



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

August 24, 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: July 20, 2023 and July 27, 2023 (3-8)
 - b. Approval of Checks (9)
 - c. Report: Foundation (10-12)
 - d. Minutes: Finance Committee July 25, 2023 (13-14)
4. **Public Comment and Announcements**
5. **Reports and Dashboards**
 - a. Quality – Mandee Olsen, Chief Quality Officer (15-22)
 - b. Chief Executive Officer – Julie Petersen (23)
 - i. Humans Resources & Staff Development – Manda Scott (24-26)
 - c. Operations
 - i. Dede Utley, Chief Nursing Officer (27-28)
 - ii. Rhonda Holden, Chief Ancillary Officer (29-34)
 - iii. Stacy Olea, Chief of Clinic Operations (35-38)
 - d. Medical Staff
 - i. Chief of Staff, Roberta Hoppe, MD
 1. MEC Recommendations for Appointment and Re-Appointment ** (39)
 2. TeleNephrology of Privileges ** (40)
 - ii. Chief Medical Officer, Kevin Martin MD (41-42)
 - e. Finance – Chief Financial Officer - Scott Olander (43-55)
 - i. Operations Report
 - ii. Capital Expenditure Request: Two Dialysis Machines ** (56)
 - f. Community Relations Report – Michele Wurl, Chief Public Relations Officer (57)
6. **Education and Board Reports**
 - a. 2023 WHSA Annual Meeting, October 22nd and 23rd in Renton (58-59)
7. **Old Business**
8. **New Business**



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9. Adjournment

Future Meetings

September 28,, 2023, Regular Meeting

October 26, 2023 Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' SPECIAL MEETING

KVH Conference Room A & B & Via Zoom

July 20, 2023

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

KVH STAFF PRESENT: Julie Petersen, Manda Scott, Dr. Kevin Martin, Michele Wurl, Dede Utle, Stacy Olea, Rhonda Holden, Tricia Sinek, Jeff Yamada, Dr. Wageneck, Anna Phillips, Dr. Dawson, Emilie Torretta, Cody Staub, Nicole Hilderman, Rozika Steele, Emilee Commeree, Colin Nebeck, Dr. Hoppe, Jaime Georgeson, Jen Cramer, Kathryn Brunner, Katie McKeown, Mande Olsen, Nassar Basmeh, Dr. Penoyar, Dr. Larson, Dr. Wright, Y. Gonzalez, A. Gardner, Shelly Contreras, Brenda Hilligoss.

The special meeting was called to order at 5:00 p.m. by President Altman. President Altman announced that the purpose of the special meeting was to discuss provider staffing and that one hour had been allotted for the meeting. President Altman stated that the regular board meeting next week will have the opportunity for public comments.

Julie Petersen stated that she invited the Women's Health providers to discuss staffing challenges. Petersen reviewed the needs for both mom and baby, c-section staffing needs and active labor staffing requirements. Petersen stated that last week we were recruiting for four WH/OB providers and reviewed the provider workforce and market changes from 2019-2022 to both our current and future needs. Petersen stated that this week the decision was made to sign a Memorandum of Understanding with OB Hospitalist Group (OBHG) as were unable to recruit. Petersen stated that they will cover call, deliver babies, work in the clinic and surgery to provide both OB and GYN coverage.

Dr. Holly Dawson stated that it has been a pleasure to work at KVH and with the administrative staff and that it was a very difficult decision for her to put in her notice. Dr. Dawson stated that changes just didn't happen fast enough and she wants to be more present for family.

Petersen stated that in three to four months we should feel more stable with clinic care and delivering babies in the Family Birthing Place.

Dr. Wageneck stated that it will be helpful to have OBHG to help with call and that we need to try to calculate our new OB volumes and that we need to set realistic expectations for our patients that can be met.

Anna Phillips stated that having standard work in place for all providers would be beneficial.

Dr. Mark Larson stated that he is hearing from patients that they want to see their own provider and have that relationship so it will be important to educate patients to our new model of care.

Stacey Botten stated that OB wants to see the number of deliveries grow and she wants to give her team the work that they want to do. Botten also commented on the importance of standardization in order to provide that personal care to our patients. Botten also commented that she supports the change to OBHG.

With no further business and no action taken, the meeting was adjourned at 6:07 p.m.

Respectfully submitted,

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



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B & Via Zoom
July 27, 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, Rhonda Holden, Dr. Roberta Hoppe, Dede Utley, Stacy Olea, 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 Jon Ward and second of Terry Clark the Board members unanimously approved the agenda as amended to move Resolution 23-03 regarding real estate to executive session and to add a discussion regarding the AHA Conference under Education and Board Reports.

3. **Consent Agenda:**

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

4. **Public Comment/Announcements:**

Elizabeth McQueen stated that the district has been buying a lot of real estate lately and she continues to see providers leaving KVH. She stated that she hears things in a small town which may or may not be accurate. Ms. McQueen stated that it is difficult to get an appointment with providers KVH.

Gayle Jensen stated that she is concerned about what is happening at KVH and providers leaving. She stated that she is concerned that KVH is paying travelers more than our employed providers and wants to know how we are paying for real estate. Ms. Jensen also stated that she is concerned that providers are being paid for the number of patients that they see.

