

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

May 25th, 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 23rd, 2023 and April 27th, 2023 **(3-10)**
 - b. Approval of Checks **(11)**
 - c. Report: Foundation **(12)**
 - d. Minutes: Finance Committee March 21st, 2023 and April 25th, 2023 **(13,14)**

- 4. Public Comment and Announcements**

- 5. Presentations:**
 - a. Introduce Accounting Staff – Scott Olander
 - b. Financial Audit 2022 – Tom Dingus, DZA**

- 6. Reports and Dashboards**
 - a. Quality – Mandee Olsen, Chief Quality Officer **(15-25)**
 - b. Chief Executive Officer – Julie Petersen **(26-33)**
 - i. 2023 Compliance Committee Work Plan**
 - c. Operations
 - i. Dede Utley, Chief Nursing Officer **(34,35)**
 - ii. Rhonda Holden, Chief Ancillary Officer **(36,37)**
 - iii. Stacy Olea, Chief of Clinic Operations **(38-41)**
 - d. Support Services
 - i. Michele Wurl, Chief Public Relations Officer **(42-47)**
 - ii. Jeff Yamada, Chief Information Officer **(48-54)**
 - iii. Ron Urlacher, Chief of Facilities **(55-69)**
 - e. Medical Staff
 - i. Chief of Staff, Roberta Hoppe, MD
 1. MEC Recommendations for Appointment and Re-Appointment** **(70)**
 2. Revised Vascular Surgery Delineation of Privileges** **(71,72)**
 - ii. Chief Medical Officer, Kevin Martin MD **(73,74)**
 - f. Finance – Chief Financial Officer - Scott Olander **(75-92)**
 - i. Operations Report
 - ii. Capital Expenditure Request for Vitek 2 Microbiology Analyzer**
 - iii. Capital Expenditure Request for Homecare Homebase EMR**

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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 2nd)
- b. June 3rd, 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 - RCW 42.30.110(i)
- b. Convene to Open Session

11. Adjournment

Future Meetings

June 22, 2023, Regular Meeting
July 27, 2023 Regular Meeting

Future Agenda Items



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

March 23rd, 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:

President 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 3rd, 2023. Olsen explained 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 as well as 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. Additionally, 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. Petersen also stated 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. This allows her replacement, Dede Utley, to focus on her new role as CNO. Machorro then 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 4th.

Rhonda Holden, CAO, informed the Board about the pharmacy technician apprenticeship program which had 30 applicants and is now narrowed down to two. One applicant is internal and one is external. Holden then 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.

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

Scott Olander, CFO, shared his report with the Board. Olander covered 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 second of Erica Libenow, the Board Members unanimously approved the Capital Expenditure request for the deSoutter Medical Orthopedic Equipment.

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

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

ACTION: On motion of Erica Libenow and second of Terry Clark, 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 3rd, 2023.

9. New Business:

10. Executive Session:

At 7:26 p.m. President Altman announced that there would be a 10-minute recess followed by a 30-minute executive session to discuss personnel/property per RCW 42.30.110(b).

At 8:06 p.m. President Altman announced that the executive session would be extended an additional 5 minutes.

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.

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

April 27th, 2023

BOARD MEMBERS PRESENT: Matt Altman, Jon Ward, Erica Libenow, Terry Clark (attended remotely - joined meeting at 5:20pm), and Bob Davis (attended remotely)

KVH STAFF PRESENT: Julie Petersen, Mandee Olsen, Scott Olander, Dr. Kevin Martin, Stacy Olea, Rhonda Holden, Dede Utley, Ron Urlacher, Dr. Roberta Hoppe, Michele Wurl, Jeff Yamada.

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

2. Approval of Agenda:

ACTION: On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved the agenda as amended (to include the introduction of Bonnie Vidonne, Director of Materials Management).

3. Consent Agenda:

ACTION: On motion of Jon Ward and second of Erica Libenow the Board members unanimously approved the consent agenda as amended (to remove the Finance committee and Board meeting minutes from March.)

4. Public Comments/Announcements:

5. Presentations:

Cindy Kelly, the Compliance Officer, presented the 2023 Compliance Committee Work Plan. Kelly highlighted the addition of two new items. The expansion of the scope of improvement and the need to ensure that all contract commitments are delivered in full compliance with regulations. The Board will vote to adopt this plan during the regular May Board meeting.

Bill Mannewitz and Marcus Jaffe from Rehab Visions presented their services and metrics to the Board. Their presentation covered patient satisfaction, accessibility, productivity, revenue, expense, and programming.

Terry Clark, Vice President, joined via Zoom at 5:20 and, thus, was not present for the agenda and consent agenda votes.

Ron Urlacher, COF, discussed issues with the fire main, water table, and contaminated soil found during the Expansion Project construction. Urlacher also updated the Board on the project's timeline status, citing delays due to the delivery of the new MRI and that the fire marshal suggested installing an audio voice mass notification system into the fire alarms.

6. Reports and Dashboards:

Mandee Olsen, the Chief Quality Officer, presented her report to the Board, which included updates on various aspects of the organization's performance. Julie Petersen, CEO, drew the Board's attention to the employee engagement survey questions that were being distributed to staff in the hospital and clinics. Olsen then proceeded to discuss the quality dashboards, highlighting Medicare Wellness visits, Internal Medicine's achievement of 100% on Fall Risk training, and FMCE meeting the goal for Diabetic Foot Checks. Olsen also informed the Board of the Safe Patient Handling Education Fair, which took place on 4/27/23, explaining that this education directly impacted the indicators on the dashboard. Lastly, Olsen touched upon the few different dashboards that DNV will inquire about, highlighting the progress made on Suicide Risk Assessment, Blood Product Documentation, and FBP's Pain Reassessment after Medication.

Julie Petersen, the CEO, brought to the Board's attention some concerns in Upper County and briefly discussed her recent experience at the AHA conference held in Washington, DC. She also addressed the Board's inquiries regarding the HR report, specifically regarding recruitment and hiring/transferring.

Dede Utley, the Chief Nursing Officer, presented her report to the Board, beginning with an overview of Clinical Education and Staff Development. Utley highlighted the successful outcome of the Safe Patient Handling Education Fair, reporting that a total of 88 staff members had successfully completed the training. She further informed the Board that there were plans to hold an additional fair at the Medical Arts Center for clinic employees. Utley also discussed the newly established Nursing Staff Development Committee, which was formed as a result of the WSNA bargaining Agreement. Lastly, Utley highlighted the Emergency Department and its ongoing training with the MRI machine and AVADE, underscoring the exceptional quality of training being conducted.

Rhonda Holden, CAO, informed the Board that the City of Cle Elum has initiated an open comment period for the 47 degrees north application until May 31st, 2023. She encouraged any volunteers who are inclined to write a letter to participate in this process. Secondly, Holden shared concerns about the proposed merger between fire district 6 of Ronald, Washington and the city of Roslyn, which is currently under discussion in Upper County. Furthermore, Holden reported on the special meeting held on April 19th, where representatives from Kittitas Valley Fire and Rescue (FD7) and Cle Elum (FD2) met to discuss regionalization efforts. Lastly, Holden explained that Hospital District 2 will hold a joint meeting with FD7 commissioners to address these concerns, with the exact date to be determined.

Stacy Olea, Chief Clinical Officer, presented additional cardiology statistics to the Board, highlighting the department's progress and success in improving access to care. President Altman inquired about the upcoming rapid access clinic starting on May 1st. Olea replied that it would be limited to established KVH patients, with the same billing structure as other clinics, as it is considered an extension of primary care. Commissioner Libenow inquired about the operating

hours and age range of patients eligible for the rapid access clinic. Olea stated that the clinic would operate from 7 a.m. to 6:30 p.m. and would accept patients of all ages, with the exception of OBGYN patients. Finally, Olea provided an update on the progress of the FME phone improvement project.

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

ACTION: On motion of Bob Davis and second of Terry Clark, the Board members unanimously approved the initial appointments; Bentley, Christine, PA-C, Dowling, Mary, ARNP, DuMontier, Edward, MD Eglin, Tom, MD Johnson, Joshua, DPM, Williams, Lance, MD and re-appointments; Romanko, Monica, MD, Young, Meghan, DO, Lucas Daniel, MD, Reed, Pelin, MD, Long, Aaron, ARNP, Mahre, Dena, PA-C, Newman, Chelsea, PA-C, as recommended by the Medical Executive Committee.

Dr. Kevin Martin, the Chief Medical Officer, announced that KVH had signed a contract with Emergency Associates of Yakima. This partnership will provide guidance and support to our Emergency Department staff. Additionally, Dr. Martin discussed the benefits of utilizing Chartis as a valuable tool for the Chief of Staff and MEC/Peer Review. The implementation of this tool could facilitate the restructuring of the Chief of Staff position, allowing for increased exposure to the MEC/Peer Review process among other staff members. Mande Olsén, CQO, mentioned that MDstat will be another useful tool along the same vein.

Scott Olander, CFO, presented the March financial report to the Board. Olander reported that while revenue remains steady, there has been a shift from inpatient to outpatient services, and temporary labor costs have continued to decline. Additionally, Olander noted that the length of stay decreased to within compliance standards. During the presentation, Julie Petersen, CEO, discussed site neutrality and its impact on public hospitals in comparison to ambulatory service centers. Then, Olander covered the state mandated charity guidelines and the state auditor's report.

Michele Wurl, CPRO, reviewed the new customer feedback response system, allowing customers to text a rating of their service, which goes immediately to Google. Next, Wurl discussed the next round of provider videos that would be utilized in our recruiting efforts. Lastly, Wurl noted the three different events on June 3rd, and requested participation from the Board and SLT.

7. Education and Board reports:

President Altman and CEO Petersen shared the highlights of their recent trip to the AHA Leadership Conference in Washington, D.C. Altman discussed the various issues addressed with Congresswoman Schrier's office, which included site neutrality, price transparency, staffing concerns, and 340b. CEO Petersen elaborated on the discussion points, noting that they remained consistent with those from the 2019 conference. She further explained that they took the opportunity to clarify certain misconceptions, specifically pertaining to the delay in payment by Medicare Advantage plans.

8. Old Business:

9. New Business:

10. Executive Session:

At 7:52 p.m. President Altman announced that there would be an 8-minute recess followed by a 45-minute executive session to discuss personnel/property per RCW 42.30.110(b).

At 8:45 p.m. President Altman announced that the executive session would be extended an additional 15 minutes.

At 9:00 p.m. the Board came back from executive session.

11. Adjournment:

With no further business and no action taken, the meeting was adjourned at 9:02 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 amended.
3. Motion passed to approve the Medical Executive Committee Recommendations for Appointment and Re-Appointment.

DATE OF BOARD MEETING: May 25, 2023

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>293097-293855</u>	NET AMOUNT:	<u>\$6,946,579.46</u>
			SUB-TOTAL:	<u>\$6,946,579.46</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>82098-82105</u>	NET AMOUNT:	<u>\$15,004.77</u>
#2	PAYROLL CHECK NUMBERS	<u>82106-82108</u>	NET AMOUNT:	<u>\$6,136.64</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,798,981.59</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,648,222.70</u>
			SUB-TOTAL:	<u>\$3,468,345.70</u>

TOTAL CHECKS & EFTs: \$10,414,925.16

Prepared by



 Sharoll Cummins
 Staff Accountant



May

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 19th 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/>

Tickets are going quickly and we have had fantastic support from the community in providing in kind donations for our silent auction and purchasing tickets to the event. We already have \$16,000 pledged for the Raise the Paddle portion of the event.



Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

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.

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
April 25, 2023

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

Members Excused: Julie Petersen

Staff Present: Kelli Goodian Delys and Jason Adler

The meeting was called to order at 7:29 a.m.

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

Olander presented the highlights of the March 2023 financial results. March admissions and inpatient surgery cases are under budget. Outpatient surgical cases, GI procedures and ER visits are over budget. Clinic visits are under budget. This is reflected in revenue. Expenses exceeded budget and are reflective of volume. Temporary labor is trending down. The result is an operating income of \$476,185 for March 2023. With interest income and unrealized gain on investments, the March 2023 net income is \$993,161. Days cash on hand is 207.2. The details are in the Chief Financial Officer Report.

The committee received a quarterly capital project update and reviewed the accountability audit report from the Office of the Washington State Auditor. Two capital items, the Philips Patient Monitoring System and an MRI, were introduced to the committee. The discussion was for informational purposes and no action was recommended.

With no further business, the meeting was adjourned at 8:40 a.m.

QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

May, 2023

Culture of Safety

The Survey of Patient Safety went out May 9th! As of this writing, 288 employees have completed the survey, and we have awarded three lucky employees with gift cards for completing the survey. We will be doing weekly drawings, and will have a Winegar pint celebration if we achieve 80% response rate! I will have updated data at the time of the board meeting.

DNV Preparedness

DNV will be arriving to complete their second unannounced CAH Conditions of Participation survey with KVH sometime before June 20th. In the last few weeks, we have shared a “cheat sheet” to remind staff of frequently surveyed topics, created an opening presentation about KVH to share with surveyors, and created a checklist so that we all know our roles on their arrival. We are looking forward to their arrival anyday!

COVID Updates

The COVID-19 Public Health Emergency came to an end on May 11, 2023. As a result, your Infection Control Team has been hard at work reviewing the updated guidance and adjusting our strategy to continue to keep patients and employees safe. Below are our current practices, with any new information has been highlighted in red.

COVID 19 Testing:

- Antigen Test Kits:
 - Available to the public free of charge at KV Hospital as supplies allow
 - Available to any employee free of charge through their direct supervisor
- PCR Test:
 - Available to the public through provider order only. The PCR test may be the three-pathogen test or the more extensive respiratory panel, depending upon the provider’s diagnostic plan of care.
 - A single, COVID-19 only PCR test is available to all employees upon approval from Employee Health. This test can be completed at KVH Hospital, KVH MAC or CEUCC.

Inpatient Admissions/Pre-surgical Testing:

- Any patients being admitted or transferred must receive a PCR test. Results do not need to be available prior to patient transfer. Symptomatic patients or any patient with a high degree of suspicion will be treated as positive until results are made available. ****Infection Control is currently reviewing data to determine if testing might be restricted to symptomatic patients only.****
- Any surgical patient who will be intubated must receive a PCR test prior to their surgical procedure. ****Infection control is currently reviewing data to determine if testing might be restricted to symptomatic patients only.****

Masking:

- Symptomatic patients: Patients presenting with signs/symptoms of nasal congestion, sore throat, fever, sneezing or coughing should wear a surgical mask whenever they enter a healthcare setting.
- Symptomatic employees: Employees who have mild cold or allergy symptoms and who have tested negative for COVID-19 and who are without a fever should wear a well-fitting surgical mask or KN95 mask while at work.
- COVID-Exposure: Anyone who has had a close and prolonged exposure to COVID-19 illness in the past 10 days should wear a well-fitted mask inside KV Healthcare.
- COVID-Positive: Any person infected with COVID-19 who is isolating from others should wear a well-fitted mask when they are around others.
- Infection Control Request: Masking for source control may be ordered as part of a strategy to suppress an active COVID-19 outbreak.
- Personal Choice: Masks may be used by anyone for any reason in healthcare and remain recommended at this time.

Return to Work Guidelines:

- Healthcare workers must still be excluded from work upon the development of a fever along with symptoms suggestive of COVID-19 and/or the receipt of a positive COVID test. Please call Employee Health to review your individual return to work plan. Current guidance of a five day period of exclusion followed by five days of masking while at work if well enough to return to work have not changed.

COVID-19 Vaccination:

- CMS continues to require COVID-19 vaccination for healthcare workers. Employees may choose to antigen test once weekly in lieu of vaccination once the process for either medical or religious accommodation is followed. ****Infection Control is currently anticipating updated guidance from CMS regarding the COVID-19 vaccination mandate.**

Infection Control Core Measures:

- Standard Precautions, including hand hygiene, respiratory etiquette (Cover your cough) and environmental cleaning and disinfection remain important in healthcare to protect our patients and employees against all disease causing germs.
- In addition to Standard Precautions, Transmission Based Precautions should be used by the clinical care team with any patient who presents symptoms on an infection (nasal congestion, fever, cough, sneezing, and shortness of breath, nausea, vomiting or diarrhea). COVID-19 Positive patients continue to require Airborne/Contact precautions, which requires the use of a fit testing N95 respirator, eye protection, gown and gloves. Supplies are now sufficient to return to single N95 respirator use.

Ongoing Infection Control Activities:

- The Infection Control Team remains on call Monday-Friday, from 7am to 7pm. Access can be achieved after hours by calling the House Supervisor.



- Employee email notifications of exposure are limited to only those situations that necessitate communication to mitigate an outbreak.
- Surveillance of COVID-19 activity remains unchanged. Data is posted weekly on the Employee Health/Infection Control Page on the intranet.

Quality Improvement Dashboard Data Summary – through March 2023

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

Summary of Areas Meeting Goal or Showing Improvement

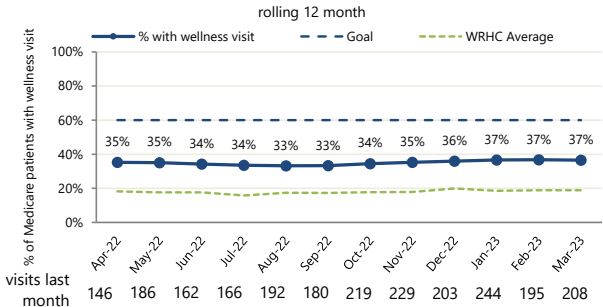
- Fall risk screening and diabetic foot check rates continue to increase over time in clinics. This data is shared at every provider meeting, they are training and retraining staff.
- The improvement in management of oral medications for home health patients shows 86% of patients improving from the beginning 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.
- At 100% for restraints documentation bundle in both the ED and MS/CCU.
- There were no adverse medication events.
- Employee reports of incidents continues to be high.

Summary of Improvement Opportunities

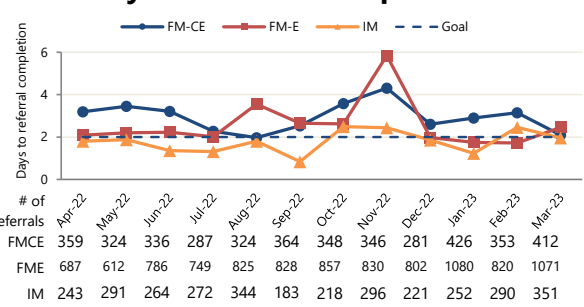
- One patient with sepsis did not receive the target fluid volume.
- The median time to lytics for the single eligible patient presenting with stroke was above the goal of 60 minutes.
- Of the 28 units of blood given in February 2023, 24 had all components of the documentation expected within the timeframes allowed. Opportunities exist for completing consent and additional vital signs.
- There were two surgical site infections.
- There was one potential bloodborne pathogen exposure with a butterfly needle and syringe.

