



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: 889 3315 0452 Passcode: 896068

July 27, 2023

1. **Call Regular Meeting to Order**
2. **Approval of Agenda ****
(Items to be pulled from the Consent Agenda) (1-2)
3. **Consent Agenda ****
 - a. Minutes of Board Meetings: June 22, 2023 (3-5)
 - b. Approval of Checks (6)
 - c. Report: Foundation (7-8)
 - d. Minutes: Finance Committee June 20, 2023 (9-10)
4. **Public Comment and Announcements**
5. **Reports and Dashboards**
 - a. Quality – Mandee Olsen, Chief Quality Officer (11-16)
 - b. Chief Executive Officer – Julie Petersen (17-18)
 - i. Humans Resources & Staff Development – Manda Scott (19-20)
 - ii. Expansion Project Update – Ron Urlacher (21-28)
 - c. Operations
 - i. Dede Utley, Chief Nursing Officer (29-31)
 - ii. Rhonda Holden, Chief Ancillary Officer (32)
 - iii. Stacy Olea, Chief of Clinic Operations (33-35)
 - d. Medical Staff
 - i. Chief of Staff, Roberta Hoppe, MD
 1. MEC Recommendations for Appointment and Re-Appointment ** (36)
 2. Emergency Medicine Delineation of Privileges ** (37-40)
 - ii. Chief Medical Officer, Kevin Martin MD (41-42)
 - e. Finance – Chief Financial Officer - Scott Olander (43-57)
 - i. Operations Report
 - ii. Resolution 23-02: Surplus Personal Property ** (58-59)
 - iii. Resolution 23-03: Property at 708 East Hobart Ave, Ellensburg, WA ** (60)
 - f. Community Relations Report – Michele Wurl, Chief Public Relations Officer (61)
6. **Education and Board Reports**
7. **Old Business**
8. **New Business**



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9. Executive Session

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

10. Adjournment

Future Meetings

August 24,, 2023, Regular Meeting

September 28, 2023 Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B & Via Zoom
June 22, 2023

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Manda Scott, Mandee Olsen, Ron Urlacher, Dr. Kevin Martin, Michele Wurl, Jeff Yamada, Stephanie Walker, Rhonda Holden, Dr. Roberta Hoppe, Jeff Holdeman, Tricia Sinek, Jason Adler, Nassar Basmeh, James Sivonen, Kara Henderson

1. At 5:00 p.m., President Matt Altman called the regular board meeting to order.

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Presentation:**

Dr. Kevin Martin and Manda Scott presented on Rural Healthcare Workforce. Dr. Martin reviewed the Supply and Demand Projections from 2019 to 2034 according to the AAMC and stated that we are looking at a shortage of 48,000 physicians by the year 2034 for primary care. Dr. Martin stated that the population is getting older including physicians and by 2030 a third of the workforce will be 65 years old. Dr. Martin stated that regulatory burnout was already happening pre-pandemic from administrative regulations like pre-authorizations, paper work etc. Dr. Martin reviewed what KVH has done to lighten the load of providers such as care teams, innovative scheduling, dictations solutions, etc. Manda Scott reviewed tools we are using to retain staff as far as career development, benefits, retention incentives and wellness activates. Scott stated that there are monthly meetings held to review provider feedback. At the conclusion of the presentation there were further discussion regarding locum wages versus employed wages, what we can do as KVH and that locum wages were not sustainable to the organization long term.

5. **Public Comment/Announcements:**

Nancy Wieking stated that she is nervous hearing that twenty-two providers have left and is concerned with lack of retention as it affects her and her family personally. Ms. Wieking also stated that she is concerned about the aging population as she is one.

Dr. Kevin Martin stated that he would like to take a moment of personal privilege to thank Matt Altman for stepping in and doing work he never thought he would do while serving on The Rural Collaborative Ethics Committee.

6. Reports and Dashboards:

Mandee Olsen stated that the DNV Corrective Action Plan was formally accepted today and no further clarification is needed. Olsen stated that there will be some DNV trainings offered later this summer. The Board members reviewed the QI dashboards and summary with Olsen. Olsen stated that the dashboards are moving in the right direction.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that we have received preliminary results of the Survey of Patient Safety which had a response rate of 82%! Petersen stated that she wanted to thank Winegar's for donating the ice cream that was given out for reaching over 80% response rate on the survey. President Altman stated that he appreciated how productive the conversions were at the Board retreat regarding our strategic plan and the impact it has on the entire organization.

Ron Urlacher gave an update on the Expansion Project. Urlacher stated that the cost is virtually unchanged this month and we will soon start to see some tangible things happening.

The Board members reviewed the operations report with Jeff Holdeman (filling in for Dede Utley), Rhonda Holden and Stephanie Walker (filling in for Stacy Olea). Holdeman stated we are struggling to find night shift CNA's. Holden stated that Spencer Jarman was recently selected by YVCC students to present their graduation address ceremony and encouraged everyone to watch it on YouTube. Holden also stated that we have had a request from Harborview to assist Medic One and KVFR with obtaining and overseeing whole blood for trauma patients. Walker stated that Rapid Access is doing very well, seeing between 16-20 patients per day during the week.

Chief of Staff Dr. Roberta Hoppe presented the MEC's recommendations for initial appointments and reappointments to the Board.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved the initial appointments for Dr. Craig Edgar, Dr. Rachel Hampton, Dr. Nicolaus Kuehn, Dr. Jeff Papazian, Dr. Craig Southwell, Dr. William Zinn and the reappointments for Dr. June Bredin, Dr. Todd Davidson, Dr. Hanafy Hanafy, Dr. Kevin Owens, Dr. Michael Zammit, Dr. Nashwa Abed, Dr. Jeffrey Caverly, Dr. Sheldon Jensen, Dr. Paul Lampert, and Dr. Ian Stand, as recommended by the Medical Executive Committee.

ACTION: On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the Point of Care Ultrasound for ED Delineation of Privileges as presented.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin.

Scott Olander reported on KVH's financial performance for May. Olander stated that we were below budget for patient days and deliveries. Olander stated that clinic visits were a little below budget and diagnostic imaging was above budget for both the month and year overall. Olander reviewed the growth over the past few years and stated we are continuing to grow and we had an overall positive variance for the month and year.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved the Capital Expenditure Request for fourteen power exam tables.

7. Education and Board Reports:

President Altman reviewed the upcoming conferences.

8. Old Business:

None.

9. New Business:

None.

10. Executive Session:

At 7:25 p.m., President Altman announced that there would be a 5-minute recess followed by a 15-minute executive session regarding personnel. RCW 42.30.110(g). No action was anticipated.

At 7:45 p.m., the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 7:46 p.m.

CONCLUSIONS:

1. Motion passed to approve the board agenda as presented.
2. Motion passed to approve the consent agenda.
3. Motions passed to approve the reappointments as recommended by the Medical Executive Committee.
4. Motion passed to approve the Point of Care Ultrasound for ED Delineation of Privileges as presented.
5. Motion passed approve the Capital Expenditure Request for fourteen power exam tables.

Respectfully submitted,

Mandy Weed / Jon Ward
Executive Assistant / Secretary - Board of Commissioners

DATE OF BOARD MEETING: July 27, 2023

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>294711-295412</u>	NET AMOUNT:	<u>\$7,132,140.46</u>
			SUB-TOTAL:	<u>\$7,132,140.46</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>82112-82117</u>	NET AMOUNT:	<u>\$24,709.61</u>
#2	PAYROLL CHECK NUMBERS	<u>82118-82122</u>	NET AMOUNT:	<u>\$4,319.91</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,616,390.48</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,573,660.65</u>
			SUB-TOTAL:	<u>\$3,219,080.65</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2018 \$2.9M LTGO REFUNDING BONDS - INTEREST	NET AMOUNT:	<u>\$13,651.91</u>
#2	2022 \$15.31M HOSPITAL REVENUE BONDS - INTEREST	NET AMOUNT:	<u>\$285,914.25</u>
		SUB-TOTAL:	<u>\$299,566.16</u>

TOTAL CHECKS & EFTs: \$10,650,787.27

Prepared by



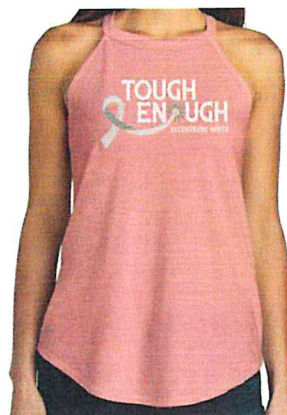
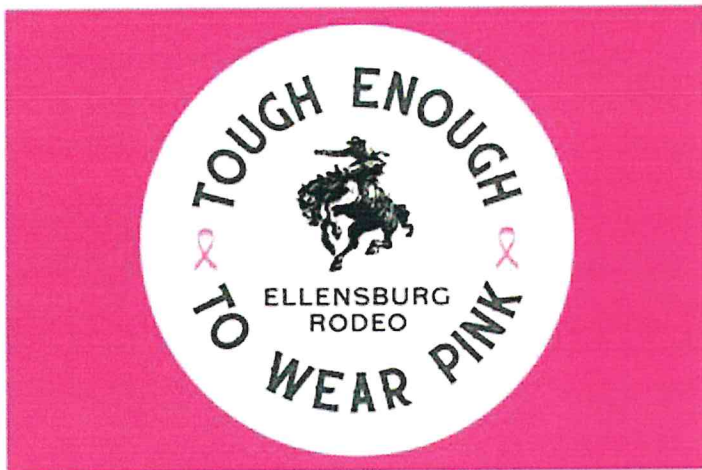
Sharoll Cummins
Staff Accountant



July

Tough Enough to Wear Pink

In honor of the Ellensburg Rodeo's 100th anniversary, we are creating new merchandise including trucker hats, tank tops, t-shirts and bracelets. In addition, we are reimagining the arena presentation with the creation of a new 20'x30' TETWP flag that Foundation and rodeo board members, along with breast cancer survivors and past rodeo royalty will be carrying into the arena.



Donation – Home Health & Hospice

We have been the recipient a generous donation made in thanks for the care received by the KVH Home Health & Hospice team. The donor wishes to acknowledge the excellent care provided and support the growth of the service for the community. We are honored by the generosity of the donors who choose to support KVH.

Gobble Wobble 2023

Planning is underway for our 5th annual 5k family friendly fun run at Rotary Park. After our return to an in-person event last year, we are looking to expand and make the event even bigger. Mark your calendars for Saturday, November 11.

Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

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

July 25, 2023
Tuesday

7:30 A.M.
Join Zoom Meeting

<https://zoom.us/j/86956422550>

Meeting ID: 869 5642 2550
Passcode: 235395

Dial by your location
888 475 4499 US Toll-free
877 853 5257 US Toll-free

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: June 20, 2023**
- **June Financial Highlights**
- **Surplus Resolution**
- **Resolution No. 23-03**
- **Inpatient/Outpatient Revenue Analysis**
- **Adjourn**

Next Meeting Scheduled: August 22, 2023 (Tuesday)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
June 20, 2023

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

Members Excused: None

Staff Present: Jason Adler and James Sivonen

Guests Present: NA

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 May 23, 2023 minutes. Both motions passed.

Jason introduced KVH Accountant James Sivonen and announced that the Finance Director Kelli Goodian's last day with KVH is June 23rd, 2023.

Olander presented the highlights of the May 2023 financial results. Statistics show a shift from inpatient services to more outpatient services. This is reflected in revenue. Expenses exceeded budget and are reflective of volume. KVH signed agreement with 340B ESP vender for a program to try and capture more 340B revenue. Temporary labor exceeding budget this month and the use of locum's providers continues in Woman's Health and Internal Medicine. The result is an operating income of \$765,751 for May 2023. With non-operating being positive, the May 2023 net income is \$892,331. Days cash on hand is 211. The details are in the Chief Financial Officer Report.

The committee recommends the capital request for the power exam tables at Internal Medicine move forward to the Board of Commissioners.

With no further business, the meeting was adjourned at 8:05 a.m.

QUALITY IMPROVEMENT REPORT – Mande Olsen, BSN RN CPHQ
July, 2023

Get With The Guidelines® - Rural Stroke BRONZE Achievement Award

As Dede also reports, KVH has been awarded the Get With The Guidelines® - Stroke Rural Bronze recognition. Per the American Heart Association People who live in rural communities live an average of three years fewer than urban counterparts and face a 30% increased risk for stroke mortality — a gap that has grown over the past two decades. We are proud to recognize our Emergency, MedSurg, and Critical nursing and medical staff, as well as Imaging, Pharmacy, and EMS partners in working every day to improve the lives of our patient, giving them the best possible chance of recovery and survival.

The criteria for 2023 Rural Acute Stroke recognition:

2024 HOSPITAL RECOGNITION CRITERIA
(based on 2023 data)

Rural Acute Stroke Composite Score Criteria: At least 75% Compliance

Time to Intravenous Thrombolytic Therapy ≤ 60 minutes (AHASTR13)

Door-In/Door-Out Time at First Hospital Prior to Transfer for Acute Therapy ≤ 90 Minutes (AHASTR27)

National Institutes of Health Stroke Scale (NIHSS) Reported (AHASTR10)

Door to CT ≤ 25 Minutes (AHASTR16)

Dysphagia Screen (AHASTR8)

Documentation of Last Known Well or Time of Discovery of Stroke Symptoms (AHASTR27)

IV Thrombolytic Therapy Arrive by 3.5 Hours Treat by 4.5 Hours (AHASTR5)

EMS Pre-notification (AHASTR39)

Non-Contrast Brain CT or MRI Interpreted Within 45 Minutes of Arrival (AHASTR272)

Telestroke Consultation Done (AHASTR196)

Eligible Hospitals

- Federally Designated Critical Access Hospitals
- Short Term Acute Care Facility and Rural Hospital located within Rural Urban Commuting Area Codes (RUCA) indicating large rural, small rural and isolated geographic locations

June 2023 | #GWTRResearch For information on standard award recognition, visit www.Heart.org/quality



Survey of Patient Safety Culture

As you know, we actually performed two surveys: clinics and hospital (everyone not in clinics). We have been reviewing all the data and comments, aggregating into themes, and begun evaluation on what to celebrate and what to improve. Clinics will be reviewing their data in conjunction with strategy sessions in August, and Admin team has already begun work on the hospital data. Some themes already identified: concerns for security and staffing, and appreciation for the teams staff work on and their direct leader.

AdaptX Implementation

In a partnership with Oracle (Cerner) and AdaptX, KVH has fully implemented this data analysis software for the clinics, emergency department, and surgery. Special thanks in particular to Amy Diaz, Bonnie Gibson, and Cody Staub for helping validate the data in a brand new data stream from Oracle to a CommunityWorks client. We are engaging with AdaptX for how to use the data to identify populations in need of outreach, clinician best practices for quality or efficiency, or discrepancies in treatment. We are working to find a balance between our clinical leader's operational needs and time for improvement work. AdaptX and Oracle are also working to launch modules for inpatient units, urgent care, and radiology.

Infection Control and Prevention (ICP) Updates

The Hand Hygiene improvement project is well under way! This was a finding on our DNV survey and we have created and rolled out hand hygiene observational data. We will be participating in the DNV "Summer School" training in August (a clinical education fair focused on DNV findings and education), as well as training in October with the University of Washington. We should have data to share with the board in the coming months.