Commissioner Bob Davis stated that we are a community hospital and that his wife recently fell and hurt her hip and that she received great care at Rapid Access. Commissioner Davis also encouraged the attendees to watch the board meeting from last month regarding providers.

Commissioner Jon Ward stated that he is a member of the Finance Committee and a Board member and that he would be happy to meet and discuss where and why KVH is spending

money. Commissioner Ward stated that we have to spend money in order to continue to grow to support our community.

5. Reports and Dashboards:

Mandee Olsen stated that the Employee Health software will go live in August and it will help track compliance, send out reminders and will interface with other state systems. The Board members reviewed the QI dashboards and summary with Olsen. Olsen stated that the Medicare Wellness Visits are doing really well but they would like to increase the number of visits from six to ten per day. Olsen stated that the bar code scanning in the clinics is going really well.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that the ED volumes a year ago were in the mid 30's per 24-hours and we are now seeing new peaks of 66/67 per 24-hours and many of the patients are coming from out of town. Petersen stated that this week a group met for the 90-Day review of Rapid Access that is now available to KVH patients and is open from 7am to 7pm, six days a week. Petersen stated that we are ready to start advertising the service to the public.

The Board members reviewed the Human Resources and Staff Development report with Manda Scott. Scott stated that she was excited to have Experience Healthcare again at KVH as it is a great way to invest in the future of healthcare.

Ron Urlacher gave an update on the Expansion Project. Urlacher stated that the project is on schedule, the equipment is on track for delivery dates and the call system is ready to be shipped.

The Board members reviewed the operations report with Dede Utley, Rhonda Holden and Stacy Olea. Utley stated that the Urgent Care x-ray is now back up and running. Utley stated that we have one of the strongest SANE (Sexual Assault Nursing Exams) programs in the state and that they have performed 24 exams in the past 12 months. Utley stated that there will be AVADE training on site next week. Holden stated that the Board members all had a letter of appreciation for Zane Davies at their spots from the Ellensburg High School and that the 47 Degrees North project has received 2600 letters of opposition and 1 letter in support. Olea stated that the surveys coming back from patients that have been to Rapid Access state they are very satisfied and thankful to be seen same day and the clinics are trying to keep up with access and the demand that just keeps growing.

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 Jason Anderson, CRNA, Jimmy Averett, CRNA, William Barker, CRNA, Aaron Eastman, CRNA, Zorina Curry, CRNA, Dr. Amit Desal, Taylor Haberman, CRNA, Dr. Elisa Herman, Dr. Cameron Justice, Amy Lindstrom, CRNA, Dr.

Jessica Poteet, Spencer Soffe, CRNA, Dr. Ronald Stengel, Joseph Stover, CRNA, Dr. Casey Turner and the reappointments for Dr. Christopher Petty, Dr. James Collins, Dr. Kamar Massrouf, Dr. Michael Mercurio, Dr. Jose Ospina, Dr. Faranak Sadri Tafazoli, William Phillips, PA-C, Dr. Nooshin Aflakian, Dr. Tiffani Lautenslager, Dr. Mark Beard, and Dr. John Merrill-Steskal, as recommended by the Medical Executive Committee.

ACTION: On motion of Erica Libenow and second of Terry Clark, the Board members unanimously approved the Emergency Medicine Delineation of Privileges as presented.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that we had a Dermatology APC accept our offer.

Scott Olander reported on KVH's financial performance for June. Olander stated that we have had significant clinic growth over the past few years and our volumes have increased about 8,800 clinic visit last year than the year prior. Olander stated that we have also had significant growth in revenue from surgical services and have had a shift from in-patient care to observation care.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved Resolution 23-02 for Surplus Personal Property.

Resolution 23-03 for property located at 708 East Hobart Ave, Ellensburg WA to be discussed in executive session.

The Board members reviewed the Community Relations report with Michele Wurl. Wurl stated there is a Rodeo BBQ signup sheet and they have extended the offer to 1st Responders for the BBQ. Wurl stated that marketing will be gearing up for Rapid Access in the next week.

6. Education and Board Reports:

President Altman stated that several attended the recent AHA Conference and there were some good sessions on safety. Commissioner Libenow stated that they were promoting mentorship and sponsorship of people that don't look like you. Commissioner Ward commented everyone is seeing the shortage of healthcare providers and lots of discussion on the need for everyone to work at the top of their license.

7. Old Business:

None.

8. New Business:

None.

9. Executive Session:

At 7:22 p.m., President Altman announced that there would be an 8-minute recess followed by a 20-minute executive session regarding personnel. RCW 42.30.110(g). Action was anticipated.

At 7:50 p.m., the meeting was reconvened into open session.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members approved Resolution 23-03: Property at 708 East Hobart Ave, Ellensburg WA. The motion passed with 4 in favor and 1 opposed.

10. Adjournment:

With no further action and business, the meeting was adjourned at 7:52 p.m.

CONCLUSIONS:

1. Motion passed to approve the board agenda as amended.
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 Emergency Medicine Delineation of Privileges.
5. Motion passed to approve Resolution 23-02 for Surplus Personal Property.
6. Motion passed to approve Resolution 23-03: Property at 708 East Hobart Ave, Ellensburg WA.