QI Council

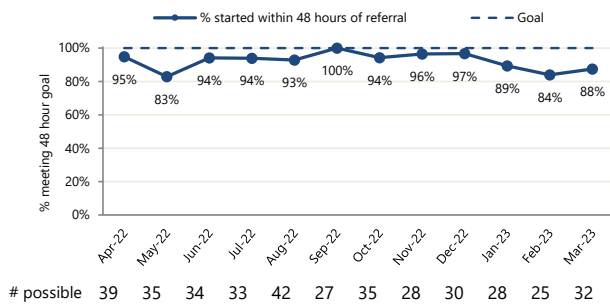
Medicare Wellness Visits ↑



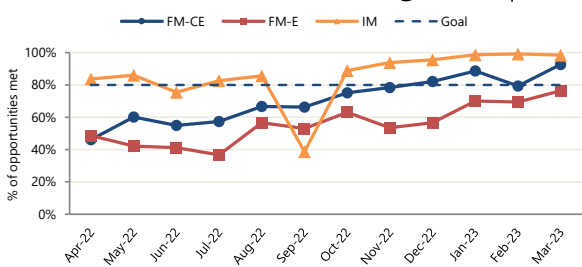
Days to Referral Completion ↓



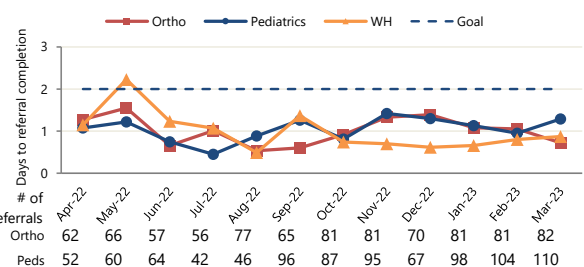
Timely Start for Home Health ↑



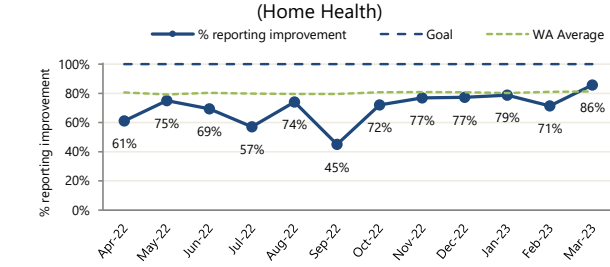
Fall Risk Screening ↑



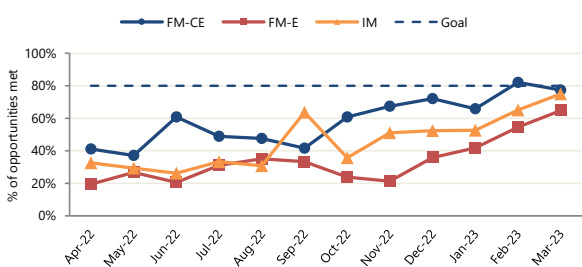
Days to Referral Completion ↓



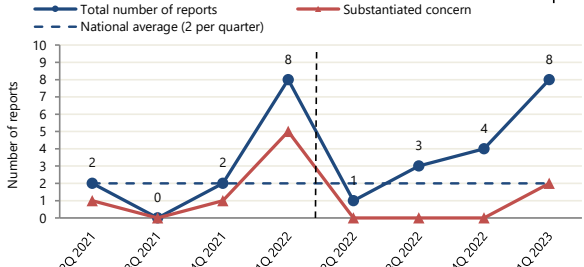
Improvement in Management of Oral Meds (Home Health) ↑



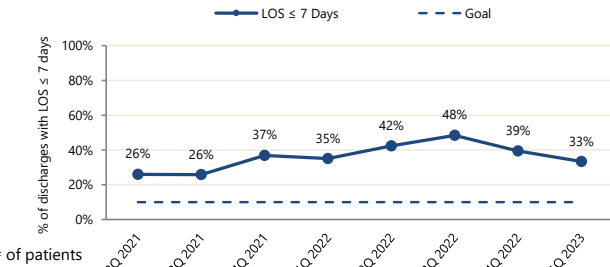
Diabetic Foot Checks ↑

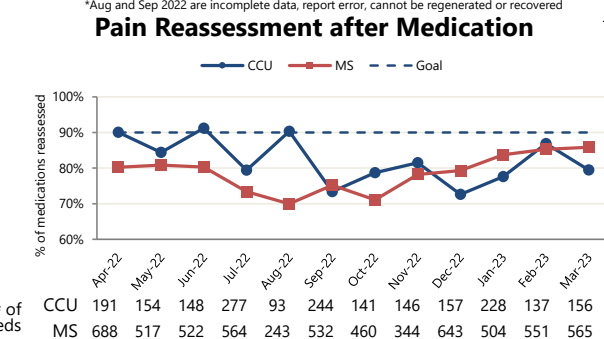
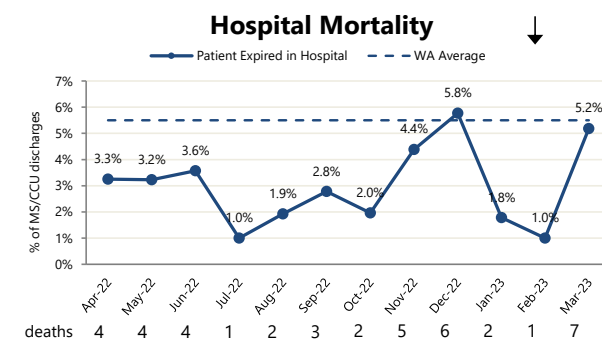
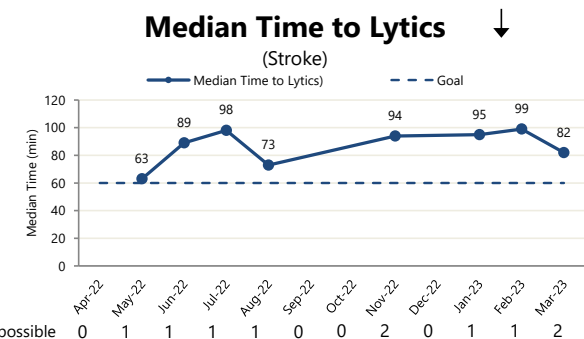
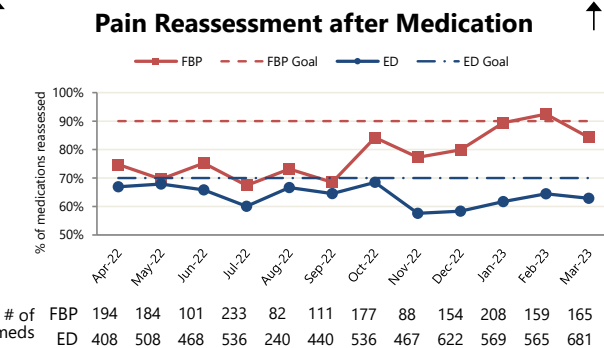
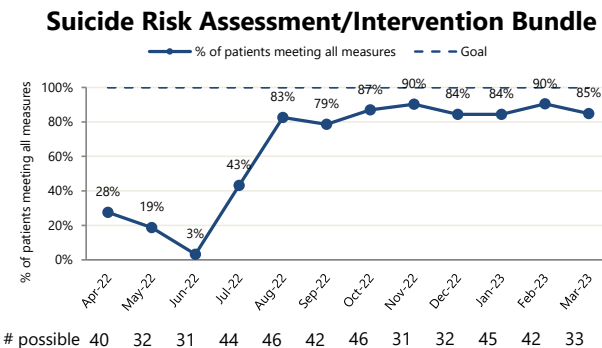
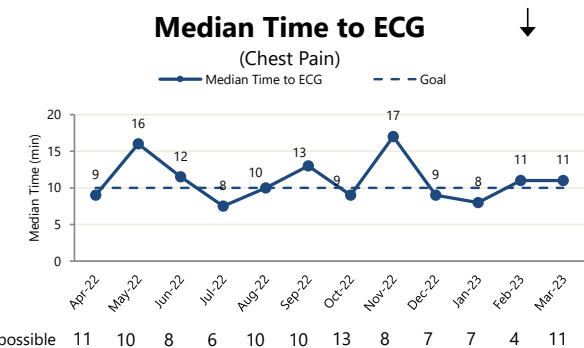
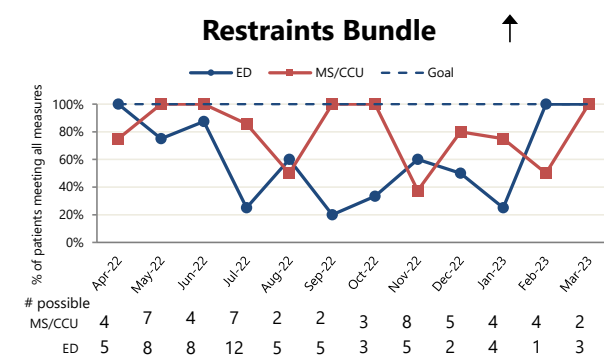
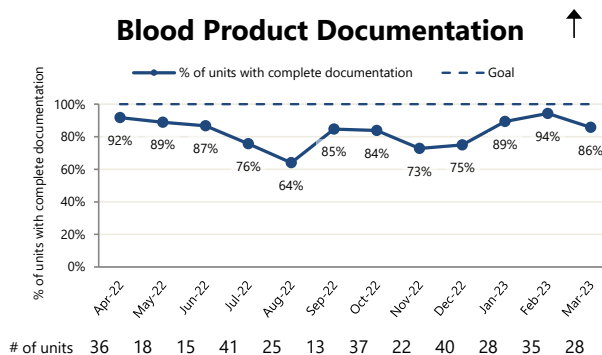
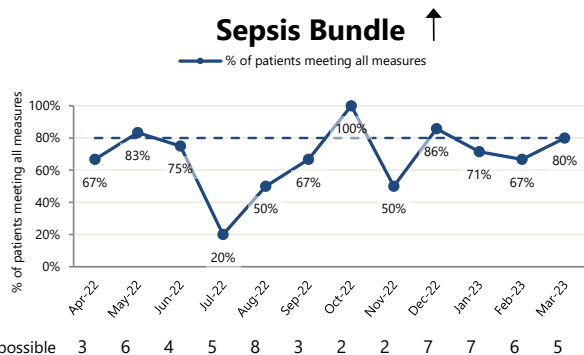


Compliance Concerns Reported ↑

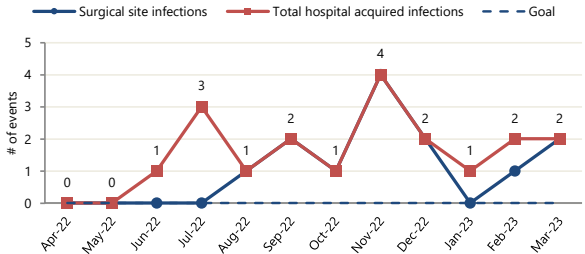


Hospice Length of Stay ≤ 7 Days ↓

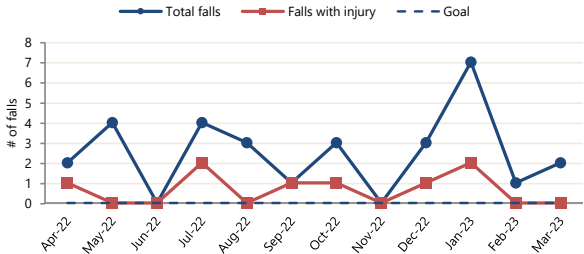




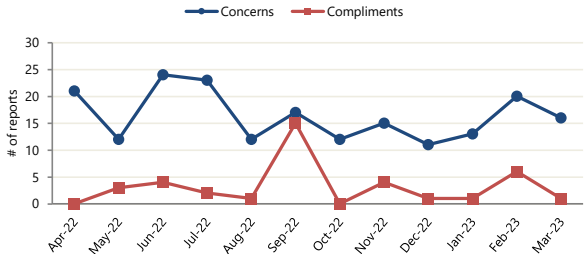
Hospital Acquired Infections ↓



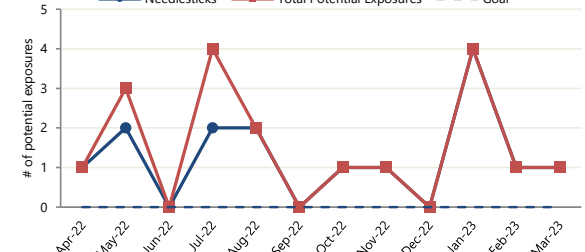
Falls ↓



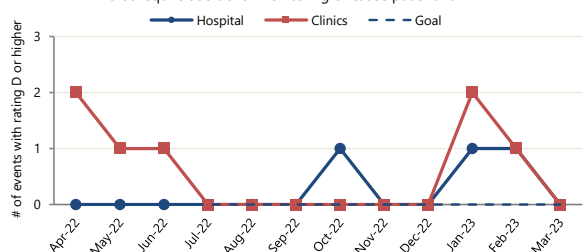
Care and Service Reports ↑



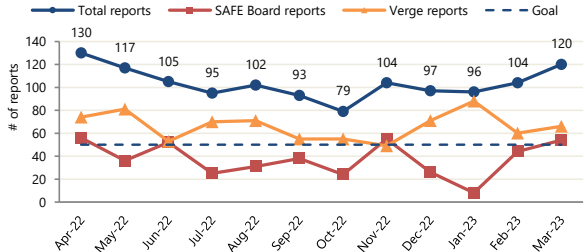
Potential Bloodborne Pathogen Exposures ↓



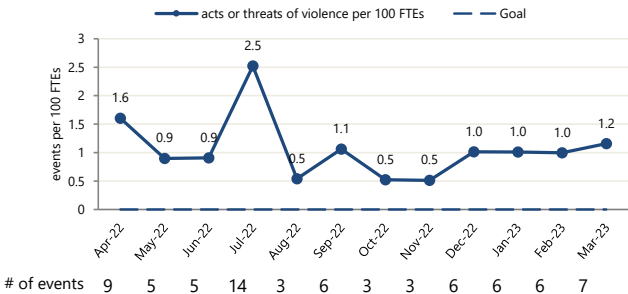
Adverse Medication Events ↓



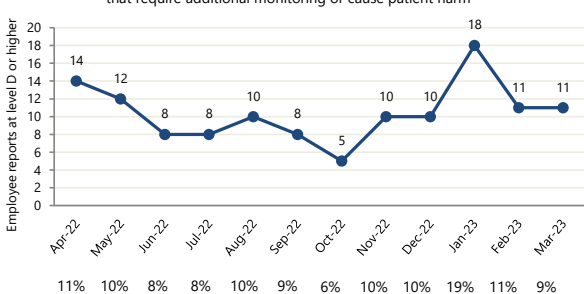
Employee Reports ↑



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"> ▶ A review of medical and family history ▶ Developing or updating a list of current medications ▶ Height, weight, blood pressure, and other routine measurements ▶ Cognitive impairment screening ▶ Personalized health advice ▶ A screening schedule (checklist) for appropriate preventive services like cancer screenings 	<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"> 1. Received within three hours: initial lactate level measurement, broad spectrum or other antibiotics, blood cultures drawn prior to antibiotics; 2. Received within six hours: repeat lactate level measurement if initial lactate level was elevated; 3. Received within three hours: crystalloid fluid bolus if indicated; 4. Received within six hours: vasopressors if indicated 	
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"> ▶ Columbia Suicide Severity Rating (CSSR) assessment completed ▶ CSSR charted ▶ Order created for suicide precautions (if moderate or high risk) ▶ If precautions order placed: Environment made safe/SI precautions in place AND frequency of documentation achieved per policy AND sitter documentation completed (if appropriate) 	
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"> ▶ Initial restraint order written ▶ Restraint problem added to care plan (MS/CCU only) ▶ Restraint orders continued/signed within appropriate timeframe ▶ Restraint charting/assessment done as frequently as appropriate for the reason for restraint 	

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.	

KVH COMPLIANCE PROGRAM
DRAFT 2023 KVH WORK PLAN
Board of Commissioner approval XXXX

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

Objectives identified for the current year relate to the elements of an effective compliance program as defined in the Federal Sentencing Guidelines, new Federal and/or State healthcare regulations, and risk areas identified by KVH. Last update: 6/9/22 Edits 10/26/22, 03/09/23

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

KVH COMPLIANCE PROGRAM
DRAFT 2023 KVH WORK PLAN
Board of Commissioner approval XXXX

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
3. Conducting Effective Training and Education							
Annual system-wide healthcare compliance training to support staff knowledge of compliance standards and KVH Code of Conduct	Compliance Officer/ Privacy Officer	All staff complete annual Compliance education bundle through Bizlibrary				X	Bizlibrary task sent to all employees
Staff will be equipped with the knowledge to stop phishing cyber-security attacks before they impact patient care and facility operations. Measure: Staff response to phishing tests- Phish Prone percentage	Security Officer	KVH <5% phish-prone rate by December 31, 2023				X	
New employees, leaders and providers receive compliance education during new employee orientation	Compliance Officer, Privacy Officer, Security Officer	All new employees, leaders and providers receive education on Fraud, Waste & Abuse, HIPAA/Privacy and Information Security education				X	
4. Developing Effective Lines of Communication							
Respond, investigate, and follow up on all Compliance Hotline calls/complaints	Compliance Officer	Hotline calls and compliance concerns are logged and					Ongoing

KVH COMPLIANCE PROGRAM
DRAFT 2023 KVH WORK PLAN
Board of Commissioner approval XXXX

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
		investigations initiated within 2 business days					
Results of compliance internal investigations are shared with leadership and relevant departments	Compliance Officer	Compliance Officer attends Department Director monthly meetings & as needed Senior Leadership meetings					Ongoing
5. Enforcing Standards through Well-Publicized Disciplinary Guidelines							
Employees are oriented to the KVH Intranet Policy/Procedure/Standard Work Folder and Lippincott's Nursing Procedures and Skills resource link	Director of Human Resources	Annual Bizlibrary education: All staff acknowledge awareness of how to locate policies, procedures and standard work through the KVH Intranet				X	Rollout of the Bizlibrary assignments by 2 nd quarter.
6. Auditing and Monitoring							
Ensure contract commitments are delivered and regulatory compliance is met through an efficient and effective contract review process. Focus on real estate and professional service contracts that require a Business Associate Agreement.	Compliance Officer/ Privacy Officer	Develop scope of work for contract management			X		

KVH COMPLIANCE PROGRAM
DRAFT 2023 KVH WORK PLAN
Board of Commissioner approval XXXX

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
Security Risk Analysis (SRA) findings are reviewed and prioritized <i>Reference: Security Rule 45 CFR Part 160 and Subparts A and C of Part 164</i>	Security Officer	Information Security work plan is updated to address SRA findings					Ongoing
Internal 340B audits to meet regulatory requirements <i>Reference: 340B Drug Pricing Program (340B Program) requirements (42 USC 256b(a)(5)(C))</i>	Director of Pharmacy	Monthly 340B audits meet audit targets					Ongoing
7. Responding to Detected Offenses and Developing Corrective Action Initiatives							
Respond, investigate, and report to Federal authorities as required for HIPAA and other Privacy compliance issues. <i>Reference: HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414</i>	Privacy Officer	Any privacy breach that is more than low risk to the patient, will be reported to HHS by March 1 st of the following year, or sooner if indicated	X				

Chief Executive Report May 2023

Financial Statements

I have no desire to distract from the good news that is reflected in the financial statements. It is clear the Board's decision to invest in our staff, in wages, benefits, retention and development has been effective. 2022, in strictly financial terms was not as profitable as 2021 but 2022's more modest returns occurred at a time when most health systems are reporting unprecedented losses. Congratulations to operations for the strong performance.

I wanted to focus on the finance team itself and how their hard work and improvements show up in the financial statements and ratios.

- Revenue cycle begins with the contract terms that Jason and Scott negotiate with health plans.
- Getting credit for the work operations does include charge capture, attending to medical necessity and the capricious authorization requirements of insurance companies.
- Capturing accurate information when registering our hospital and ambulatory patients is the difference between a claim going out the door or languishing in a queue for cleanup.
- Assisting our uninsured patients with enrollment keeps uncompensated care to a reasonable limit.
- HIM ensures that every charge is precisely coded in the right format on the right form before it moves forward as a claim.
- Processing claims and relentlessly repossessing them until we receive payment from insurance companies for the services we provide.
- And finally receiving payments, verifying and posting them accurately to hundreds of thousands of patient accounts.
- The payment cycle, likewise, begins with the contract terms negotiated and enforced by materials management.
- The payroll team manages the complexities of four bargaining unit agreements and 750 employees to timely and accurately issue roughly 20,000 payroll payments each year while accounts payable verifies and disburses another 60 million dollars.
- Following all of the laws, regulations and reporting requirements for hospitals, government entities and estimating the great unknown of contractually and expense estimates is the work of accounting and reporting.

Thank you to the finance leaders and the team who, through their stewardship, make it possible for KVH to continue to serve our communities.

Expansion of Therapy Services in Hospital District #2

Hospital District #2 has authorized Administration to enter into a purchase and sale agreement for the church property adjacent to their current Cle Elum campus. Hospital District #1 is working on a proposal to relocate Cle Elum Therapy Services into the first floor of the property to alleviate crowding in our primary care clinic and provide for expansion of services in Upper County.

Anesthesia Services

We have entered into both a short term transition agreement and a permanent, professional services agreement with Evergreen Anesthesia. Kittitas Anesthesia LLC and Evergreen will begin the transition July 1 and our long standing agreement with Kittitas Anesthesia LLC will formally end September 16, 2023. Dr. Penoyar and Amy Krogstadt will be leading the transition project.

Board Retreat

The strategy teams have all met and updated their plans. Saturday will be very busy. Manda Scott will be joining us at the retreat.

DNV

We are overdue for our survey and I have Tuesday, May 23rd in the office DNV pool so we may very well be in the middle of our second DNV survey during the Board meeting.

Upcoming Events – Busy Summer and Fall

The three events (Board Retreat, Pride Weekend and Foundation Gala) on Saturday, June 3rd will kick off a very busy few months. The AWP/WSHA Leadership conference is June 26-28 in Chelan followed by the AHA Leadership Conference July 16-18 in Seattle and Rural Healthcare Advocacy in Washington DC, dates to be determined.

Staff Changes

This will be Justin's last Board meeting as Executive Assistant to the Board and Administration. For years (literally) we have been attempting to implement an electronic system for cataloging and tracking our contracts as well as our policies and procedures. Compliance has identified and purchased the software for the job and Justin will be responsible for implementation. In his new role, Justin will report to Cindy Kelly.

I am pleased to announce that Mandy Weed will assume the role of Executive Assistant on June 5th.

Manda Scott, after a soft launch June 3rd, will return from leave at the end of June.

Survey of Patient Safety

We are still early in the survey period but we are already at a very healthy 43% participation rate – more than half way to the goal of 80%. You, as Commissioners, will soon be pressed into service, along with promises of Winegars Ice Cream, in our quest to reach 80%. We will bring some very preliminary results to the June 3rd retreat.

Human Resources & Staff Development- May 2023

April 2023 Metrics

<i>Employee Population</i>				
	<i>23 - Apr</i>	<i>23-Mar</i>	<i>23-Feb</i>	<i>23-Jan</i>
Full-time	513	505	505	502
Part-time	116	118	121	117
Total Employees	767	754	764	754

<i>Turnover</i>			
	<i>YTD</i>	<i>23-Apr</i>	<i>2022 Year End</i>
Turnover (People)	62	9	149
Turnover (Percentage)	8.04%	1.17%	20%
Voluntary	59	7	140
Involuntary	3	2	9

<i>General Recruitment</i>				
	<i>23-Apr</i>	<i>23-Mar</i>	<i>23-Feb</i>	<i>23-Jan</i>
Open Postings	25	19	18	11
Unique Applications Received	156	145	144	203
Employees Hired	19	10	13	25
Time to Fill (Median)	55	234	27	67.5
Time to Fill (Average)	78.64	243.2	83.4	96.38

<i>Annual Evaluations</i>	
	<i>YTD</i>
Percent complete	81.2%
Total evaluations over due	124
# of employee evals over due	94
# of provider evals over due	30

Recruitment: We had a relatively higher-than-usual month for postings, up to 25 from 19 and a slightly larger number of applicants. We saw our time-to-fill numbers get closer to “normal” after we filled a couple of positions that had been posted for over a year. We are experiencing difficulty in filling our patient care technician positions at the moment, we are up to 10 openings. We are exploring partnering with the local nursing home to see if we can offer space and start a “training program” in conjunction with them while we wait to launch our own.

Student and Volunteer Services: Currently we have 23 learners on-site from the following groups: 2 Pharmacy students, 7 Imaging Tech students, 1 Surgery Tech Student, 1 Dietetic Intern, 3 Medical Laboratory Technician students, 5 Job Shadow students, 1 Physician Assistant student, and 3 Nurse Practitioner students. Post-rotation student surveys have been very positive including 3 out of 3 pharmacy students reporting they had an excellent rotation at KVH and the majority (2/3) stating they are interested in employment at KVH after graduation. Our pharmacy preceptors Ken Larson and Sal Camargo were both recognized by the students as outstanding preceptors.

