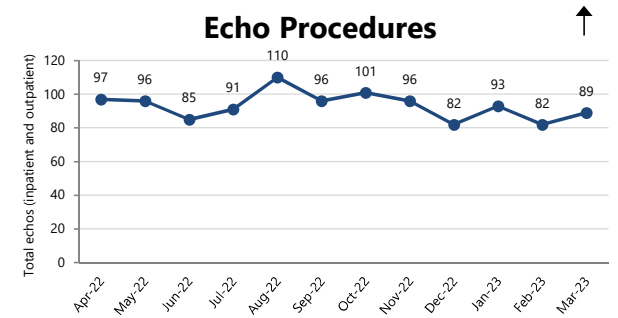
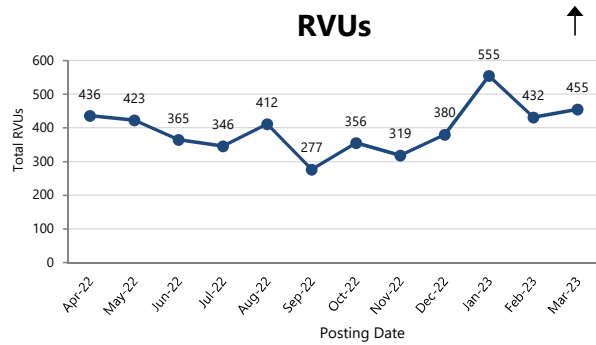
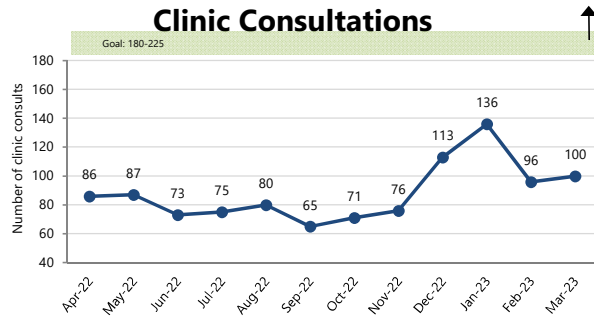
On May 17<sup>th</sup> AccessNurse will start providing Nurse Triage services for Family Medicine Ellensburg. We know through our Phone PI project that there can be a delay between when a patient calls requesting triage and when we can get a nurse to return that call. By using an outside service we will be able to allow our onsite clinic nurses to see more patients and our patients to get a timely response to triage requests.

### **FME Phone PI Project**

We were able to implement Zoom phones which provides us with a real time count of voicemails and transcription of voicemails. Additional benefits realized since we can see the number of voicemails we can flex staff when needed and the transcribed voicemails allows for a quick triage of all the voicemails which lets us respond to high priority voicemails first. We met with Envera, a vendor that offers support in answering phones. Quality, Marketing and the clinic staff all report that the number of complaints about the FME phones has significantly decreased and now there are about calls going to voicemail or voicemails not being returned. Next steps include Jeff continuing to work with our vendor on getting in additional business functions, site visits to Prosser and possibly Mason General, both have their own call centers, and address level loading the Patient Service Representatives work.

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

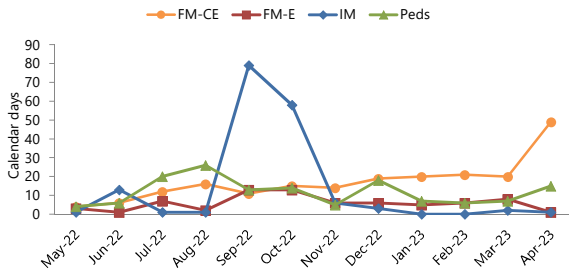
# Cardiology Services



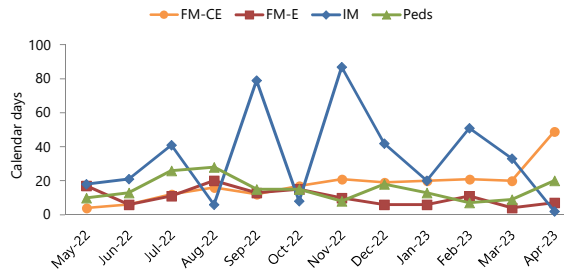


# Clinic Operations Dashboard

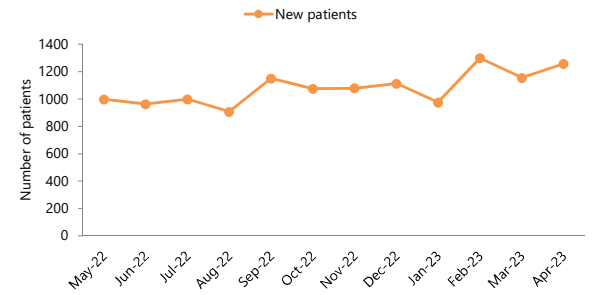
**Third available appointment**  
for established patients



**Third available appointment**  
for new patients

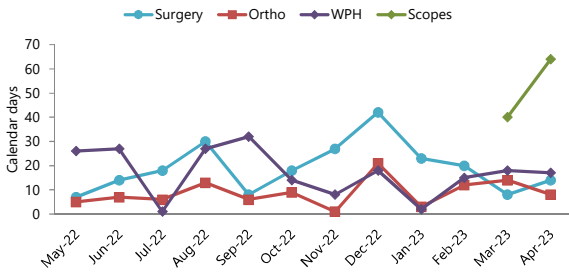


**New patients**

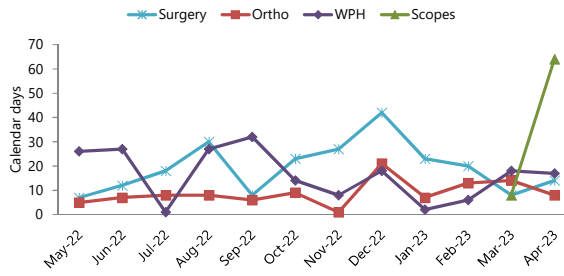


Effective March 2021, we began coding our "new" patients differently. The definition of "new" visits were changed as it was based on taxonomy code for the practice. Previously, we were only identifying the visit as "new" if the patient had not presented to any of the clinics in the

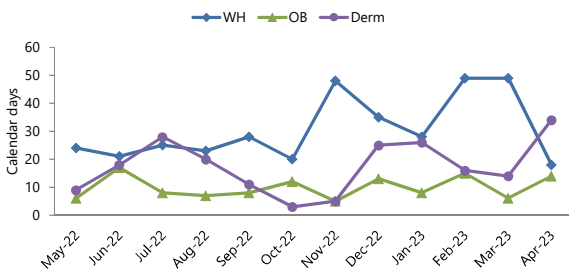
**Third available appointment**  
for established patients