Respectfully submitted,

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

DATE OF BOARD MEETING: August 24, 2023

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>295413-296143</u>	NET AMOUNT:	<u>\$8,722,667.17</u>
			SUB-TOTAL:	<u>\$8,722,667.17</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>82123-82128</u>	NET AMOUNT:	<u>\$9,838.50</u>
#2	PAYROLL CHECK NUMBERS	<u>82129-82133</u>	NET AMOUNT:	<u>\$5,261.61</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,609,343.18</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,838,198.42</u>
			SUB-TOTAL:	<u>\$3,462,641.71</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2017 \$12.5M TAX EXEMPT REVENUE BOND - INTEREST	NET AMOUNT:	<u>\$172,948.77</u>
#2	2018 \$6M REVENUE BOND - INTEREST	NET AMOUNT:	<u>\$87,465.00</u>
		SUB-TOTAL:	<u>\$260,413.77</u>

TOTAL CHECKS & EFTs: \$12,445,722.65

Prepared by



 Sharoll Cummins
 Staff Accountant



August

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 hair ties. 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.

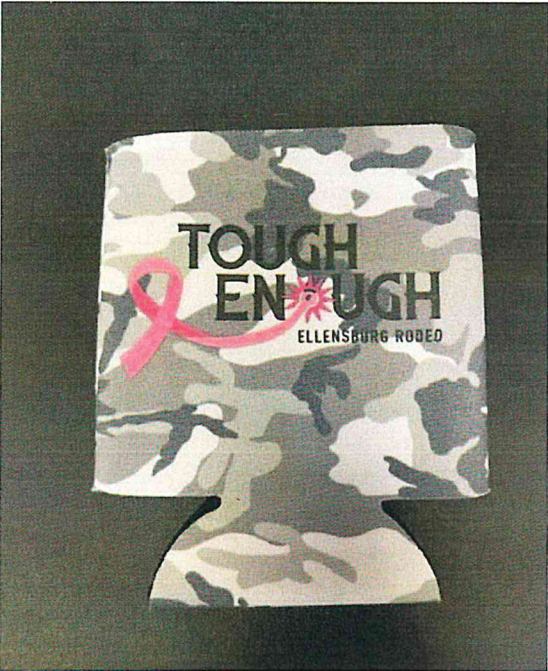
We had the pleasure of working with Kittitas County's 4H club, Clover Rovers, who handmade TETWP hair ties to sell at rodeo



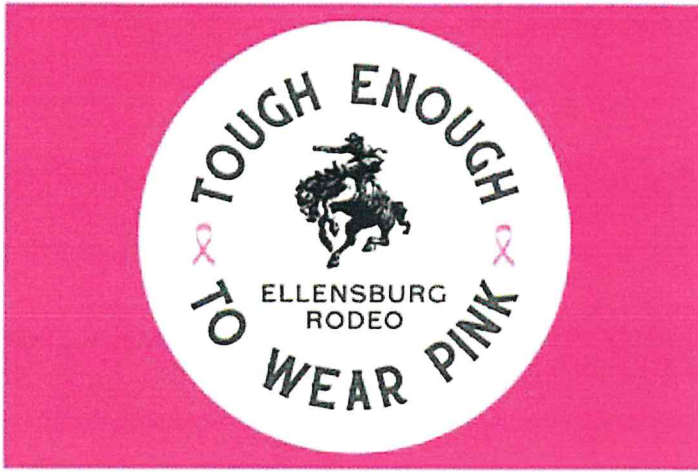
Clover Rovers



New hats for TETWP



New drink koozies for TETWP



20' x 30' arena flag for rodeo presentation



New t-shirts for TETWP

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**

August 22, 2023
Tuesday

7:30 A.M.
Join Zoom Meeting

<https://zoom.us/j/86767598613>

Meeting ID: 867 6759 8613
Passcode: 591132

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: July 25, 2023**
- **July Financial Highlights**
- **Capital**
 - **Dialysis Machine**
- **Adjourn**

Next Meeting Scheduled: September 26, 2023 (Tuesday)

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

Members Present: Jon Ward, Jerry Grebb, Julie Petersen, Scott Olander and Jason Adler

Members Excused: Bob Davis

Staff Present: 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 June 20, 2023 minutes. Both motions passed.

Olander presented the highlights of the June 2023 financial results. Statistics show a shift from inpatient services to more outpatient services. This is reflected in revenue. Expenses exceeded budget by \$779,085. KVH signed agreement with 340B ESP vender for a program to try and capture more 340B revenue. This is 2nd month in row to have positive variance for 340B revenue income. 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 \$11,673 for June 2023. With non-operating being positive, the June 2023 net income is \$97,368. Days cash on hand is 210.6. The details are in the Chief Financial Officer Report.

AR days were level this month at 66.8 despite some staffing challenges. RCM is working on some cleanup and improvement project that resulted in a focus to work down bad debt queues in June.

The committee recommends the resolution 23-03 to acquire real estate property at 708 E Hobert Ave. go to full board for discussion in executive session.

With no further business, the meeting was adjourned at 8:30 a.m.



QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

August, 2023

Quality Department Staffing

Though we are sad for ourselves, we are very excited for Linda Navarre to get to spend more time with family as she retires September 7, 2023. Linda has a long history at KVH, both in her family and her own career. She came to us from the health department in 2012 in the newly created position of Risk Management/Peer Review Coordinator, and has been an incredible resource, coach, and advocate during her tenure here. She has managed some of the most challenging cases for our organization, and always does so with tenacity, grace, and respect. We appreciate her service.

We have posted a 0.6 FTE Risk Manager position and are thrilled we have many qualified applicants. Many activities in the Quality Department were in support of Medical Staff Services – physician quality metrics and scorecard, provider quality files, peer review processing, and CME processing. We are excited to partner with Shannon Carlson and Medical Staff Services to transition these activities to their new position of Assistant – Medical Staff Services. Linda's remaining work in quality improvement and patient grievances (her work far exceeded one person!), will be worked into existing quality staff, while we reorganize some of our department and at the same time provide development opportunities for staff.

Linda had been working hard to implement MD-Stat along with Dr. Hoppe and Shannon, and we are excited that we were able to “go-live” with that system this month.

Quality Improvement Dashboard Data Summary – through June 2023

Summary of Areas Meeting Goal or Showing Improvement

- Fall risk screening and diabetic foot check screenings continue to improve. Providers are actively engaged and coordinating with medical assistants and nursing staff to ensure that screenings are completed when indicated.
- June marked the second month in a row with 100% compliance of the recommended sepsis care bundle components.
- The suicide risk assessment/intervention bundle remained high in June.
- There were no hospital acquired infections in the month of June.

Summary of Improvement Opportunities

- Timely starts for home health decreased in June, with a relatively high number of referrals throughout the month.
- The hospice length of service was seven or fewer days for 43% of patients.
- Appropriate blood product documentation decreased in the month of June. There will be focused retraining on the required documentation during summer clinical staff training. The

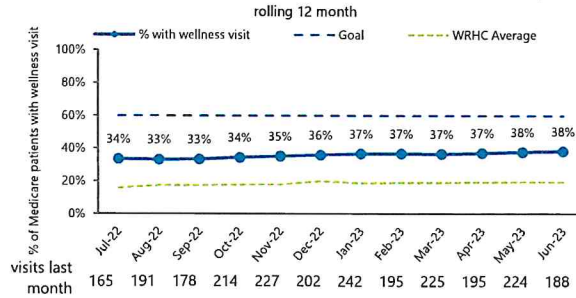


most common documentation error was the lack of vital signs after blood product administration, especially the patient's temperature.

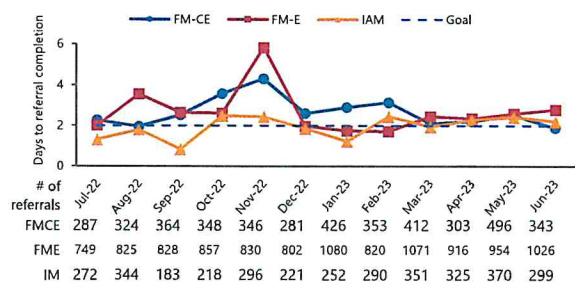
- Pain reassessments continue to be below goal in most clinical areas. This will be a focus area during summer clinical staff training.
- There were four falls, including two with abrasion or bruising. In one case, a surgical outpatient fell while preparing to leave the facility. The second fall with injury occurred when a MedSurg patient was transferring to the toilet.