Employee Health Updates

We did a "soft roll-out" of Immuware (an Employee Health tracking system) to a few small departments in July. We are very excited that the Immuware and LabCorp interface is now up! Eventually, you can expect that all employees will be able to submit annual employee health requirements, like the TB risk assessment, and onboarding requirements, such as immunizations, through the Immuware system or its interfaces.

Quality Improvement Dashboard Data Summary – through May 2023

Summary of Areas Meeting Goal or Showing Improvement

- Fall risk screenings for older adults in clinics continue to trend upwards.
- Diabetic foot checks also continue to trend upwards in clinics.
- For home health patients discharged in May 2023, there were no declines in the patient self-management of oral medications. Further, 82% of patients saw an improvement in management of oral medications from the beginning to the end of their start of care.



- There were four patients diagnosed with sepsis in the hospital setting in May. All patients had all aspects of the sepsis care bundle met.
- There were no hospital acquired infections.
- There were no adverse medication events.
- We continue to have robust reporting of errors or conditions that may lead to errors using Verge or the SAFE Boards.

Summary of Improvement Opportunities

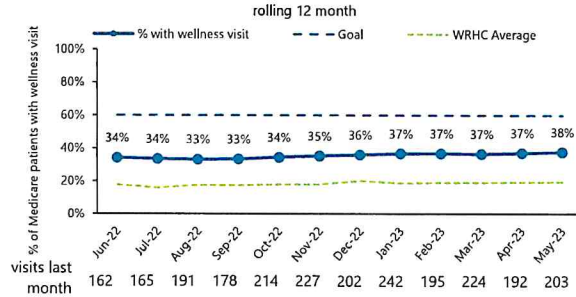
- Short staffing at Home Health caused a slight delay in the start of care for four patients.
- There were two patients with chest pain who ended up being transferred to another facility or admitted. The median time from door to ECG for these two patients was 17 minutes, which was above the goal of 10 minutes.
- There were two blood units without a documented consent form (may have been obtained but not scanned into chart), and five units that were missing at least one documented temperature vital sign.
- There were two patient falls at KVH Physical Therapy. One patient fell while doing activities with a therapist, which resulted in a slight injury (abrasion to the hands from the carpet). The second fall was in the waiting room before the patient entered the therapy room. The patient became dizzy when standing up from the chairs in the waiting area.
- Nine of the eleven workplace violence events were related to staff behavior (staff-on-staff).

Patient Stories

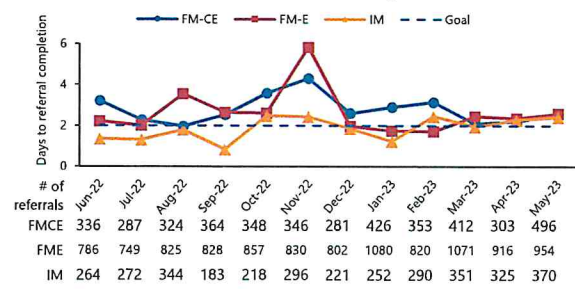
- *"I am happy to write this letter in praise of Dr. John Merrill-Steskal for his excellent care for me over the past 28 years. When I first moved to Ellensburg in 1994, I enlisted John as my physician. I have nothing but the utmost admiration for his professionalism, patience, and care over those many years. I am moving out of the area and hope I can find someone as capable as he in my new location. He is a major asset to your organization and I am sure he will continue to provide outstanding care to your patients and community for as long as he desires."*
- Patient of Dr. John Merrill-Steskal
- *"I had a colonoscopy performed by Dr. Feng. I just want the administrative staff to know how great I was treated from the moment I walked into KVH Hospital, the greeter, the check-in, and then back to waiting room... everyone was wonderful! Never meeting Dr. Feng I was unsure and very nervous but his bedside treatment along with his amazing staff/nurses made this mostly a breeze! I wanted this amazing treatment at KVH to be noticed! I am very grateful to be treated the way I was that day."*
- Colonoscopy patient to all staff

QI Council

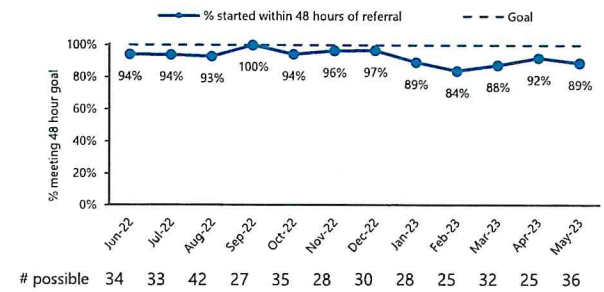
Medicare Wellness Visits ↑



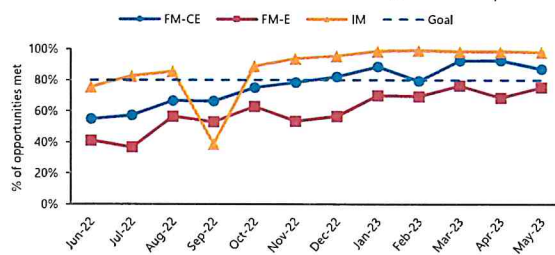
Days to Referral Completion ↓



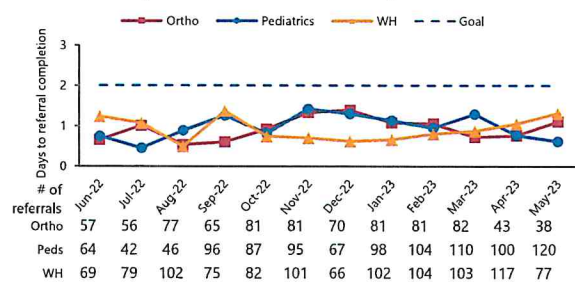
Timely Start for Home Health ↑



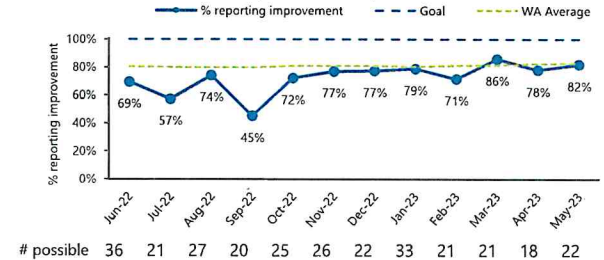
Fall Risk Screening ↑



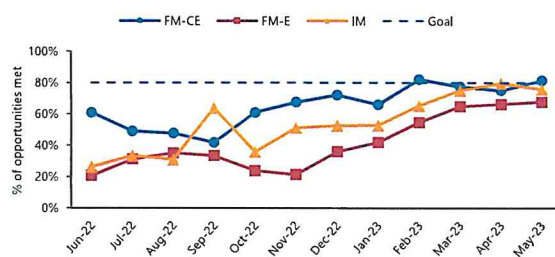
Days to Referral Completion ↓



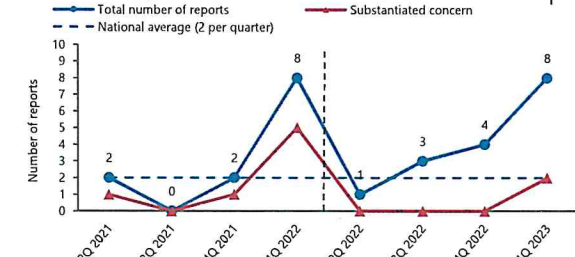
Improvement in Management of Oral Meds (Home Health) ↑



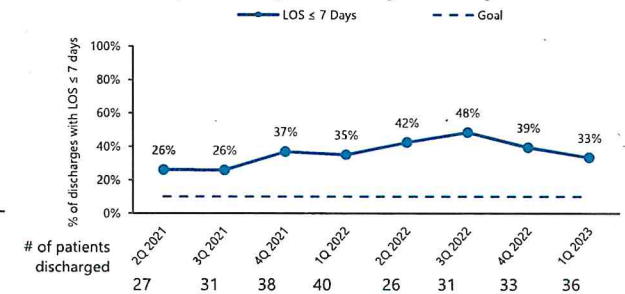
Diabetic Foot Checks ↑

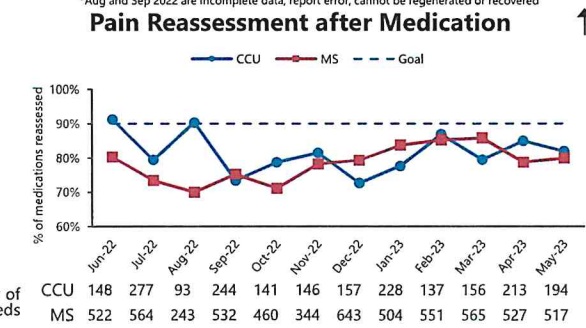
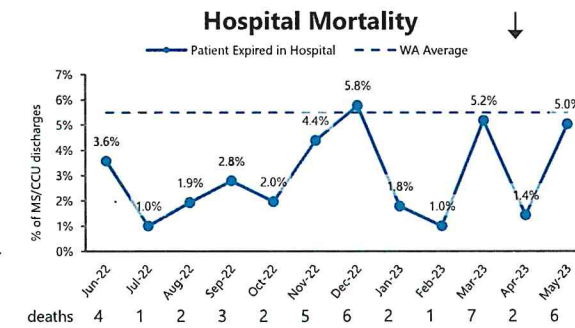
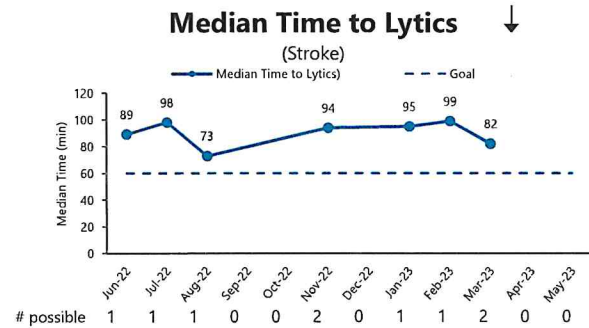
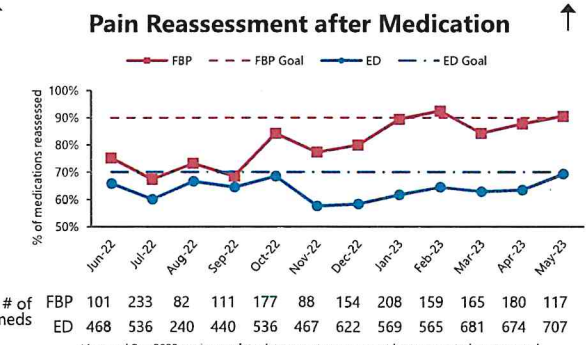
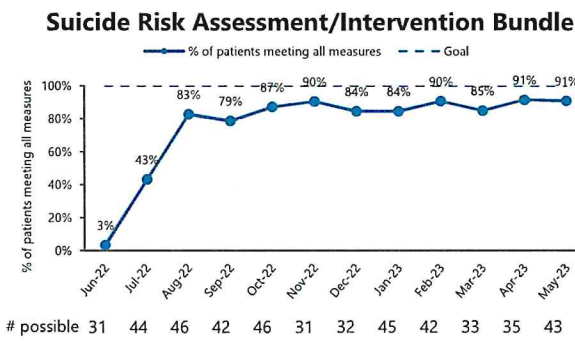
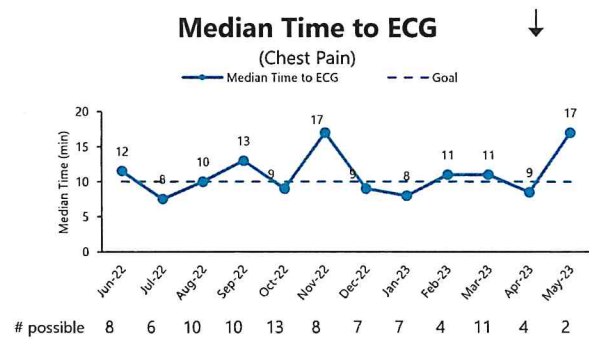
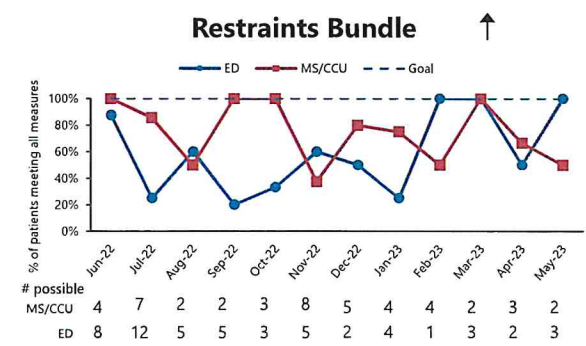
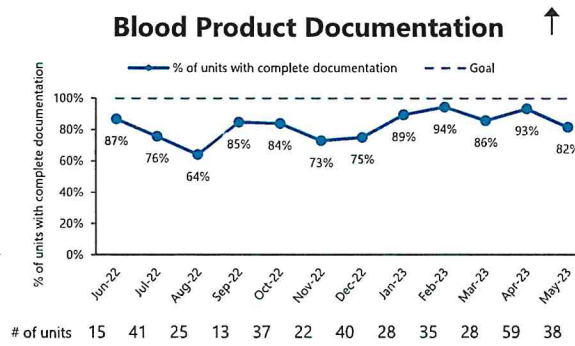
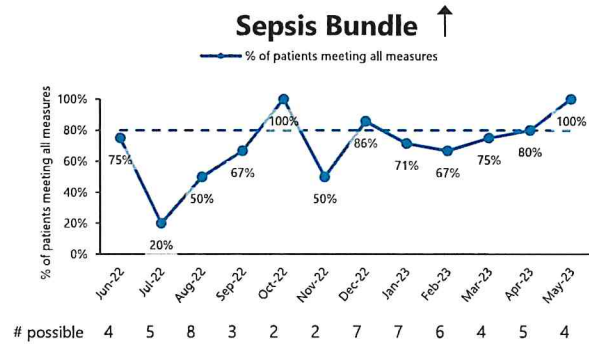