We now have a volunteer supporting Food and Nutrition Services by inventorying and restocking patient food and beverages in the hospital units. There was a volunteer helping in this role in the past and when they had to stop volunteering the Food and Nutrition staff reported missing the help. We are glad to be able to support Food and Nutrition Services again!

Staff Development: We are getting our TeamSTEPS presenters together to review the updated KVH presentation. We hope to launch in specific clinics within the next month.

Certifications have been a major focus in the past few months. We are currently up to nearly 8% of our staff who are receiving certification pay. We discovered finding certifications for non-clinical staff is harder to find than for our clinical staff; we continue to research options, including Rural Health-specific certifications.

Benefits: In April, our KVH consultants, USI, launched Employee Education Series and Learning Station Website. Their first topic was The impact of inflation & rising interest rates on retirement security.

Wellness: 141 staff have been participating in the Steps Challenge with April’s top three reaching 973,264; 843,035; and 571,862 steps. Gallery One classes have been well attended and employees have been sending thank you’s and we are hearing positive feedback. Volleyball team had great attendance and they even won a couple games this season! Headspace App is rolling out an exciting enhancement in August where all staff plus up to **FIVE** of their family members will have access, increasing access to the app to a maximum of about 3,500 users.

Labor Relations: The WSNA Nurse Staff Development committee has launched. The group met for a great two-hour collaborative work group.

Staff Engagement/Recognition: During the month of April we recognized; Patient Access Week, National Marketing Appreciation Day, National Volunteer Week, HIM Professionals Week, Administrative Professionals Week, and Medical Laboratory Professionals Week. Thank you to all the department directors who helped recognize your staff! We also spent April getting ready for Healthcare Week that occurs in May.

**Patient Care Services
May, 2023**

Clinical Education/Staff Development-Deb Scheib & Babbi Mundy

- **Yakima Valley Community College 2nd Quarter Nursing Students:** Students have been on-site with their Clinical Instructor on Thursdays and Fridays for the last 6 weeks, with this week being their final week.
- **Staff Development Committee:** We continue to work with the nursing directors and WSNA RNs on the development of this committee.
- **Collaboration:**
 - Education met with the Jaime Georgeson, Nursing Director Clinics, and Sherry Donovan, Clinic Nurse Development coordinator to discuss planning and partnership in future education projects.
 - Collaboration continues with the Procedural Registered Nurse to assist with education and training needs. Last month Standard Work and Order Sets were completed for patients being admitted to Med/Surg or CCU with a pigtail drain in place post operatively. A Poster Board step by step visual presentation was created and placed on the Education Board in Med/Surg/CCU for nurses and the Procedural Nurse and the Clinical Educator were on the unit to fill in the gaps the first day it was posted which coincided with an actual patient requiring a pigtail drain.

Medical/Surgical & CCU-Jeff Holdeman

- Working on getting new beds and mattresses for Med/Surg and CCU. We waiting on a bid to come through from Stryker
- New RN starts this week!
- No applicants for CNA/ PCT job postings. We currently have 7 CNA postings all for nightshift. We have three CNA travelers starting that will be under contract for 12-16 weeks.
- Working on putting together presentation for capital committee June 13th regarding Philips upgrade.

Food Nutrition Service-Jim Gallagher

- **Food Service**
 - QAPI project completed. The project involved creation and implementation of a new “Bland, Soft” patient menu.
 - Staffing is stable at this time.
 - Café is functioning well. Great improvements in customer flow with the remodel.
- **Clinical**
 - Hired a new per diem dietitian, Maria-Ximena Williams. She will be covering for myself and Nicole Norton in Nutrition and Diabetes Education.
 - Virtual dietitian with Snoqualmie Valley Hospital and Lincoln County Hospital has been proceeding well.

- **Nutrition and Diabetes Education**
 - Continue to see outpatient appointment generated from KVH and CHCW providers.

Surgical Services-Amy Krogstadt

- Some staff from SOP, Wound care and myself attended Customer Service training together today. A great group activity helping us to focus on how we interact with everyone we encounter (coworkers, patients, outside clinics, vendors, etc...)
- Recently one of our OR RNs (Emily Turner) partnered with local fire department for some fire extinguisher training. OR staff loved the training and we appreciate the partnership!
- I don't have much more to report except that we continue to be busy with surgeries and endoscopies and all staff (Pre Op, SOP, OR and CS) are doing an amazing job of keeping us running smoothly from day to day!

Emergency Department/Urgent Care-Jason Tavel

- **Volume:** Volume is increasing April daily average is: 49 pt per day and has risen from 40.2 in January & 46.7 in February
- **Staffing:**
 - **ED:** Filled PRN RN position and PRN PCT position. 2 travelers to cover FMLA and Vacations.
 - **Urgent Care:** screening X-ray tech for tech position.
- **Trauma:** Working towards addressing back log of trauma registry
- **Staff Meeting:**
 - **ED:** next scheduled staff meeting is 5/23@1930. Following-up on decreasing EKG times, increasing medication scanning (currently above 85%), initiated twice a day huddle and debrief. Working well with identifying process.
 - **Urgent Care:** conducted staff meeting on 4/18. Great turn out. Next one will be scheduled for 2 months. Initiated barcode scanning practice.
- **ED Safety:** Continue to explore opportunities for safe care of our patients. We continue to support staff with AVADE training, working collaboratively with Phoenix Security, reviewing policy and procedures, meeting monthly with the Security Committee to review all events reported, and working with the House Supervisor on reporting of events, collecting data, and debriefing with staff. One area we are hoping to complete is a consult with AVADE on our patient's rooms and look for opportunities to improve.

Family Birth Place-Stacey Botten

- We are preparing to return to in-person childbirth preparation classes. The 4th Trimester Resource Center is hoping to accommodate 8-10 couples in their resource center.
- FBP is moving toward using Glucose Gel in place of invasive IV glucose to treat newborns with hypoglycemia. This route is less painful than the IV route.

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

Ancillary Services report to Board of Commissioners May 2023

Ancillary Service Operation Report:

Imaging

We've have notified Alliance/Akumen that we do not intend to lease a new MRI from them with our new remodel. We are continuing with them for the Mobile until the remodel is complete.

Hospital District 2

The May 9 Cle Elum City Council Meeting was held at the Putnam Senior Center with 300 people attending. At that meeting it was pointed out that the public notice of the acceptance of the 47 Degrees North application as complete did not include a mandatory statement regarding the likely outcome of the application. For this reason, the Council agreed to pull the notice and post it with all the required elements. The result of this action will allow public comment until June 26.

Julie, Geoff, Scott and I were able to meet with Emergency Services Consulting International on May 4. This is the consulting group retained by FD7 and KVFR to conduct a feasibility study on forming a Regional Fire and EMS Authority. They clarified that the intent of the study was never to form a Regional EMS Authority unless that is something the Hospital District wanted. The four of us were able to share some insights on the relationship between HD1 and HD2 as well as the EMS service provided by Medic One.

At the May 15 meeting, District 2 Commissioners approved the purchase of a building adjacent to FMC which will allow HD 1 to lease for therapy services.

Lab

We are working with KDA to develop plans to make the necessary modifications to install the Beckman Chemistry Analyzer. We have a Capital request at tonight's Board meeting for a replacement Microbiology instrument to replace our equipment that is at end of life.

Home Health & Hospice

We have selected Home Care Home Base (HCHB) as our vendor to upgrade our HHA software and will be bringing it to the Board for approval tonight. This system has a high implementation fee but is less money annually than we currently are paying. Washington State Healthcare Authority is requiring all agencies providing home health or hospice care to Medicaid patients implement electronic visit verification (EVV) by January 1, 2024 in order to bill for services. HCHB has EVV built into the software and submission of the data to the Healthcare Authority will be seamless.

Ground Ambulance Patient Billing Committees

Our first subcommittee meeting was held May 17. I am serving on the Network Adequacy, Cost and Payment Structure Subcommittee.

Pharmacy

Go live for pharmacy technicians doing medication refills for FME is May 22.

FMC Therapies

Our PSR at FMC PT has resigned in order to take a position in Ellensburg. Our new SLP is slowly building her practice with 5-6 new referrals per week. She is also assisting with SLP services in Home Health.

Respectfully submitted by Rhonda Holden, MSN, CENP

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

Staffing

Open positions:

- Patient Service Representatives
 - Family Medicine Cle Elum
 - Pediatrics
 - Internal Medicine
- Referrals Coordinator
 - Family Medicine Ellensburg
- Medical Assistants:
 - Internal Medicine
 - Orthopedics
 - ENT & Allergy
 - Rapid Access per diem
 - 3 MA Apprentices

Certified Rural Health Clinic Professional

In April Angela Bennet, Emilee Commeree, and Stacy Olea completed a course in Rural Health Clinics and passed the certification exam. Topics included are:

- Scheduling, Front Office and Patient Registration
- Finance Internal Controls
- Provider Enrollment and Fee Schedule
- Financial Reports and Budgeting
- Benchmarking
- Cost Reporting
- Human Resources
- General Billing Requirements
- ICD-10 Coding Basics
- Medicare Secondary Payer
- Revenue Cycle Basics
- Federal RHC Requirements
- Emergency Preparedness
- Evidence Binder/RHC Application and Certification Process
- HIPAA
- Information Blocking

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 so the wait time for an appointment is down to 0 days
- 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.

- We continue to see over 1000 new patients a month.

Rapid Access Clinic

We opened on May 1, 2023. We are seeing 15 – 22 patients a day, except for Saturdays, with a majority of patients being schedule by their primary care clinic. Most patients are coming from FME but we have seen patients from Pediatrics, FMCE, and Internal Medicine. We will be doing a 90 day evaluation at the end of July. It will include statistics, feedback from the Rapid Access staff, feedback from the other clinic staff, and feedback from patients.

Internal Medicine

Dr. White, one of our locums, will be with us through July and then come back September – December 3rd for 3 days a week. Dr. Demontier is here through the end of June.

AccessNurse

On May 17th AccessNurse started providing phone Nurse triage services for Family Medicine Ellensburg. So far it is going well. Feedback from staff has been positive and I have heard from one patient, who is also an employee, who was very impressed with the timeliness of the return call and their customer service.

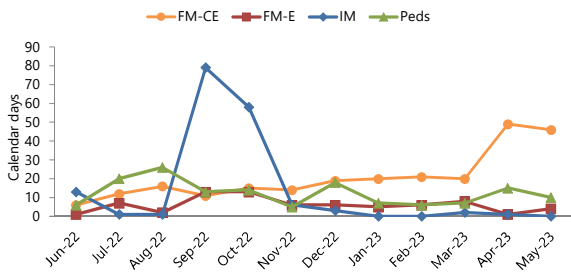
Orthopedics

On June 1st Orthopedics will be consolidating the 2 clinics into 1 location at the MAC building. Patients will be called to let them know of our new location if they had appointments already scheduled at the main campus clinic.

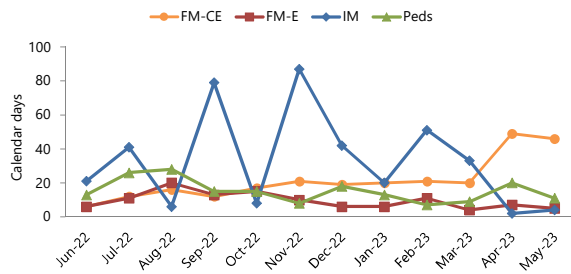
Respectfully submitted by Stacy Olea, MT(ASCP), CRHCP, FACHE

Clinic Operations Dashboard

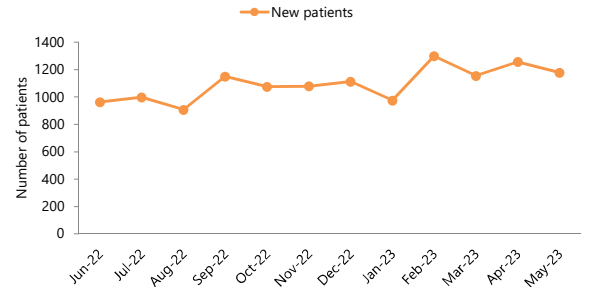
Third available appointment
for established patients



Third available appointment
for new patients

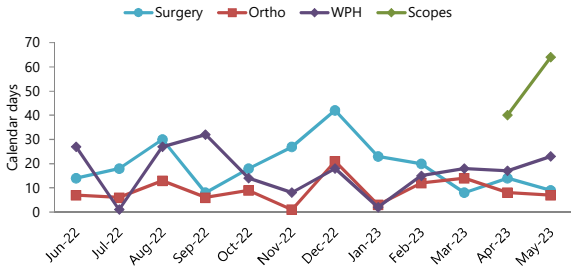


New patients

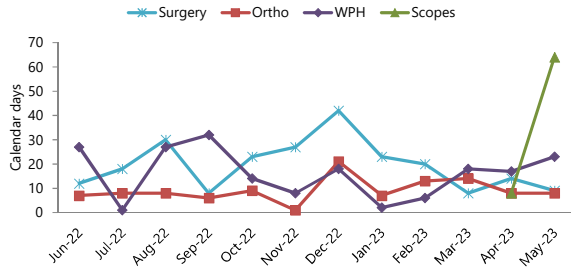


Effective March 2021, we began coding our "new" patients differently. The definition of "new" visits were changed as it was based on taxonomy code for the practice. Previously, we were only identifying the visit as "new" if the patient had not presented to any of the clinics in the

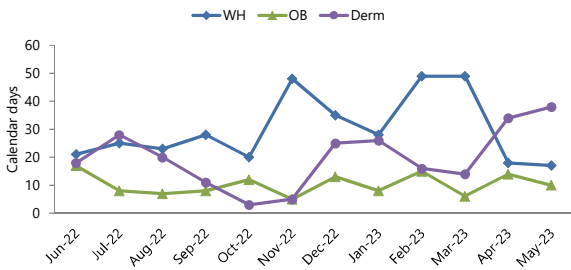
Third available appointment
for established patients



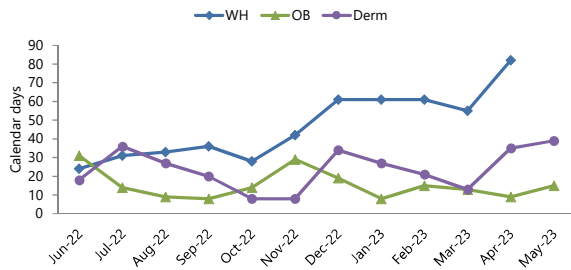
Third available appointment
for new patients



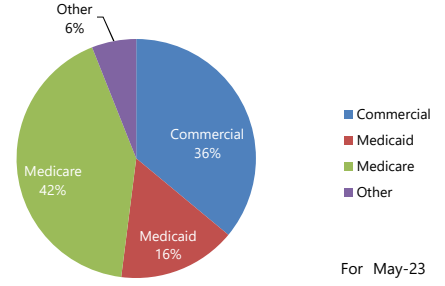
Third available appointment
for established patients



Third available appointment
for new patients

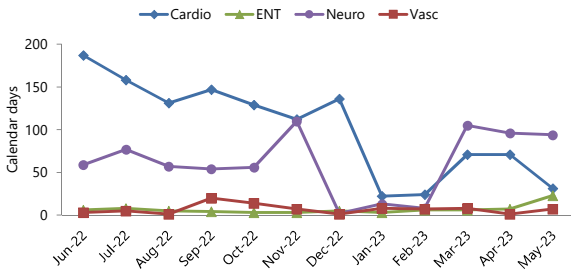


Payor Mix

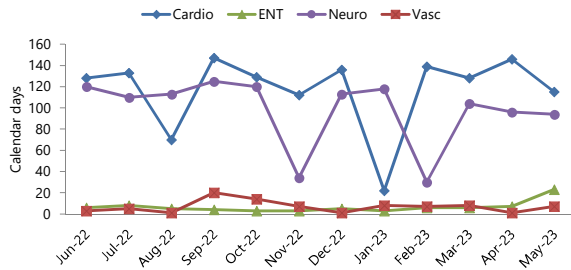


For May-23

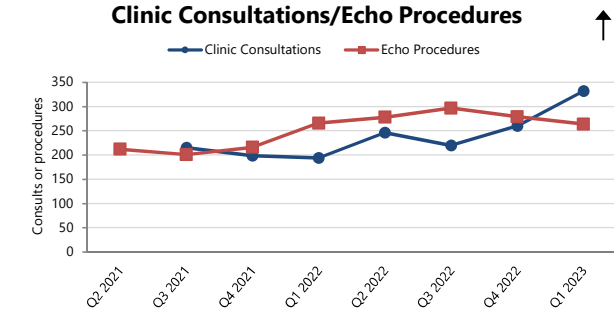
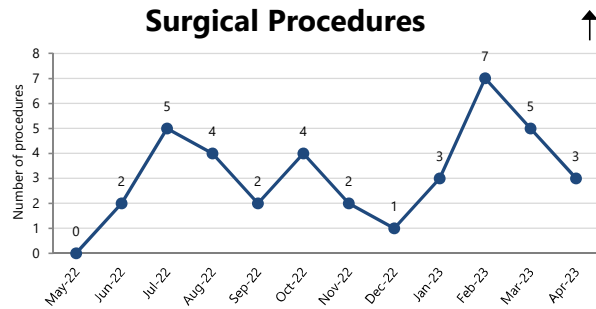
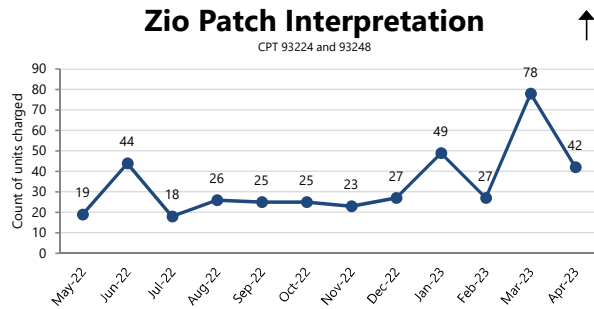
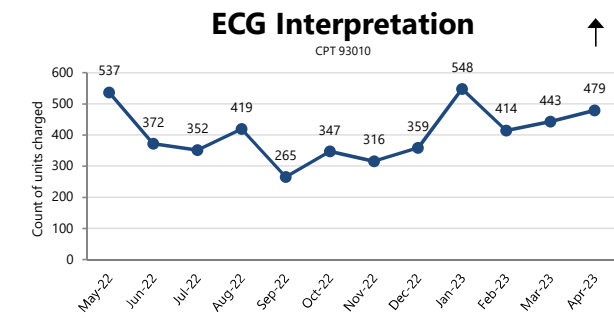
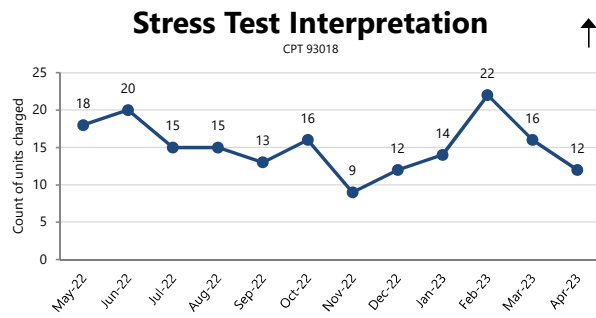
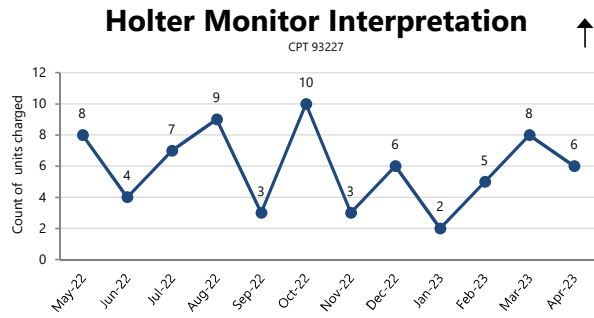
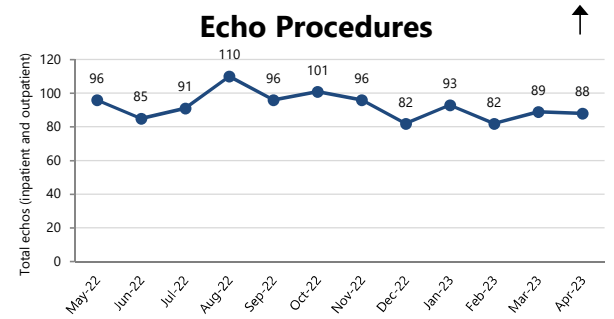
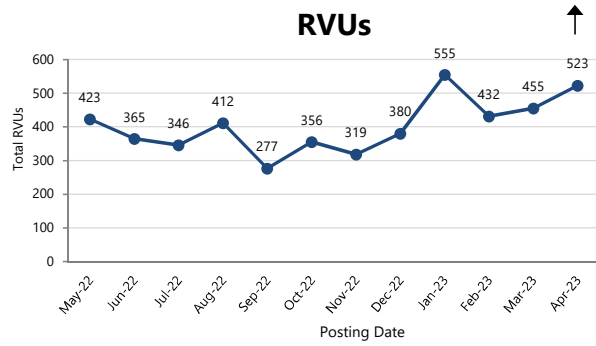
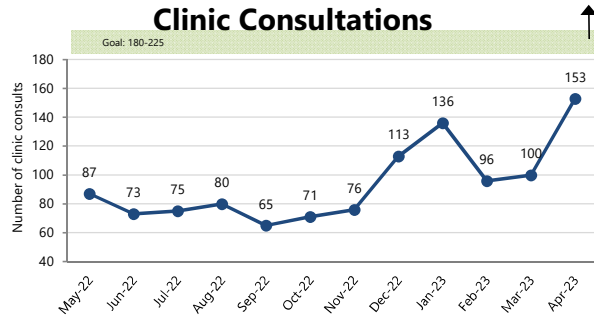
Third available appointment
for established patients



Third available appointment
for new patients



Cardiology Services



Community Relations May 25, 2023 Board Report

Reputation Management –

Number of Online Ratings Added						
	2018	2019	2020	2021	2022	2023
1-Star	14	15	14	19	35	33
2-Stars	2	0	2	1	7	13
3-Stars	2	0	2	0	3	15
4-Stars	2	2	3	4	0	69
5-Stars	18	27	19	9	18	1,333
Total	38	44	40	33	63	1,463
	2018	2019	2020	2021	2022	2023
1-Star	36.8%	34.1%	35.0%	57.6%	55.6%	2.3%
2-Stars	5.3%	0.0%	5.0%	3.0%	11.1%	0.9%
3-Stars	5.3%	0.0%	5.0%	0.0%	4.8%	1.0%
4-Stars	5.3%	4.5%	7.5%	12.1%	0.0%	4.7%
5-Stars	47.4%	61.4%	47.5%	27.3%	28.6%	91.1%
Avg. Rating	3.21	3.59	3.28	2.48	2.35	4.82



Location	Sent	Responded	Rate
All Locations	23,154	6,682	28.86%
Unmapped Location(s)	0	0	0.00%
KVH Women's Health, Suite 200	1,777	418	23.52%
KVH Pediatrics, Suite 101	1,914	359	18.76%
KVH Orthopedics	712	228	32.02%
KVH Internal Medicine	2,931	1,063	36.27%
KVH General Surgery	849	216	25.44%
KVH Family Medicine-Ellensburg, Suite 301	9,238	2,738	29.64%
KVH Family Medicine-Cle Elum	3,594	1,154	32.11%
KVH ENT & Allergy, Suite 102	596	134	22.48%
KVH Physical Therapy - Ellensburg	1,050	306	29.14%
KVH Workplace Health	493	66	13.39%

Campus Signage – With all the updates and changes on the Chestnut campus I am working on signage updates. Some of these, like parking near the Medical Specialties Clinic, will be ordered soon. Others, like new monument signs by the Surgical Services building, will be part of the overall project costs.