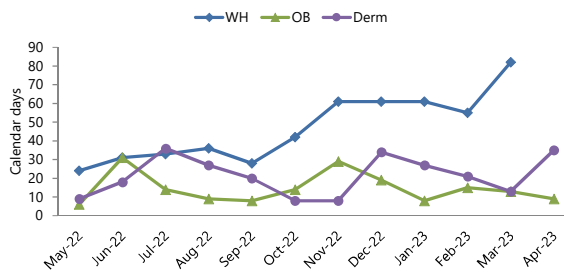
**Third available appointment**  
for new patients



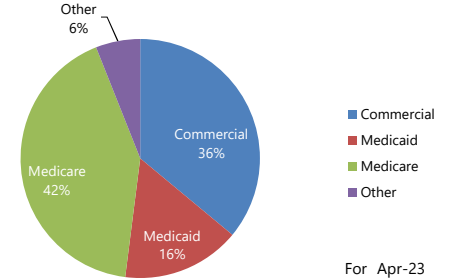
**Third available appointment**  
for established patients



**Third available appointment**  
for new patients

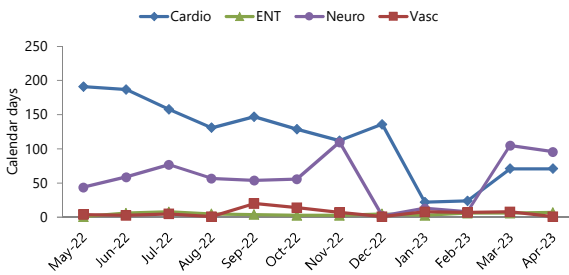


**Payor Mix**

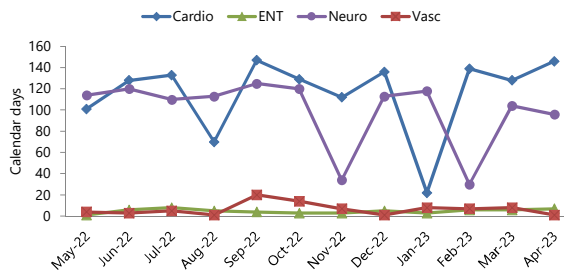


For Apr-23

**Third available appointment**  
for established patients



**Third available appointment**  
for new patients



NOTIFICATION OF CREDENTIALS FILES  
FOR REVIEW

Date April 13, 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>
Bentley, Christine, PA-C	Provisional	Initial Appointment	KVH Rapid Access
Dowling, Mary, ARNP	Provisional	Initial Appointment	KVH Rapid Access
*DuMontier, Edward, MD	Provisional	Initial Appointment	KVH IM
Eglin, Tom, MD	Provisional	Initial Appointment	KVH ED
Johnson, Joshua, DPM	Provisional	Initial Appointment	Cascade Foot & Ankle
Williams, Lance, MD	Provisional	Initial Appointment	OnRad
Romanko, Monica, MD	Active	Re-Appointment	KVH ED
Young, Meghan, DO	Active	Re-Appointment	KVH Pediatrics
Lucas Daniel, MD	Associate	Re-Appointment	OnRad
Reed, Pelin, MD	Associate	Re-Appointment	OnRad
Long, Aaron, ARNP	AHP	Re-Appointment	Compass Direct
Mahre, Dena, PA-C	AHP	Re-Appointment	KVH Ortho
Newman, Chelsea, PA-C	AHP	Re-Appointment	KVH FMCE

\*Locum providers that will be with us greater than 120 days.

**CHIEF MEDICAL OFFICER – Kevin Martin, MD**  
**April 2023**

I am pleased to offer the following report.

**Medical Staff Services:**

- **Recruiting:** Our recruiting team remains very busy. Kathryn Brunner is working with recruitment firms, locum tenens agencies and professional societies to identify candidates. We interviewed 4 candidates in April. Dr. Dawson represented us recruiting at the annual meeting of the American College of Osteopathic Obstetricians and Gynecologists and will also be recruiting at the American College of Obstetricians and Gynecologists next month.
  - **Incoming Providers:**
    - Women’s Health – Anna Parr, PA-C has moved from Family Medicine-Ellensburg to Women’s Health
    - Emergency Department – Clint Kalan, PA-C started 03.07.23
    - ENT & Allergy - Shawn Rogers, MD started 03.13.23
    - Family Medicine Ellensburg - Blake Harding, PA-C started 03.20.2023
    - Family Medicine Ellensburg – Wendy Bridger, ARNP started 03.27.2023
    - Internal Medicine Locum Tenens– Edward DuMontier, MD started 03.27.2023
  - **Providers in Progress:**
    - We are working with a number of per diem providers and locum tenentes to help cover OB call while recruiting for 3 permanent providers
  - **Additional Postings:**
    - Family medicine physicians with OB fellowship training
    - Internal medicine physicians and APCs
    - Occupational medicine APCs
    - Pulmonologist
    - Geriatric nurse practitioner
    - Cardiologist
    - Dermatologist
    - Psychiatrist
    - Vascular surgeon
- **Medical Staff:**
  - As you can see from Dr. Hoppe’s MEC report, we have kept Shannon Carlson and Elise Rhodes busy. We have 22 applications in process including the staff of Emergency Associates of Yakima providers.

**CMO activities:**

- **Emergency Department staffing.**
  - As of this writing, we have reached an agreement in principle for staffing and medical directorship which I expect to be signed before and announced at the Board meeting.
- **Anesthesia Services**
  - KVH has long been served and served well by Kittitas Anesthesia Associates, LLC. However, our current and projected growth has posed recruitment challenges for them. As of this writing, we are in negotiations with other entities to bolster our anesthesia services, and I hope to announce a signing at the Board meeting, as well.
- **Education**

- We hosted our second Preceptor Training event with faculty from the University of Washington (UWSOM), Pacific NorthWest University (PNWU), and the Elson S. Floyd College of Medicine at Washington State University (ESFCOM). We had 18 attendees. We anticipate doing this on semi-annual basis in the spring and fall, and inviting attendees from across the region.
- We are also working with faculty from ESFCOM and UW SOM to augment Stacey Botten's quarterly newborn resuscitation drills with on-site simulator drills so that our pediatric and family medicine providers are supported maintaining skills that are fortunately not often called upon.
- **The Rural Collaborative (TRC):**
  - The Rural Ethics Committee and Physician Leadership Committees were both scheduled to meet 24 April.
- **Outreach**
  - On 7 April, I discussed our hospice program with the Ellensburg Noon Rotary.
  - On the 12<sup>th</sup>, Dr. Jensen spoke to the same group about our interventional radiology program.
  - Dr. Asriel was part of a school wide assembly at Kittitas Secondary School about addiction and treatment. In addition to the student body and staff, parents were also in attendance. School counselors reported that at least one student found the talk shed light on a home situation allowing them to intervene in a potentially volatile and previously invisible situation.