Compliance Concerns Reported ↑

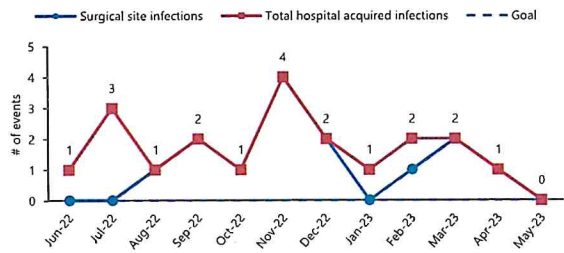


Hospice Length of Stay ≤ 7 Days ↓

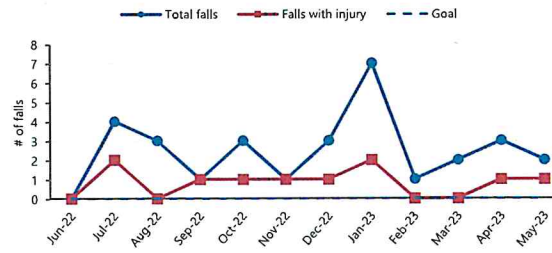




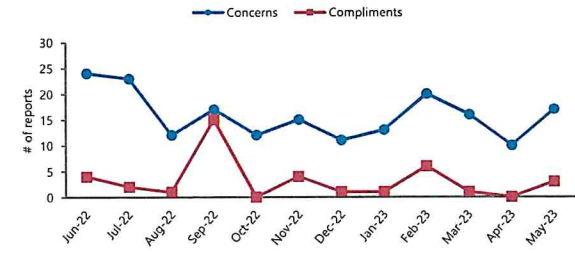
Hospital Acquired Infections



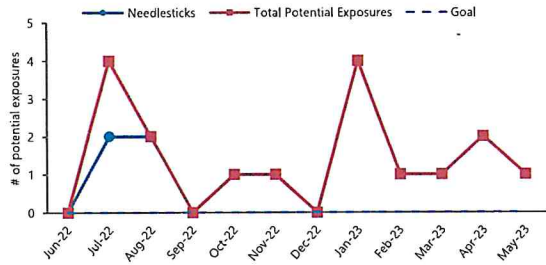
Falls



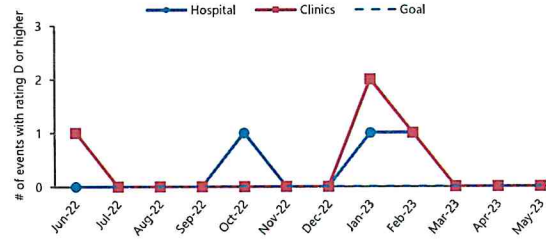
Care and Service Reports



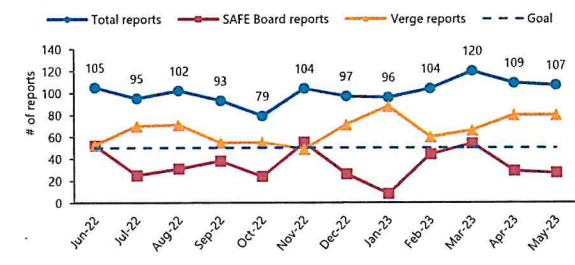
Potential Bloodborne Pathogen Exposures



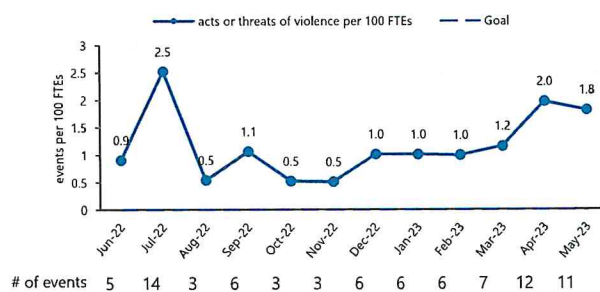
Adverse Medication Events that require additional monitoring or cause patient harm



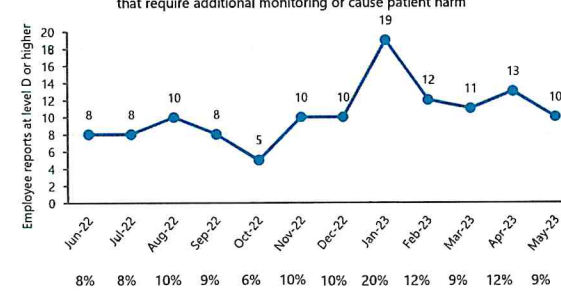
Employee Reports



Workplace Violence Events



Reports of Occurrences that require additional monitoring or cause patient harm



Chief Executive Report July 2023

Survey of Patient Safety

The results of the survey of patient safety are back and some really great messages are emerging. The data needs to continue to be sorted but Mandee Olsen is preparing some very visual tools for distribution. The work that is emerging in the hospital is very different than in the clinics so I am thankful that we conducted the two surveys.

Anesthesia Services

Evergreen Anesthesia began providing 24/7 call coverage July 1. I have checked in with both Amy Krogstadt and Stacey Botten both are pleased with the service and find the providers to be accommodating and pleasant. This week we were able to run concurrent rooms during Evergreen's extra shift.

OB Hospitalist Group

I am hopeful that I will have a signed contract by the Board date. More to follow. Below outlines the Service Expectations of the OB Hospitalist Group completed by Tricia Sinek.

What Does KVH Expect to Gain through a Partnership with OB Hospitalists Group (OBHG)?

OBHG has a strong record of success nationally and in WA State:

- OBHG serves over 250+ Hospitals in the US and is growing quickly in rural markets, with a 15 year history in WA State, serving 8 large volume facilities.
- 95% customer retention.
- 98% of clients report OBHG has met or exceeded all of their organizational goals for OB/GYN services.
- 70% of the new customers to OBHG come thru referrals from existing customers.
- Their singular focus on OB/GYN care allows them to excel in expanding best practices, reduce outcomes disparities for pregnant women, optimize coding and billing for hospital financial stability and develop excellent training programs for their providers.

Improving Access to OB/GYN care @ KVH:

- Board Certified OB/GYN available 24/7/365, to care for patients and answer all staff or patient calls in the Family Birth Place, the ED or the Clinic setting.
- Assures 24/7 coverage for weekends and after-hours calls from patients to address any OB/GYN concerns.
- Avoid use of locums and solve provider staffing gaps and emergency absences.
- Develop a stable, consistent team of OB/GYN's that serve KVH and are known and respected by our nursing teams and other staff within KVH.
- Expands Mon-Friday clinical coverage and appointment capacity - especially for GYN patients.
- No restrictions on OB volumes, deliveries or new GYN patients.
- Expand OB care to FMCE optimizing Dr. Wageneck's expertise with a weekly clinic schedule in Upper County given we will have concurrent OG/GYN coverage in Ellensburg 24/7. Potential to increase birth volumes @ KVH from Upper County patients.

Improving Financial Sustainability @ KVH:

- Reduce the high cost of locums to provide OB/GYN care.

- Capture increased labor and delivery volumes, increased clinic visit capacity, and expand GYN services.
- Increase GYN surgical volumes and revenue. (Every Wednesday reserved in the OR for non-emergent GYN surgeries).
- Reduce the need for 1st assist coverage and other back-up staffing when only FPOB's are available – all of which increase the routine costs of providing labor and delivery services.

Increasing the Strength of Partnerships and Collaboration @ KVH:

- Build successful and stable OB/GYN bench strength at KVH – regular providers become part of KVH culturally.
- Focus on outcomes disparities and optimize labor and delivery care based on national best practice efforts and learnings.
- Stabilize provider base in order to enable the development of a Maternal Fetal Medicine Partnership with Kadlec or Children's Village. This will improve the care of high-risk pregnant women in Kittitas County. (KVH Women's Health Providers generate over 175 referrals/year out of KVH to this specialty service for high-risk pregnancies).

Improving the Customer Experience @ KVH:

- 24/7 OB/GYN access/expertise for patient after-hours calls, ED Support and OB/GYN hands-on patient evaluation in the ED (as needed), in Family Birth Place and in the clinic.
- Local GYN care for most GYN problems, would reduce the need for patients to travel out of the County for most routine GYN concerns.
- OB/GYN's can lead new program development or specialty services based on the demographics and needs of the local population and the growth opportunities identified by KVH Leadership.

Human Resources & Staff Development- July 2023

June 2023 Metrics

<i>Employee Population</i>				
	<i>23 - Jun</i>	<i>23-May</i>	<i>23-Apr</i>	<i>23-Mar</i>
Full-time	511	511	513	505
Part-time	113	112	116	118
Total Employees	767	760	767	754

<i>Turnover</i>			
	<i>YTD</i>	<i>23-May</i>	<i>2022 Year End</i>
Turnover (People)	103	20	149
Turnover (Percentage)	13.4%	2.61%	20%
Voluntary	96	20	140
Involuntary	7	0	9

<i>General Recruitment</i>				
	<i>23-Jun</i>	<i>23-May</i>	<i>23-Apr</i>	<i>23-Mar</i>
Open Postings	19	19	25	19
Unique Applications Received	173	158	156	145
Employees Hired	22	16	19	10
Time to Fill (Median)	32	40.5	55	234
Time to Fill (Average)	32.4	73.88	78.64	243.2

<i>Annual Evaluations</i>	
	<i>YTD</i>
Percent complete	81.7
Total evaluations over due	125
# of employee evals over due	102
# of provider evals over due	23

Recruitment:

We saw an increase in applications for June, we normally see a decrease in the summer months. We are unsure if that trend will continue with the way the job-market is. In addition to the 22 external hires this month, we had a fairly high number of internal job offers (7) as well.

The MA Apprenticeship program continues to be successful. We have posted and selected our 3 MA's for this latest cohort. Two are external, Jordyn Hull and Michelle Osborne and we have one internal candidate, Sarah Doane, who is transferring from a Patient Service Representative position.

We currently have two Director level positions open, ED Director & Director of Cardiopulmonary. We are working with a few agencies to help us fill the ED Director posting, and had a few candidates presented so far. We are also working on communication for our employee referral program and ensuring providers are also included.

Student and Volunteer Services: Currently we have 22 learners on-site from the following groups: 2 Pharmacy students, 2 Nursing students, 8 Imaging Tech students, 1 Medical Laboratory Technician student, 2 Job Shadow students, 1 Physical Therapy (PT) student, 1 CRNA Student, 1 Physician Assistant student, and 4 Nurse Practitioner students. The PT Student rotating with us is the first student rotation we've had from the PNWU School of Physical Therapy. We also have a PT student from Spokane Community College scheduled to rotate with us in the spring of 2024. It is exciting to see PT Students on-site and we hope to recruit and retain some of them to meet our community needs!

We have been preparing for the Experience Healthcare summer program for High School students between their Junior and Senior years. The program is focused on helping students learn about the wide range of healthcare career opportunities and includes hands-on training, job shadows and opportunities to learn about local secondary education programs with a focus on healthcare. Experience Healthcare was last held in 2019 and then was put on hold due to COVID. This year we are re-starting the program, it was held July 17-21, 2023.

We've been doing outreach to recruit more volunteers, especially to the Caring Canines animal therapy program. Barrett and Katy, our animal therapy team have been at the farmer's market twice in the past month to recruit more volunteers. Caring Canines has been incredibly popular with patients and staff.

Total Rewards: This is the time of year that we begin 6 months of work preparing for our compensation and benefits updates for 2024. We had our mid-year review in June for non-contract staff after we received our Milliman data and were able to review it. Overall our compensation program is aligned with the most recent data and we specifically reviewed our strategy for exempt staff since other groups had received updated increases.

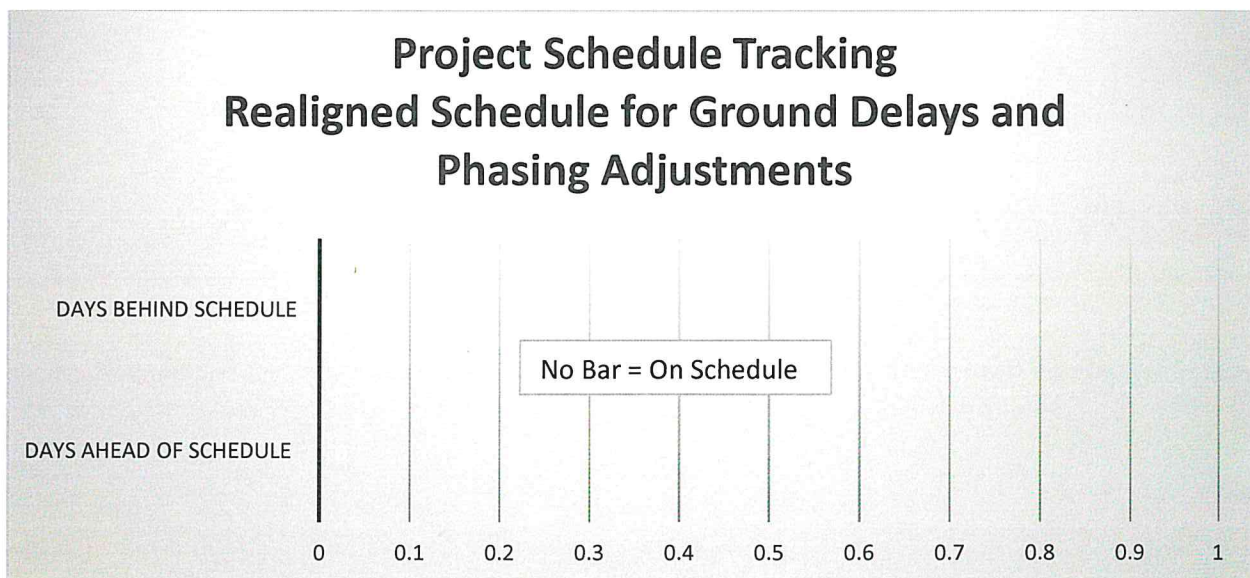
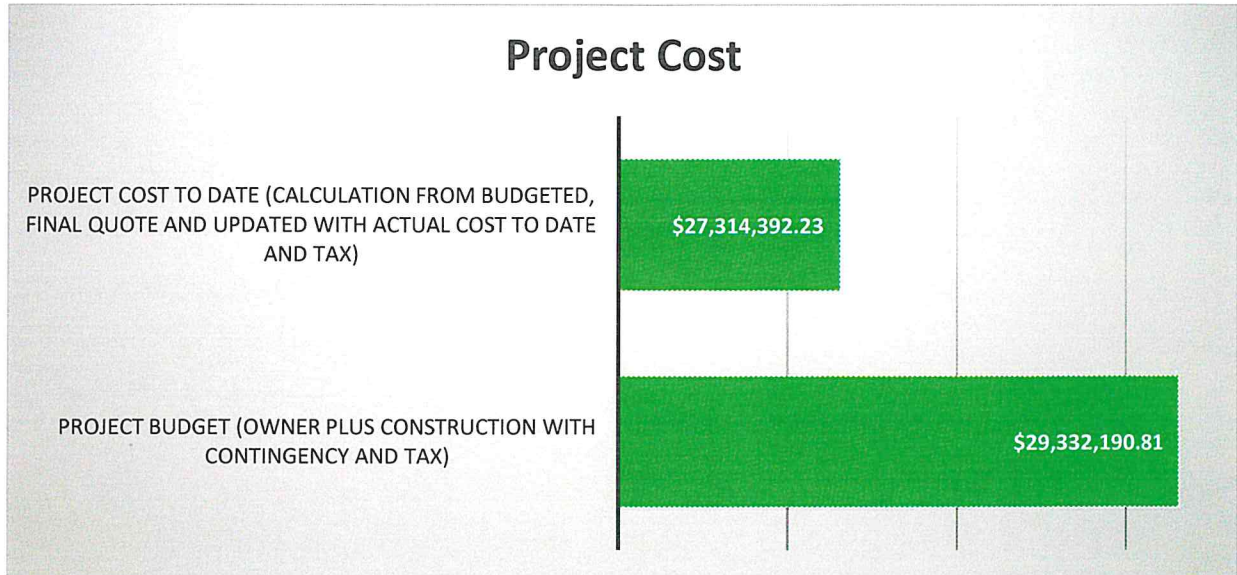
Labor Relations: We have continued work with our WSNA partners as we develop relationships with our new representative, implement the Staff Development Committee and process the new contract language.