Health Equity/DEI – Work in this area has been quite consuming in the last few weeks. I write this report as I'm returning from the American Hospital Association's 2023 Accelerating Health Equity Conference. I would say this is the most helpful and practical conference I have attended and I'm extremely grateful for the opportunity. I look forward to bringing back many tools and lessons learned from this event. Our work at KVH continues in this area and we will discuss this further at the upcoming Board retreat on June 3.

Emergency Preparedness – As always, it feels like we have a lot of activity on the Emergency Preparedness front.

- We are working with the County on participating in a few drills this summer, as well as incorporating a drill in to the Experience Healthcare event with Kittitas County students in late July.
- We are participating in the regional and statewide Hazard Vulnerability Assessments in May/June
- We continue to build out our response plans and policies based on best practices. Our current project involved implementing new 96-hour sustainability tool.

Events:

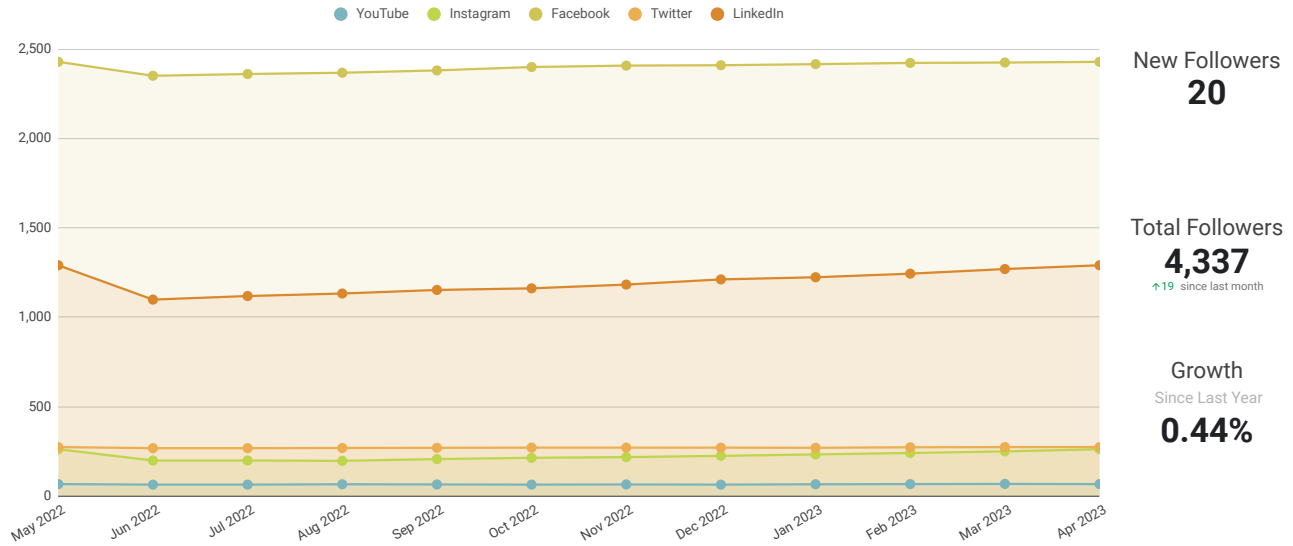
- **KVH returns to the Ellensburg Farmer's Markets** - Our 2023 schedule for the market is below
 - June 3rd: Animal Therapy Program
 - June 17th: CNA Week
 - July 1st: Hands-Only CPR/Water Safety
 - July 15th: Derm Day
 - August 5th: Art Therapy
 - August 19th: Sports Physicals/Well Child Visits/Vaccines
 - Sept. 9th: Medicare Wellness visits vs. Annual Physicals
 - Sept 23rd: Specialty Services
 - October 21st: Infection Prevention Week
 - October 28th: Snow Safety
- **Senior Health Fitness Day, May 31** – KVH is hosting our first Senior Health Fitness Day, assembling local businesses to join us at Mountain View Park from 10-1 to talk about their services and to host activities that will benefit seniors' health and wellness. This event is free for the public and catered to our senior residents. We will be highlighting KVH services and having staff from the areas below join us. We are also working with the Spring Quarter CCA students at CWU to help them set up a table highlighting the resources that CWU has for our community members.
 - Home Health & Hospice
 - PT/ST/OT
 - Nutrition Services
 - Integrated Behavioral Health
 - Orthopedics, and many more
- **Experience Healthcare, July 17-21, 2023** – Experience Healthcare is a fun and rewarding week-long program introducing attendees to healthcare careers taking place July 17-July 21 from 8am-5pm. Students will learn all aspects of working in healthcare, learn about the range of careers within the field, and learn practical skills! Applications are being accepted through 5/21/23.
- **2nd Annual KVH Appreciation Banquet** – Save the Date! December 2, 2023

Apr 2023

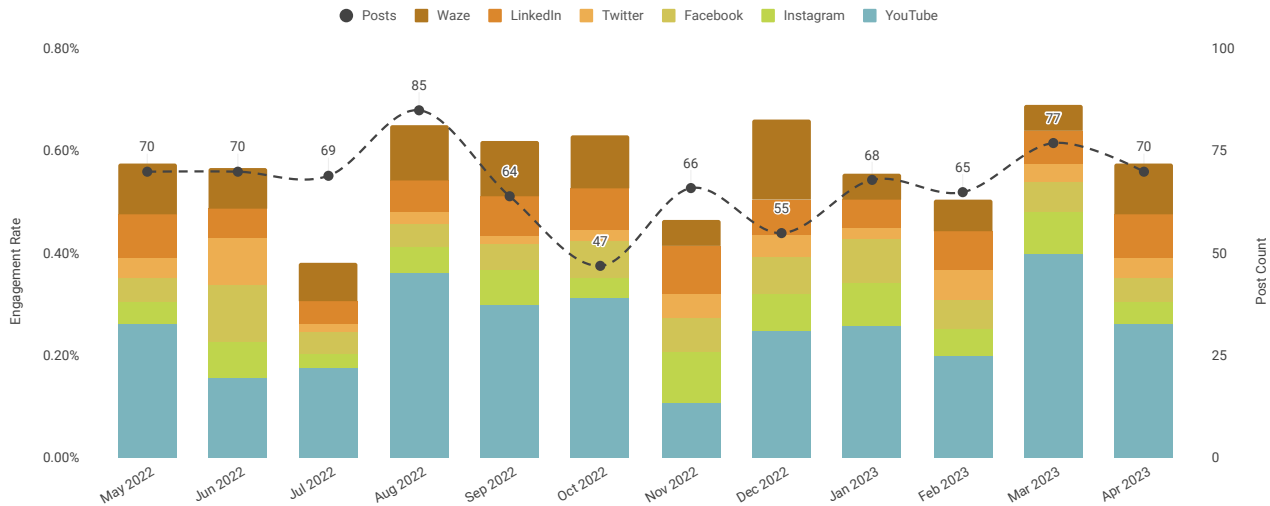
KVH SOCIAL METRICS OVERVIEW

	YouTube	Instagram	Facebook	Twitter	LinkedIn	Waze	
Followers	66	265	2,431	271	1,304		▲
New Followers	0	4	4	-2	14		▼
Impressions	1,471	919	16,703	279	1,824	35,068	▲
Engagement Rate	29.91%	7.74%	3.34%	2.41%	7.12%	4.85%	▼

Follower Growth



Engagement



Posts
content posted
67
↓4.29% since last month

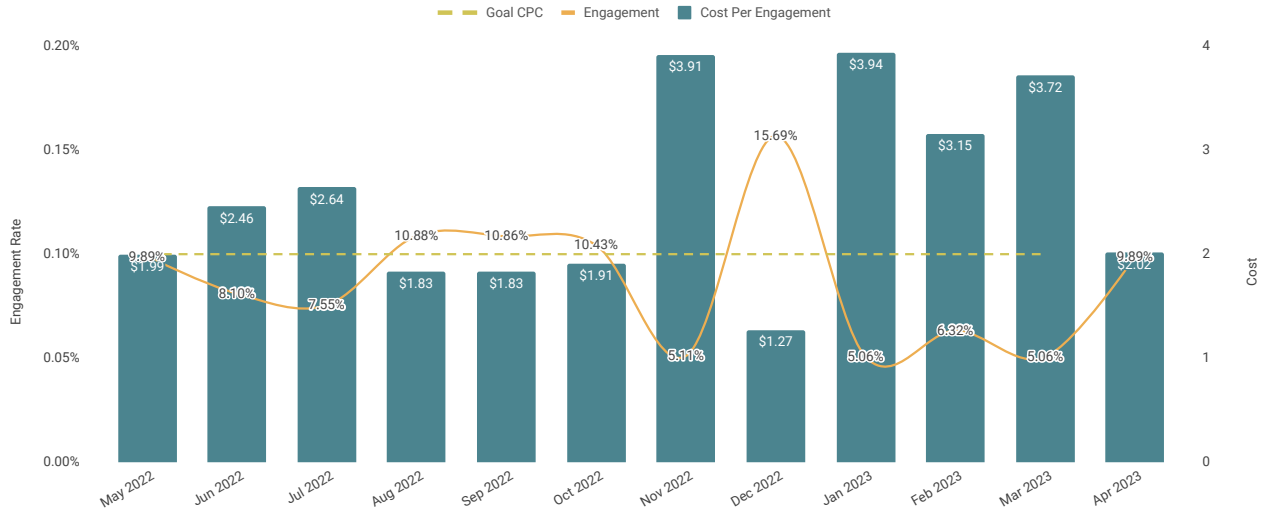
Engagement
audience interacts
9.23%

Impressions
user sees content
56,264
↑13.77% since last month

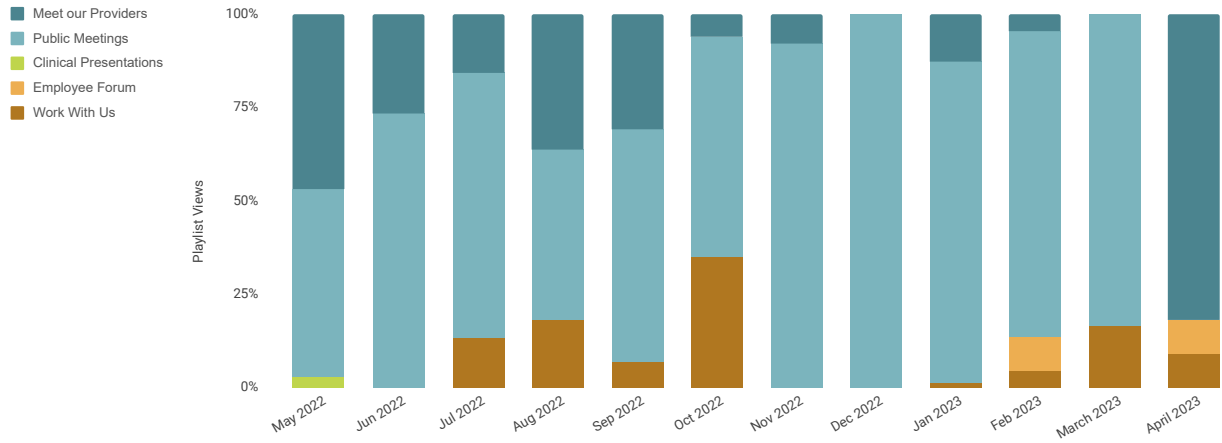
Watch Time
YouTube
21:9
12.7 since last month

Sentiment
Average Overall
57.0%
↑39.9% since last month

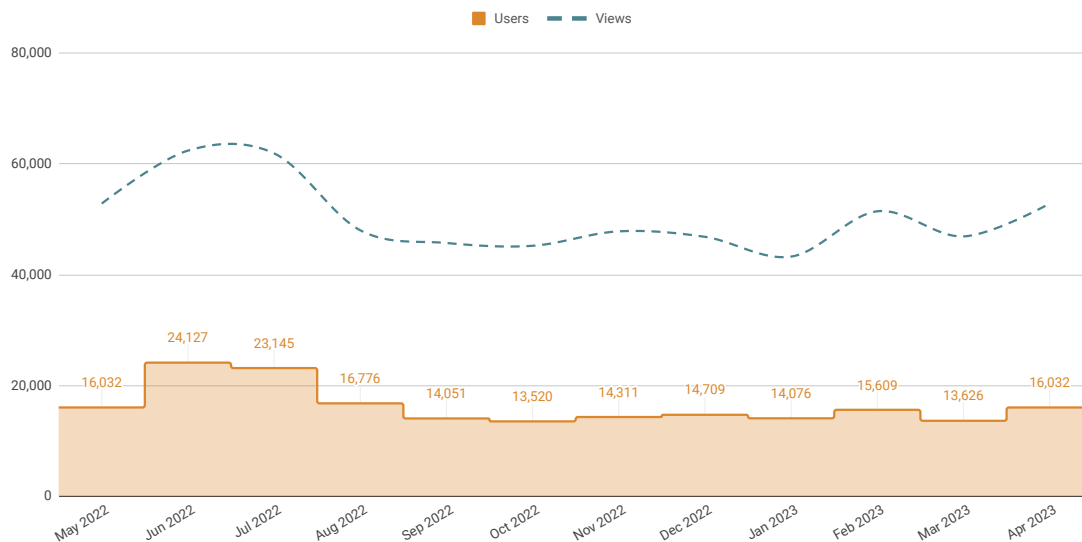
Waze CPC (cost per click)



YouTube Playlist Views



KVHealthcare.org / Overview



Users
14,523
↓ -9.41% since last month

Engagement
01:12
↑ 2.86% Average (mm:ss)

Events
132,736
↓ -9.32% basic interactions

Downloads
529

	Overall KVH Activity				Videos		Spectrio		Community Outreach			Radio		Stories		Daily Record				CWU
	Program/ Provider	Move	Project/ Other	Newsletter	Theater	Other	8 messages/ quarterly updates				KXLE	HD1	Blog/ Other	HD2	TOMA	DR Digital	DR PSA (KVH Service)	DR Insert		
January	Amber Anderson - Peds D. Frick WPH 1.24.23	Imaging reception move	ater8 trial start 1.23.23		New Year's Health focus		1. Pt. Portal 2. Cardiol. 5. WH Services 6. Dietician	3. Mental Health 4. Allergy 7. KVH team 8. 24x7 Rx						Routine screening for cervica cancer	Amber Anderson Peds	Hospice	Fall prevention PT/OT	RSV	Ag Journal	
February	J. Nebecker - FME		telecardiology go live		New Year's Health focus		1. Pt. Portal 2. Cardiol. 5. WH Services 6. Dietician	3. Mental Health 4. Allergy 7. KVH team 8. 24x7 Rx	Hands Only CPR EDS 2/8	Hands Only CPR EDS 2/1	Blood Drive 2/13	Reader sign install 2/28		Joey Nebecker	Routine screening for cervica cancer	Amber Anderson Peds	Hospice	Winter Blues	Wayfinder Contractors Guide	
March	Shawn Rogers - ent 3/13 Blake Harding - FME 3/20 Wendy Bridger - FME 3/27 Mirich farewell	Expansion updates			ENT & Allergies		1. Pt. Portal 2. Cardiol. 5. WH Services 6. Dietician	3. Mental Health 4. Allergy 7. KVH team 8. 24x7 Rx	Mental Health at CWU 3/4 Mirich Farewell	Provider appr. 3/29	Stop th bleed 3/31	Rogers welcome		Wendy Bridger	Joey Nebecker	Routine screening for cervica cancer	Amber Anderson Peds	Wellness vs Annual visit	Almanac	
April	Beckett Departure 4/19 Longo Departure 4/30 Oldencamp Departure 4/10				ENT & Allergies		ENT Serv Speech Rapid Access Patient Portal	Dr. Rogers OT KVH Tx U KVH Values						Shawn Rogers	Wendy Bridger	Joey Nebecker	Routine screening for cervica cancer	Allergies	Ag Journal Chamber Directory	
May	Diaz Departure 5.3.23 Mahre Departure	Expansion updates Materials Mgmt & Ron's move	Medic One staff profiles Health Equity Hospital Week SOPS Survey		ST/OT Provider Philosophy & Recruitment vides		1. ENT 2. Speech 5. Rapid Access 6. Patient Portal	3. Rogers 4. OT 7. KVH Thank you 8. KVH Values	Dena Farewell 5.23.23	Farmer's Market	Senior Health Fitness Day 5/31			FAST	Shawn Rogers	Wendy Bridger	Joey Nebecker	Senior Health Fitness	Bares n Bronc Visitor Guide	
June	DeBuschere departure 6/15	Ortho Move	Medic One staff profiles Health Equity Foundation Gala Board retreat	Provider Newsletter Comm Benefit	ST/OT		1. ENT 2. Speech 5. Rapid Access 6. Patient Portal	3. Rogers 4. OT 7. KVH Thank you 8. KVH Values	Pride events 6/3	Bloock drive 6/14	Farmer's Market			Blake Harding	FAST	Shawn Rogers	Wendy Bridger	Health Equity	Virtual Graduation All-stars	
July	R. Wageneck 7.10.23		Medic One staff profiles Health Equity Training		Dermatology				Experience Healthcare 7/17 - 7/21	Jazz in the Valley	Pioneers Day Parade	Farmer's Market		Regular skin checks	Blake Harding	FAST	Shawn Rogers		Ag Journal Music Festival	
August					Dermatology									S.A.N.E	Regular skin checks	Blake Harding	FAST		Getting around Guide	
September					Neuro/Vas Cardio				Provider Outreach tailgate 9/16						S.A.N.E	Regular skin checks	Blake Harding		Labor Day package Contractor Guide Wildcat welcome	
October					Neuro/Vas Cardio										S.A.N.E	Regular skin checks			Ag Jorna	
November																S.A.N.E			Annual Calendar	
December																			Medical Diretory	

	NKCT	Other	Quality Posters	Wallpaper	Screensavers	Foundation
	Inserts & topics		Quality Display			Display Special Events Mailers
January				Hands of KVH	Winter	
February				Black history	Heart Health	
March				Doctor's Day	Doctor's Day	
April	Contractors Guide			Spring	Spring Showers	
May			Chris Bentley KVH Rapid Access Mary Dowling KVH in the Community Customer Experience Strat Farmer's Market Schedule	Hospital & Nurses Week	Celebrating Hospital & Nurses Week	
June					4th of July	
July					Sunflowers	
August					Wheat Harvest	
September					Pumpkins & Fall Colors	
October					Holiday Snowman	
November						
December						

CHIEF INFORMATION OFFICER BOARD REPORT

JEFF YAMADA April Quarterly 2023

We recently implemented:

- Cardio CPACS (Imaging)
- Pharmacy Pyxis Med Cabinet upgrade (Hospital)
- HRIS and TAA Upgrade
- MD Metric/Adapt-X development with Cerner (Beta Site)
- Clinic Medication Scanning implementation
- Rapid Access (MAC)
- Badge Tap/Single Sign On (Pilot FBP)
- Rhapsody Interface upgrade and redundancy

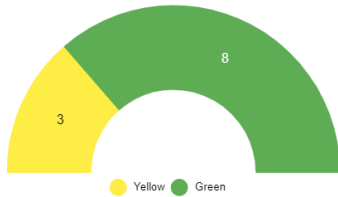
Smart Sheet for Project Management.