Respectfully submitted,  
Kevin Martin, MD  
Chief Medical Officer

### **March Operating Results**

- March admissions to the hospital of 84 were 18 admissions less than budget. Patient days of 316 were below budget by 89 days. The hospital was able to discharge most of our boarder patients who were causing KVH's average length of stay to exceed 4 days in January and February. Average length of stay in March was 3.8 days. The Family Birth Place delivered 23 infants in March; 4 deliveries less than budget. Despite spring break, the surgery department remained quite busy throughout March. Inpatient cases of 20 were below budget by 11 cases. Outpatient surgery cases of 162 exceeded budget by 20 cases and GI procedures of 170 exceeded budget by 28 procedures. March ER visits of 1,459 exceeded budget by 33 visits. Urgent Care Clinic of 434 were below budget by 99 visits. March clinic visits of 8,030 were below budgeted visits by 152 visits.
- March gross revenue of \$21,012,045 exceeded budget by \$226,927. March inpatient revenue was below budget by \$972,284; outpatient revenue exceeded budget by \$1,160,724 and professional fee revenue exceeded budget by \$38,486. The following departments had significant positive revenue variances in March: Surgery by \$296,212; Imaging by \$357,571; ER by \$61,768 and KVH's clinics by \$42,542. Departments with significant negative variances were ICU by \$48,449; Med/Surg by \$77,871; Family Birth Place by \$51,709 and laboratory by \$338,539.
- In March deductions from revenue exceeded budget by \$679,386. Contractual adjustments exceeded budget by \$344,649. Bad debt deductions were below budget by \$122,327. Financial assistance exceeded budget by \$132,203. KVH has had some large vascular surgery related charity adjustments. Other deductions totaled \$483,880 and exceeded budget by \$324,861 Hospice adjustments were \$2,381; no prior authorizations were \$85,051; not medically necessary adjustments totaled \$104,504; no patient consent were \$35,766 and provider not credentialed adjustments totaled \$43,125.
- March other operating revenue was below budget by \$28,952. In March the shortfall from 340B contract pharmacy rebates totaled \$14,307. This shortfall was offset by retail pharmacy sales that exceeded budget by \$7,758.
- March expenses exceeded budget by \$326,191. Expenses are tracking to budget level or are trending with patient volumes when volumes exceed budget. Salaries were below budget by \$265,963. Temporary labor exceeded budget by just \$29,764 and continues the downward trend. Temporary labor for the following departments exceeded their monthly budget: ICU by \$8,315; Laboratory by \$11,357; Radiology by \$21,516; and the Clinics by \$60,865. 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 \$217,730. In March KVH spent \$33,300 for ER locums; \$97,320 for Internal Medicine locums; \$87,575 for an ENT locum, \$62,050 for Women's Health locums and \$15,450 for a workplace health locum. Supply expenses exceeded budget in March by \$268,278 and were volume related. Surgery exceeded their supply budget by \$294,507 and pharmacy exceeded their supply budget by \$116,636. Depreciation expense exceeded budget for March by \$48,368 and will for the year due to shortening the estimated useful life on some hospital owned buildings. Insurance expense exceeded budget by \$28,025. KVH's insurance renewal was higher than expected and KVH also increased coverage limits.

- In March KVH posted an operating income of \$476,185 compared to a budgeted operating income of \$1,283,787; a negative variance of \$807,602. YTD operating income is \$599,781 compared to budgeted operating income of \$2,413,654; a negative variance of \$1,813,873.
- Non-operating income exceeded budget by \$401,127. In March KVH recorded interest income of \$124,380 plus an unrealized gain on investments of \$367,399.
- KVH reported a Net Income for March of \$993,161. YTD Net Income is \$1,446,070 compared to YTD budgeted Net Income of \$2,761,121, a negative variance of \$1,315,051.
- March Days in Accounts Receivable decreased 6.5 days to 62.4 days from 68.9 in February. Gross accounts receivables decreased by \$2,668,588 from \$47,205,172 in February to \$44,536,584 in March. Total cash receipts in March from payers and patients totaled \$12,911,417. Total Cerner receipts posted in March were \$11,898,692.
- Average daily cash collections per working day increased from \$500,945 in February to \$561,366 in March.
- Days cash on hand increased 5.4 days to 207.2 days in March from 201.8 days in February. Actual cash and investments on hand increased by \$570,691 from \$68,876,467 in February to \$69,447,158 in March.

## Quarterly Capital Project Update

**Surgery Expansion Project** – The start of the project was delayed so KVH's spending for the project totaled \$282,525 in the 1<sup>st</sup> quarter.

**Laboratory Expansion** – The lab project construction is completed but invoices continue to trickle in. Through March 31, 2023 KVH has spent \$2,124,269. 1<sup>st</sup> quarter spending towards the project totaled \$60,178. KVH expects to receive \$397,000 reimbursement from the legislature in April.

**Cafeteria Remodel** – The cafeteria project is also completed but invoices are still trickling in. Through March 31, 2023, KVH has spent \$873,791 for this project. 1<sup>st</sup> quarter spending for the café remodel totaled \$18,903.

**Energy Efficiency Project** – Since the completion of the lighting and domestic hot water phases of the project the project has been on hold. Through March 31, 2023, KVH has spent \$2,076,669 on the energy efficiency project. 1<sup>st</sup> quarter spending towards the project totaled only \$23,758. KVH will be receiving invoicing for work on the emergency department fan walls which occurred in late March and early April.

**North Hospital Parking Lot Project** – The parking lot expansion project on the north hospital campus near the Internal Medicine Clinic building is nearly complete. KVH has spent \$425,901 towards the parking lot project. 1<sup>st</sup> quarter spending totaled \$3,000.

**MRI Pad** – KVH spent a total of \$176,860 for a mobile MRI Pad. There was no additional spending in the 1<sup>st</sup> quarter.

**Campus Redesign** – KVH has spent \$240,706 for the campus redesign. KVH spent \$4,576 in the 1<sup>st</sup> quarter.

Total spending for these project in the 1st quarter was \$392,940.