Staff and Leader Development: We held our quarterly Leadership Development Check-In with newly hired or promoted leaders at the end of June. It was a great support and conversation focused meeting, and we are proud of our internal career growth and development within our leadership team. TeamSTEPPS is being updated with a new curriculum and we are planning to launch our new classes in Fall. There are several other big Staff Development projects on the horizon which we will highlight in future board reports.

Staff Engagement/Recognition: With the move to a new intranet, most vendors KVH has explored have built-in recognition modules. This may result in a change to our Recognition Program and end our contract with TinyPulse.

HR Operations: One of our HR Business Partners, Ginger McIntosh, has moved into the vacant HRIS/Applications Analyst position with IT. We posted, recruited, and hired a replacement that started last week, Serena Marquez. Please join us in welcoming her to the team! The best part about June was the return of Manda Scott, CHRO. The team missed her immensely and are incredibly thankful she is back. (Glad to be back too! –MS)

KVH Surgical Services, Materials Management and Radiology Expansion Project



Equipment Delivery Status

- Now that we have the adjusted schedule in hand we can identify target equipment delivery dates. As of 7/14 we have checked 75% of equipment delivery dates and so far they can meet targeted dates.
- The nurse call system is in question concerning product delivery. Rolland Borg the manufacturer has experienced significant supply chain issues. They recently informed me that they have resourced the chips, ran through

testing and approval and now have manufacturing lines running again. As of 7/14 is still do not have delivery date.

Current Challenges

- Though winter is still off a ways we are planning to mitigate storm water on the existing roof system and the new roof as the storm drain system will be incomplete, and the existing storm water drains tie in the new storm drain system.
- Finding pathways for new electrical and plumbing lines in the existing tunnel system is challenge due to existing active and decommissioned lines. We are looking at doing selective demolition of abandoned lines to make room for new. This will involve some asbestos abatement. The other factor is not boxing in utilities such as sewer and water knowing they have to be replaced at some point.
- In the OR area we have expansion project work as well as the Energy project work that will be happening concurrently. We are in the process of marrying the 2 schedules with as little impact to KVH work flow as we can from either project.
- The campus irrigation was disabled due to construction of the new fire line and that is complete now and irrigation is restored to most locations.
- New schedule may require an additional month of renting the MRI. My recommendation is to procure that month or otherwise assure we can make that decision as we get closer.

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.</p> <p>Air handling unit 3 fan wall system is complete.</p> <p>All volume reduction dampers for air handler 1 and 3 are installed and commissioned.</p> <p>Air handling unit 2 fan wall system is complete.</p> <p>OR 1-3 will have new HVAC equipment and will be later as it is tied to 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	Redo all landscaping and redesign traffic flow. Update monument and wayfinding signage. Complete walking path around campus. Misc. exterior building updates and repairs.	Finalization of this project deferred until 2024 or 2025 due to expansion project activities. The Expansion project will finish landscaping around the expansion perimeter.
Surgery, MM, and Radiology expansion	This expansion project takes 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 will be expanded to include MRI, 2 nd CT and vascular services. The project adds mechanical space to	Project is in the stage of footing and foundation with shell steel expected to start in October. Project schedule was adjusted for unforeseen ground work issues and phasing enhancements and changes. Project is on schedule with the adjusted schedule.

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

	allow for energy reduction equipment and increased serviceability.	
Hospital med gas review and design fee proposal for adding medical air and bringing into compliance	Both med surg and FBC use medical air and have to use E cylinders which is a work flow issue and a risk of not having continuous supply. This also presents a compliance issue for allowed compressed gas storage in a smoke compartment. Additionally our medical gas valving and alarming are not up to the NFPA 99 2012 addition that we are surveyed to.	Engineering firm is putting together fee proposal for the project. This work may be combined with other unit remodel work. 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)
Replace flooring and paint in some ED rooms and OR 3.	Flooring is cracked and an infection control risk and was a DOH finding 6/2021.	All targeted ED exam rooms are completed now and we are working on utility rooms included in that scope.
Existing radiology remodel	The scope for this project has changed based on rooms added in the expansion project. the scope now include remodel of the reception area, new ceilings in the main corridors, new casework in x-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.	This Project is complete short nurse call pull cord for the new bath. Rolland Borg, the nurse call manufacturer is experiencing supply chain shortages with the chips used in their product. They have now sourced elsewhere and with new approvals on the products. Production is ramping up.
Ortho Expansion	This project expands Ortho clinic by 2000 square feet and combines this service with Pre-Op services now in suite B. This project will be designed to provider based standards. This project will incorporate improvements to the walk way between the mediplex buildings such as security features	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.

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

	and new wider concrete heated pathway. This project will include an x-ray machine within the clinic.	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.
General Surgery and Vascular update design	General Surgery had a DOH finding on our last survey with the design of the soiled utility and clean utility rooms. In the process of creating a compliant design we found other issues with the clinic in terms of compliance as a provider based clinic, and space inefficiencies. We performed a gap analysis.	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 committee this year. Note: This clinic experienced a flood and mitigation and reconstruction work of 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 the 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. Project on hold due to the expansion project and until further notice.
Parking lot addition for MAC	We purchased property adjacent to the MAC with the intent of making it staff parking.	Design is complete and cost estimate was considerably more than we expected. Much of the cost differential was due to city required sidewalk and street improvements. Project is on hold.
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	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.

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

	<p>will need to be redesigned. The project will include other finish and bathroom updates. Additionally medical air is needed in FBP and is currently being supported by small air tanks that pose risks to infants.</p>	<p>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 this year. This is not expected to be a public bid. Note: DOH has fallen behind so anticipated review dates are pushed to September.</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>Due to complexities and the need to purchase additional adjacent land this project has been tabled, and other locations are being explored.</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. Initial cost estimates for the PT space were much more than we anticipated so we are asking for variance in project scope with the city based on the premise that this is a very short term solution.</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 complete in June. Acoustics are very bad in this building so some acoustical mitigation work is part of this project.</p> <p>Project Purpose 1. Improve patient safety and quality of patient care by</p>	<p>This project is a minor TI and contracted with VK Powell under small works. This project should complete in June. Acoustics are very bad in this building so some acoustical mitigation work is part of this project.</p> <p>This project is complete now.</p>

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

	<p>facilitating medication refill for various KVH clinic</p> <p>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>	
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. Note: DOH has fallen behind so anticipated review dates are pushed to September.</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 doesn't 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>
Abandoned Infrastructure Demolition	<p>Our tunnels have old abandoned piping systems. The space they take up make it very challenging to run new infrastructure. We are in a position with the expansion project that we have to demo a small portion of this piping to make room for new. Past expansion projects have already trapped in use, and now in need of replacement, piping. Facilities will be presenting a plan for large scale demolition project to support future projects and replacement of existing services.</p>	<p>The small scale demolition work happened the week of 7/17/23.</p>
Radio Hill Sewage Lift Station	<p>The sewer line on the north side of the building does not have enough slope before it reaches the main sewer line and continues to clog. We are installing a sewage lift station to get the sewage to the main sewer line.</p>	<p>Equipment is ordered and work expected to take place in late August.</p>
Radio Hill Attic Located Piping Freezing Issue	<p>Twice we have experience freezing pipes in the attic of this building.</p>	<p>We are currently having this work priced and in place before winter.</p>

KVH FACILITY'S AND CONSTRUCTION PROJECT STATUS

	The insulation is poor and in the wrong location to adequately protect the piping from freezing. Attic ventilation strategy may also need to be modified to accommodate the new insulation barrier location.	
Family Medicine Ellensburg modify case work to accommodate Pyxis machine and large vaccine refrigerator	They are needing more refrigerated medicine storage and existing floor plan has the medication open to a public isle way with locked cabinets. The Pyxis machine provides much higher level of security for meds.	This project is approved and expected to be complete September
Family Medicine Ellensburg add case work to accommodate 4 work additional work stations	These work stations are proposed to be created in the corridor that has a natural alcove from columns.	This project is being reviewed for code compliance and pricing.

Patient Care Services
July, 2023

Clinical Education/Staff Development-Deb Scheib & Babbi Mundy

- **New Employee Clinical Orientation (NECO):** Reoccurring.
- **Collaboration with Materials Management, Unit Directors, and Cody Staub:**
In light of supply chain issues and discontinued items by our Healthcare System suppliers, and the need to find substitutions, educators have been collaborating with Materials to find and test substitutions to ensure supplies are readily available to staff. Education is provided to staff on any updates or changes in these products. This ensures our staff have the tools they need to provide safe, effective nursing care. Some examples have been:
 1. Buretrol Microbore IV Solution Set for Pediatrics.
 2. Temperature Sensing Urinary Catheters and a substitute adaptor cable that allows these to be attached to the catheter and plugged into the Philips Monitors in ED and CCU.
 3. Y-type Blood Solution Sets (Tubing).
 4. Pediatric IV Extension Sets.
 5. IV Cannulas (new hire RNs are allowed to practice with our IV start kits & cannulas during NECO).
- **DNV Corrective Action Plan Education post recent survey for accreditation:**
DNV requires staff education for each reported deficiency as an integral part of the CAP. We have been charged with organizing an "Education Day" where departments will set up booths and address the resolutions they have developed in response. This will be held on 8/10/23 from 0700-1700 in Conference Rooms A, B, and C.
- **Nursing Staff Development/WSNA Committee:**
Meets monthly and has made progress in terms of defining their role, developing a Charter, narrowing their focus, and appointing a Chair.
- **Nurse Educators Conference:**
We attended this conference sponsored by the University of Washington Continuing Nursing Education in Seattle on 6/21 and 22. Some of the topics included Clinical Teaching, Professional Development, Learning Needs Assessment, Simulation and more.

Medical/Surgical & CCU-Jeff Holdeman

- Working on quotes for med surg and ccu bed replacement
- Staffing: Med Surg continues to be busy and CCU has seen a slowdown in census
- Multiple open CNA positions posted-using four CNA agency staff

Food Nutrition Service-Jim Gallagher

- Foods Service
 - Staffing: Open positions include per diem dietary aide, per diem dietary tech, 0.4 FTE dietary tech

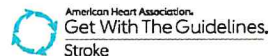
- Café continues to work well post remodel with good volume
- Gearing up for the Rodeo BBQ on August 23
- Clinical
 - Virtual dietitian program. We will be losing Charlotte Green, RD at the end of August. Charlotte has been doing a great job managing the patients.

Surgical Services-Amy Krogstadt

- We have partnered with EPICC Vascular to provide back-up for our PICC Team here at KVH. They are an on-call company of local, mobile vascular access nurses who provide placement of vascular lines when our staff is not available. In addition, to timely patient care they provide education following the Infusion Nurse’s Society standards of practice. We have already partnered with education activities and they placed their first vascular line in a patient recently that was able to help and not delay a discharge home.
- Our first couple of weeks with the Evergreen Anesthesia group has gone well, we had a couple of bumps to work through but all in all it has been a success! The Evergreen team has been a pleasure to work with and I hear positive feedback from my team who have interacted with them so far.
- Continue with staffing struggles-OR RNs especially.

Emergency Department/Urgent Care-Dede Utley

- **ED Director:** We continue to recruit for an ED Director. Staff have stepped up to help with day-to-day operations.
- **Get With The Guidelines-Stroke Rural Bronze Award:**



The American Heart Association and American Stroke Association proudly recognizes

**Kittitas Valley Healthcare
Ellensburg, WA**

Get With The Guidelines®-Rural Stroke BRONZE
Achievement Award Hospital

The American Heart Association recognizes the hospital for its continued success in using the **Get With The Guidelines®** program. Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.*

Nancy Brown
Nancy Brown
Chief Executive Officer
American Heart Association

Michelle A. Albert
Michelle A. Albert, MD, MPH, FACC, FAHA
President
American Heart Association

*For more information, please visit Heart.org/GWTQualityAwards.



- **SANE Funding Awarded:**

KVH has received \$37,677.29 from the state's SANE funds! Thank you to Pam Clemons, our SANE Coordinator, and Mitchell Rhodes, our grant writer for applying and helping our organization recover expenses for our SANE program from July 1, 2022 to the date our application was submitted.

- **AVADE Training/Safety in the ED**

AVADE Level 1 classes are scheduled on Aug. 2 & 3. During this time we have invited the Instructor to perform a walkthrough of the ED and give us suggestions for our workplace violence prevention plan in the department.

Urgent Care-Dede Utley

- Working with Diagnostic Imaging on replacing our xray machine that went down at the beginning of the month. We are anticipated to have it complete and up and running in 2-3 weeks. At this time I do not have a confirmed installation date.

Family Birth Place-Stacey Botten

- Special Board Meeting held 7/20/23 to discuss the future of Family Birth Place at KVH.
- Staff meeting held 7/20/23 to discuss staffing and scheduling the FBP department.

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

Ancillary Services report to Board of Commissioners July 2023

Ancillary Service Operation Report:

Lab

Our Vista Chemistry Analyzer went down again and a part needing to be replaced is on back order. It is working again, but we are appealing to the department of health to allow us to install the new Beckman Chemistry Analyzer without full DOH sign off on modifications to the lab. The new analyzer could be on site by July 24 and Ron is working to get the necessary power in place.

Pharmacy

We have posted a full time pharmacy technician position to allow us to expand our medication refill program to Family Medicine Cle Elum.

Cardiopulmonary

We are hoping to interview a candidate for the Director of Cardiopulmonary the week of July 24.

Imaging

Imaging had a successful PACS go live on June 28. Kudos to Kimme Greenwood and Rachelle Ellis for ensuring providers and staff were trained and all modalities functioning properly with the new system. Unfortunately, our x-ray equipment at Urgent Care has failed and we are doing an upgrade to get it working again, but this old equipment will need to be replaced.

47 Degrees North

Over 2600 letters of opposition to 47 Degrees North were received by the City of Cle Elum, including letters on behalf of Hospital District #1, Hospital District #2 and the City of Roslyn.

Home Health & Hospice

Jan Powell has worked with us to create a nice trifold brochure to introduce Hospice services to clients. This will be helpful during hospice consults or at start of care to better explain all the services provided. We have hired a per diem patient service representative and our former Physical Therapist has returned to work with us. We are setting up calls for implementation of our new electronic health record.

Ellensburg Rehab

Occupational Therapist Kat Newton has received advanced training in lymphedema therapy and will be utilizing her new skills in Ellensburg.

Athletic Trainer

Zane Davies will be holding walk in treatments for athletes this summer and covering baseball, wrestling camp and football practices. School may be out, but sports continue.

Respectfully submitted by Rhonda Holden, MSN, CENP

Clinic Operations Report

July 2023

Staffing

Open positions:

- Patient Service Representatives
 - Orthopedics (Per Diem)
 - Dermatology (Fulltime x2)
 - FMCE (Fulltime)
- Medical Assistants:
 - General & Vascular Surgery (Fulltime and Per Diem)
 - FMEC (Fulltime and Per Diem)
 - ENT & Allergy (Fulltime)
 - Dermatology (Fulltime)
 - Internal Medicine (Fulltime)
 - Orthopedics (Fulltime)

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

- Internal Medicine: Increase in next 3rd available appointment due to provider leaving.
- Dermatology: Increase in next 3rd available appointment due to providers leaving.