Kittitas Valley Healthcare

Executive Dashboard

Total Projects Status



Project Summary - End next 60 days

Sheet Name	Status	SOA	Est Start	Est Complete	Department
Total		Count			
		2			
Status		Count			
		2			
Ortho Move to MAC	●		03/01/23	06/01/23	
Rapid Access	●		03/01/23	05/19/23	

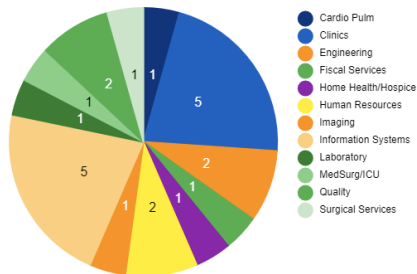
Small In-Progress/Future/On Hold

Projects Starting Next 3 Months

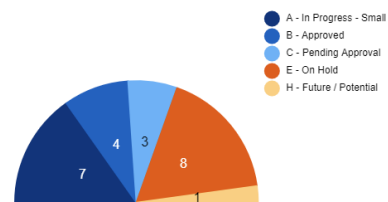
1

Project Description
Metasys system upgrade

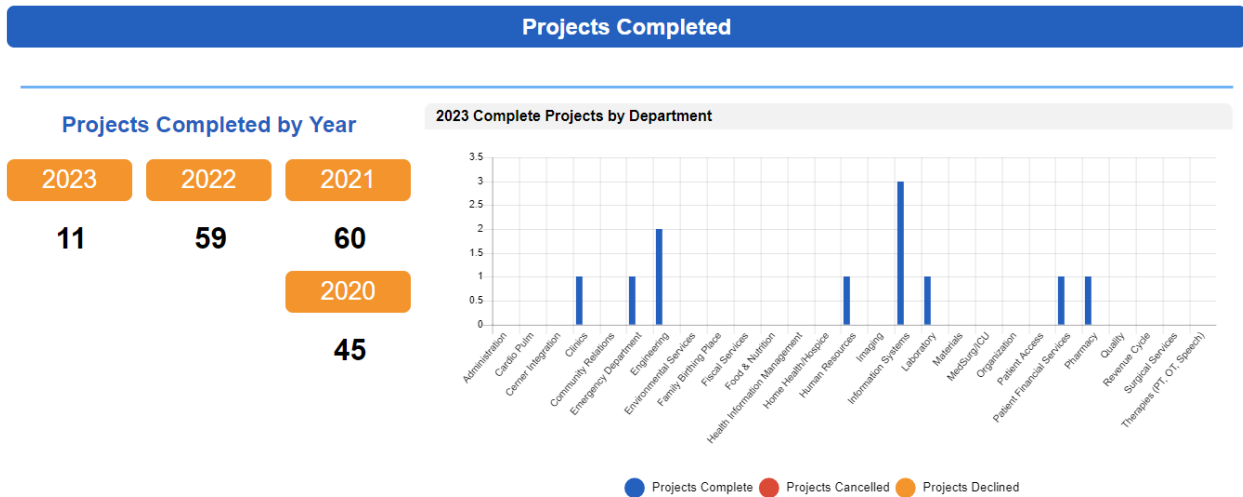
By Department



By Status



Total completed projects in 2023



Current Active Projects:

- Back up, redundancy and co-locations (New backup is now active, connection to our “colo” site is almost complete.
- Rhapsody Upgrade and redundancy (Interface Engine)
- Virtual Desktop Infrastructure (Badge Tap/Single Sign On) Pilot in Family Birthplace live.
- Cerner 724 Downtime
- Change Healthcare implementation of (RPACS and Stratus image Archive)
- Multiple new Lab instrumentation implementation and setup in Cerner
- Pharmacy MAC Annex prescription refill
- Ortho Move to Ortho MAC
- ImmuWare implementation (Employee Health Application)
- MD Stat Implementation (Peer review Application)
- Continued KnowBe4 email phishing and training

Cerner Community Works (EMR)

- Our original Cerner now “Oracle Health”, Schedule 1 contract (implementation) is up for renewal, we will be extending this contract for an additional 5yrs. This renewal will reduce our overall Operation Budget as well as maintain the original negotiated increases. Cerner has worked well for this organization, and we have partnered closely with them to continuously improve and evolve the EMR system for KVH.
- Badge Tap/Single Sign On - Pilot going well in Family Birthplace, we will be expanding our implementation once the infrastructure and redundancy is in place.
- Cerner 724 Downtime
- ePayment Plus upgrade (replacement of all Credit Card readers)
- Evergreen Anesthesia Contracted services transition

- Medication Scanning in the Clinics (Going Well)
- Recent site Visit from Dr. Michele Flemings (Cerner Senior Physician Exec.)

Infrastructure:

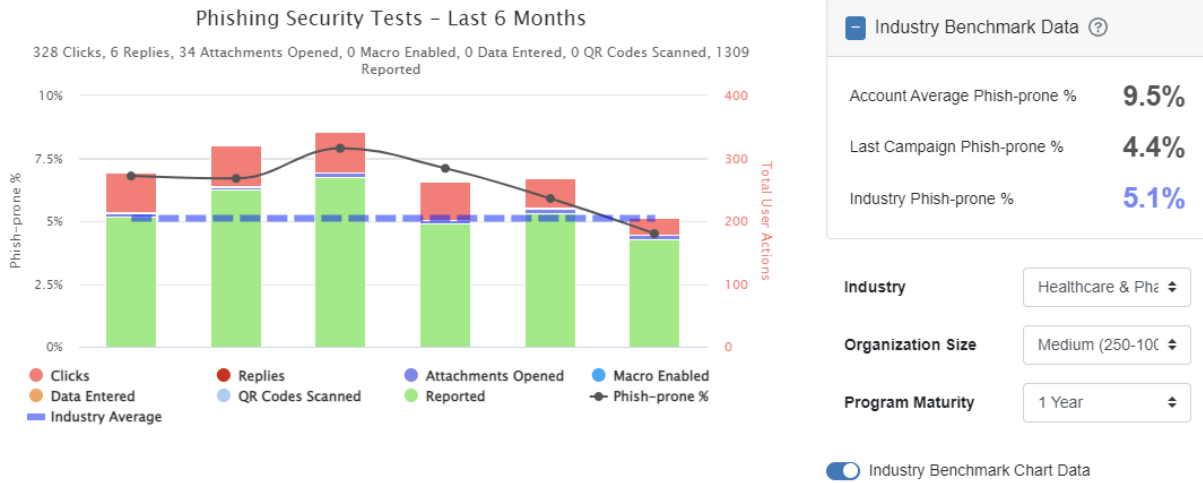
Currently installed new backup, storage and VDI (virtual desktop infrastructure) equipment at Radio Hill and Hospital Data Center locations, both sites have the exact same equipment for redundancy and failover. Currently working on the 10GB connection between sites. Once completed we will be able to fully implement Single Sign-On and Virtual Desktop Infrastructure. This will allow us to set up clinical areas with Badge Tap, “tap in and tap out” capabilities when signing into a computer workstation. This new setup will also give us redundant copies of our backup data at different locations as well as an immutable environment that is protected against Malware and viruses. The majority of our backup solutions have now been implemented and we currently see a reduction in our backup times for a complete back up from 5 days to 15 hours!

IT Security/Cybersecurity:

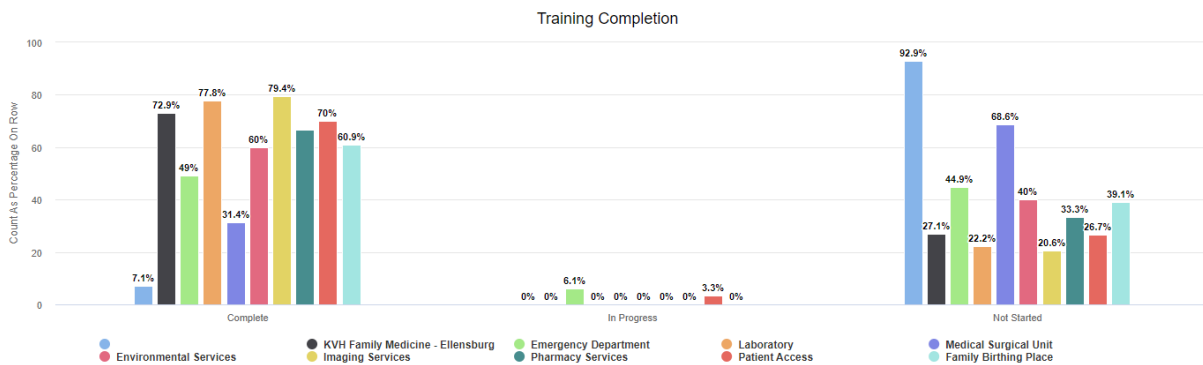
We continue to mature and evolve our Cybersecurity footprint.

- Monthly email phishing campaigns, and training.
- Monthly vulnerability scans and mitigation.
- Annual External Penetration testing completed.
- Annual Security Risk Assessment completed, report to follow.
- Continuing to automate software security patching, Ivanti.
- Implemented a “Sandbox” environment to investigate suspicious emails.
- Implemented Knowbe4’s “Fish hook” to report suspicious emails from end-users.
- Currently doing a POC (Proof of Concept) with Identity Management.

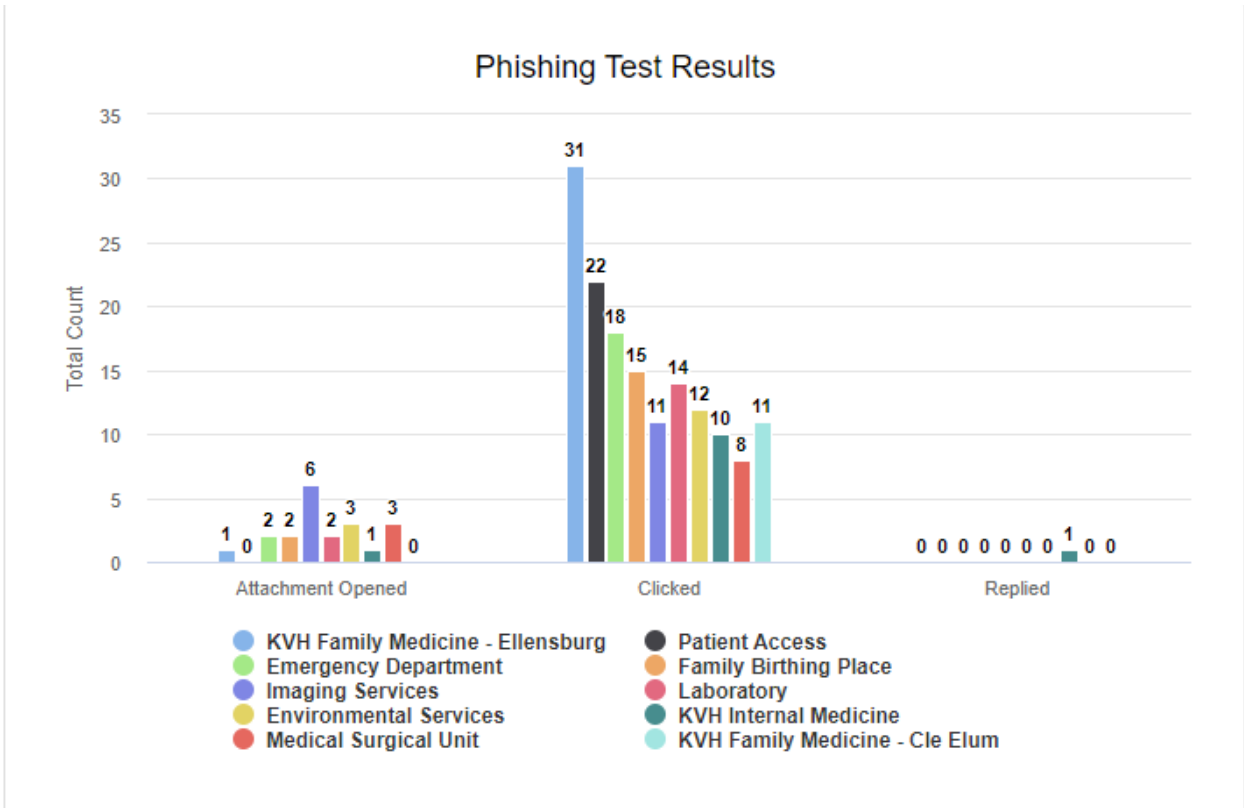
Phishing



Wanted to share a few different email phishing reports we monitor. Our goal after 1 year, is to be at 5% phish-prone, considered best practice for our industry, size and maturity with the program.



Other reports we monitor in the system, as displayed training completion by departments/areas.

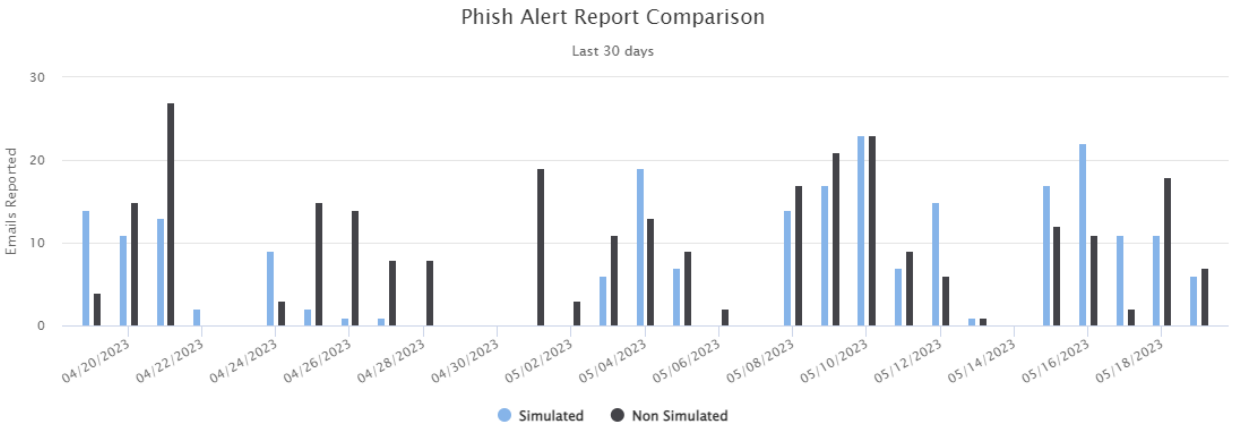


Interesting to note that training completion correlates with phishing test results.

Phish Alert Button



1 Installed 0 Uninstalled 4212 Total Reported 2272 Simulated Emails 1940 Non-Simulated Emails



A lot of employees reporting suspicious emails both our simulated phishing test as well as other emails coming from the outside that gets through our ESA (Email Security Appliance).

Daily IT Huddle Metrics

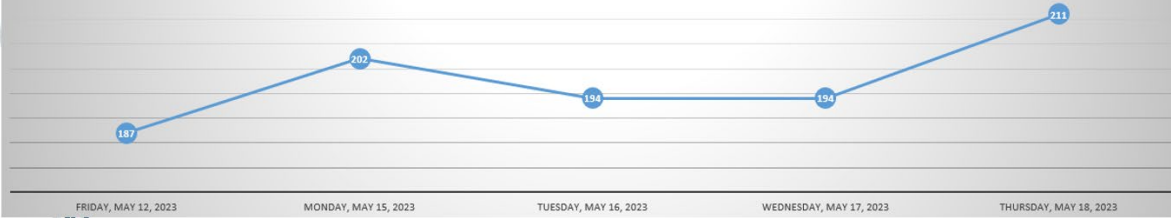
The current help desk ticket numbers are above average as we have a lot going on. Lots of on-going large projects, construction moves as well as behind the scenes infrastructure changes to replace aging hardware and technology solutions. In the last 31 days we have closed 941 tickets!

KVH Information Systems Daily Metrics															
Date:				Total Tickets:				Current Volume:				Change:			
Friday, May 19, 2023				211				54				17			
Division Breakdown															
		Closed	Workable	Stalled	Total	Previous	Change			Closed	Workable	Stalled	Total	Previous	Change
Informatics		159			148		11	Support Services		37			33		4
Brenda		31	12	43	43		0	Kane		3	1	4	2		2
Devan		1	5	2	7	7	0	Keith		5	8	2	10	11	-1
Ellen		1	4	5	5		0	Tim J		5	13	2	15	15	0
Hanna		6	12	18	14		4	Tim M		2	0	2	2		0
Jen		4	5	14	19	19	0	Queue		5	0	5	1		4
Kristin		7	3	23	26	24	2	Unassigned		1	0	1	2		-1
Nick		5	12	17	16		1	HRIS		0			0		0
Shae		15	1	16	16		0	Ginger		0	0	0	0		0
Queue		8	0	8	4		4	CIO		0			0		0
								Jeff		0	0	0	0		0
								Security		2			1		1
								Evan		10	2	0	2	1	1
								Projects		2			2		0
								Kathryn		1	1	2	2		0
								Excluded from Total		40			38		2
								Global		33	33		33		0
								Users		4	2		2		2
								Enterprise		0	0		0		0
								Catherine		3	3		3		0
Today's Project Calls/Meetings:															
1:00pm Pharmacy Pool/MAC Annex				Happy Friday!											

4 Week History - Work Orders



5 Day History - Work Orders



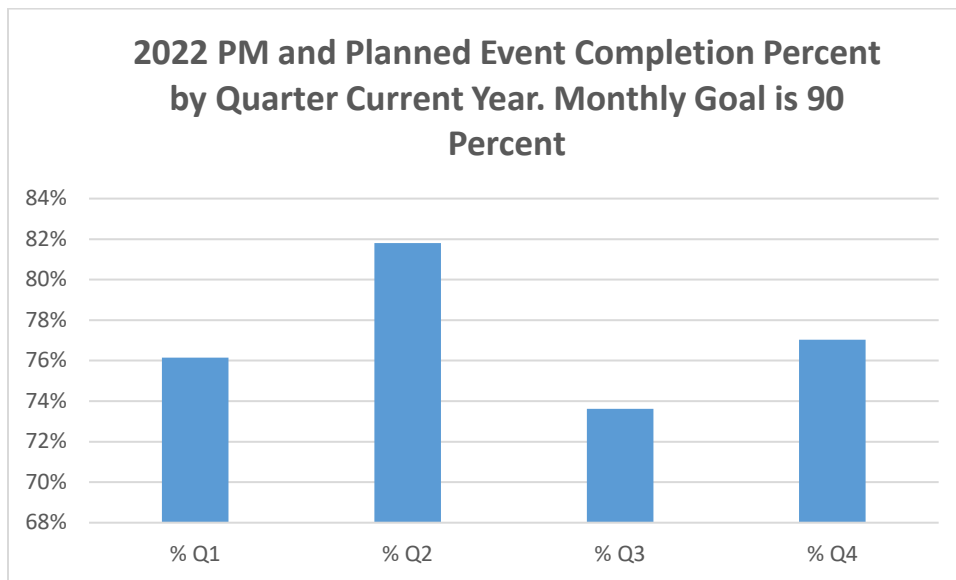
Facilities Q1 2023 Board Report

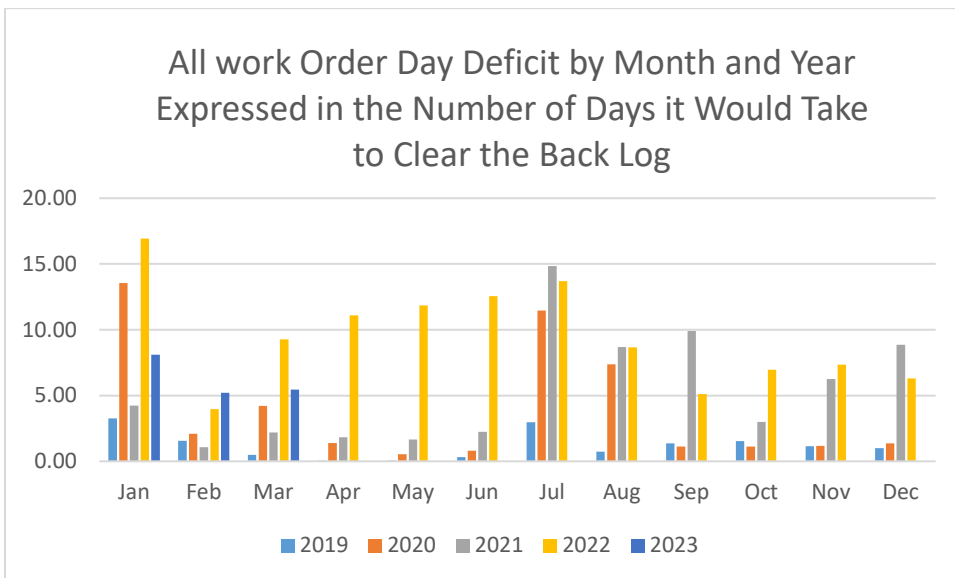
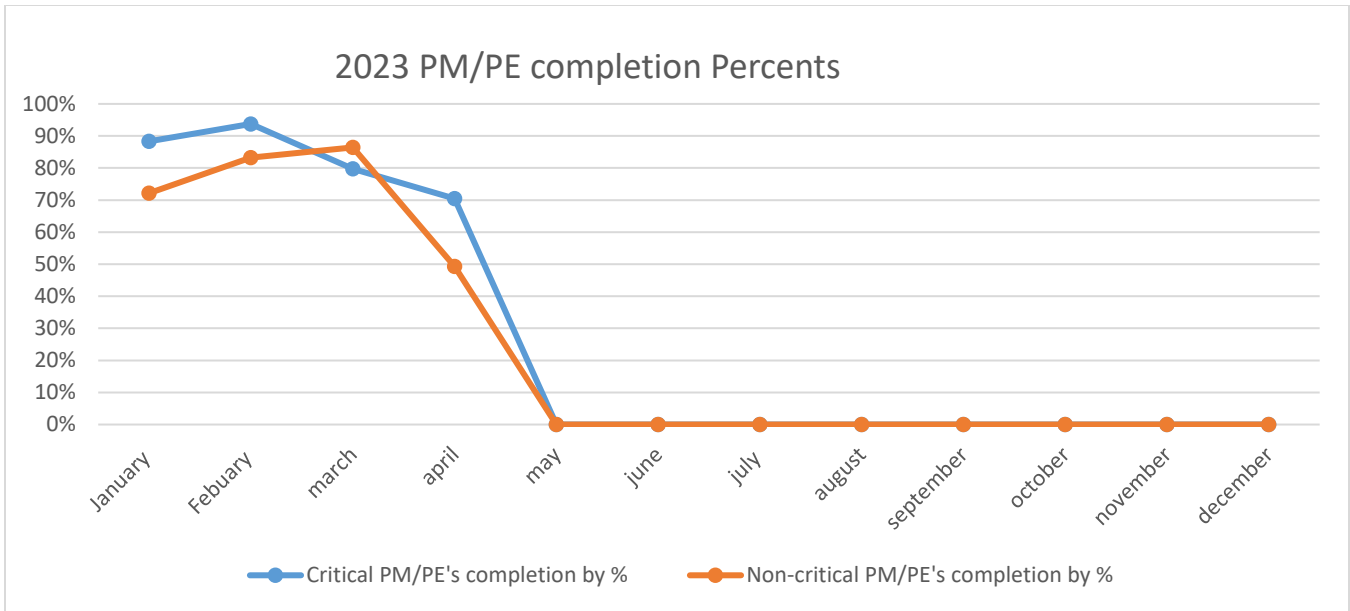
Staffing levels are below work load. We have recently filled our engineering position that was vacated when Trent moved into the supervisor role. SLT has approved 1 additional FTE to help close this gap.