**Kittitas Valley Healthcare**  
**March 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	84	102	-17.5%	238	285	-16.6%	279	-14.7%	01
02 Patient Days - W/O Newborn	316	405	-21.9%	1,073	1,134	-5.3%	1,129	-5.0%	02
03 Patient Days - Swingbed	-	8	-100.0%	-	23	-100.0%	13	-100.0%	03
04 Avg Daily IP Census w/Swingbed	10.2	13.3	-23.4%	11.9	12.8	-7.2%	12.7	-6.1%	04
05 Average Length of Stay	3.8	4.0	-5.3%	4.5	4.0	13.5%	4.0	11.4%	05
06 Average Length of Stay w/Swingbed	3.8	4.1	-7.2%	4.5	4.1	11.3%	4.1	10.1%	06
07 Deliveries	23	27	-16.0%	62	79	-22.0%	75	-17.3%	07
08 Case Mix Inpatient	1.12	1.00	11.9%	1.19	1.00	18.9%	1.13	5.2%	08
09 Surgery Minutes - Inpatient	2,175	3,842	-43.4%	7,681	10,759	-28.6%	9,147	-16.0%	09
10 Surgery Minutes - Outpatient	9,694	8,954	8.3%	31,847	25,075	27.0%	19,580	62.7%	10
11 Surgery Procedures - Inpatient	20	31	-36.5%	72	88	-18.3%	73	-1.4%	11
12 Surgery Procedures - Outpatient	162	142	14.3%	505	397	27.3%	287	76.0%	12
13 Gastrointestinal Procedures	170	142	19.6%	471	398	18.4%	293	60.8%	13
14 ER Visits	1,459	1,426	2.3%	4,027	3,994	0.8%	3,386	18.9%	14
15 Urgent Care Cle Elum Visits	434	533	-18.5%	1,232	1,492	-17.4%	1,120	10.0%	15
16 Laboratory	25,312	26,858	-5.8%	70,600	75,218	-6.1%	71,032	-0.6%	16
17 Radiology Exams	3,389	3,212	5.5%	9,794	8,996	8.9%	7,998	22.5%	17
18 Rehab Visit	1,746	1,816	-3.9%	4,881	5,084	-4.0%	4,442	9.9%	18
19 Outpatient Percent of Total Revenue	90.3%	85.6%	5.6%	88.2%	85.5%	3.2%	84.6%	4.3%	19
20 Adjusted Patient Days	3,271	2,801	16.8%	9,111	7,825	16.4%	7,325	24.4%	20
21 Equivalent Observation Days	148	100	47.7%	389	281	38.8%	285	36.6%	21
22 Avg Daily Obs Census	4.8	3.2	47.7%	4.3	3.1	38.8%	3.2	36.6%	22
23 Home Care Visits	559	648	-13.7%	1,495	1,816	-17.7%	1,483	0.8%	23
24 Hospice Days	839	638	31.5%	2,322	1,851.9	25.4%	1,798	29.1%	24
25 Primary Clinic Visits	5,503	5,565	-1.1%	15,809	15,319	3.2%	17,204	-8.1%	25
26 Specialty Clinic Visits	2,455	2,497	-1.7%	7,116	6,990	1.8%	4,034	0.0%	26
27 Telehealth Visits	72	121	-40.3%	241	338	-28.7%	411	NA	27
28 Total Clinic Visits	8,030	8,182	-1.9%	23,166	22,647	2.3%	21,649	7.0%	27
<b>Financial Measures</b>									
29 Salaries as % of Operating Revenue	45.5%	45.9%	0.9%	46.5%	47.7%	2.5%	46.3%	0.5%	29
30 Total Labor as % of Operating Revenue	57.4%	57.4%	0.0%	58.5%	59.8%	2.1%	58.1%	0.7%	30
31 Revenue Deduction %	48.4%	45.6%	-6.0%	47.9%	45.6%	-5.0%	45.7%	4.7%	31
32 Operating Margin	4.3%	11.2%		1.9%	7.5%		5.7%		32
<b>Operating Measures</b>									
33 Productive FTE's	535.4	548.0	2.3%	544.5	548.0	0.6%	513.3	6.1%	33
34 Non-Productive FTE's	68.5	73.0	6.1%	55.7	73.0	23.7%	69.1	-19.4%	34
35 Paid FTE's	603.9	621.0	2.7%	600.2	621.0	3.4%	582.4	3.0%	35
36 Operating Expense per Adj Pat Day	\$ 3,224	\$ 3,649	11.6%	\$ 3,488	\$ 3,800	8.2%	\$ 3,513	-0.7%	36
37 Operating Revenue per Adj Pat Day	\$ 3,370	\$ 4,107	-17.9%	\$ 3,554	\$ 4,109	-13.5%	\$ 3,725	-4.6%	37
38 A/R Days	62.4	60.0	-4.0%	62.4	60.0	-4.0%	59.7	4.5%	38
39 Days Cash on Hand	207.2	217.6	-4.8%	207.2	217.6	-4.8%	222.9	-7.1%	39



# Kittitas Valley Healthcare

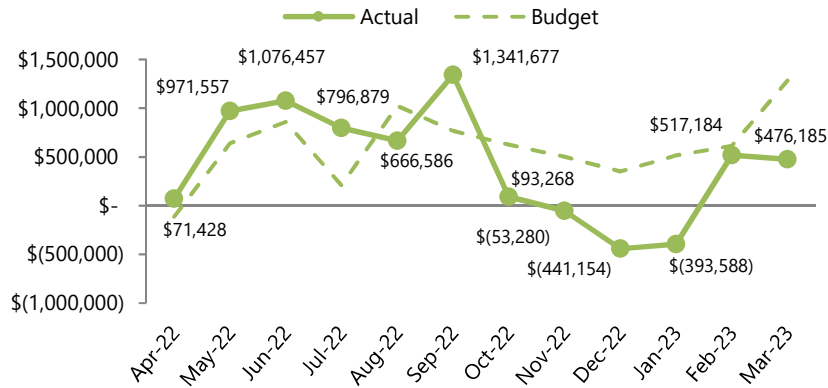
## Year over Year Financial and Operating Indicator Trends