Internal Medicine

Locum Dr. DuMontier's last day in clinic was 07/14. Locum Dr. White will continue to work Tuesday, Wednesday, and Thursday. New clinic beds that are high/low adjustable have been approved and ordered.

Medication Scanning Update

The clinics went live with medication scanning first quarter this year and we have reached the overall goal of 90% of all medications given being scanned. We continue to work with staff and pharmacy to improve the process and to ensure we can maintain the high level of performance. Performance is reported out on a weekly basis by clinic, by staff, and by medication.

FME

To address the concerns regarding access to same day appointments, the clinic provider on-call we have a primarily open schedule for the day. We are using these appointments for ED follow ups, urgent follow ups, and same day requests. Feedback from providers and nursing staff have been positive.



Vision Spot Screener Devices

FME, FMCE, and Peds will be replacing the iScreen Devices with the Vision Spot Screener. Patient experiences outside of KVH with the Vision Spot Screener Devices was the inspiration for initiating of the request to replace the iScreen. Current vision screening requires us to transmit the images to a vendor for review and reporting causing us to call the patient with the results once the report comes back to us. The Spot Screener provides immediate results allowing the provider to discuss the results with the patient at that same appointment. It is a handheld

device and can be used on patients as young as six months old and captures results at a 3 foot distance.



Robert Smith 09/30/2013 2:23 pm 09/30/2013

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	-CYL				
OD	-1.00		-0.75		OS
	<small>DS</small>	<small>DC</small>	<small>AX</small>	<small>AX</small>	
	+0.50	-3.00	@5°	+0.50 -2.50 @15°	

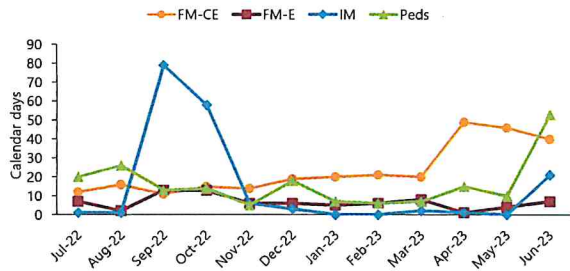
Complete Eye Exam Recommended
Myopia(OD,OS), Astigmatism(OD,OS)

Mono Edit Summary Retry Print HOME

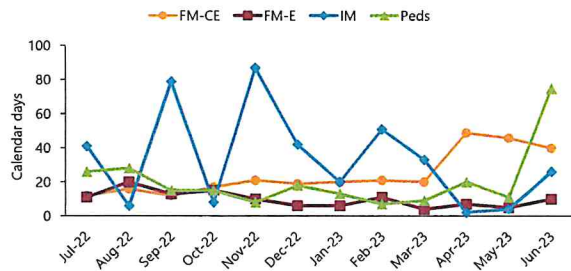
Respectfully submitted by Stacy Olea, MT(ASCP), CRHCP, FACHE

Clinic Operations Dashboard

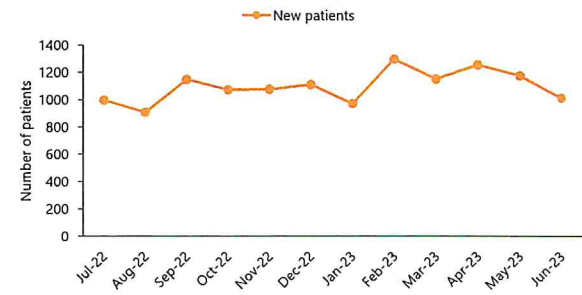
Third available appointment for established patients



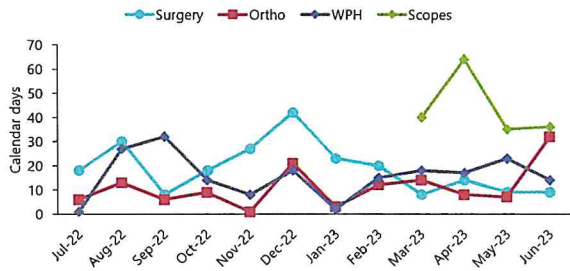
Third available appointment for new patients



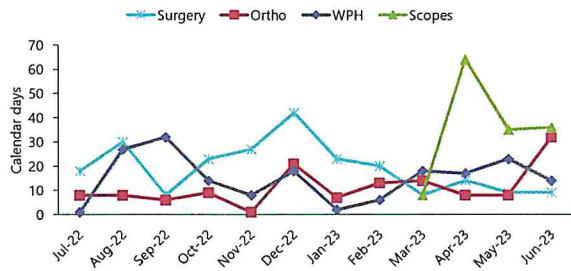
New patients



Third available appointment for established patients

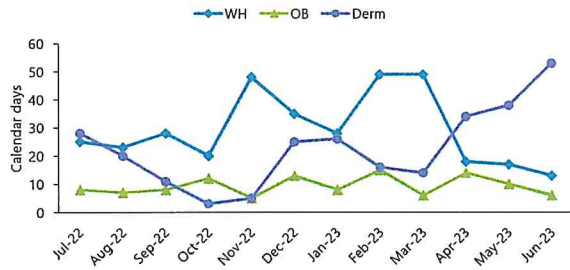


Third available appointment for new patients

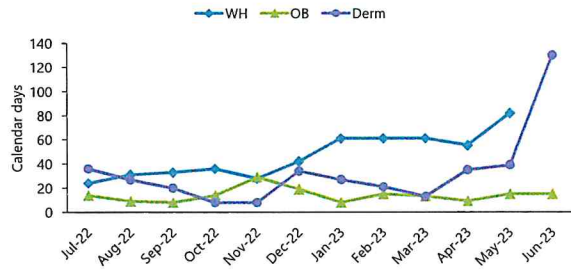


Effective March 2021, we began coding our "new" patients differently. The definition of "new" visits were changed as it was based on taxonomy code for the practice. Previously, we were only identifying the visit as "new" if the patient had not presented to any of the clinics

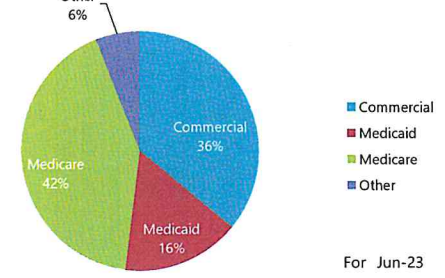
Third available appointment for established patients



Third available appointment for new patients

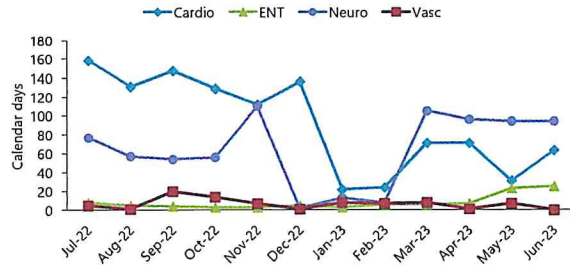


Payor Mix

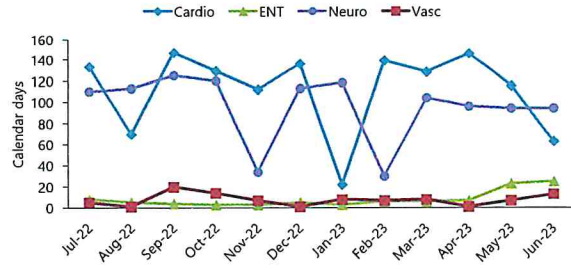


For Jun-23

Third available appointment for established patients



Third available appointment for new patients



NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date July 20, 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.

PRACTITIONER	STATUS	APT/REAPT	SITE
Anderson, Jason, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Averett, Jimmy, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Barker, William, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Eastman, Aaron, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Curry, Zorina, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Desai, Amit, DO	Provisional	Initial Appointment	RPG
Haberman, Taylor, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Herman, Elise, MD	Provisional	Initial Appointment	KVH Pediatrics
Justice, Cameron, DO	Provisional	Initial Appointment	Emergency Assoc. Yak
Linstrom, Amy, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Poteet, Jessica, DO	Provisional	Initial Appointment	Locum OB/GYN
Soffe, Spencer, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Stengel, Ronald, MD	Provisional	Initial Appointment	OnRad
Stover, Joseph, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Turner, Casey, MD	Provisional	Initial Appointment	Emergency Assoc. Yak
Petty, Christopher, MD	Active	Re-Appointment	KVH General Surgery
Collins, James, MD	Associate	Re-Appointment	OnRad
Ingui, Christian, MD	Associate	Re-Appointment	OnRad
Massrou, Kamiar, MD	Associate	Re-Appointment	OnRad
Mercurio, Michael, MD	Associate	Re-Appointment	VM TeleStroke
Ospina, Jose, MD	Associate	Re-Appointment	OnRad
Sadri Tafazoli, Faranak, MD	Associate	Re-Appointment	OnRad
Zuckerman, Jeffrey, MD	Associate	Re-Appointment	OnRad
Phillips, William, PA-C	AHP	Re-Appointment	KVH FME
Aflakian, Nooshin, MD	Resident	Resident	CHCW
Lautenslager, Tiffani, MD	Resident	Resident	CHCW
Beard, Mark, MD	Ambulatory	Addition of Newborn Acute Privileges	
Merrill-Steskal, John, MD	Ambulatory	Addition of Newborn Acute Privileges	

Delineation Of Privileges Emergency Medicine

Provider Name:

Privilege	Requested	Approved		
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Criteria for Applying for Emergency Medicine Privileges:

QUALIFICATIONS:

1. Must be a M.D. or D.O.
2. Must have current ACLS, ATLS & PALS certification at the time of initial appointment.

TRAINING & EXPERIENCE:

1. Emergency Medicine Residency training and Board Certified/Board Eligible in Emergency Medicine. If Board Eligible, board certification must be completed within 3 years.

OR

2. Completion of 3 years of approved postgraduate training in Internal Medicine, or Family Medicine and have proof of Board Certified/Board Eligible. If Board Eligible, board certification must be completed within 3 years. Must have a minimum of 5 years of full time experience in an ED with patient volumes of at least 10,000 per year in an Emergency Department.

CORE ACTIVITIES – Broad outline of the types of procedures and techniques expected of an Emergency medicine Physician. It is not all inclusive, nor is it to be construed as limiting the physician’s ability in the practice of Emergency Medicine.

*Abdominal paracentesis	___	___	___	___
*Acute psychosis management	___	___	___	___
*Anterior and posterior nasal pack	___	___	___	___
*Arthrocentesis	___	___	___	___
*Cardiac arrhythmia management	___	___	___	___
*Cerebrovascular accident management	___	___	___	___
*Closed chest cardiac compression	___	___	___	___
*Congestive heart failure management	___	___	___	___
*Defibrillation and countershock	___	___	___	___
*Diabetic ketoacidosis management	___	___	___	___
*Endotracheal intubation	___	___	___	___
*Emergency management of major dislocations	___	___	___	___
*Emergency splinting or casting of fractures	___	___	___	___
*Epistaxis Control	___	___	___	___
*G-tube replacement	___	___	___	___
*Hernia Reduction	___	___	___	___
*Initial EKG interpretation	___	___	___	___
*Intravenous catheterization, peripheral and central	___	___	___	___
*Laryngoscopy (indirect and direct)	___	___	___	___
*Lumbar puncture	___	___	___	___

Delineation Of Privileges

Emergency Medicine

Provider Name:

Privilege	Requested	Approved		
*Acute hypertension management	—	—	—	—
*Anoscopy	—	—	—	—
*Arterial Sampling for blood gas analysis	—	—	—	—
*Bladder Catheterization	—	—	—	—
*Cardiorespiratory resuscitation and advanced life support	—	—	—	—
*Cervical immobilization	—	—	—	—
*Closed reduction of minor fractures and dislocations	—	—	—	—
*Cricothyrotomy	—	—	—	—
*Delirium tremens	—	—	—	—
*Debridement, revision, repair, and closure of wounds of skin, soft tissues, and mucous membranes	—	—	—	—
*Emergency cystourethrogram	—	—	—	—
*Emergency obstetrical deliveries	—	—	—	—
*Emergency uterine suction curettage	—	—	—	—
*Gastric Decontamination	—	—	—	—
*Gastrointestinal hemorrhage management	—	—	—	—
*Incision and drainage of superficial abscesses and hematomas	—	—	—	—
*Injection of tendon sheaths, ligaments, trigger points, and bursae	—	—	—	—
*Intraosseous Infusion	—	—	—	—
Light Conscious Sedation - solo provider	—	—	—	—
*Management of Acidosis/Alkalosis	—	—	—	—
*Management of near drowning	—	—	—	—
Moderate Sedation —requires-2-providers	—	—	—	—
*Deep Sedation	—	—	—	—
*Neuromuscular Blockade	—	—	—	—
*Peripheral and regional nerve block	—	—	—	—
*Rapid Sequence Induction	—	—	—	—
*Removal of conjunctival and corneal foreign materials	—	—	—	—
*Repair of extensor tendons	—	—	—	—
*Slit Lamp examination with or w/o foreign body removal	—	—	—	—
*Status epilepticus management	—	—	—	—
*Thoracentesis	—	—	—	—
*Tracheostomy tube replacement	—	—	—	—

Delineation Of Privileges Emergency Medicine

Provider Name:

Privilege	Requested	Approved		
*Venous cutdown	—	—	—	—
*Management of coma, etiology unknown	—	—	—	—
*Mechanical ventilation	—	—	—	—
*Nail trephination	—	—	—	—
*Pericardiocentesis	—	—	—	—
*Pulmonary edema management	—	—	—	—
*Regional Nerve Block	—	—	—	—
*Removal of foreign bodies of nose and ear	—	—	—	—
*Shock management	—	—	—	—
*Status asthmaticus	—	—	—	—
*Suprapubic Catheterization	—	—	—	—
*Toxic exposure management	—	—	—	—
*Tube thoracostomy	—	—	—	—
ADVANCED PRACTICE ACTIVITIES - Document of adequate training and experience required.				
Tracheostomy	—	—	—	—
Emergency fiberoptic bronchoscopy	—	—	—	—
Emergency insertion of cardiac pacemaker leads	—	—	—	—
Intra-arterial catheterization for monitoring	—	—	—	—
Culdocentesis	—	—	—	—
Emergency Dental Procedures	—	—	—	—

REAPPOINTMENT APPLICATION:

Please review your PREVIOUS privileges and indicate if you wish to ADD or DELETE a privilege on the current checklist.

____ Add/Delete (Please indicate changes/additions)

____ No Changes from previous appointment

____ Applicant Signature

____ Date

APPROVED:

____ Chair of Emergency Department

____ Date

Delineation Of Privileges

Emergency Medicine

Provider Name:

Privilege	Requested	Approved		
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Chief of Staff, Executive Committee

Date

President, Board of Commissioners

Date

CHIEF MEDICAL OFFICER – Kevin Martin, MD
July 2023

I am pleased to offer the following report.