Move and construction interface requests has been a very big factor for Facilities. This added load has been a significant factor in completing PM and maintenance work requests. The expansion project already has and will continue to add significant work duty to our department.

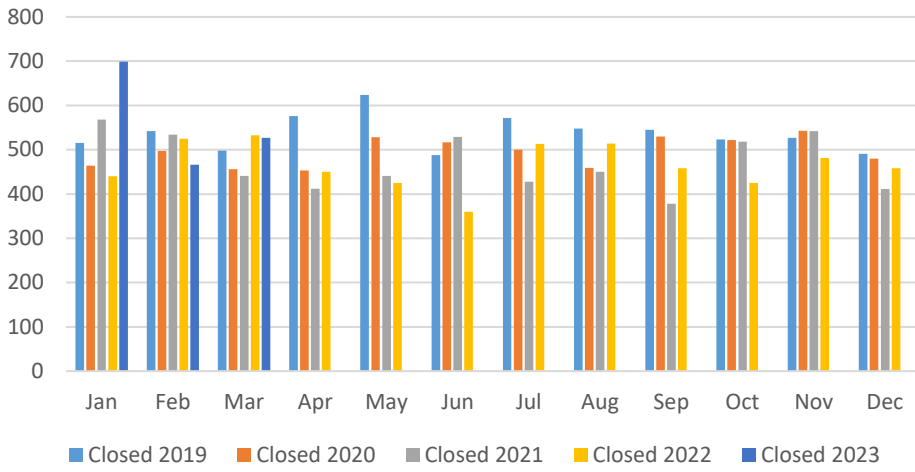
We have put an emphasis on PM completion as that work is critical to prevent downtime and for maintain compliance.

Note: 2022 PM completion rate had critical and non-critical combined. In 2023 we have separated them the critical PMs as they have a higher completion rate target, 100% versus 90 % for non critical.

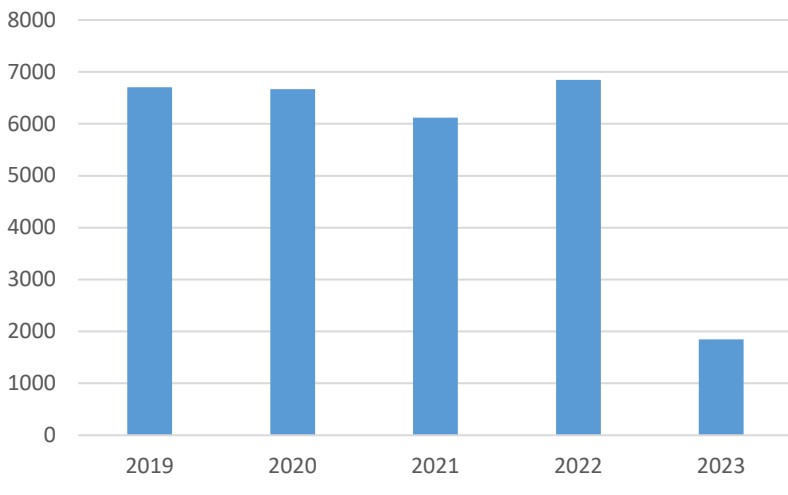




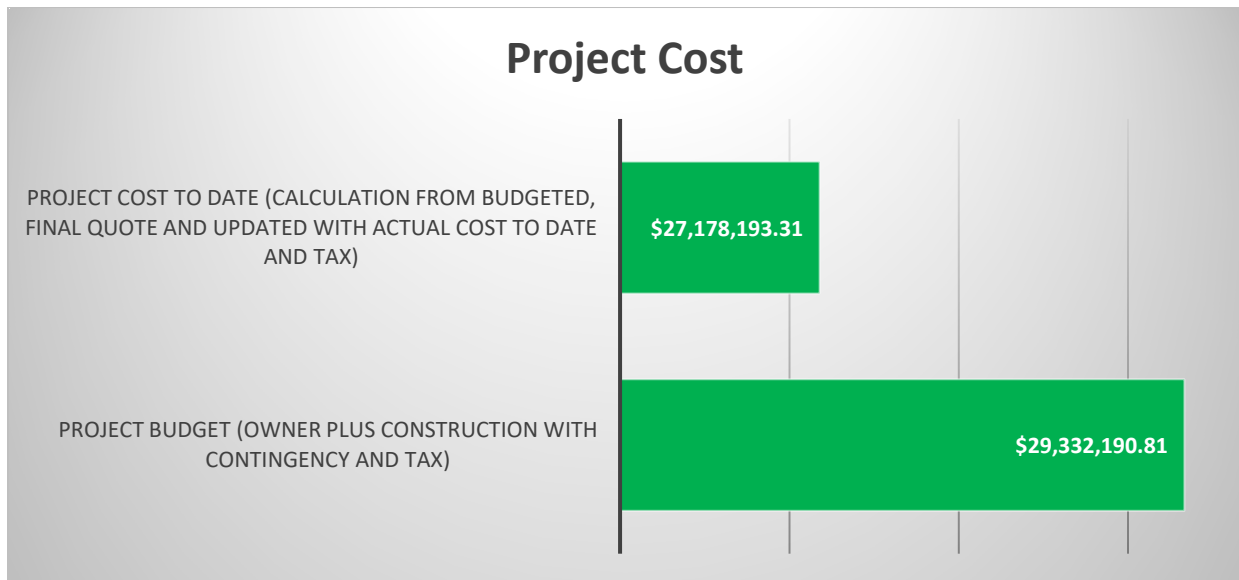
Work orders closed by month and year



Total Work Orders Created Annually



KVH Surgical Services, Materials Management and Radiology Expansion Project



Current Challenges

The fire main for the existing 2000 addition crosses the excavation and cannot be physically supported during this work.

The fire main has to be in service at all times other than short duration outage. We have discussed a few options and best option is to reroute the fire main around the construction and enter the building in the ED basement. The other options involved temporary fire line and added phasing. Change order pricing is in process for final plan that was approved by the local fire marshal and the city water department. Fire marshal wanting new fire riser components in new location rather than relocating existing to minimize fire suppression down time. They also want the fire department connection, FDC, to be in service now and it was scheduled to be on the side of the new structure. It will now be ran with the new fire main and be on the west side of the property in the grass area.

Due to project delay we are facing foundation construction with higher water table. How high the water table will be and the flow rate from ground to the excavation area is unknown. We are working through preliminary and advanced dewatering tactics. Project delays have already been realized. Dewatering plans is in to the City and Ecology for review.

Due to Alliance's, now Akumen, poor contractual performance we are considering purchasing the MRI instead of leasing with from Akumen. Additionally we designed around a Siemens unit

and are now considering GE. The change is MRI equipment has caused some design changes in the MRI scan room, and equipment room and supporting utilities that will add some costs.

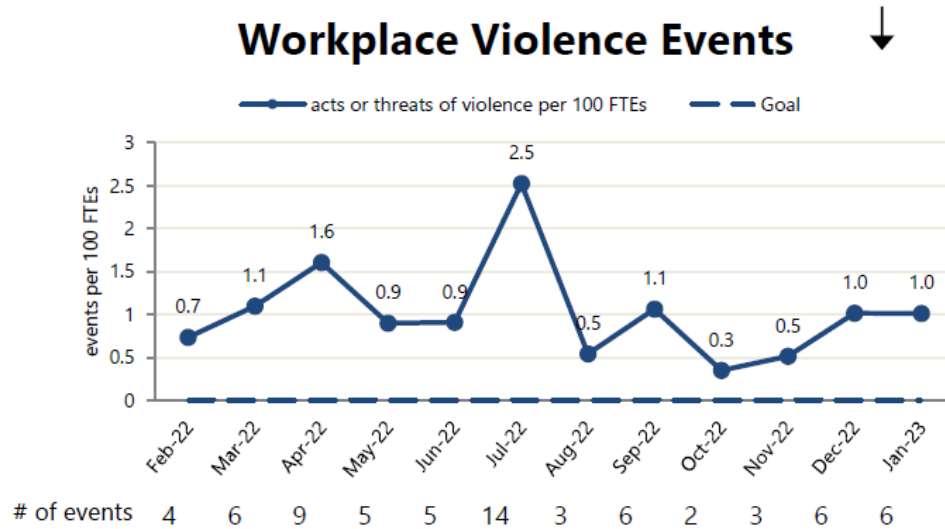
Contaminated soil was found at 1.5' below grade and is about 1'deep. Contaminated soil must be tested for what type of contamination and degree of contamination. Special handling is required for this. Lab reports indicate petroleum based and above acceptable levels and that has trigger special handling by hauling the contaminated soil off to an approved site in Wenatchee. The contaminated soil did not rise to the level of being considered hazardous waste which would be more expensive to mitigate.

In SEPA review the fire marshal comments called for audio voice mass notification. My initial interpretation at the time was our PA system would cover this requirement. After further review with the local Fire Marshal this is new requirement for fire alarm systems. When we recently upgraded the fire alarm system it was not required. He has agreed to waive it if the state fire marshal agrees. If not this will be a change order.

All the delays added together by the MRI building demo, contaminated soil, water mitigation, phasing changes for constructability and accommodations for continued KVH operations are adding up to over 3 months. These schedule addition changes along with dewatering efforts and partial soil mitigation are factored into adjusted project cost.

Security Report –

- Committee review of the current Behavior/AMA/WPV incident report. Recommendations made to add additional questions that will support better understand of level of harm and post-event support for staff.
 - Add WPV questions
 - Did a Just in Time Debrief occur? yes/no
 - Was staff harmed question- add required text field to describe harm
- 2023 Avade hands-on training scheduled for April 13th and 15th.
- Reviewed 18 security and behavior incidents reported in December, 6 of which were considered workplace violence.
- QI Dashboard and summary data from Security team through January 2023:



(Continued on following pages...)

Data through January 2023

<i>All types of events (security, behavior, AMA) by department</i>	2019	2020	2021	2022	2023	2023 Grand total
					Jan	
Administration	1			7	1	1
Cardiopulm.		1	1			
CCU	4	5	10	11	1	1
ENT		5	14	1		
Ellensburg Pediatrics		3		2		
ED	35	49	43	49	6	6
EH/IC		1		1		
Engineering	1			3	1	1
EVS		5	9	1	1	1
Family Birthing Place		1	2	3		
FM-CE	6	2	2	3		
FM-E	2	2	2	4		
Finance	1					
Flu Clinic			3			
Food & Nut. Services	4	1	1	3		
General Surgery			2	3		
HH/H		1	1			
House Supervisors			1			
Human Resources	5					
Imaging		2	5	4		
Internal Medicine	2	4	2	1		
Lab	1			6		
Materials		1				
Med/Surg	9	17	10	17	2	2
Orthopedics	1	2		1		
PFS		1	1	1		
Pharmacy				2	1	1
Physical Therapy			1	3		
Quality				2		
Rapid Access			3			
Registration	6	5	15	21	1	1
RCM		2				
SS/CM			1			
SOP/MOP	1	1	1	2		
SP/OT	1					
Surgery		1		1	1	1
Urgent Care	4	1	2	5		
Volunteer Services				1		
Women's Health			2	2		
Workplace Health			1	1		
Wound Care		1				
Grand Total	84	114	135	161	15	15

<i>All events by type</i>	2019	2020	2021	2022	2023	2023 Grant Total
					Jan	
Abusive / violent behavior	26	44	49	47	5	5
AMA	13	22	8	10	1	1
Elopement	2	1	3	9		
Loss/theft	12	5	7	6		
Non-adherence to policies	2	4	4	19		
Other Patient induced issue	1	5	8	4	2	2
Patient left without being seen	3		4			
Refused treatment / test / procedure		1				
Security/ Property	3	6	5	9	2	2
Self-induced injury				2		
Sexual boundary issue	1		1	1		
Staff Behavior	20	25	46	50	5	5
Unsuccessful suicide attempt				1		
Vandalism	1	1		3		
Grand Total	84	114	135	161	15	15

<i>Workplace violence events only by department</i>	2019	2020	2021	2022	2023	2023 Grand Total
					Jan	
Administration				3		
Cardiopulmonary Services			1			
CCU	1	3	6	6		
Ear, Nose and Throat		3	7	1		
Ellensburg Pediatrics		3				
Emergency Department	14	23	25	17	3	3
Employee Health/Infecton Control				1		
Environmental Services		4	3		1	1
Family Birthing Place		1		2		
Family Medicine - Cle Elum			1	2		
Family Medicine - Ellensburg	2		1	2		
Flu Clinic			2			
Food and Nutrition Services	3	1		2		
General Surgery				1		
Home Health and Hospice		1				
House Supervisors			1			
Human Resources	1					
Imaging		1	3	2		
Internal Medicine	1	3	2			
Lab	1			3		
Med/Surg	3	7	2	5	1	1
Orthopedics	1	2		1		
Patient Financial Services		1		1		
Pharmacy				1	1	1
Physical Therapy			1	2		
Rapid Access			2			
Registration	2	4	6	8		
Revenue Cycle Management		2				
Social Services/Case Management			1			
SOP/MOP				1		
Speech/Occupational Therapy	1	0				
Surgery		1				
Urgent Care - Cle Elum	2	1	2	5		
Women's Health			2			
Workplace Health			1	1		
Grand Total	32	61	69	67	6	6

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

Project Name	Project Scope	Progress Status
House bill 1257 energy mandate	Implement several different mechanical and lighting measures for the sake of expanding life expectancy, providing redundancy and reducing energy consumption to lower operational cost and meet mandated energy usage targets.	<p>DOH final approval is complete.</p> <p>The Led lighting measure of this project is complete.</p> <p>The domestic and laundry hot water heaters, tanks and piping are complete. Air handling unit 3 fan wall system is complete.</p> <p>All volume reduction dampers for air handler 1 and 3 are installed but not all commissioned yet.</p> <p>Air handling unit 2 fan wall system is complete.</p> <p>OR 1-3 new have equipment will be later as it is tied in with phase 4 of the expansion project.</p> <p>MRI dry cooler will be installed at end of phase 1 of the expansion project.</p>
Front KVH Campus planning	Re-due all landscaping and redesign traffic flow. Update monument and wayfinding signage. Complete walking path around campus. Misc. exterior building updates and repairs.	<p>The project was put on hold as per special board meeting. The Plans have been reviewed by the city.</p> <p>We have elected to do the North parking lot for preparation for the Surgery expansion project. This phase of the project is complete.</p> <p>Also to be completed this year is the door to the med surg court yard and the concrete sitting area in the court yard. This phase of the project is now complete.</p> <p>The new reader board was pushed to spring as the City had not issued the permit and the sign had a longer lead time. This work is now complete.</p>

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

		<p>We have filed for a permit extension with the city to do the balance of work in 2024. With the expansion ground work going on it would be too chaotic. Additionally it will let us fill in any gaps between the expansion, ortho, and campus landscaping plans.</p>
<p>Surgery, MM, and Radiology expansion</p>	<p>Have predesign contract to develop an expansion that will take into account growth needs for all of surgical services including OR, Sterile Storage, Equipment Storage, Central Sterile, SOP and post op. Also includes MM permanent expansion. Radiology expansion was added to the scope. Radiology expansion will house the MRI and an additional CT as well as expand SOP.</p>	<p>This project has been awarded to Walker Construction. The MRI mobile pad has been pulled out of this scope and is now complete.</p> <p>The mobile unit was finally got DOH approval and was delivered in February.</p> <p>Demo of the existing MRI modular building was contracted between VK Powell and Alliance and that work followed the install of the mobile MRI and is now complete.</p> <p>Delay of the above phases has pushed the expansion contract work from 1/31/23 to 4/3/23.</p> <p>The expansion work has started and is on schedule. Final duration of the schedule to be 18 to 20 months as we work out phasing details. This time line takes into account schedule changes for working in the fire suppression line and the contaminated soil mitigation.</p>
<p>Hospital med gas review and design fee proposal for adding medical air and bringing into compliance</p>	<p>Both med surg and FBC use medical air and have to use E cylinders which is a work flow issue and a risk of not having continuous supply. This also presents a compliance issue for allowed compressed gas storage in a smoke compartment. Additionally our medical gas valving and alarming are not up to the NFPA 99 2012 addition that we are surveyed to.</p>	<p>Engineering firm is putting together fee proposal for the project. This work may be combined with other unit remodel work.</p> <p>We will be including medical air and code compliance in the FBP room conversion for Panda Warmers. Pipe sizing and stub outs will be engineered for Med Surg. See (Family Birthing Place birthing rooms)</p>

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

<p>Replace flooring and paint in some ED rooms and OR 3.</p>	<p>Flooring is cracked and an infection control risk and was a DOH finding 6/2021.</p>	<p>Work was on hold until ED is back in the position to block out a room at a time. We anticipate restart in November. We continue to not be able to block out any of the rooms due to volumes.</p>
<p>Existing radiology remodel</p>	<p>The scope for this project has changed based on rooms added in the expansion project. the scope now include remodel of the reception area, new ceilings in the main corridors, new casework in x-ray rooms and CT, patch and paint common areas, making a ADA dressing room stall, new flooring common areas, adding a bathroom in Mammography, and adding med gas alarms that will also support the expansion project.</p>	<p>This project last item is the moving the med gas outlets in the ultra sound rooms to the radiology zone valves. They are currently served by the ED zone valves. This work to take to place 5/25/23.</p>
<p>Ortho Expansion</p>	<p>This project expands Ortho clinic by 2000 square feet and combines this service with Pre-Op services now in suite B. This project will be designed to provider based standards. This project will incorporate improvements to the walk way between the mediplex buildings such as security features and new wider concrete heated pathway. This project will include an x-ray machine within the clinic.</p>	<p>This project will include all new HVAC system to meet Washington State energy code, and the requirements for provider based clinic. This project design work is complete and submitted to DOH for review. Ortho will operate out of the Ortho clinic in the Medical Arts while this clinic is remodeled. Wound Care is also in that building. We have decided to move bidding to spring of 2024 primarily due to parking losses from the expansion project.</p>
<p>General Surgery and Vascular update design</p>	<p>General Surgery had a DOH finding on our last survey with the design of the soiled utility and clean utility rooms. In the process of creating a compliant design we found other issues with the clinic in terms of compliance as a provider based clinic. We performed a gap analysis.</p>	<p>The plan was reviewed with the deciding team and we are now looking at rearranging the floor plan to accommodate more exam rooms. This project will require new HVAC to meet the Washington state energy code and the requirements for provider based clinic. This project in final design and targeted to go to capital</p>

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

		committee in July. Note: this clinic experienced a flood and mitigation and reconstruction work in that is complete.
Medical Specialties Clinic	This project is a full remodel of the 716 Manitoba building to KVH clinic standards, and provider based design with possible expansion. Services to occupy the building are TBD. The plan is to model MAC, but take into account feedback we received after 2 years of operation, and design to generic needs to provide the most flexibility and meet provider based requirements.	Predesign is complete. All support spaces have been included and exam room count was the variable. Predesign has a count of 17 exam rooms and one procedure room supported by 2 bull pens. Predesign has also includes an optional 3000 foot addition to the west. Demo of this building will be put on hold so it can be used for an empty chair to facilitate other projects.
Parking lot addition for MAC	We purchased property adjacent to the MAC with the intent of making it staff parking.	This project was on hold but now was put as high priority. Land survey, SEPA and design are underway. We are targeting completion by November 2022, but city review and SEPA will push this to 2023. The city is requiring us to include some street storm water improvements as well as street lighting at that corner. The lot will have 22-24 spots. This project will go to capital committee in May and then the board for approval to go to bid in June.
Family Birthing Place birthing rooms	As of recent we had an infant warming light fail. Parts are no longer available nor can we find replacement units. The industry has gotten away from these and gone to mobile units that incorporate the warmer along with other essential emergency equipment. In order to make room for the mobile unit the case work will need to be redesigned. Additionally medical air is needed in FBP and is currently being supported by small air tanks that pose risks to infants.	This project design is complete. We have chosen to include medical air and other med gas updates to be part of this project to avoid rework in the future. Additionally new flooring will be added. The existing flooring is VCT tiles and we will be going to sheet vinyl for infection control purposes. Additionally the VCT colors are no longer available. The medical gas code work will include more O2 and Vacuum outlets, alarm panel, and vacuum and medical air shut off valves. This project has now been submitted to DOH for review and expected to go to capital committee in June 2023. This not expected to be a public bid.