March 2023 - Key Statistics and Indicators

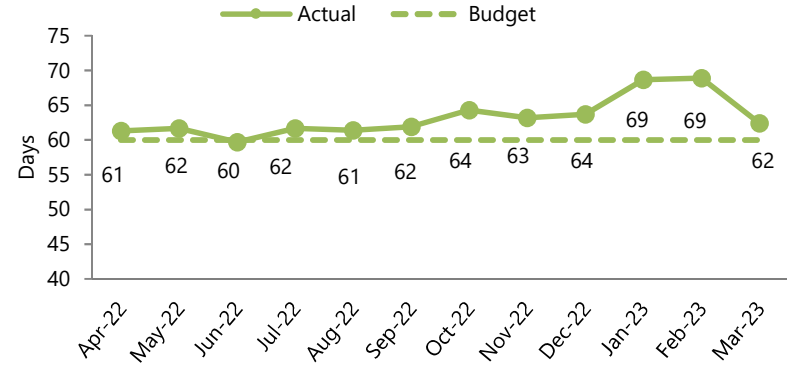
L	Measure	2023 YTD	2023 Budget	2023 Annualize	2022	2021	2020	2019	2018	2017	2016
1	Total Charges	61,254,160	233,240,187	248,419,648	213,492,081	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636
2	Net Revenue	32,377,778	129,100,000	131,309,878	120,219,085	114,372,961	89,905,245	83,527,969	78,753,810	71,490,964	71,506,819
3	Operating Income	599,781	8,000,000	2,432,445	6,074,001	14,127,110	620,732	2,901,869	474,120	885,655	(5,893)
4	Operating Margin %	1.9%	6.2%	1.9%	5.1%	12.4%	0.7%	3.5%	0.6%	1.2%	0.0%
5	Net Income	1,446,069.9	9,390,000	5,864,617	4,079,789	18,470,881	6,420,388	3,690,537	2,526,547	2,648,415	1,543,915
6	Net Margin %	4.5%	7.3%	4.5%	3.4%	16.1%	7.1%	4.4%	3.2%	3.7%	2.2%
7	Cash	69,447,158	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	207.2	197.0	NA	246.4	235.8	175.8	138.6	133.5	178.7	156.0
9	Surgeries	577	1,950	2,340	1,922	1,788	1,354	1,305	1,461	1,396	1,510
10	Gastrointestinal Procedures	471	1,600	1,910	1,404	1,321	1,211	1,416	1,250	1,383	1,396
11	Emergency Visits	4,027	16,790	16,332	15,643	13,988	12,207	13,861	13,930	13,162	13,789
12	% ED visits To Bed	7.4%	10.0%	7.4%	7.7%	9.2%	10.1%	9.5%	n/a	n/a	n/a
13	Laboratory Tests	70,600	302,431	286,322	277,627	288,552	237,710	209,144	207,040	190,587	181,082
14	Radiology Exams	9,794	36,169	39,720	35,222	32,016	29,338	30,397	30,843	33,836	33,471
15	Rehab Visits	4,881	20,447	19,795	17,060	21,390	16,724	18,718	16,359		
16	IP & Obs Days (no swing)	1,462	5,684	5,931	5,470	4,820	3,717	3,805	3,999	3,440	3,937
17	Deliveries	62	322	251	318	280	284	309	342	322	312
18	Admits w/Swing	238	1,147	965	1,066	949	860	941	984	899	1,043
19	Primary Clinic Visits	15,809	61,377	64,114	58,013	60,229	53,270	60,871			
20	Specialty Clinic Visits	7,116	28,113	28,859	22,778	19,865	13,135	11,840			
21	Telehealth Visits	241	1,359	977	1,263	1,391	3,793	-			
22	Total Clinic Visits	23,166	90,849	93,951	82,054	81,485	70,198	72,711	59,241	50,917	48,525
23											
24	FTEs	600.2	621.0	NA	560.9	529.9	499.0	477.4	469.4	457.6	449.1
25	AR Days	62.4	60.0	NA	63.7	63.9	73.5	88.1	92.0	50.8	47.5
<b>Normalize charges by adjusting for charge master increases:</b>											
26	Normalized Charges to 2023		233,240,187	248,419,648	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%	11.35%	2.36%	21.48%	2.94%	5.46%	2.65%	1.16%	-1.05%
28	Operations Growth Exclude COVID Testing			12.64%	6.29%	19.23%	-0.61%				

# Financial Dashboard

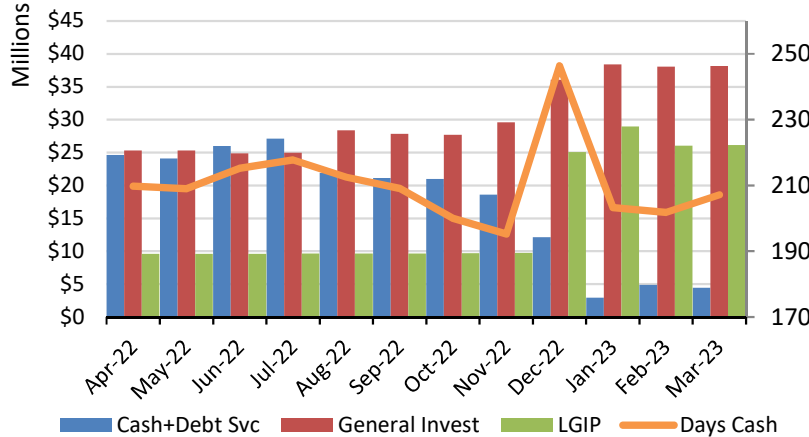
## Operating Income



## 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%	41.19%
Medicaid	19.41%	19.08%	18.64%	20.48%
Commercial	34.97%	35.29%	33.66%	32.65%
Self Pay	2.66%	2.38%	2.10%	1.55%
Other	3.55%	3.01%	3.29%	4.13%

**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	2,030,063	3,002,347	(972,284)	7,215,548	8,411,758	(1,196,210)	7,588,079
OUTPATIENT REVENUE	15,350,469	14,189,745	1,160,724	43,434,940	39,755,402	3,679,538	33,380,335
PROF FEE REVENUE	3,631,514	3,593,027	38,486	10,603,672	9,893,503	710,169	8,247,994
<b>REVENUE</b>	<b>21,012,045</b>	<b>20,785,119</b>	<b>226,927</b>	<b>61,254,160</b>	<b>58,060,662</b>	<b>3,193,498</b>	<b>49,216,407</b>
CONTRACTUALS	9,006,183	8,661,535	344,649	26,405,900	24,226,888	2,179,012	20,381,476
PROVISION FOR BAD DEBTS	429,529	551,856	(122,327)	1,415,067	1,523,426	(108,359)	1,551,843
FINANCIAL ASSISTANCE	239,928	107,725	132,203	491,793	295,073	196,720	270,243
OTHER DEDUCTIONS	483,880	159,019	324,861	1,025,184	435,575	589,609	301,978
<b>DEDUCTIONS FROM REVENUE</b>	<b>10,159,521</b>	<b>9,480,135</b>	<b>679,386</b>	<b>29,337,944</b>	<b>26,480,962</b>	<b>2,856,982</b>	<b>22,505,540</b>
NET PATIENT SERVICE REVENUE	10,852,525	11,304,984	(452,459)	31,916,216	31,579,701	336,516	26,710,867
OTHER OPERATING REVENUE	171,113	200,065	(28,952)	461,562	570,511	(108,949)	573,765
<b>TOTAL OPERATING REVENUE</b>	<b>11,023,637</b>	<b>11,505,049</b>	<b>(481,411)</b>	<b>32,377,778</b>	<b>32,150,211</b>	<b>227,567</b>	<b>27,284,632</b>
SALARIES	5,018,862	5,284,825	(265,963)	15,070,283	15,343,041	(272,758)	12,635,746
TEMPORARY LABOR	285,798	256,035	29,764	1,226,052	743,326	482,726	884,865
BENEFITS	1,312,145	1,319,895	(7,750)	3,882,985	3,890,067	(7,083)	3,222,155
PROFESSIONAL FEES	382,435	164,705	217,730	1,091,884	478,176	613,709	705,703
SUPPLIES	1,350,709	1,082,431	268,278	4,175,775	3,047,534	1,128,241	2,614,508
UTILITIES	93,834	94,464	(630)	321,007	318,816	2,191	315,246
PURCHASED SERVICES	1,103,368	1,080,985	22,383	3,049,140	3,146,833	(97,693)	3,203,577
DEPRECIATION	515,753	467,386	48,368	1,609,600	1,393,429	216,171	1,118,344
RENTS AND LEASES	10,225	3,250	6,975	8,965	9,749	(783)	254,759
INSURANCE	185,617	157,592	28,025	405,911	472,775	(66,864)	254,591
LICENSES & TAXES	91,499	88,806	2,693	254,726	248,731	5,995	209,558
INTEREST	111,444	110,969	475	335,254	331,408	3,846	149,355
TRAVEL & EDUCATION	35,967	50,547	(14,579)	123,366	140,297	(16,931)	49,845
OTHER DIRECT	49,796	59,374	(9,578)	223,049	172,376	50,673	115,001
<b>EXPENSES</b>	<b>10,547,452</b>	<b>10,221,262</b>	<b>326,191</b>	<b>31,777,997</b>	<b>29,736,557</b>	<b>2,041,440</b>	<b>25,733,253</b>
<b>OPERATING INCOME (LOSS)</b>	<b>476,185</b>	<b>1,283,787</b>	<b>(807,602)</b>	<b>599,781</b>	<b>2,413,654</b>	<b>(1,813,873)</b>	<b>1,551,379</b>
OPERATING MARGIN	4.32%	11.16%	167.76%	1.85%	7.51%	-797.07%	5.69%
NON-OPERATING REV/EXP	516,976	115,849	401,127	846,289	347,466	498,822	(951,770)
<b>NET INCOME (LOSS)</b>	<b>993,161</b>	<b>1,399,636</b>	<b>(406,475)</b>	<b>1,446,070</b>	<b>2,761,121</b>	<b>(1,315,051)</b>	<b>599,609</b>
<b>UNIT OPERATING INCOME</b>							
HOSPITAL	835,923	1,481,671	(645,747)	1,690,930	3,346,515	(1,655,584)	2,405,073
URGENT CARE	2,528	12,321	(9,793)	(10,656)	25,133	(35,789)	8,165
CLINICS	(364,190)	(157,168)	(207,022)	(1,044,721)	(776,629)	(268,092)	(834,581)
HOME CARE COMBINED	1,924	(53,037)	54,960	(35,772)	(181,365)	145,593	(27,278)
<b>OPERATING INCOME</b>	<b>476,185</b>	<b>1,283,787</b>	<b>(807,602)</b>	<b>599,781</b>	<b>2,413,654</b>	<b>(1,813,873)</b>	<b>1,551,379</b>