Medical Staff Services:

- **Incoming Providers:**
 - Family Practice Physician 2024 – Accepted position with FMCE, going through HR processes
- **Providers in Progress:**
 - Family Practice with OB interview 06/09/2023 – Declined Offer
 - Family Practice ARNP interview 06/09/2023 – Declined Offer
 - OBGYN interview 06/15/2023 – Declined Offer
 - Dermatology APC interview 07/10/2023 Letter of Intent
 - Pediatrician Interview 07/12/2023 Letter of Intent
 - IM/Adult Medicine APC Interview 07/20/2023
 - IM/Adult Medicine physician Interview 07/21/2023
 - Orthopedics APC Interview Scheduled 07/28/2023
 - IM/Adult Medicine Physician Interview 08/04/2023
 - Dermatologist
 - Vascular APC
 - Local ARNP student – Pediatrics
 - Pediatrics APC
 - Pediatrics Locums
 - 4 ED APCs Interviews scheduled in July and August
- **Posted Positions**
 - **Physician**
 - Adult Medicine
 - Dermatology
 - Family Medicine
 - Cardiology
 - Vascular
 - **APC**
 - Dermatology
 - GNP
 - Adult Medicine
 - ED/UC
 - Pediatrics
 - Family Medicine
 - Rapid Access
 - Orthopedics
- **Medical Staff:**
 - Appointments
 - 17 new providers requesting privileges this month.
 - 9 providers requesting reappointment.
 - 2 requests for additional privileges

- 22 applications in process, mostly Evergreen Anesthesia Associates CRNAs.

CMO activities:

- **Women's Health:**
 - Our efforts with OB Hospitalist Group was the subject of the special meeting held 7/20.
- **The Rural Collaborative (TRC):**
 - The Physician Leadership Committee is scheduled to meet Monday, 24 July, as of this writing.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer



June Operating Results

- June admissions to the hospital of 77 were 20 admissions less than budget. Patient days of 283 were below budget by 102 days. YTD KVH is 127 admissions below budget and 423 patient days below budget. The Family Birth Place delivered 19 infants in June; 7 deliveries less than budget. YTD deliveries are 46 deliveries below budget and 43 deliveries less than 2022 deliveries through June. KVH's acute care average length of stay was 3.7 days in June. Care continues to shift from inpatient to outpatient where accordingly there has been an increase in observation days. In June, there were 142 observation days compared to budgeted observation days of 95. YTD observation days total 860 days compared to budgeted observation days of 564, a positive variance of 296 observation days. (Included with the June Financial Packet is an analysis of the shift from inpatient to outpatient for ICU, Med/Surg, Family Birth Place and Surgery departments.) The surgery department continued to be busy in June. Inpatient cases of 13 were below budget by 17 cases. C-sections deliveries are a factor in the low number of inpatient surgery cases. In June the hospital performed only 3 C-section deliveries. Outpatient surgery cases of 182 exceeded budget by 47 cases and GI procedures of 176 exceeded budget by 41 procedures. June ER visits of 1,456 exceeded budget by 99 visits. Urgent Care Clinic visits of 496 were below budget by 11 visits. June clinic visits of 6,920 were below budgeted visits by 827 visits.
- June gross revenue of \$19,934,709 exceeded budget by \$180,346. June inpatient revenue was below budget by \$1,162,455; outpatient revenue exceeded budget by \$1,233,706 and professional fee revenue exceeded budget by \$109,095. The following departments had significant positive revenue variances in June: Surgery by \$259,878; Imaging by \$294,152; ER by \$170,392 and the clinics by \$126,042. Departments with significant negative variances were Med/Surg by \$137,129; Family Birth Place by \$135,034 and Laboratory by \$421,862.
- In June deductions from revenue exceeded budget by \$430,382. Contractual adjustments exceeded budget by \$299,750. Bad debt deductions were below budget by \$121,327. Financial assistance exceeded budget by \$116,231. Other deductions totaled \$287,834 and exceeded budget by \$135,728. Hospice adjustments were \$999; no prior authorizations were \$91,418; not medically necessary adjustments totaled \$80,937 and provider not credentialed adjustments totaled \$31,873.
- June other operating revenue exceeded budget by \$34,550. The primary reason for the positive variance was the receipt of a \$45,000 Medicaid transformation grant. There are also positive trends for pharmacy 340B and outpatient revenue and café sales. In June 340B contract pharmacy rebates totaled \$44,257 and exceeded budget by \$2,010. As noted previously, KVH signed contracts with 340B ESP to try to recapture some of the

lost 340B contract pharmacy revenue. May's and June's 340B revenue results show that KVH is starting to recapture some of these pharmacy sales. Outpatient retail pharmacy sales were \$69,553 and exceeded budget by \$3,800. Cafeteria sales of \$28,842 exceeded budget by \$1,289.

- June expenses exceeded budget by \$779,085. Salaries were below budget by \$315,020. Temporary labor exceeded budget by just \$98,991. Departments that exceeded their temporary labor budget were Med/Surg by \$21,715; Surgery by \$50,049; Laboratory by \$41,325 and ER by \$57,464. With the exception of the surgery department, KVH is continuing the trend of using less contract labor. Professional fees exceeded budget by \$279,306. In June KVH paid \$88,116 for ER staffing; \$69,645 for Internal Medicine locums and \$175,064 for Women's Health locums. Supply expenses exceeded budget in June by \$419,596. Surgery exceeded their supply budget by \$347,573 and pharmacy exceeded their supply budget by \$128,713. Surgery's negative supply variance was volume related. Depreciation expense exceeded budget for June by \$88,701 and will for the year due to shortening the estimated useful life on some hospital owned buildings. Insurance expense exceeded budget by \$26,497. As noted previously, KVH's insurance renewal was higher than expected and KVH also increased coverage limits. Other direct expenses exceeded budget by \$32,288 due to provider recruitment expenses.
- In June KVH posted operating income of \$11,673 compared to a budgeted operating income of \$1,006,245; a negative variance of \$994,572. YTD operating income is \$1,679,609 compared to budgeted operating income of \$4,927,995; a negative variance of \$3,248,386.
- Non-operating income was below budget by \$30,127 due to an unrealized loss on investments. In June KVH recorded interest income of \$165,506 and an unrealized loss on investments of \$97,712.
- KVH reported a Net Income for June of \$97,368. YTD Net Income is \$3,019,214 compared to budgeted Net Income of \$5,622,954, a negative variance of \$2,603,740.
- June Days in Accounts Receivable increased .2 days to 66.8 days from 66.6 in May. Gross accounts receivables decreased by \$396,970 from \$47,062,039 in May to \$46,665,069 in June. Total cash receipts in June from payers, patients and other sources totaled \$10,400,489. Total Cerner receipts posted in June were \$9,844,489.
- Average daily cash collections per working day increased from \$471,592 in May to \$495,261 in June.
- Days cash on hand decreased .1 days to 210.6 days in June from 210.7 days in May. Actual cash and investments on hand increased by \$149,021 from \$70,094,445 in May to \$70,243,466 in June.

Quarterly Capital Project Update

Surgery Expansion Project – Second quarter spending on the surgery expansion project totaled \$2,172,732. The balance in Construction in Progress for the expansion project as of 6/30/2023 is \$3,164,401.

Laboratory Expansion – The lab project construction is completed but invoices continue to trickle in. Through 6/30/2023 KVH has spent \$2,128,933. Second quarter spending towards the project totaled \$4,664. KVH has received \$389,060 reimbursement on 4/28/2023 from the legislature towards this project.

Cafeteria Remodel – The cafeteria project is completed at a total cost of \$954,985. Second quarter spending totaled \$81,194. The hospital is capitalizing the café expansion.

Energy Efficiency Project – The lighting, domestic hot water, ER fan wall and surgery fan wall phases of the project are completed. Through June 30, 2023, KVH has spent \$2,470,390 on the energy efficiency project. Second quarter spending towards the project totaled \$393,721. KVH began capitalizing \$2,450,196 of the completed portions of the project in May 2023.

North Hospital Parking Lot Project – The parking lot expansion project on the north hospital campus near the Internal Medicine Clinic building is completed at a total cost of \$453,001. Second quarter spending on the project totaled \$27,100. The north parking is being capitalized.

MRI Pad – KVH spent a total of \$263,477 to complete the mobile MRI Pad. Second quarter spending on the MRI pad totaled \$86,617. The MRI pad is being capitalized.

Campus Redesign – KVH has spent \$240,706 for the campus redesign. There was no spending on the campus redesign in the second quarter. The redesign expenses are being capitalized as part of the North Hospital Parking Lot.

Total spending for these projects in the second quarter was \$2,766,028.

Kittitas Valley Healthcare
June 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	77	97	-20.5%	447	574	-22.1%	558	-19.9%	01
02 Patient Days - W/O Newborn	283	385	-26.4%	1,857	2,280	-18.6%	2,250	-17.5%	02
03 Patient Days - Swingbed	9	8	17.2%	9	45	-80.2%	33	-72.7%	03
04 Avg Daily IP Census w/Swingbed	9.7	13.1	-25.5%	10.3	12.8	-19.8%	12.6	-18.3%	04
05 Average Length of Stay	3.7	4.0	-7.4%	4.2	4.0	4.5%	4.0	3.0%	05
06 Average Length of Stay w/Swingbed	3.8	4.1	-6.3%	4.2	4.1	3.0%	4.1	2.0%	06
07 Deliveries	19	26	-28.3%	114	160	-28.7%	157	-27.4%	07
08 Case Mix Inpatient	1.15	1.00	14.7%	1.19	1.00	19.0%	1.11	7.2%	08
09 Surgery Minutes - Inpatient	1,151	3,655	-68.5%	11,821	21,647	-45.4%	18,506	-36.1%	09
10 Surgery Minutes - Outpatient	9,721	8,519	14.1%	61,587	50,448	22.1%	46,552	32.3%	10
11 Surgery Procedures - Inpatient	13	30	-56.6%	117	177	-34.0%	150	-22.0%	11
12 Surgery Procedures - Outpatient	182	135	35.0%	1,049	798	31.4%	709	48.0%	12
13 Gastrointestinal Procedures	176	135	30.2%	1,001	801	25.0%	694	44.2%	13
14 ER Visits	1,456	1,357	7.3%	8,462	8,036	5.3%	7,281	16.2%	14
15 Urgent Care Cle Elum Visits	496	507	-2.2%	2,656	3,002	-11.5%	2,617	1.5%	15
16 Laboratory	23,648	25,553	-7.5%	142,007	151,323	-6.2%	140,155	1.3%	16
17 Radiology Exams	3,234	3,056	5.8%	19,718	18,097	9.0%	16,635	18.5%	17
18 Rehab Visit	1,770	1,727	2.5%	9,751	10,230	-4.7%	8,885	9.7%	18
19 Outpatient Percent of Total Revenue	91.5%	85.5%	7.0%	89.6%	85.5%	4.8%	85.0%	5.4%	19
20 Adjusted Patient Days	3,334	2,662	25.2%	17,866	15,741	13.5%	15,032	18.9%	20
21 Equivalent Observation Days	142	95	48.6%	860	564	52.4%	576	49.2%	21
22 Avg Daily Obs Census	4.7	3.2	48.6%	4.7	3.1	52.4%	3.2	49.2%	22
23 Home Care Visits	594	617	-3.7%	3,087	3,652	-15.5%	3,689	-16.3%	23
24 Hospice Days	829	617	34.3%	4,991	3,724.3	34.0%	3,689	35.3%	24
25 Primary Clinic Visits	4,697	5,257	-10.7%	30,730	30,846	-0.4%	34,470	-10.9%	25
26 Specialty Clinic Visits	2,153	2,375	-9.4%	13,818	14,065	-1.8%	8,759	0.0%	26
27 Telehealth Visits	70	115	-39.0%	477	680	-29.9%	670	NA	27
28 Total Clinic Visits	6,920	7,747	-10.7%	45,025	45,591	-1.2%	43,899	2.6%	27
Financial Measures									
29 Salaries as % of Operating Revenue	44.8%	46.8%	4.3%	46.3%	47.7%	3.0%	47.1%	-1.8%	29
30 Total Labor as % of Operating Revenue	56.0%	58.7%	4.5%	58.0%	59.8%	3.0%	58.6%	-1.0%	30
31 Revenue Deduction %	47.4%	45.7%	-3.8%	47.5%	45.6%	-4.2%	44.8%	6.2%	31
32 Operating Margin	0.1%	9.2%		2.6%	7.6%		6.4%		32
Operating Measures									
33 Productive FTE's	531.3	548.0	3.1%	543.9	548.0	0.8%	513.3	6.0%	33
34 Non-Productive FTE's	73.3	73.0	-0.5%	60.3	73.0	17.4%	69.1	-12.8%	34
35 Paid FTE's	604.6	621.0	2.6%	604.2	621.0	2.7%	582.4	3.7%	35
36 Operating Expense per Adj Pat Day	\$ 3,209	\$ 3,726	13.9%	\$ 3,561	\$ 3,794	6.1%	\$ 3,573	-0.3%	36
37 Operating Revenue per Adj Pat Day	\$ 3,213	\$ 4,104	-21.7%	\$ 3,655	\$ 4,107	-11.0%	\$ 3,817	-4.2%	37
38 A/R Days	66.8	60.0	-11.3%	66.8	60.0	-11.3%	59.7	11.9%	38
39 Days Cash on Hand	210.6	217.6	-3.2%	210.6	217.6	-3.2%	215.3	-2.2%	39

Kittitas Valley Healthcare

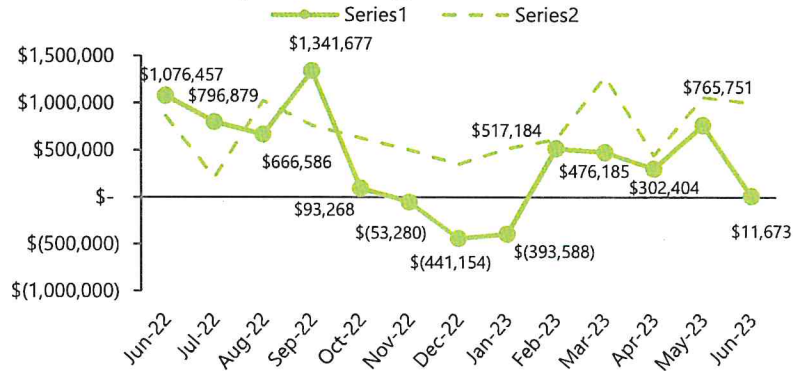
Year over Year Financial and Operating Indicator Trends