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

<p>Hospital Fire Alarm System Replacement</p>	<p>The existing fire alarm system is not supported well and at capacity. We have already put in the head end of a new fire alarm system in another project. This project brings the rest of the hospital onto the new system. The new system is an addressable system which means it will report the exact detector that is in alarm which speeds up response time, and troubleshooting time.</p>	<p>This project is now complete.</p>
<p>Medical Arts Expansion</p>	<p>The Medical Arts building is a Rural Health building. Expanding the building will allow us to meet the needs of the community and maintain the reimbursement rate we have now. Building a new RHC would be reimbursed at the much lower rates. Projected community growth will play a role in clinic sizing.</p>	<p>The original concept was to join the Mac and Mac annex buildings which would have required moving all the utilities in the alley. This would prove to be very expensive and disruptive. The concept now is to build another building to the north and join it with the MAC. The MAC annex and house could become parking and would provide enough stalls. The other option is to have some parking in adjacent lots. We are only allowed 25% offsite parking for patients or staff. More discussion to come in the June 3rd board retreat.</p>
<p>Family Medicine Cle Elum Expansion</p>	<p>The FMCE building is a Rural Health building. Expanding the building will allow us to meet the needs of the community and maintain the reimbursement rate we have now. Building a new RHC would be reimbursed at the much lower newer rates. Projected community growth will play a role in clinic sizing.</p>	<p>The design process has been put on hold until KVH vets out our needs/priority's in that community. A KVH team is being tasked with that.</p> <p>We are now looking to move PT from FMCE to an adjacent property in a lease agreement with HD2. This would take some pressure off of FMCE while needs are analyzed.</p>
<p>KVH Staff Hoteling Space on the Mezzanine</p>	<p>This project is meant to provide workstations for remote working staff that have occasional need to be on site. This space will be located on the Mezzanine.</p>	<p>This project is now complete.</p>
<p>Pharmacy tech space at 107 Mountainview</p>	<p>This project is a minor TI and contracted with VK Powell under small works. This project should</p>	<p>This project is a minor TI and contracted with VK Powell under small works. This project should</p>

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

	<p>complete in June. Acoustics are very bad in this building so some acoustical mitigation work is part of this project.</p> <p>Project purpose</p> <ol style="list-style-type: none"> 1. Improve patient safety and quality of patient care by facilitating medication refill for various KVH clinic 2. Enhance efficiency for clinic staff by decreasing workload and time spent on medication refills—allow them to focus on direct patient care and thus increase patient encounter 	<p>complete in June. Acoustics are very bad in this building so some acoustical mitigation work is part of this project.</p>
New Lab Analyzer	<p>The lab is replacing end of life analyzer as well as adding redundancy analyzer both with more automation for faster through put. The lab equipment lay and supporting infrastructure will change to accommodate this new equipment.</p>	<p>This project is approved and in the redesign and engineering process now. The analyzers have been ordered.</p>
Urgent Care Backup Generator	<p>Cle Elum is more prone to losing power and our Urgent Care is considered a vital service and currently does have any back up power. This project would add a generator to back up the entire electrical service.</p>	<p>Engineering for the project was approved and I know have that design in hand. I am in the process of creating the project scope details to be used for RFP. This will be a small works contract.</p>

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date May 15, 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>
Guernsey, Paul, DO	Provisional	Initial Appointment	KVH ED
Knight, Joan, MD	Provisional	Initial Appointment	KVH ED
Padilla, Robert, MD	Provisional	Initial Appointment	KVH ED
Shnowske, Kristin, DO	Provisional	Initial Appointment	KVH ED
Wakeman, Karen, MD	Provisional	Initial Appointment	KVH ED
Sand, John, MD	Active	Re-Appointment	KVH OB/GYN
Thomas, Andrew, MD	Active	Re-Appointment	KVH FMCE
Chang, Michael, MD	Associate	Re-Appointment	Orthopedics NW
Deffinbaugh, Zach ARNP	AHP	Re-Appointment	Compass Direct
Hauk, Norman, PA-C	AHP	Re-Appointment	KVH ED & UC
Pelman, Alexander PA-C	AHP	Re-Appointment	KVH ED & UC

Delineation Of Privileges

Vascular Surgery

DRAFT

Provider Name:

Privilege	Requested	Approved
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Criteria for Privileges in Vascular Surgery:

Education:

1. Must be M.D. or D.O.

Qualifications:

1. Surgeons requesting privileges in GENERAL VASCULAR SURGERY must have completed an approved fellowship in GENERAL VASCULAR SURGERY and be board certified or eligible in GENERAL SURGERY (prior to 1987) or board certified or eligible in VASCULAR SURGERY. If board eligible, board certification must be obtained within 5 years of admissibility.

A representative but not inclusive list of GENERAL VASCULAR SURGERY procedures is stated below. It is expected that other procedures and problems of similar complexity will fall within the identified core and special requests.

Core privileges in **GENERAL VASCULAR SURGERY** Core privileges are as follows:

- Peripheral Arterial Reconstruction
- Vascular access Procedures
- Amputations of Upper and Lower Extremity
- Inferior Vena Cava filters
- Angiography
- Interpretation of Vascular Studies
- Peripheral Arterial Embolectomy, Endarterectomy or direct repair
- Bypass for Occlusive Disease of a Peripheral Artery
- Hemodialysis Access Procedures
- Fistula creation and repair; Fistulogram
- Temporal Artery Biopsy

A representative but not inclusive list of ENDOVASCULAR SURGERY procedures is stated below. It is expected that other procedures and problems of similar complexity will fall within the identified core and special requests. Surgeons requesting privileges in ENDOVASCULAR SURGERY will have privileges in GENERAL VASCULAR SURGERY and have met the other intradepartmental criteria.

Core privileges in **ENDOVASCULAR SURGERY** Core privileges are as follows:

- Diagnostic Angiography
- Lower Extremity Angioplasty with or without stent
- Upper Extremity Angioplasty with or without stent
- Venous Angioplasty with or without stent
- Thrombolysis
- Embolization therapy
- Intraoperative Ultrasound
- Thrombectomy
- Radiofrequency Ablation of Varicose Veins
- Sclerotherapy

Delineation Of Privileges
Vascular Surgery
DRAFT

Provider Name:

Privilege	Requested	Approved
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**SPECIAL REQUEST:
Conscious Sedation**

1. Demonstrated successful completion of a residency or fellowship training program (within the last 5 years) with at least four (4) weeks exposure to anesthesia (including IV conscious sedation, indications, contraindications, pre-anesthesia assessment, intra-operative care, procedure monitoring and post-anesthesia care); OR
2. Previous experience with sufficient evidence of satisfactory outcomes that the applicant has performed IV conscious sedation for at least 10 patients over the past 12 months; OR
3. Satisfactory completion of a continuing medical education program devoted to conscious sedation within the last 3 years (course certificate to be on file).

I understand that in making this request I am bound by the applicable bylaws and policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

Applicant Signature

Date

APPROVED:

Department Chair

Date

Chief of Staff, Executive Committee

Date

President, Board of Commissioners

Date

CHIEF MEDICAL OFFICER – Kevin Martin, MD
May 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 – Robert Wageneck, DO, will start 10 July
 - **Providers in Progress:**
 - We are working with a number of per diem providers and locum tenentes to help cover OB call while recruiting for 2 more permanent providers.
 - We have upcoming interviews with an OB/Gyn and APCs in vascular surgery and orthopedics.
 - **Posted Positions**
 - **Physician**
 - Adult Medicine
 - Dermatology
 - OBGYN
 - Family Medicine with Surgical Obstetrics
 - Family Medicine
 - Cardiology
 - **APC**
 - Dermatology
 - GNP
 - Adult Medicine
 - ED/UC
 - **Recruiting Outreach**
 - Stacey Botten and Rhonda Pruitt attended the annual meeting of The American College of Obstetrics and Gynecology in Baltimore the weekend of 19 May.
- **Medical Staff:**
 - Appointments
 - 5 new providers requesting privileges this month, all with Yakima Emergency Associates.
 - 6 providers requesting reappointment.
 - 191 providers currently on staff.
 - 21 applications in process.

CMO activities:

- **Anesthesia Services**
 - As noted previously, 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. We have reached an agreement with Evergreen Anesthesia

Associates (EAA). We will start a transition to their services on 1 July, and there is potentially an opportunity for our current providers to stay on with EAA.

- **Education**

- We continue to work with faculty from Elson S. Floyd College of Medicine at Washington State University (ESFCOM) 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. In particular, we are hoping ESFCOM will be able to bring simulation materials to us for on-site work.

- **The Rural Collaborative (TRC):**

- The Physician Leadership Committee met 15 May. The group discussed how peer review is handled at each of the represented organizations and how we might collaboratively develop more robust systems. There will be more to come on this.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer

April Operating Results

- April admissions to the hospital of 69 were 23 admissions less than budget. Patient days of 275 were below budget by 92 days. YTD KVH is 71 admissions below budget and 151 patient days below budget. The Family Birth Place delivered 17 infants in April; 9 deliveries less than budget. YTD deliveries are 27 deliveries below budget. KVH's average length of stay was 4 days in April. The lower volume in deliveries which have an average length of stay of 1.5 to 2 days and the shift of inpatient total joint procedures from an inpatient procedure to an outpatient procedure is impacting the overall number of hospital admissions, patient days and average length of stay calculation. As care has shifted from inpatient to outpatient there has been a corresponding increase in observation days. In April, there were 180 observation days compared to budgeted observation days of 91. YTD observation days total 579 days compared to budgeted observation days of 371. The surgery department continued to be busy throughout April. Inpatient cases of 17 were below budget by 12 cases. Outpatient surgery cases of 178 exceeded budget by 49 cases and GI procedures of 177 exceeded budget by 48 procedures. April ER visits of 1,447 exceeded budget by 152 visits. Urgent Care Clinic visits of 439 were below budget by 45 visits. April clinic visits of 7,190 were below budgeted visits by 104 visits.
- April gross revenue of \$20,337,862 exceeded budget by \$1,597,835. April inpatient revenue was below budget by \$536,559; outpatient revenue exceeded budget by \$1,870,332 and professional fee revenue exceeded budget by \$264,064. The following departments had significant positive revenue variances in April: Med/Surg by \$298,307; Surgery by \$617,952; Imaging by \$432,234; Pharmacy by \$230,184 and ER by \$223,421. Departments with significant negative variances were Family Birth Place by \$70,519 and Laboratory by \$223,327.
- In April deductions from revenue exceeded budget by \$738,106. Contractual adjustments exceeded budget by \$396,794. Bad debt deductions exceeded budget by \$343,451. Financial assistance was below budget by \$72,202. Other deductions totaled \$215,255 and exceeded budget by \$70,063. Hospice adjustments were \$1,348; no prior authorizations were \$37,699; not medically necessary adjustments totaled \$38,469; no patient consent were zero and provider not credentialed adjustments totaled \$23,347.
- April other operating revenue was below budget by \$17,084. In April the shortfall from 340B contract pharmacy rebates totaled \$40,281. This shortfall was offset by a Premier Group Purchasing Organization (GPO) rebate of \$34,059.

- April expenses exceeded budget by \$985,105. Expenses are tracking to budget levels or are trending with patient volumes when volumes exceed budget. Salaries exceeded budget by \$91,308. Temporary labor exceeded budget by just \$524. Departments that exceeded their temporary labor budget were Laboratory by \$4,330; Radiology by \$34,369; and the Clinics by \$9,481. The downward trend in the use of temporary labor is a very encouraging trend. Professional fees exceeded budget by \$212,243. In April KVH spent \$62,743 for ER locums; \$25,445 for Internal Medicine locums; \$76,761 for an ENT locum and \$75,966 for Women's Health locums. Supply expenses exceeded budget in April by \$498,052 and were generally volume related variances. Surgery exceeded their supply budget by \$207,358 and Pharmacy exceeded their supply budget by \$84,826. KVH paid for \$190k for lab reagents for the Cepheid machine which also contributed to the negative supply expense variance. Depreciation expense exceeded budget for April by \$36,201 and will for the year due to shortening the estimated useful life on some hospital owned buildings. Insurance expense exceeded budget by \$30,501. As noted previously, KVH's insurance renewal was higher than expected and KVH also increased coverage limits. Other direct expenses exceeded budget by \$34,555 due to provider recruitment expenses.
- In April KVH posted operating income of \$302,404 compared to a budgeted operating income of \$444,864; a negative variance of \$142,460. YTD operating income is \$902,185 compared to budgeted operating income of \$2,858,518; a negative variance of \$1,956,333.
- Non-operating income exceeded budget by \$165,219. In April KVH recorded interest income of \$129,718 plus an unrealized gain on investments of \$129,434.
- KVH reported a Net Income for April of \$583,445. YTD Net Income is \$2,029,515 compared to YTD budgeted Net Income of \$3,321,806, a negative variance of \$1,292,292.
- April Days in Accounts Receivable increased .8 days to 63.2 days from 62.4 in March. Gross accounts receivables increased by \$1,008,346 from \$44,536,584 in March to \$45,544,930 in April. Total cash receipts in April from payers, patients and other sources totaled \$11,683,620. Included in the total receipts was \$389,060 from the Washington State Legislature for the lab expansion and \$186,326 insurance payment for the damage done to the Family Birth Place last fall. Total Cerner receipts posted in April were \$10,706,608.
- Average daily cash collections per working day increased from \$561,366 in March to \$584,181 in April.

- Days cash on hand increased 2.8 days to 210.0 days in April from 207.2 days in March. Actual cash and investments on hand increased by \$1,471,443 from \$69,447,158 in March to \$70,918,601 in April.

Kittitas Valley Healthcare
April 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	69	92	-25.2%	307	378	-18.7%	383	-19.8%	01
02 Patient Days - W/O Newborn	275	367	-24.9%	1,349	1,500	-10.1%	1,484	-9.1%	02
03 Patient Days - Swingbed	-	7	-100.0%	-	30	-100.0%	24	-100.0%	03
04 Avg Daily IP Census w/Swingbed	9.2	12.5	-26.3%	11.2	12.8	-11.9%	12.6	-10.6%	04
05 Average Length of Stay	4.0	4.0	0.5%	4.4	4.0	10.6%	3.9	13.4%	05
06 Average Length of Stay w/Swingbed	4.0	4.1	-1.5%	4.4	4.1	8.4%	3.9	11.6%	06
07 Deliveries	17	26	-35.8%	79	106	-25.4%	102	-22.5%	07
08 Case Mix Inpatient	1.22	1.00	21.9%	1.21	1.00	20.8%	1.10	9.8%	08
09 Surgery Minutes - Inpatient	1,770	3,490	-49.3%	9,451	14,250	-33.7%	12,889	-26.7%	09
10 Surgery Minutes - Outpatient	10,169	8,134	25.0%	42,016	33,208	26.5%	28,479	47.5%	10
11 Surgery Procedures - Inpatient	17	29	-40.6%	89	117	-23.8%	105	-15.2%	11
12 Surgery Procedures - Outpatient	178	129	38.2%	683	526	29.9%	433	57.7%	12
13 Gastrointestinal Procedures	177	129	37.0%	648	527	22.9%	420	54.3%	13
14 ER Visits	1,447	1,295	11.8%	5,474	5,289	3.5%	4,618	18.5%	14
15 Urgent Care Cle Elum Visits	439	484	-9.3%	1,671	1,976	-15.4%	1,489	12.2%	15
16 Laboratory	23,495	24,380	-3.6%	94,095	99,598	-5.5%	93,789	0.3%	16
17 Radiology Exams	3,272	2,916	12.2%	13,066	11,912	9.7%	10,915	19.7%	17
18 Rehab Visit	1,569	1,653	-5.1%	6,450	6,736	-4.2%	5,963	8.2%	18
19 Outpatient Percent of Total Revenue	89.3%	85.5%	4.4%	88.5%	85.5%	3.5%	84.5%	4.7%	19
20 Adjusted Patient Days	2,567	2,527	1.6%	11,709	10,352	13.1%	9,564	22.4%	20
21 Equivalent Observation Days	189	91	108.8%	579	371	55.9%	350	65.2%	21
22 Avg Daily Obs Census	6.3	3.0	108.8%	4.8	3.1	55.9%	2.9	65.2%	22
23 Home Care Visits	469	587	-20.1%	1,964	2,402	-18.2%	2,140	-8.2%	23
24 Hospice Days	907	617	46.9%	3,229	2,469.1	30.8%	2,351	37.3%	24
25 Primary Clinic Visits	4,875	4,913	-0.8%	20,684	20,232	2.2%	22,934	-9.8%	25
26 Specialty Clinic Visits	2,231	2,272	-1.8%	9,347	9,262	0.9%	5,602	0.0%	26
27 Telehealth Visits	84	109	-23.1%	325	447	-27.3%	472	NA	27
28 Total Clinic Visits	7,190	7,294	-1.4%	30,356	29,941	1.4%	29,008	4.6%	27
Financial Measures									
29 Salaries as % of Operating Revenue	46.7%	49.6%	5.9%	46.6%	48.2%	3.3%	48.9%	-4.8%	29
30 Total Labor as % of Operating Revenue	58.1%	62.2%	6.5%	58.4%	60.4%	3.2%	60.9%	-4.1%	30
31 Revenue Deduction %	46.0%	46.0%	0.0%	47.4%	45.7%	-3.8%	45.1%	5.1%	31
32 Operating Margin	2.7%	4.3%		2.1%	6.7%		4.3%		32
Operating Measures									
33 Productive FTE's	551.2	548.0	-0.6%	546.2	548.0	0.3%	513.3	6.4%	33
34 Non-Productive FTE's	56.2	73.0	22.9%	55.8	73.0	23.5%	69.1	-19.2%	34
35 Paid FTE's	607.4	621.0	2.2%	602.0	621.0	3.1%	582.4	3.4%	35
36 Operating Expense per Adj Pat Day	\$ 4,226	\$ 3,903	-8.3%	\$ 3,640	\$ 3,825	4.8%	\$ 3,745	-2.8%	36
37 Operating Revenue per Adj Pat Day	\$ 4,344	\$ 4,079	6.5%	\$ 3,717	\$ 4,102	-9.4%	\$ 3,914	-5.0%	37
38 A/R Days	63.2	60.0	-5.3%	63.2	60.0	-5.3%	61.3	3.1%	38
39 Days Cash on Hand	210.0	217.6	-3.5%	210.0	217.6	-3.5%	209.8	0.1%	39

Kittitas Valley Healthcare

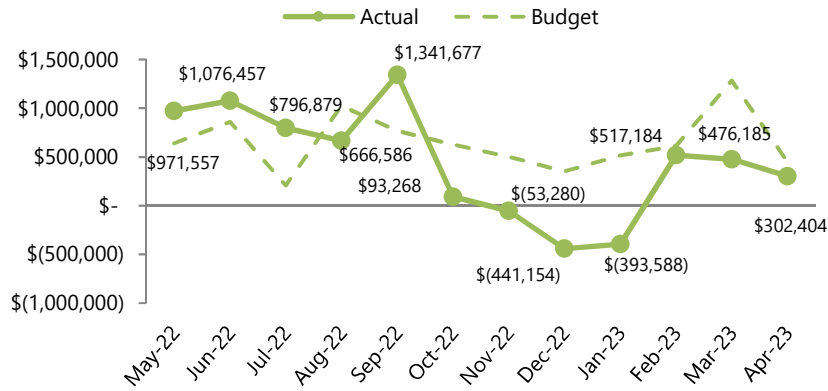
Year over Year Financial and Operating Indicator Trends

April 2023 - Key Statistics and Indicators

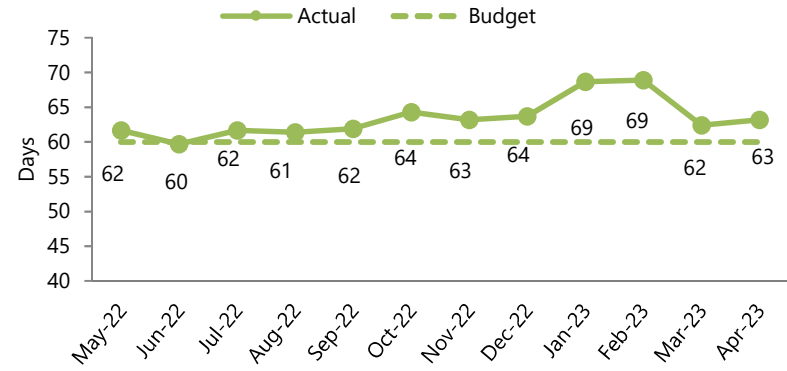
L	Measure	2023 YTD	2023 Budget	2023 Annualize	2022	2021	2020	2019	2018	2017	2016
1	Total Charges	81,592,022	233,240,187	248,175,733	213,492,081	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636
2	Net Revenue	43,529,557	129,100,000	132,402,401	120,219,085	114,372,961	89,905,245	83,527,969	78,753,810	71,490,964	71,506,819
3	Operating Income	902,185	8,000,000	2,744,145	6,074,001	14,127,110	620,732	2,901,869	474,120	885,655	(5,893)
4	Operating Margin %	2.1%	6.2%	2.1%	5.1%	12.4%	0.7%	3.5%	0.6%	1.2%	0.0%
5	Net Income	2,029,514.7	9,390,000	6,173,107	4,079,789	18,470,881	6,420,388	3,690,537	2,526,547	2,648,415	1,543,915
6	Net Margin %	4.7%	7.3%	4.7%	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	154.3	197.0	NA	246.4	235.8	175.8	138.6	133.5	178.7	156.0
9	Surgeries	772	1,950	2,348	1,922	1,788	1,354	1,305	1,461	1,396	1,510
10	Gastrointestinal Procedures	648	1,600	1,971	1,404	1,321	1,211	1,416	1,250	1,383	1,396
11	Emergency Visits	5,474	16,790	16,650	15,643	13,988	12,207	13,861	13,930	13,162	13,789
12	% ED visits To Bed	7.7%	10.0%	7.7%	7.7%	9.2%	10.1%	9.5%	n/a	n/a	n/a
13	Laboratory Tests	94,095	302,431	286,206	277,627	288,552	237,710	209,144	207,040	190,587	181,082
14	Radiology Exams	13,066	36,169	39,742	35,222	32,016	29,338	30,397	30,843	33,836	33,471
15	Rehab Visits	6,450	20,447	19,619	17,060	21,390	16,724	18,718	16,359		
16	IP & Obs Days (no swing)	1,927	5,684	5,862	5,470	4,820	3,717	3,805	3,999	3,440	3,937
17	Deliveries	79	322	240	318	280	284	309	342	322	312
18	Admits w/Swing	307	1,147	934	1,066	949	860	941	984	899	1,043
19	Primary Clinic Visits	20,684	61,377	62,914	58,013	60,229	53,270	60,871			
20	Specialty Clinic Visits	9,347	28,113	28,430	22,778	19,865	13,135	11,840			
21	Telehealth Visits	325	1,359	989	1,263	1,391	3,793	-			
22	Total Clinic Visits	30,356	90,849	92,333	82,054	81,485	70,198	72,711	59,241	50,917	48,525
23											
24	FTEs	602.0	621.0	NA	560.9	529.9	499.0	477.4	469.4	457.6	449.1
25	AR Days	63.2	60.0	NA	63.7	63.9	73.5	88.1	92.0	50.8	47.5
Normalize charges by adjusting for charge master increases:											
	Effective Net Rate Increase Factor		1.020	1.045	1.050	1.020	1.020	1.033	1.045	1.040	1.050
	Normalize Factor to 2023		1.000	1.000	1.045	1.097	1.119	1.142	1.180	1.233	1.282
26	Normalized Charges to 2023		233,240,187	248,175,733	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%	11.24%	2.36%	21.48%	2.94%	5.46%	2.65%	1.16%	-1.05%
28	Operations Growth Exclude COVID Testing			12.54%	6.29%	19.23%	-0.61%				