## Kittitas Valley Healthcare Balance Sheet and Cash Flow

Kittitas Valley Healthcare  
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	4,434,648	11,162,290	(6,727,641)
ACCOUNTS RECEIVABLE	44,536,584	41,373,454	3,163,130
ALLOWANCE FOR CONTRACTUAL	(28,792,127)	(26,782,288)	(2,009,839)
THIRD PARTY RECEIVABLE	182,107	182,107	0
OTHER RECEIVABLES	1,774,920	2,007,557	(232,637)
INVENTORY	2,624,273	2,690,763	(66,490)
PREPAIDS	2,296,902	1,512,320	784,582
INVESTMENT FOR DEBT SVC	747,755	963,413	(215,658)
<b>CURRENT ASSETS</b>	<b>27,805,063</b>	<b>33,109,615</b>	<b>(5,304,553)</b>
<b>INVESTMENTS</b>	<b>64,264,755</b>	<b>61,115,705</b>	<b>3,149,050</b>
PLANT PROPERTY EQUIPMENT & ROU ASSET	107,048,667	106,089,339	959,329
ACCUMULATED DEPRECIATION & ROU AMORT	(55,093,318)	(53,865,018)	(1,228,300)
<b>NET PROPERTY, PLANT, &amp; EQUIP</b>	<b>51,955,350</b>	<b>52,224,321</b>	<b>(268,971)</b>
OTHER ASSETS	0	0	0
<b>NONCURRENT ASSETS</b>	<b>51,955,350</b>	<b>52,224,321</b>	<b>(268,971)</b>
<b>ASSETS</b>	<b>144,025,167</b>	<b>146,449,641</b>	<b>(2,424,474)</b>
ACCOUNTS PAYABLE	2,171,174	4,228,424	(2,057,250)
ACCRUED PAYROLL	1,160,707	2,645,596	(1,484,889)
ACCRUED BENEFITS	1,039,272	985,345	53,927
ACCRUED VACATION PAYABLE	2,507,465	1,927,557	579,908
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
<b>CURRENT LIABILITIES</b>	<b>9,803,958</b>	<b>13,365,720</b>	<b>(3,561,762)</b>
ACCRUED INTEREST	295,261	273,091	22,170
DEFERRED TAX COLLECTIONS	7,688	0	7,688
DEFERRED REVENUE HOME HEALTH	59,862	60,910	(1,047)
DEFERRED INFLOW RIGHT OF USE	609,450	628,695	(19,246)
DEFERRED OTHER	127,031	127,031	0
<b>DEFERRED LIABILITIES</b>	<b>1,099,292</b>	<b>1,089,727</b>	<b>9,565</b>
LTD RIGHT OF USE ASSETS	4,672,955	4,991,302	(318,347)
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
<b>LONG TERM DEBT</b>	<b>35,534,761</b>	<b>35,853,108</b>	<b>(318,347)</b>
OTHER POST EMPLOYMENT BENEFITS LIABILITY	3,806,216	3,806,216	0
<b>NONCURRENT LIABILITIES</b>	<b>40,440,269</b>	<b>40,749,051</b>	<b>(308,782)</b>
<b>LIABILITIES</b>	<b>50,244,227</b>	<b>54,114,771</b>	<b>(3,870,544)</b>
FUND BALANCE	92,334,870	92,334,870	0
NET REVENUE OVER EXPENSES	1,446,070	0	1,446,070
<b>FUND BALANCE</b>	<b>93,780,940</b>	<b>92,334,870</b>	<b>1,446,070</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>144,025,167</b>	<b>146,449,641</b>	<b>(2,424,474)</b>