June 2023 - Key Statistics and Indicators

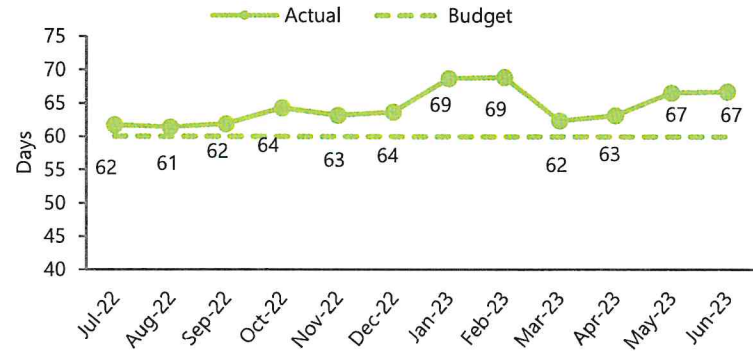
L	Measure	2023 YTD	2023 Budget	2023 Annualize	2022	2021	2020	2019	2018	2017	2016
1	Total Charges	122,369,052	233,240,187	246,766,321	213,492,081	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636
2	Net Revenue	65,298,157	129,100,000	131,678,605	120,219,085	114,372,961	89,905,245	83,527,969	78,753,810	71,490,964	71,506,819
3	Operating Income	1,679,609	8,000,000	3,387,056	6,074,001	14,127,110	620,732	2,901,869	474,120	885,655	(5,893)
4	Operating Margin %	2.6%	6.2%	2.6%	5.1%	12.4%	0.7%	3.5%	0.6%	1.2%	0.0%
5	Net Income	3,019,214.2	9,390,000	6,088,471	4,079,789	18,470,881	6,420,388	3,690,537	2,526,547	2,648,415	1,543,915
6	Net Margin %	4.6%	7.3%	4.6%	3.4%	16.1%	7.1%	4.4%	3.2%	3.7%	2.2%
7	Cash	70,243,466	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	210.6	197.0	NA	246.4	235.8	175.8	138.6	133.5	178.7	156.0
9	Surgeries	1,166	1,950	2,351	1,922	1,788	1,354	1,305	1,461	1,396	1,510
10	Gastrointestinal Procedures	1,001	1,600	2,019	1,404	1,321	1,211	1,416	1,250	1,383	1,396
11	Emergency Visits	8,462	16,790	17,064	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	142,007	302,431	286,368	277,627	288,552	237,710	209,144	207,040	190,587	181,082
14	Radiology Exams	19,718	36,169	39,763	35,222	32,016	29,338	30,397	30,843	33,836	33,471
15	Rehab Visits	9,751	20,447	19,664	17,060	21,390	16,724	18,718	16,359		
16	IP & Obs Days (no swing)	2,716	5,684	5,478	5,470	4,820	3,717	3,805	3,999	3,440	3,937
17	Deliveries	114	322	230	318	280	284	309	342	322	312
18	Admits w/Swing	447	1,147	901	1,066	949	860	941	984	899	1,043
19	Primary Clinic Visits	30,730	61,377	61,969	58,013	60,229	53,270	60,871			
20	Specialty Clinic Visits	13,818	28,113	27,865	22,778	19,865	13,135	11,840			
21	Telehealth Visits	477	1,359	962	1,263	1,391	3,793	-			
22	Total Clinic Visits	45,025	90,849	90,796	82,054	81,485	70,198	72,711	59,241	50,917	48,525
23											
24	FTEs	604.2	621.0	NA	560.9	529.9	499.0	477.4	469.4	457.6	449.1
25	AR Days	66.8	60.0	NA	63.7	63.9	73.5	88.1	92.0	50.8	47.5
Normalize charges by adjusting for charge master increases:											
26	Normalized Charges to 2023		233,240,187	246,766,321	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%	10.61%	2.36%	21.48%	2.94%	5.46%	2.65%	1.16%	-1.05%
28	Operations Growth Exclude COVID Testing			11.87%	6.29%	19.23%	-0.61%				

Financial Dashboard

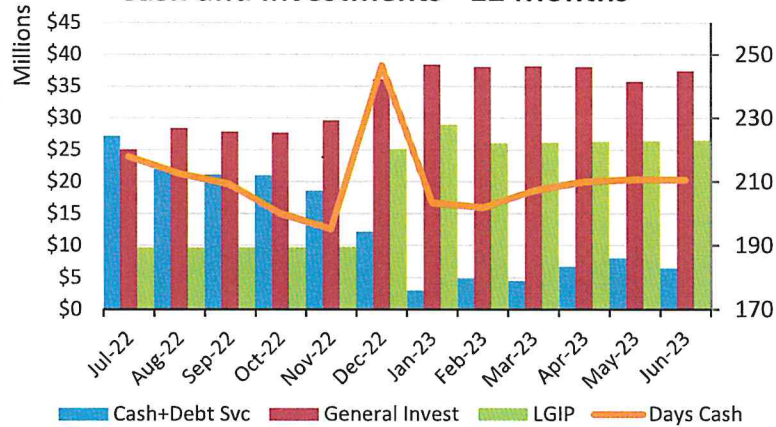
Operating Income



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%	42.73%
Medicaid	19.41%	19.08%	18.64%	19.12%
Commercial	34.97%	35.29%	33.66%	32.95%
Self Pay	2.66%	2.38%	2.10%	1.51%
Other	3.55%	3.01%	3.29%	3.69%

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	1,694,478	2,856,933	(1,162,455)	12,716,779	16,918,454	(4,201,675)	15,222,689
OUTPATIENT REVENUE	14,736,143	13,502,437	1,233,706	88,377,690	79,959,987	8,417,703	69,348,060
PROF FEE REVENUE	3,504,088	3,394,993	109,095	21,274,584	19,919,935	1,354,649	17,117,464
REVENUE	19,934,709	19,754,363	180,346	122,369,052	116,798,376	5,570,676	101,688,213
CONTRACTUALS	8,535,818	8,236,068	299,750	52,185,418	48,751,106	3,434,312	41,497,174
PROVISION FOR BAD DEBTS	407,343	528,670	(121,327)	3,159,183	3,070,037	89,146	2,923,973
FINANCIAL ASSISTANCE	219,272	103,041	116,231	879,650	594,830	284,819	576,263
OTHER DEDUCTIONS	287,834	152,106	135,728	1,942,304	878,064	1,064,240	522,888
DEDUCTIONS FROM REVENUE	9,450,267	9,019,885	430,382	58,166,555	53,294,037	4,872,518	45,520,297
NET PATIENT SERVICE REVENUE	10,484,442	10,734,478	(250,036)	64,202,497	63,504,339	698,158	56,167,915
OTHER OPERATING REVENUE	226,571	192,021	34,550	1,095,660	1,147,491	(51,831)	1,205,768
TOTAL OPERATING REVENUE	10,711,013	10,926,499	(215,487)	65,298,157	64,651,830	646,327	57,373,684
SALARIES	4,799,327	5,114,347	(315,020)	30,224,686	30,856,560	(631,873)	27,030,336
TEMPORARY LABOR	346,766	247,775	98,991	2,259,197	1,494,911	764,286	1,927,244
BENEFITS	1,201,648	1,296,689	(95,041)	7,632,470	7,803,340	(170,871)	6,569,681
PROFESSIONAL FEES	438,698	159,392	279,306	2,129,429	961,665	1,167,765	1,337,593
SUPPLIES	1,452,020	1,032,423	419,596	8,199,749	6,131,622	2,068,128	5,289,374
UTILITIES	99,483	94,464	5,019	674,080	602,208	71,872	579,895
PURCHASED SERVICES	1,267,247	1,048,950	218,297	6,289,795	6,325,702	(35,907)	6,381,382
DEPRECIATION	553,178	464,476	88,701	3,233,673	2,789,767	443,906	2,220,012
RENTS AND LEASES	8,995	3,250	5,746	17,981	19,497	(1,516)	518,956
INSURANCE	184,088	157,592	26,497	966,184	945,550	20,634	568,881
LICENSES & TAXES	93,109	84,494	8,615	521,399	500,366	21,034	466,578
INTEREST	110,543	110,469	74	667,785	663,315	4,470	298,454
TRAVEL & EDUCATION	54,492	48,475	6,017	283,496	282,666	830	155,154
OTHER DIRECT	89,747	57,459	32,288	518,623	346,667	171,956	358,400
EXPENSES	10,699,340	9,920,255	779,085	63,618,549	59,723,835	3,894,713	53,701,938
OPERATING INCOME (LOSS)	11,673	1,006,245	(994,572)	1,679,609	4,927,995	(3,248,386)	3,671,746
OPERATING MARGIN	0.11%	9.21%	461.55%	2.57%	7.62%	-502.59%	6.40%
NON-OPERATING REV/EXP	85,696	115,822	(30,127)	1,339,605	694,960	644,646	(1,219,599)
NET INCOME (LOSS)	97,368	1,122,067	(1,024,698)	3,019,214	5,622,954	(2,603,740)	2,452,147
UNIT OPERATING INCOME							
HOSPITAL	377,251	1,254,595	(877,344)	3,851,008	6,795,867	(2,944,858)	5,396,862
URGENT CARE	7,599	10,176	(2,577)	25,676	50,743	(25,067)	31,066
CLINICS	(392,847)	(202,610)	(190,236)	(2,198,139)	(1,554,076)	(644,063)	(1,539,387)
HOME CARE COMBINED	19,669	(55,917)	75,586	1,064	(364,538)	365,602	(216,795)
OPERATING INCOME	11,673	1,006,245	(994,572)	1,679,609	4,927,995	(3,248,386)	3,671,746

06/30/2023

**Kittitas Valley Healthcare
Balance Sheet and Cash Flow**

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	4,952,611	11,162,290	(6,209,679)
ACCOUNTS RECEIVABLE	46,665,069	41,373,454	5,291,615
ALLOWANCE- CONTRACTUAL ADJUSTMENTS AT	(21,835,611)	(19,206,886)	(2,628,725)
ALLOWANCE FOR UNCOLLECTABLE	(8,125,358)	(7,575,402)	(549,957)
ALLOWANCE FOR CONTRACTUAL	(29,960,970)	(26,782,288)	(3,178,682)
THIRD PARTY RECEIVABLE	2,000,000	2,182,107	(182,107)
OTHER RECEIVABLES	1,239,815	2,007,557	(767,742)
INVENTORY	2,635,104	2,690,763	(55,659)
PREPAIDS	1,668,372	1,512,320	156,052
INVESTMENT FOR DEBT SVC	1,456,372	963,413	492,960
CURRENT ASSETS	30,656,373	35,109,615	(4,453,242)
INVESTMENTS	63,834,483	61,115,705	2,718,778
PLANT PROPERTY EQUIPMENT & ROU ASSET	111,247,673	106,089,339	5,158,335
ACCUMULATED DEPRECIATION & ROU AMORT	(56,722,827)	(53,865,018)	(2,857,809)
NET PROPERTY, PLANT, & EQUIP	54,524,847	52,224,321	2,300,526
OTHER ASSETS	0	0	0
NONCURRENT ASSETS	54,524,847	52,224,321	2,300,526
ASSETS	149,015,702	148,449,641	566,061
ACCOUNTS PAYABLE	3,263,788	4,228,424	(964,636)
ACCRUED PAYROLL	2,262,053	2,645,596	(383,542)
ACCRUED BENEFITS	483,587	985,345	(501,758)
ACCRUED VACATION PAYABLE	2,717,156	1,927,557	789,600
THIRD PARTY PAYABLES	1,084,899	1,284,899	(200,000)
CURRENT PORTION OF LONG TERM DEBT	1,640,441	2,293,900	(653,459)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	11,451,925	13,365,720	(1,913,795)
ACCRUED INTEREST	288,681	273,091	15,590
DEFERRED TAX COLLECTIONS	5,125	0	5,125
DEFERRED REVENUE HOME HEALTH	172,520	60,910	111,610
DEFERRED INFLOW RIGHT OF USE	590,204	628,695	(38,492)
DEFERRED OTHER	127,031	127,031	0
DEFERRED LIABILITIES	1,183,562	1,089,727	93,834
LTD RIGHT OF USE ASSETS	4,358,110	4,991,302	(633,192)
LTD - 2017 REVENUE BONDS	11,194,095	11,667,554	(473,459)
LTD - 2018 REVENUE BOND	5,100,000	5,280,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	898,152	898,152	0
LTD - 2022 REVENUE BOND	15,310,000	15,310,000	0
CURRENT PORTION OF LONG TERM DEBT CONT	(1,640,441)	(2,293,900)	653,459
LONG TERM DEBT	35,219,916	35,853,108	(633,192)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	3,806,216	3,806,216	0
NONCURRENT LIABILITIES	40,209,694	40,749,051	(539,358)
LIABILITIES	51,661,618	54,114,771	(2,453,153)
FUND BALANCE	94,334,870	94,334,870	0
NET REVENUE OVER EXPENSES	3,019,214	0	3,019,214
FUND BALANCE	97,354,084	94,334,870	3,019,214
TOTAL LIABILITIES & FUND BALANCE	149,015,702	148,449,641	566,061

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	3,019,214
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	2,857,809
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	5,877,023
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(2,112,933)
OTHER RECEIVABLES	949,849
INVENTORIES	55,659
PREPAID EXPENSES & DEPOSITS	(156,052)
INVESTMENT FOR DEBT SVC	(492,960)
TOTAL CURRENT ASSETS	(1,756,436)
INVESTMENTS	(2,718,778)
PROPERTY, PLANT, & EQUIP.	(5,158,335)
OTHER ASSETS	0
TOTAL ASSETS	(3,756,526)
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(964,636)
ACCRUED SALARIES	(383,542)
ACCRUED EMPLOYEE BENEFITS	(501,758)
ACCRUED VACATIONS	789,600
COST REIMBURSEMENT PAYABLE	(200,000)
CURRENT MATURITIES OF LONG-TERM DEBT	(653,459)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(1,913,795)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	15,590
DEFERRED TAX COLLECTIONS	5,125
DEFERRED REVENUE - HOME HEALTH	111,610
DEFERRED INFLOW RIGHT OF USE	(38,492)
DEFERRED OTHER	0
TOTAL OTHER LIABILITIES	93,834
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD RIGHT OF USE ASSETS	(633,192)
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	(633,192)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	0
TOTAL LIABILITIES	(2,453,153)
NET CHANGE IN CASH	(6,209,679)
BEGINNING CASH ON HAND	11,162,290
ENDING CASH ON HAND	4,952,611

2023 Inpatient and Outpatient Revenue and Statistical Summary

	<u>ICU</u>	<u>ICU</u>	<u>%</u>	<u>Med/Surg</u>	<u>Med/Surg</u>	<u>%</u>	<u>FBP</u>	<u>FBP</u>	<u>%</u>		<u>Surgery</u>	<u>Surgery</u>	<u>%</u>
	<u>CY</u>	<u>PY</u>	<u>Change</u>	<u>CY</u>	<u>PY</u>	<u>Change</u>	<u>CY</u>	<u>PY</u>	<u>Change</u>		<u>CY</u>	<u>PY</u>	<u>Change</u>
I/P Days	224	260	-14%	1,105	1,299	-15%	244	306	-20%	I/P Minutes	10,670	16,822	-37%
Obs Days	104	45	131%	604	400	51%	10	7	43%	O/P Minutes	51,866	36,990	40%
Total Days	328	305	8%	1,709	1,699	1%	254	313	-19%	Ttl Minutes	62,536	53,812	16%
I/P Revenue	\$ 815,162	\$ 1,024,306	-20%	\$ 1,565,264	\$ 2,198,697	-29%	\$ 1,417,296	\$ 1,742,817	-19%	I/P Revenue	\$ 2,893,909	\$ 3,231,082	-10%
O/P Revenue	\$ 480,446	\$ 126,044	281%	\$ 1,985,129	\$ 1,094,873	81%	\$ 373,002	\$ 361,795	3%	O/P Revenue	\$ 11,616,777	\$ 7,149,932	62%
Total Revenue	\$ 1,295,608	\$ 1,150,350	13%	\$ 3,550,393	\$ 3,293,570	8%	\$ 1,790,298	\$ 2,104,612	-15%	Total Revenue	\$ 14,510,686	\$ 10,381,014	40%