Financial Dashboard

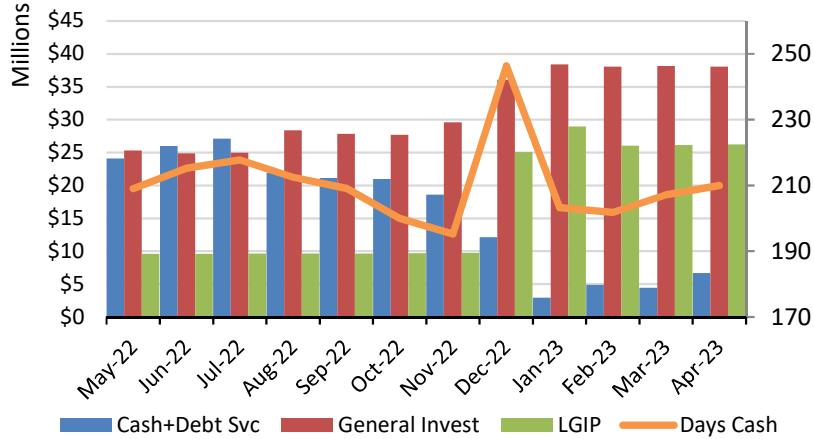
Operating Income



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%	42.44%
Medicaid	19.41%	19.08%	18.64%	19.78%
Commercial	34.97%	35.29%	33.66%	32.56%
Self Pay	2.66%	2.38%	2.10%	1.35%
Other	3.55%	3.01%	3.29%	3.87%

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	2,182,205	2,718,764	(536,559)	9,397,753	11,130,521	(1,732,768)	10,359,269
OUTPATIENT REVENUE	14,720,555	12,850,223	1,870,332	58,155,494	52,605,624	5,549,870	45,115,434
PROF FEE REVENUE	3,435,102	3,171,041	264,061	14,038,774	13,064,544	974,231	11,269,343
REVENUE	20,337,862	18,740,028	1,597,835	81,592,022	76,800,690	4,791,332	66,744,045
CONTRACTUALS	8,263,858	7,867,063	396,794	34,669,758	32,093,951	2,575,806	27,309,019
PROVISION FOR BAD DEBTS	851,259	507,809	343,451	2,266,326	2,031,234	235,092	2,091,139
FINANCIAL ASSISTANCE	26,156	98,358	(72,202)	517,949	393,431	124,518	375,312
OTHER DEDUCTIONS	215,255	145,192	70,063	1,240,438	580,767	659,672	330,168
DEDUCTIONS FROM REVENUE	9,356,528	8,618,421	738,106	38,694,471	35,099,383	3,595,088	30,105,637
NET PATIENT SERVICE REVENUE	10,981,334	10,121,606	859,728	42,897,551	41,701,307	1,196,244	36,638,408
OTHER OPERATING REVENUE	170,444	187,528	(17,084)	632,006	758,038	(126,033)	796,851
TOTAL OPERATING REVENUE	11,151,778	10,309,134	842,645	43,529,557	42,459,345	1,070,211	37,435,260
SALARIES	5,205,655	5,114,347	91,308	20,275,937	20,457,388	(181,450)	18,321,555
TEMPORARY LABOR	248,300	247,775	524	1,474,352	991,101	483,251	1,236,100
BENEFITS	1,277,618	1,296,689	(19,072)	5,160,602	5,186,756	(26,154)	4,488,210
PROFESSIONAL FEES	371,635	159,392	212,243	1,463,519	637,568	825,952	894,733
SUPPLIES	1,491,942	993,890	498,052	5,667,717	4,041,423	1,626,293	3,352,803
UTILITIES	154,274	82,656	71,618	475,281	401,472	73,809	406,714
PURCHASED SERVICES	1,027,155	1,048,944	(21,790)	4,076,294	4,195,778	(119,483)	4,169,046
DEPRECIATION	500,677	464,476	36,201	2,110,277	1,857,905	252,372	1,484,825
RENTS AND LEASES	21,665	3,250	18,416	30,630	12,998	17,632	341,563
INSURANCE	188,092	157,592	30,501	594,003	630,367	(36,363)	356,825
LICENSES & TAXES	102,467	80,566	21,901	357,193	329,297	27,896	294,690
INTEREST	111,144	110,469	675	446,398	441,877	4,521	199,083
TRAVEL & EDUCATION	56,738	46,766	9,972	180,104	187,063	(6,959)	65,760
OTHER DIRECT	92,014	57,459	34,555	315,063	229,835	85,229	200,547
EXPENSES	10,849,375	9,864,270	985,105	42,627,372	39,600,827	3,026,545	35,812,453
OPERATING INCOME (LOSS)	302,404	444,864	(142,460)	902,185	2,858,518	(1,956,333)	1,622,806
OPERATING MARGIN	2.71%	4.32%	-16.91%	2.07%	6.73%	-182.80%	4.33%
NON-OPERATING REV/EXP	281,041	115,822	165,219	1,127,330	463,289	664,041	(1,112,717)
NET INCOME (LOSS)	583,445	560,686	22,759	2,029,515	3,321,806	(1,292,292)	510,089
UNIT OPERATING INCOME							
HOSPITAL	1,043,401	869,296	174,106	2,734,332	4,215,810	(1,481,479)	3,107,497
URGENT CARE	12,166	4,914	7,252	1,510	30,047	(28,537)	(5,971)
CLINICS	(747,496)	(360,972)	(386,524)	(1,792,218)	(1,137,601)	(654,617)	(1,344,890)
HOME CARE COMBINED	(5,667)	(68,374)	62,707	(41,439)	(249,739)	208,299	(133,830)
OPERATING INCOME	302,404	444,864	(142,460)	902,185	2,858,518	(1,956,333)	1,622,806

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	5,665,270	11,162,290	(5,497,020)
ACCOUNTS RECEIVABLE	45,544,930	41,373,454	4,171,476
ALLOWANCE FOR CONTRACTUAL	(29,717,532)	(26,782,288)	(2,935,244)
THIRD PARTY RECEIVABLE	182,107	182,107	0
OTHER RECEIVABLES	1,201,596	2,007,557	(805,961)
INVENTORY	2,619,013	2,690,763	(71,750)
PREPAIDS	2,164,130	1,512,320	651,811
INVESTMENT FOR DEBT SVC	983,961	963,413	20,548
CURRENT ASSETS	28,643,475	33,109,615	(4,466,140)
INVESTMENTS	64,269,370	61,115,705	3,153,664
PLANT PROPERTY EQUIPMENT & ROU ASSET	107,689,278	106,089,339	1,599,939
ACCUMULATED DEPRECIATION & ROU AMORT	(55,595,787)	(53,865,018)	(1,730,769)
NET PROPERTY, PLANT, & EQUIP	52,093,491	52,224,321	(130,830)
OTHER ASSETS	0	0	0
NONCURRENT ASSETS	52,093,491	52,224,321	(130,830)
ASSETS	145,006,336	146,449,641	(1,443,305)
ACCOUNTS PAYABLE	3,008,305	4,228,424	(1,220,119)
ACCRUED PAYROLL	1,338,294	2,645,596	(1,307,302)
ACCRUED BENEFITS	334,609	985,345	(650,735)
ACCRUED VACATION PAYABLE	2,618,285	1,927,557	690,728
THIRD PARTY PAYABLES	1,284,899	1,284,899	0
CURRENT PORTION OF LONG TERM DEBT	1,640,441	2,293,900	(653,459)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	10,224,833	13,365,720	(3,140,887)
ACCRUED INTEREST	392,923	273,091	119,832
DEFERRED TAX COLLECTIONS	6,833	0	6,833
DEFERRED REVENUE HOME HEALTH	50,967	60,910	(9,943)
DEFERRED INFLOW RIGHT OF USE	603,034	628,695	(25,661)
DEFERRED OTHER	127,031	127,031	0
DEFERRED LIABILITIES	1,180,789	1,089,727	91,062
LTD RIGHT OF USE ASSETS	4,568,307	4,991,302	(422,995)
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 CON'	(1,640,441)	(2,293,900)	653,459
LONG TERM DEBT	35,430,113	35,853,108	(422,995)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	3,806,216	3,806,216	0
NONCURRENT LIABILITIES	40,417,119	40,749,051	(331,933)
LIABILITIES	50,641,951	54,114,771	(3,472,820)
FUND BALANCE	92,334,870	92,334,870	0
NET REVENUE OVER EXPENSES	2,029,515	0	2,029,515
FUND BALANCE	94,364,384	92,334,870	2,029,515
TOTAL LIABILITIES & FUND BALANCE	145,006,336	146,449,641	(1,443,305)

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	2,029,515
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	1,730,769
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	3,760,284
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(1,236,232)
OTHER RECEIVABLES	805,961
INVENTORIES	71,750
PREPAID EXPENSES & DEPOSITS	(651,811)
INVESTMENT FOR DEBT SVC	(20,548)
TOTAL CURRENT ASSETS	(1,030,880)
INVESTMENTS	(3,153,664)
PROPERTY, PLANT, & EQUIP.	(1,599,939)
OTHER ASSETS	0
TOTAL ASSETS	(2,024,200)
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(1,220,119)
ACCRUED SALARIES	(1,307,302)
ACCRUED EMPLOYEE BENEFITS	(650,735)
ACCRUED VACATIONS	690,728
COST REIMBURSEMENT PAYABLE	0
CURRENT MATURITIES OF LONG-TERM DEBT	(653,459)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(3,140,887)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	119,832
DEFERRED TAX COLLECTIONS	6,833
DEFERRED REVENUE - HOME HEALTH	(9,943)
DEFERRED INFLOW RIGHT OF USE	(25,661)
DEFERRED OTHER	0
TOTAL OTHER LIABILITIES	91,062
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD RIGHT OF USE ASSETS	(422,995)
LTD - 2017 REVENUE BONDS	(473,459)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
LTD - 2022 REVENUE BOND	0
CURRENT PORTION OF LONG TERM DEBT	653,459
TOTAL LONG-TERM DEBT & LEASES	(422,995)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	0
TOTAL LIABILITIES	(3,472,820)
NET CHANGE IN CASH	(5,497,020)
BEGINNING CASH ON HAND	11,162,290
ENDING CASH ON HAND	5,665,270

KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative

Requesting Department: Laboratory

Capital Item Requested: McKesson Vitek2/BacT Alert/Myla Management System

Function of Project: The Vitek2/BacT Alert system cultures and incubates various strains of bacteria and then provides antibiotic susceptibility analysis. The system is a critical piece of laboratory equipment that assists providers in treating community members with infectious diseases.

Reason Requested: The system will replace the existing microbiology system that was purchased in 2013, is fully depreciated, is at end of life and no longer supported by the vendor.

Budget: \$150,000

Actual Cost: \$161,463

Submitted By: Katy Bellotti – Laboratory Dept. Director

Date: 05/23/2023

KITTITAS VALLEY HEALTHCARE

Capital Expenditure Board Narrative

Requesting Department: Home Health and Hospice

Capital Item Requested: Homecare Homebase EMR

Function of Project: Replace the current and outdated EMR. The Homecare Homebase EMR software will increase efficiencies in staff productivity, maximize revenue/reimbursement and meet Medicaid EVV requirement.

Reason Requested: Our current EMR Platform is outdated by at least ten years. IT support is the Office Manager/Clinical Manager. On a daily basis staff have issues with restarts, freezing and have inability to access certain areas of the chart. In order to capture what is needed for coding and billing, staff have to dig into the data and touch every area. This has been the biggest challenge/frustration for new hires. With Homecare Homebase, HC/HB, documentation can be completed without connectivity in our patient's homes which is a requirement starting in January 2024. Some of our patients have spotty Wi-Fi so it is imperative that our staff are able to document without connectivity. Electronic visit verification, EVV, is included in the cost of the product and does not require a separate implementation. EVV data is captured and sent to the state aggregator automatically without extra steps or work for our back/front office staff. Clinician's documentation time is decreased because the notes are generated as they are completing their assessment, instead of the clinicians having to double/triple document. The interoperability within HC/HB minimizes the amount of time the chart has to be touched, allowing clean claims to be billed resulting in: decreased AR days, increased reimbursement and less write-offs. The ease of documentation and built in interoperability will improve our Value Based Purchasing Performance and Star rating which directly correlates with our reimbursement. HC/HB has the ability to interface with Cerner: Cerner to HC/HB referrals HC/HB to Cerner patient status and demographics; HC/HB to Cerner embedded PDF of post-acute physician orders; Cerner to HC/HB sign/authorize physician orders.

Budget: \$115,000

Actual Cost: \$257,820

Submitted By: Michelle Sexton – Business Office Manager-Home Health & Hospice **Date:** 05/25/2023

Church Purchase and Lease Analysis

	<u>Parcel #</u>	<u>Sq Ft</u>	<u>Assessed Value</u>	<u>Improvmt</u>	<u>Total Assessed Value</u>
Parcel	12501	23706	109210	285450	\$ 394,660
Parcel	884236	15600	101100		\$ 101,100
Total Land Sq FT		39306	210310	285450	\$ 495,760
			42%	58%	
Total Purchase	\$ 1,200,000		\$ 509,061	\$ 690,939	\$ 1,200,000
Lease 1st Floor	21/sq ft * \$2000				\$ 42,000
Total Revenue					\$ 42,000
Building Dep 20 years					34,547
ADA Lease Hold Dep/20 years	\$ 200,000				10,000
Total Building Expense					44,547
Net Income					(2,547)
Interest Income @ 4.5%	\$ 1,200,000				\$ 54,000

Lease Rate Comparisons

Property Location	Lease Rate	Sq Ft	Total Rent	
Physical Therapy at 303 Mountainview	19.39	6,912	134,024	
Canyon View Physical Therapy	21.45	3,924	84,166	Excludes CAMS
Cle Elum Clinic	21.78	13,613	296,491	Excludes Utilities
Yakima Urology	22.59	953	21,537	Includes CAMS & Utilities
Cascade Foot and Ankle	22.59	636	14,358	Includes CAMS & Utilities
KCHN	22.00	1,965	43,230	Includes CAMS & Utilities

		Fiscal Year 2022		FY 2021	Projection	
		Actual	Budget	Actual		
Visits		2,606	3,113	3,183	4,138	Assumes 30% increase in visit volume
OUTPATIENT REVENUE	40200	744,999	887,100	864,320	1,123,616	Assumes 30% increase in Revenue
REVENUE	REV	744,999	887,100	864,320	1,123,616	(2021 visits and revenue)
Contractual Adjustment @ 50%		372,500	443,550	432,160	561,808	
NET PATIENT SERVICE REVENUE	0	372,500	443,550	432,160	561,808	
TOTAL OPERATING REVENUE	0	372,500	443,550	432,160	561,808	
FTEs		2.7	2.9	2.9	3.70	
SALARIES	SALARIES	233,361	256,381	240,790	338,361	Assumes Adding 1 PT at \$105k per year
BENEFITS		58,340	64,095	60,197	84,590	
SUPPLIES - OTHER MEDICAL	70350	2,103	3,600	4,651	2,734	
SUPPLIES - DEPARTMENT	70312	2,553	400	442	3,318	
SUPPLIES - INSTRUMENT & SM EQUIP	70315	369	200	97	480	
SUPPLIES - OTHER MINOR EQUIPMENT	70320	33	0	0	42	
SUPPLIES - OTHER	70340	0	100	161	-	
REPAIRS & MAINTENANCE	70400	348	0	0	452	
UTILITIES	70800	0	0	0	7,621	Assumes tennant pays utilities
AMORTIZATION RIGHT OF USE ASSETS	72035	0	0	0		
RENTALS & LEASES - BUILDINGS	70500	14,500	14,500	14,032	42,000	Rent Exp to lease 1st Floor of Church
INTEREST EXPENSE RT OF USE ASSET	73035	0	0	0		
TRAVEL & EDUCATION	70700	1,759	1,500	0	2,286	
EXPENSES	EXPENSES	342,147	363,877	345,102	492,301	
OPERATING INCOME (LOSS)		30,352	79,673	87,058	69,507	

		Fiscal Year 2022		FY 2021	Projections	
		Actual	Budget	Actual		
Visits		15,101	13,513	13,560	17,601	Increase of 2,500 Visits
PROF FEE REVENUE	40600	3,938,745	3,248,780	3,243,849	4,664,265	
REVENUE	REV	3,938,745	3,248,780	3,243,849	4,664,265	PROJECTED
DEDUCTIONS FROM REVENUE	REVEDD	487,796	394,500	397,696	586,033	
NET PATIENT SERVICE REVENUE	0	3,450,949	2,854,280	2,846,152	4,078,232	
TOTAL OPERATING REVENUE	0	3,450,949	2,854,280	2,846,152	4,078,232	
SALARIES	SALARIES	2,090,653	1,992,440	1,938,048	2,310,653	Add MD @ \$220,000/year
TEMP LABOR	70115	199,959	0	0	100,000	
BENEFITS		431,270	480,300	434,500	486,270	
BILLABLE SUPPLIES	70215	114,826	78,500	99,038	132,050	Assumes 14.5% increase
SUPPLIES - OTHER MEDICAL	70350	53,080	45,400	45,454	61,042	Assumes 14.5% increase
SUPPLIES - OTHER	70340	29,108	32,300	33,953	33,474	Assumes 14.5% increase
UTILITIES	70800	64,910	62,700	61,393	66,208	Assumes 2.5% increase
DISPOSAL SERVICE	70818	1,240	3,800	3,321	1,265	
TELEPHONE	70830	429	1,500	1,054	494	
CABLE TELEPHONE	70850	14,170	14,500	15,465	16,295	
PURCHASED SERVICES	70100	138,605	265,000	122,864	159,396	Assumes 14.5% increase
REPAIRS & MAINTENANCE	70400	59,957	6,900	9,001	61,156	Assumes 2.5% increase
DEPR. - MAJOR MOVEABLE	72020	31,348	22,600	26,300	31,348	No Change
AMORTIZATION RIGHT OF USE ASSETS	72035	0	0	0	0	
RENTALS & LEASES - BUILDINGS	70500	346,560	220,700	270,594	346,560	No Change
INSURANCE MALPRACTICE	70610	25,463	23,800	22,907	26,163	Assumes 2.5% increase
LICENSES & TAXES	70805	2,283	8,700	5,926	2,329	Assumes 2.5% increase
TRAVEL & EDUCATION	70700	5,734	10,100	11,768	5,849	Assumes 2.5% increase
MILEAGE	70705	1,328	0	64	1,355	Assumes 2.5% increase
PROMOTION & SPONSORSHIP	70755	50	100	50	51	
EMPLOYEE RECOGNITION	70750	76	900	528	78	
DUES & SUBSCRIPTIONS	70760	3,986	7,800	5,456	3,986	
OTHER DIRECT EXPENSE	70780	61	0	0	61	
EXPENSES	EXPENSES	3,615,096	3,278,040	3,107,685	3,846,081	
OPERATING INCOME (LOSS)	0	(164,147)	(423,760)	(261,532)	232,151	
OPERATING MARGIN						
TOTAL CLINIC & ANCILLARY HOSPITAL REVENUE		8,685,661		7,147,725	10,284,704	
LESS CLINIC PROFESSIONAL FEE REVENUE		3,938,745		3,243,849	4,664,265	
TOTAL ANCILLARY HOSPITAL REVENUE		4,746,916		3,903,876	5,620,439	

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

Opioid Implementation Grant	KCHN	Opioids	HRSA	\$1,000,000	Awarded	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Expanding on the work of the first Opioid response grant
RCORP Behavioral Health	KCHN	Opioids	HRSA	\$2,000,000	Awarded	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Funding would expand the work of the implementation grant to go beyond opioids and work to find solutions for other behavioral health issues
Harm Reduction Program #2	KCHN	Opioids	SAMHSA	\$1,200,000	Applied	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Activities focus primarily on ways increase access to treatment, and reduce harm for individuals with SUD
ALTA Training	KVH	Education/Staff Development	DOH	\$7,500	Awarded			Funding would support getting staff members through ALTA Language testing and help them to become certified.
Professional Development	KVH	Education/Staff Development	Hearst Foundation		Researching			Funding focuses on professional development and addressing healthcare professional shortages.
Coordinated Care	KCHN	Care Coordination	Coordinated Care		Applied	HRSA Care Coordination		Funding focuses on improving care management for underserved populations and improve service delivery for LGBTQ+ individuals
Care Coordination Expansion	KCHN	Care Coordination	Yakima Valley Community Foundation	\$25,000	Applied	HRSA Care Coordination		Funding to extend care coordinators to fulltime.
Family Resource Center Capacity Building	KCHN	Care Coordination	DCYF	\$60,000	Applied	HRSA Care Coordination		Funding to provide care coordination for individuals and families at risk for abuse and neglect
Technical Education Grant	KVH	Education/Staff Development			Researching		School Districts, YVCC, Technical Programs, CHCW	In collaboration with school districts, technical schools, and health care providers, KVH is proposing strategic planning activities to create training programs for training new employees and addressing the workforce shortage. Currently searching for a grant program that will be a better fit for this work.
Capital Funding Request	KVH	Facilities	Washington State Legislature	\$2,000,000	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.
RCORP Children's Behavioral Health	KCHN	Opioids	HRSA	\$4,000,000	WIP	HRSA Behavioral Health	KCHN Participants	Funding would expand current behavioral health work from the Health Network to children and young 5 - 18. Funding is up to \$1,000,000 per year for four years.
Strategic Prevention Framework	KCHN	Opioids	SAMHSA	\$1,875,000	WIP	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.

* 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***