Kittitas Valley Healthcare  
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	1,446,070
<b>ADD BACK NON-CASH EXPENSE</b>	
DEPRECIATION	1,228,300
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
<b>NET CASH FROM OPERATIONS</b>	<b>2,674,370</b>
<b>CHANGE IN CURRENT ASSETS ( \$ )</b>	
PATIENT ACCOUNTS	(1,153,291)
OTHER RECEIVABLES	232,637
INVENTORIES	66,490
PREPAID EXPENSES & DEPOSITS	(784,582)
INVESTMENT FOR DEBT SVC	215,658
<b>TOTAL CURRENT ASSETS</b>	<b>(1,423,089)</b>
INVESTMENTS	(3,149,050)
PROPERTY, PLANT, & EQUIP.	(959,329)
OTHER ASSETS	0
<b>TOTAL ASSETS</b>	<b>(2,857,097)</b>
<b>CHANGE IN CURRENT LIABILITIES ( \$ )</b>	
ACCOUNTS PAYABLE	(2,057,250)
ACCRUED SALARIES	(1,484,889)
ACCRUED EMPLOYEE BENEFITS	53,927
ACCRUED VACATIONS	579,908
COST REIMBURSEMENT PAYABLE	0
CURRENT MATURITIES OF LONG-TERM DEBT	(653,459)
CURRENT MATURITIES OF CAPITAL LEASES	0
<b>TOTAL CURRENT LIABILITIES</b>	<b>(3,561,762)</b>
<b>CHANGE IN OTHER LIABILITIES ( \$ )</b>	
ACCRUED INTEREST ON 1998, 1999 UTGO	22,170
DEFERRED TAX COLLECTIONS	7,688
DEFERRED REVENUE - HOME HEALTH	(1,047)
DEFERRED INFLOW RIGHT OF USE	(19,246)
DEFERRED OTHER	0
<b>TOTAL OTHER LIABILITIES</b>	<b>9,565</b>
<b>CHANGE IN LT DEBT &amp; CAPITAL LEASES ( \$ )</b>	
LTD RIGHT OF USE ASSETS	(318,347)
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
<b>TOTAL LONG-TERM DEBT &amp; LEASES</b>	<b>(318,347)</b>
OTHER POST EMPLOYMENT BENEFITS LIABILITY	0
<b>TOTAL LIABILITIES</b>	<b>(3,870,544)</b>
NET CHANGE IN CASH	(6,727,641)
BEGINNING CASH ON HAND	11,162,290
ENDING CASH ON HAND	4,434,648

Grant	Grantee/ Applicant	Funding Category	Funding Source	Amount	Status	Funds Leveraged/Complimented	Partnerships	Purpose
Opioid Implementation Grant	KCHN	Opioids	HRSA	\$1,000,000	Awarded	Opioid Planning and Opioid Resource Network Manager	KCHN Participants	Implement plan created in Opioid Planning Grant to address opioid addiction in our county
Care Coordination	KCHN	Care Coordination	HRSA	\$750,000	Awarded	HRSA Rural Health Network Development, GCACH	KCHN Participants	Funding to improve care coordination in our community
Community World of Difference	KCHN	Care Coordination	Cigna	\$100,000	WIP	HRSA Rural Health Network Development, GCACH, HRSA Care Coordination	KCH Participants	Funding to improve care coordination in our community
Rural Mental Health Integration	KVH	PCMH	UW/AIMS	\$245,000	Awarded	GCACH	Greater Columbia	Provides training and education for integrated mental health at FMCE
Drill Grant	KVH via KVHF	Education/Staff Development	Coverys	\$49,000	WIP	DOH Trauma	KVFR, Law Enforcement (likely included), Foundation	Create and implement clinical and non-clinical drill program
Behavioral Health Grant	KVH via KVHF	Facilities	Premera	\$100,000	WIP	Rural Mental Health Integration	ED, Foundation	Remodel ED and ICU rooms to be safe rooms for behavioral holds and training staff
Child Care Partnerships Grant	KCHN	Child Care	WS Department of Commerce	\$80,000	Awarded		KCHN	Provides funding to explore options and strategically plan how to increase childcare capacity in our community
Drive Thru Vaccinations Clinic	KVH	Pharmacy/ Clinics	Capture Cares	\$24,879	Awarded			Funds to implement a vaccination drive-thru clinic for flu and child immunizations.
Rural Mental Health Integration	KVH	PCMH	UW/AIMS	\$245,000	Awarded	GCACH	Greater Columbia	Provides training and education for integrated mental health at FME
Capital Funding Request	District 2	Facilities	Washington State Legislature	\$761,080	Awarded			Capital Funding to assist in the construction of Station 99
Capital Funding Request	KVH	Facilities	Washington State Legislature	\$385,627	Awarded			Capital Funding to assist in the remodel of KVH Lab
Kittitas County Jail MAT and Behavioral Health RFP	KCHN	Behavioral Health	Kittitas County Corrections	\$600,000	Awarded	HRSA RCORP, HRSA Care Coordination	KCHN	KCHN is applying with a joint application with its partners to provide direct treatment services in the jail. Three year Contract
COVID-19 RHC Vaccine Funding	KVH	COVID	HHS	\$ 150,000	Awarded			Funding to assist in the COVID-19 Vaccination efforts
Early Learning Facilities Grant	Happy Feet Academy / KCHN / KVH	Child Care	Department of Commerce	\$1,000,000	Awarded	HRSA Care Coordination	KCHN	Funding would increase childcare capacity in our community
Opioid Implementation Grant	KCHN	Opioids	HRSA	\$1,000,000	Awarded	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Expanding on the work of the first Opioid response grant
RCORP Behavioral Health	KCHN	Opioids	HRSA	\$2,000,000	Awarded	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Funding would expand the work of the implementation grant to go beyond opioids and work to find solutions for other behavioral health issues
Harm Reduction Program #2	KCHN	Opioids	SAMHSA	\$1,200,000	Applied	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Activities focus primarily on ways increase access to treatment, and reduce harm for individuals with SUD

ALTA Training	KVH	Education/Staff Development	DOH	\$7,500	Awarded			Funding would support getting staff members through ALTA Language testing and help them to become certified.
Professional Development	KVH	Education/Staff Development	Hearst Foundation		Researching			Funding focuses on professional development and addressing healthcare professional shortages.
Coordinated Care	KCHN	Care Coordination	Coordinated Care		Applied	HRSA Care Coordination		Funding focuses on improving care management for underserved populations and improinb service delivery for LGBTQ+ individuals
Care Coordination Expansion	KCHN	Care Coordination	Yakima Valley Community Foundation	\$25,000	Applied	HRSA Care Coordination		Funding to extend care coordinators to fulltime.
Family Resource Center Capacity Building	KCHN	Care Coordination	DCYF	\$60,000	Applied	HRSA Care Coordination		Funding to provide care coordination for individuals and families at risk for abuse and neglect
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	Applied			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	Applied	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.
ANEW Grant Program	KVH	Staff Development	HRSA	\$650,000	Applied			Training Grant to provide scholarships and funding for clinical training for ARNP Students. Funds will pay for approximately 12 students in 4 years for two years of support and clinical training.
<b>RCORP Children's Behavioral Health</b>	<b>KCHN</b>	<b>Opioids</b>	<b>HRSA</b>	<b>\$4,000,000</b>	<b>WIP</b>	<b>HRSA Behavioral Health</b>	<b>KCHN Participants</b>	<b>Funding would expand current behavioral health work from the Health Network to children and yough 5 - 18. Fuding is up to \$1,000,000 per year for four years.</b>

Strategic Prevention Framework	KCHN	Opioids	SAMHSA	\$1,875,000	Researching	Opioid Implementation, Care Coordination	KCHN Participants	Funds would assist in leveraging and expanding upon the work of the current opioid work the network is already doing with an emphasis on prevention. Funding is for \$375,000 per year for 5 years.
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\* 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***





Office of the Washington State Auditor  
Pat McCarthy

## **Accountability Audit Report**

# **Kittitas County Public Hospital District No. 1**

**(Kittitas Valley Healthcare)**

**For the period January 1, 2020 through December 31, 2021**

*Published March 16, 2023*

Report No. 1032159



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**Office of the Washington State Auditor  
Pat McCarthy**

March 16, 2023

Board of Commissioners  
Kittitas Valley Healthcare  
Ellensburg, Washington

**Report on Accountability**

Thank you for the opportunity to work with you to promote accountability, integrity and openness in government. The Office of the Washington State Auditor takes seriously our role of providing state and local governments with assurance and accountability as the independent auditor of public accounts. In this way, we strive to help government work better, cost less, deliver higher value and earn greater public trust.