QI Council

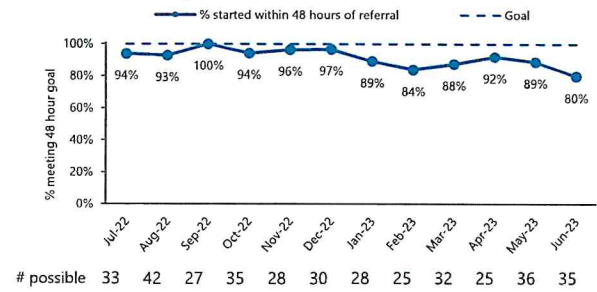
Medicare Wellness Visits ↑



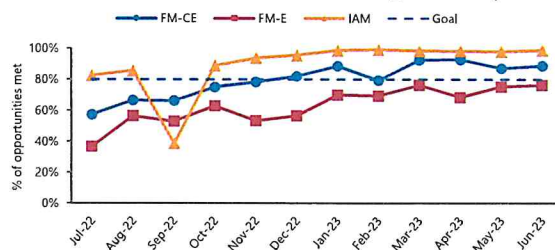
Days to Referral Completion ↓



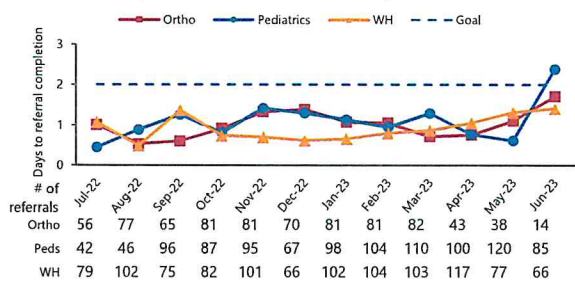
Timely Start for Home Health ↑



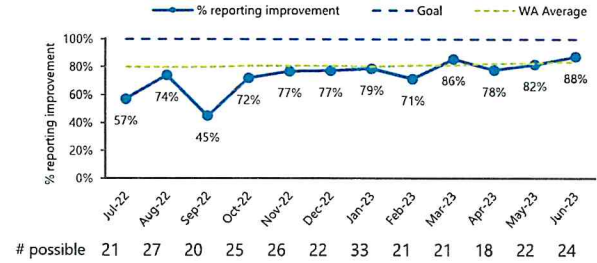
Fall Risk Screening ↑



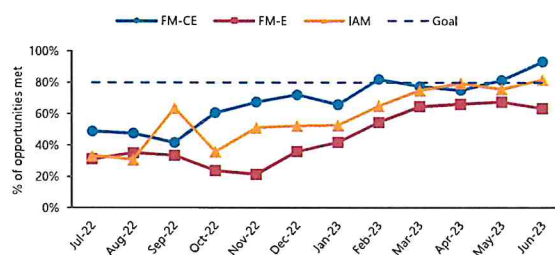
Days to Referral Completion ↓



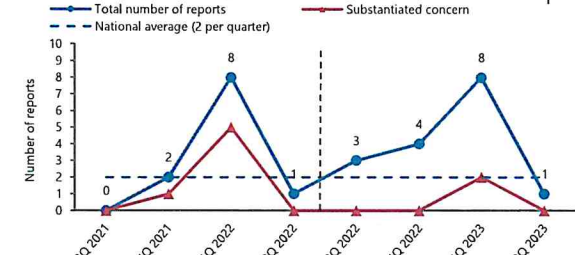
Improvement in Management of Oral Meds (Home Health) ↑



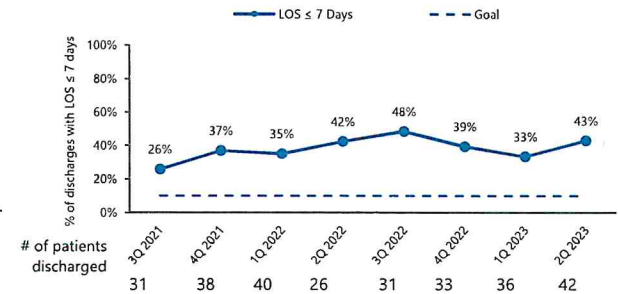
Diabetic Foot Checks ↑



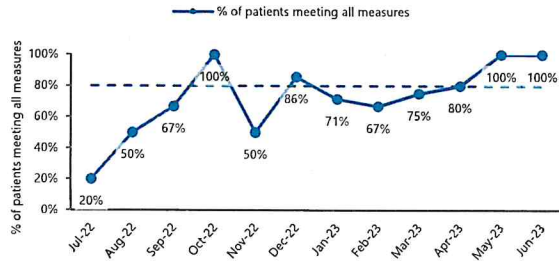
Compliance Concerns Reported ↑



Hospice Length of Stay ≤ 7 Days ↓

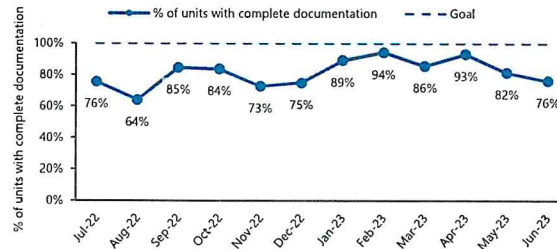


Sepsis Bundle ↑



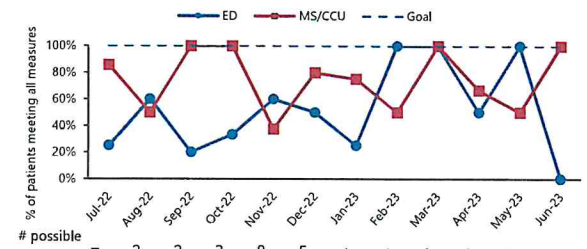
possible 5 8 3 2 2 7 7 6 4 5 4 6

Blood Product Documentation ↑



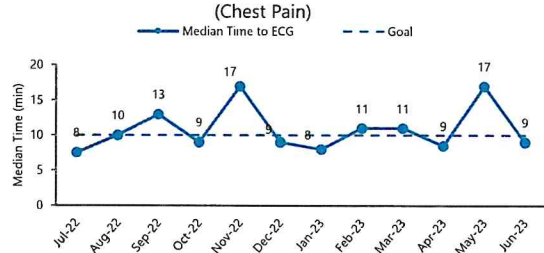
of units 41 25 13 37 22 40 28 35 28 59 38 38

Restrains Bundle ↑



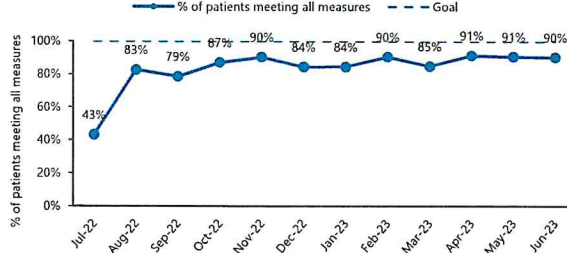
# possible MS/CCU	7	2	2	3	8	5	4	4	2	3	2	5
ED	12	5	5	3	5	2	4	1	3	2	3	1