KVH Orthopedic Surgeon RVU Summary

<u>Provider</u>	<u>Jan-22</u>	<u>Feb-22</u>	<u>Mar-22</u>	<u>Apr-22</u>	<u>May-22</u>	<u>Jun-22</u>	<u>Jul-22</u>	<u>Aug-22</u>	<u>Sep-22</u>	<u>Oct-22</u>	<u>Nov-22</u>	<u>Dec-22</u>	<u>Total RVUs</u>	<u>Avg/Month</u>
Mirich, T.	343	407	531	504	342	389	478	470	392	618	564	250	5,288	441
Cheunt, A.	28	108	142	78	94	125	109	95	167	99	89	88	1,222	102
Total Ortho MD RVUs	371	515	673	582	436	514	587	565	559	717	653	338	6,510	543

<u>Provider</u>	<u>Dec-22</u>	<u>Jan-23</u>	<u>Feb-23</u>	<u>Mar-23</u>	<u>Apr-23</u>	<u>May-23</u>	<u>Jun-23</u>	<u>Total RVUs</u>	<u>Avg/Month</u>
Longo, A.	465	537	630	420	578	477	514	3,621	517

KVH Orthopedic Surgery Cases 2022 and 2023

2022 Cases

	JAN		FEB		MAR		APR		MAY		JUNE		JULY		AUG		SEPT		OCT		NOV		DEC		YTD
Surgeon	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>Total</u>
Cheung	1	0	3	3	4	3	2	2	4	1	5	2	5	2	2	1	8	5	3	4	2	1	2	3	68
Longo, A.	6	1	9	2	8	3	9	3	6	2	2	3	8	1	5	2	8	4	0	0	8	3	17	7	117
Mirich	12	5	14	4	21	4	24	9	15	4	19	3	18	8	17	9	20	3	18	12	25	10	9	6	289
																									Cheung Mirich Combiner 357

2023 Cases

	JAN		FEB		MAR		APR		MAY		JUNE		JULY		AUG		SEPT		OCT		NOV		DEC		YTD	Annualized
Surgeon	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>	<u>OP</u>	<u>IP</u>		
Longo, A.	25	10	32	10	24	5	21	11	30	11															179	430
Mirich	15	9	4	4	5	1	0	1	0	0																

Grant	Grantee/ Applicant	Funding Category	Funding Source	Amount	Status	Funds Leveraged/Complimented	Partnerships	Purpose
Opioid Implementation Grant	KCHN	Opioids	HRSA	\$1,000,000	Awarded	Opioid Planning and Opioid Resource Network Manager	KCHN Participants	Implement plan created in Opioid Planning Grant to address opioid addiction in our county
Care Coordination	KCHN	Care Coordination	HRSA	\$750,000	Awarded	HRSA Rural Health Network Development, GCACH	KCHN Participants	Funding to improve care coordination in our community
Community World of Difference	KCHN	Care Coordination	Cigna	\$100,000	WIP	HRSA Rural Health Network Development, GCACH, HRSA Care Coordination	KCH Participants	Funding to improve care coordination in our community
Rural Mental Health Integration	KVH	PCMH	UW/AIMS	\$245,000	Awarded	GCACH	Greater Columbia	Provides training and education for integrated mental health at FMCE
Drill Grant	KVH via KVHF	Education/Staff Development	Coverys	\$49,000	WIP	DOH Trauma	KVFR, Law Enforcement (likely included), Foundation	Create and implement clinical and non-clinical drill program
Behavioral Health Grant	KVH via KVHF	Facilities	Premera	\$100,000	WIP	Rural Mental Health Integration	ED, Foundation	Remodel ED and ICU rooms to be safe rooms for behavioral holds and training staff
Child Care Partnerships Grant	KCHN	Child Care	WS Department of Commerce	\$80,000	Awarded		KCHN	Provides funding to explore options and strategically plan how to increase childcare capacity in our community
Drive Thru Vaccinations Clinic	KVH	Pharmacy/ Clinics	Capture Cares	\$24,879	Awarded			Funds to implement a vaccination drive-thru clinic for flu and child immunizations.
Rural Mental Health Integration	KVH	PCMH	UW/AIMS	\$245,000	Awarded	GCACH	Greater Columbia	Provides training and education for integrated mental health at FME
Capital Funding Request	District 2	Facilities	Washington State Legislature	\$761,080	Awarded			Capital Funding to assist in the construction of Station 99
Capital Funding Request	KVH	Facilities	Washington State Legislature	\$385,627	Awarded			Capital Funding to assist in the remodel of KVH Lab
Kittitas County Jail MAT and Behavioral Health RFP	KCHN	Behavioral Health	Kittitas County Corrections	\$600,000	Awarded	HRSA RCORP, HRSA Care Coordination	KCHN	KCHN is applying with a joint application with its partners to provide direct treatment services in the jail. Three year Contract
COVID-19 RHC Vaccine Funding	KVH	COVID	HHS	\$ 150,000	Awarded			Funding to assist in the COVID-19 Vaccination efforts
Early Learning Facilities Grant	Happy Feet Academy / KCHN / KVH	Child Care	Department of Commerce	\$1,000,000	Awarded	HRSA Care Coordination	KCHN	Funding would increase childcare capacity in our community
Opioid Implementation Grant	KCHN	Opioids	HRSA	\$1,000,000	Awarded	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Expanding on the work of the first Opioid response grant
RCORP Behavioral Health	KCHN	Opioids	HRSA	\$2,000,000	Awarded	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Funding would expand the work of the implementation grant to go beyond opioids and work to find solutions for other behavioral health issues
Harm Reduction Program #2	KCHN	Opioids	SAMHSA	\$1,200,000	Applied	Opioid Planning and Opioid Implementation Grant	KCHN Participants	Activities focus primarily on ways increase access to treatment, and reduce harm for individuals with SUD
ALTA Training	KVH	Education/Staff Development	DOH	\$7,500	Awarded			Funding would support getting staff members through ALTA Language testing and help them to become certified.

Professional Development	KVH	Education/Staff Development	Hearst Foundation		Researching			Funding focuses on professional development and addressing healthcare professional shortages.
Coordinated Care	KCHN	Care Coordination	Coordinated Care		Applied	HRSA Care Coordination		Funding focuses on improving care management for underserved populations and improinb service delivery for LGBTQ+ individuals
Care Coordination Expansion	KCHN	Care Coordination	Yakima Valley Community Foundation	\$25,000	Applied	HRSA Care Coordination		Funding to extend care coordinators to fulltime.
Family Resource Center Capacity Building	KCHN	Care Coordination	DCYF	\$60,000	Applied	HRSA Care Coordination		Funding to provide care coordination for individuals and families at risk for abuse and neglect
Technical Education Grant	KVH	Education/Staff Development			Researching		School Districts, YVCC, Technical Programs, CHCW	In collaboration with school districts, technical schools, and health care providers, KVH is proposing strategic planning activities to create training programs for training new employees and addressing the workforce shortage. Currently searching for a grant program that will be a better fit for this work.
Capital Funding Request	KVH	Facilities	Washington State Legislature	\$2,000,000	Applied			Capital Funding to assist in the construction of the surgery expansion, with primary focus on the Diagnostic Imaging Department
Offender Re-Entry Program	KCHN	Opioids	SAMHSA	\$2,000,000	Applied	Opioid Implementation, Care Coordination		Funds will be used to provide continued MAT services to inmates as they re-enter the community and provide care coordination. This is a 3 year grant program.
Cyber Security Grant Programs	KVH	IT	State and FEMA		Researching			Funds to implement and improve cyber security at KVH.
ANEW Grant Program	KVH	Staff Development	HRSA	\$650,000	Denied			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	Applied	HRSA Behavioral Health	KCHN Participants	Funding would expand current behavioral health work from the Health Network to children and yough 5 - 18. Fuding is up to \$1,000,000 per year for four years.
Strategic Prevention Framework	KCHN	Opioids	SAMHSA	\$1,875,000	Applied	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. Fuding is for \$375,000 per year for 5 years.
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.

SANE Education and Service Reimbursement	<i>KVH</i>	<i>Staff Development</i>	<i>DOH</i>	<i>\$37,677</i>	<i>Awarded</i>			<i>Funding to support Sexual Assault Nurse Examiners (SANE) educational opportunities including RN time and travel, supplies, backfill from other departments, KVH incentives for SANE RNs, and for SANE RNs time in performing examinations. Funds would reimburse for SANE Program activities for FY 2022</i>
NextFifty Grant	KCHN	Care Coordination	Next Fifty	\$100,000	WIP	HRSA Care Coordination		Funding for innovative programs to support vulnerable adults over 50 years. Funding will be used to improve/expand current KCHN Care Coordination efforts.
Behavioral Health Integration Grant	KVH	PCMH	Washington State Health Care Authority	\$200,000	Applied	UW/AIMS	UW/AIMS, KCHN	Funding to provide behavioral health integration AIMS model within KVH Pediatrics. Additional funding will be used to partner with KCHN for Care Coordination for Peds patients with complex needs.

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

** Bold and larger fonts are new opportunities

*** Denied Applications

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

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT NO. 1

**RESOLUTION 23-02
SURPLUS PERSONAL PROPERTY**

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

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

See Exhibit A attached.

DATED this 27th day of July 2023

Matt Altman, President
Board of Commissioners

Jon Ward, Secretary
Board of Commissioners

EXHIBIT A

Asset No.	Description	Acquisition Date	Book Basis	Total Accum Depreciation	Book Value to remove	Proceeds from Sale	Disposition
8053	DMC-EZ 6200 DICOM PUBLISHING SYSTEM	03/09/2016	25,098.96	25,098.96			OBSOLETE
8075	PULMONARY FUNCTION EQUIP	02/13/2014	55,961.67	55,961.67			OBSOLETE
8093	ULTRASOUND	06/28/2014	66,946.18	66,946.18			OBSOLETE
8303	TANGO PLUS STRESS NIBP MONITOR	01/25/2007	5,472.64	5,472.64			OBSOLETE
9043	HHA PTCT SYSTEM	11/06/1996	53,448.94	53,448.94			OBSOLETE
9348	BLOOD CULTURE ANALYZER	09/30/2013	39,282.49	39,282.49			OBSOLETE
9350	MICROB SENSITIVITY ANALYZER	09/30/2013	75,285.20	75,285.20			OBSOLETE
9450	VENTILAIR COMPRESSOR	03/02/2000	30,295.10	30,295.10			OBSOLETE
9534	V-MAX 229 SPECTRA PFT SYSTEM	04/24/2002	57,614.12	57,614.12			OBSOLETE
9535	V6200 SPECTRA AUTOBOX	04/24/2002	19,816.80	19,816.80			OBSOLETE
Minor Equipment	VULCAN GAS FRYER	2010	NA	NA	NA	NA	OBSOLETE
			<u>429,222.10</u>	<u>429,222.10</u>			

**PUBLIC HOSPITAL DISTRICT NO. 1 / KITTITAS VALLEY HEALTHCARE
KITTITAS COUNTY, WASHINGTON
RESOLUTION NO. 23-03**

ACQUISITION OF REAL ESTATE FOR DISTRICT PURPOSES

WHEREAS, Kittitas County Public Hospital District No. 1 (“District”) has determined that the hospital shall purchase said real estate described herein.

WHEREAS, Kittitas County Public Hospital District No. 1 will use said real estate for future expansion of the hospital campus and provide housing for interim hospital employees.

WHEREAS, Kittitas County Public Hospital District No. 1 wishes to close the real estate transaction by purchasing the real estate described herein on the following date and paying the purchase price in full for said real estate as follows:

708 E Hobart Ave, Ellensburg, WA 98926

Legal Description: TWN EBURG; MT. VIEW ADD. LOT 5; BLOCK G records of the County of Kittitas, State of Washington, Tax Parcel No. 576733.

Purchase Price \$340,000.00

Closing Date: July 31, 2023

NOW, THEREFORE, BE IT RESOLVED that Kittitas County Public Hospital District No. 1, Kittitas County, Washington shall purchase said real estate as described herein.

Pursuant to RCW 70.44.060(2), the District’s Board of Commissioners approves and ratifies the Agreement and authorizes the District’s Superintendent and Chief Executive Officer to take any and all such other necessary actions consistent with the terms of the Agreement to close on the transaction.

ADOPTED AND APPROVED by the Board of Commissioners of the District this 27th day of July, 2023.

Matt Altman, President

Terry Clark, Vice-President

Jon Ward, Secretary

Erica Libenow, Commissioner

Bob Davis, Commissioner

Community Relations July 27, 2023 Board Report

Experience Healthcare – As I write this, we are on day 4 of Experience Healthcare. Initial feedback is that this has been a positive experience for all involved and we are happy to be bringing it back. A big thanks to everyone who participated and welcomed these students into our operations. We are collecting feedback from students and educators from this year's event to learn how to improve things in the future.



Downtown Ellensburg Association – We recently partnered with the Ellensburg Downtown Association to participate in their community events for the next two years. These events are outlined below.

- Partner Gathering Spring/ Fall
- Volunteer Fair and Annual Awards
- Downtown Spring/Fall Clean Up
- Spring/Holiday Girl's Night Out
- Ellensburg Make Music Day
- Hoedown in Downtown
- CWU Week of Welcome
- Buskers In The Burg
- Trick or Treat Harvest Fest
- Moments to Remember
- Ellensburg Shop Local
- Teddy Bear Tea
- Summer/ Holiday Night Market
- Partner Gathering Spring/ Fall

Diversity, Equity, and Inclusion – The DEI Education and Outreach committee has been meeting to finalize materials and outreach plans for our staff and community. We are on track to launch our educational materials in August and to start asking for this information from our patients in September.

Staff updates – The Community Relations Department is small but mighty (4 people), and when we lose a team member it has a significant impact on our operations. Jan Powell, our long-time graphics designer resigned effective July 7 and we are in the process of recruiting someone new to our team.

Events:

- **Ellensburg Farmer's Markets** - Our 2023 schedule for the market is below
 - Aug. 5th: Art Therapy
 - Aug. 19: Sports Physicals/Well Child
 - Sept. 9th: Medicare Wellness visits vs. Annual Physicals
 - Sept 23rd: Specialty Services
 - October 21st: Infection Prevention Week
 - October 28th: Snow Safety
- **National Night Out** – Tuesday, August 1
- **KVH Rodeo BBQ** – Wednesday, August 23
- **Hoedown in Downtown** – Wednesday, August 30 – KVH is the water sponsor
- **KVH "Day" at the CWU Football game** - Saturday, September 16, 2023 – more details to follow
- **Bite of the Burg** - Tuesday, September 19
- **Blood Drive at KVH** - Monday, September 25
- **2nd Annual KVH Appreciation Banquet** – Save the Date! December 2, 2023