Independent audits provide essential accountability and transparency for District operations. This information is valuable to management, the governing body and public stakeholders when assessing the government's stewardship of public resources.

Attached is our independent audit report on the District's compliance with applicable requirements and safeguarding of public resources for the areas we examined. We appreciate the opportunity to work with your staff and value your cooperation during the audit.

Sincerely,

Pat McCarthy, State Auditor  
Olympia, WA

***Americans with Disabilities***

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## AUDIT RESULTS

### Results in brief

This report describes the overall results and conclusions for the areas we examined. In those selected areas, District operations complied, in all material respects, with applicable state laws, regulations, and its own policies, and provided adequate controls over the safeguarding of public resources.

However, we noted certain matters related to procurement of professional services that we communicated to District management and the Board of Commissioners in a letter dated March 1, 2023. We appreciate the District's commitment to resolving those matters.

In keeping with general auditing practices, we do not examine every transaction, activity, policy, internal control, or area. As a result, no information is provided on the areas that were not examined.

### About the audit

This report contains the results of our independent accountability audit of Kittitas Valley Healthcare from January 1, 2020 through December 31, 2021.

Management is responsible for ensuring compliance and adequate safeguarding of public resources from fraud, loss or abuse. This includes the design, implementation and maintenance of internal controls relevant to these objectives.

This audit was conducted under the authority of RCW 43.09.260, which requires the Office of the Washington State Auditor to examine the financial affairs of all local governments. Our audit involved obtaining evidence about the District's use of public resources, compliance with state laws and regulations and its own policies and procedures, and internal controls over such matters. The procedures performed were based on our assessment of risks in the areas we examined.

Based on our risk assessment for the years ended December 31, 2021 and 2020, the areas examined were those representing the highest risk of fraud, loss, abuse, or noncompliance. We examined the following areas during this audit period:

- Accounts receivable – billings and collections
- Self-insurance for unemployment and workers compensation
- Cash receipting – timeliness and completeness of deposits
- Procurement – public works and professional services
- Selected IT security policies, procedures, practices and controls protecting financial systems – patch management
- Accounts payable – general disbursements, charge accounts and relocation costs

- Contract compliance – cash receipting and deposit timeliness
- Open public meetings – compliance with minutes, meetings and executive session requirements
- Financial condition – reviewing for indications of financial distress

## RELATED REPORTS

### **Financial**

A financial statement audit was performed by a firm of certified public accountants. That firm's 2021 report is available on our website, <http://portal.sao.wa.gov/ReportSearch>.

### **Federal grant programs**

A firm of certified public accountants evaluated internal controls and tested compliance with the federal program requirements, as applicable, for the District's major federal program. That firm's 2021 report is available on our website, <http://portal.sao.wa.gov/ReportSearch>.

## INFORMATION ABOUT THE DISTRICT

Kittitas County Public Hospital District No. 1 doing business as Kittitas Valley Healthcare is organized as a municipal corporation pursuant to the laws of the state of Washington for municipal corporations. The District is a critical access hospital with 25 acute-care, critical care, and birthing place beds. Services offered by the District include medical, surgical, labor/delivery and nursery care, 24-hour emergency, 24-hour pharmacy, laboratory, imaging services, physical therapy, occupational therapy, speech therapy, wound care, infusion care, respiratory care, home health, hospice, and clinics. Members of the medical staff include specialists in emergency medicine, family practice, pediatrics, internal medicine, general surgery; vascular surgery, cardiology, neurology, ear, nose, and throat surgery, gynecology, orthopedics, radiology, pathology, dermatology, behavioral health, and inpatient hospitalization. The District owns and operates three rural health clinics, an occupational medicine clinic, a retail pharmacy, two provider-based clinics, and an urgent care center.

An elected, five-member Board of Commissioners governs the District. The Board appoints management to oversee the District's daily operations as well as its 625 employees. For the year under audit, the District operated an annual budget of approximately \$86.2 million.

### Contact information related to this report

Address:	Kittitas Valley Healthcare 603 S. Chestnut Ellensburg, WA 98926
Contact:	Kelli Goodian Delys, Director-Finance
Telephone:	(509) 933-8658
Website:	<a href="http://www.kvhealthcare.org">www.kvhealthcare.org</a>

*Information current as of report publish date.*

### Audit history

You can find current and past audit reports for Kittitas Valley Healthcare at <http://portal.sao.wa.gov/ReportSearch>.

## ABOUT THE STATE AUDITOR'S OFFICE

The State Auditor's Office is established in the Washington State Constitution and is part of the executive branch of state government. The State Auditor is elected by the people of Washington and serves four-year terms.

We work with state agencies, local governments and the public to achieve our vision of increasing trust in government by helping governments work better and deliver higher value.

In fulfilling our mission to provide citizens with independent and transparent examinations of how state and local governments use public funds, we hold ourselves to those same standards by continually improving our audit quality and operational efficiency, and by developing highly engaged and committed employees.

As an agency, the State Auditor's Office has the independence necessary to objectively perform audits, attestation engagements and investigations. Our work is designed to comply with professional standards as well as to satisfy the requirements of federal, state and local laws. The Office also has an extensive quality control program and undergoes regular external peer review to ensure our work meets the highest possible standards of accuracy, objectivity and clarity.

Our audits look at financial information and compliance with federal, state and local laws for all local governments, including schools, and all state agencies, including institutions of higher education. In addition, we conduct performance audits and cybersecurity audits of state agencies and local governments, as well as state whistleblower, fraud and citizen hotline investigations.

The results of our work are available to everyone through the more than 2,000 reports we publish each year on our website, [www.sao.wa.gov](http://www.sao.wa.gov). Additionally, we share regular news and other information via an email subscription service and social media channels.

We take our role as partners in accountability seriously. The Office provides training and technical assistance to governments both directly and through partnerships with other governmental support organizations.

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- Toll-free Citizen Hotline:  
(866) 902-3900
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[webmaster@sao.wa.gov](mailto:webmaster@sao.wa.gov)