Median Time to ECG (Chest Pain) ↓



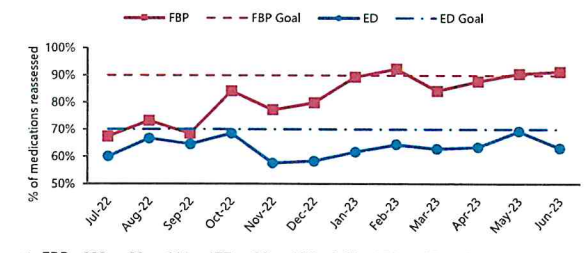
possible 6 10 10 13 8 7 7 4 11 4 2 8

Suicide Risk Assessment/Intervention Bundle ↑



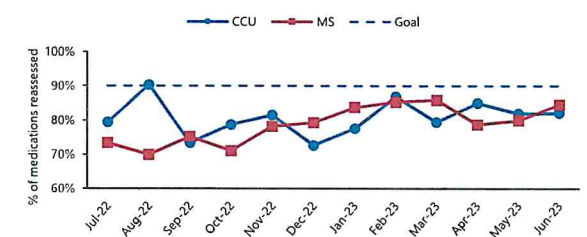
possible 44 46 42 46 31 32 45 42 33 35 43 41

Pain Reassessment after Medication ↑



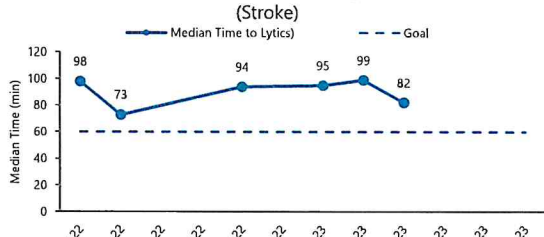
# of FBPs	233	82	111	177	88	154	208	159	165	180	117	186
ED	536	240	440	536	467	622	569	565	681	674	707	673

Pain Reassessment after Medication ↑



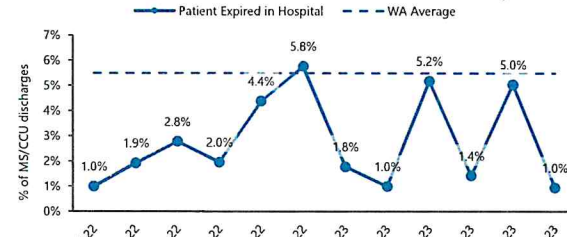
# of CCUs	277	93	244	141	146	157	228	137	156	213	194	106
MS	564	243	532	460	344	643	504	551	565	527	517	733

Median Time to Lytics (Stroke) ↓



possible 1 1 0 0 2 0 1 1 2 0 0 0

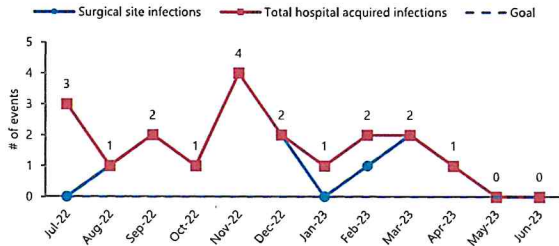
Hospital Mortality ↓



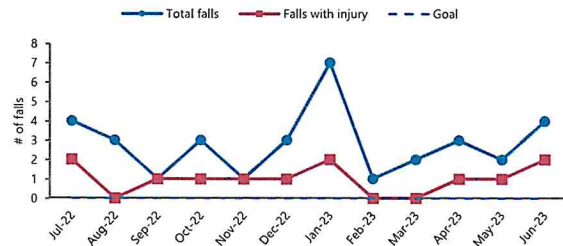
deaths 1 2 3 2 5 6 2 1 7 2 6 1

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

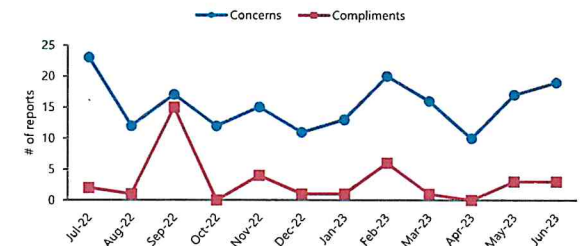
Hospital Acquired Infections ↓



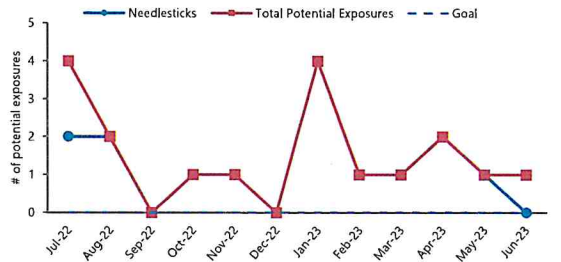
Falls ↓



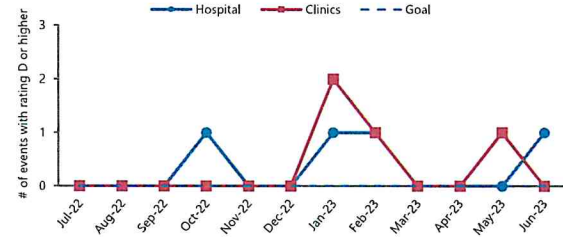
Care and Service Reports ↑



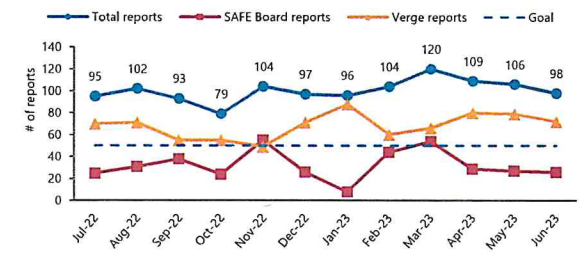
Potential Bloodborne Pathogen Exposures ↓



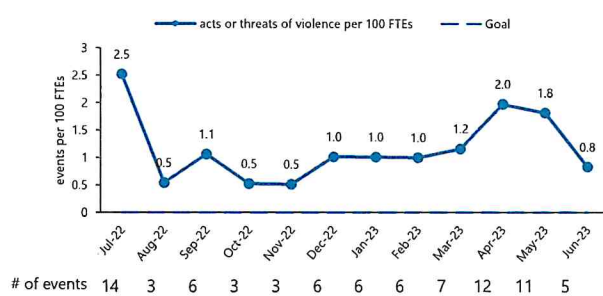
Adverse Medication Events ↓ that require additional monitoring or cause patient harm



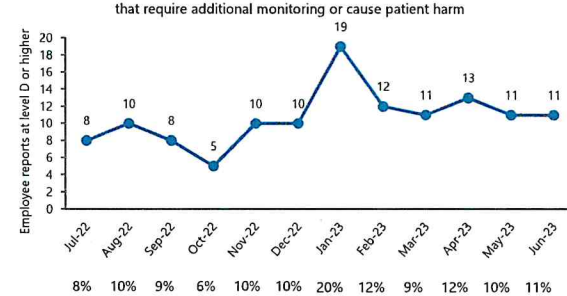
Employee Reports ↑



Workplace Violence Events ↓

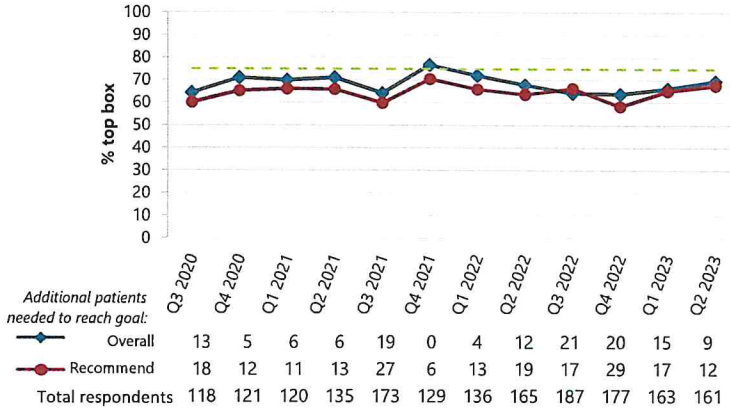


Reports of Occurrences ↓ that require additional monitoring or cause patient harm

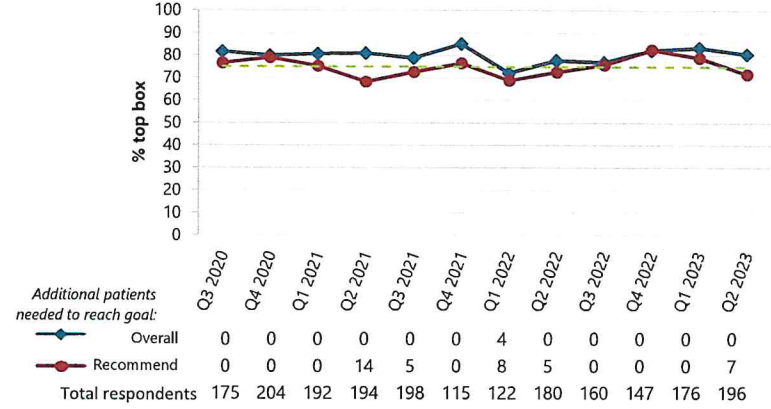


Patient Satisfaction Dashboard

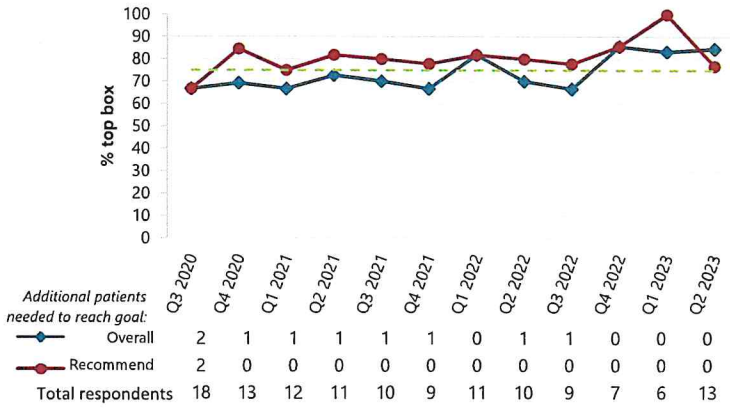
Emergency Department



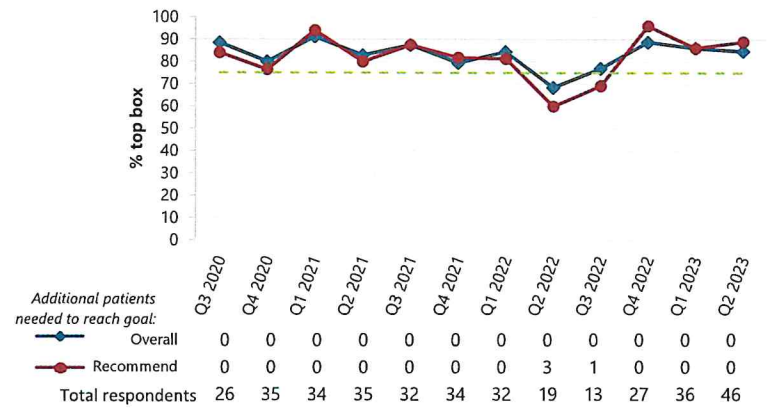
Outpatient Surgery



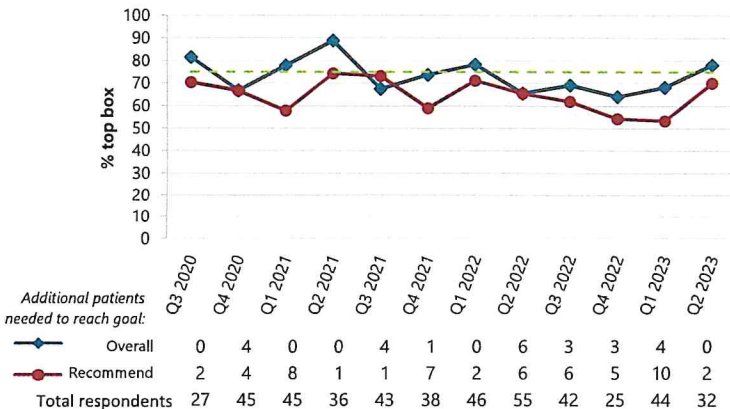
Family Birthing



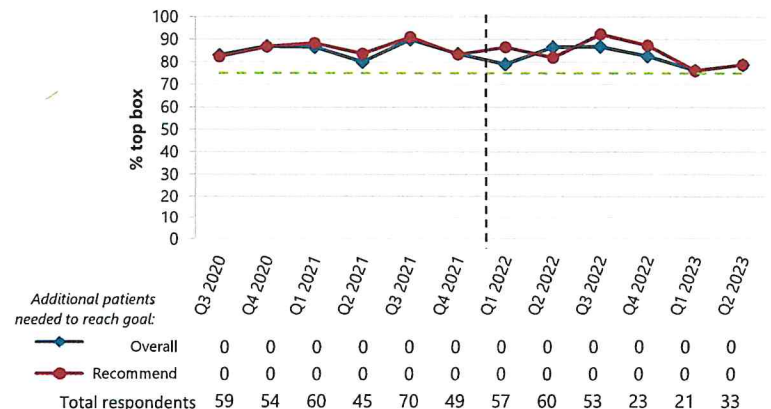
Outpatient Rehab



MedSurg/CCU

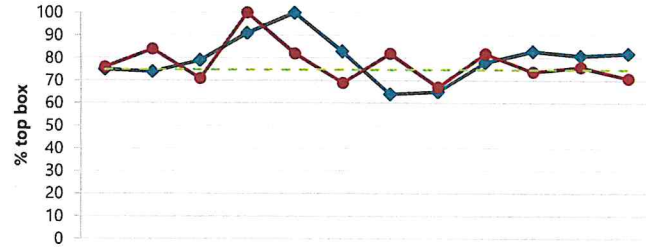


Urgent Care - Cle Elum



Patient Satisfaction Dashboard

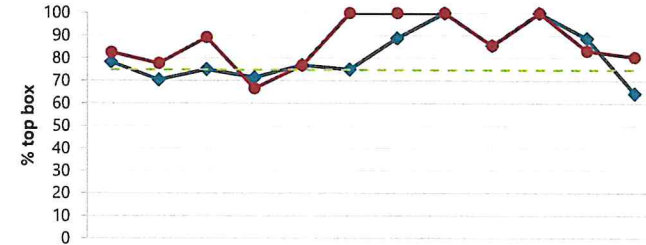
Home Health



Additional patients needed to reach goal:

	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Overall	0	1	0	0	0	0	2	2	0	0	0	0
Recommend	0	0	1	0	0	1	0	2	0	1	0	1
Total respondents	20	19	24	11	12	17	11	17	18	18	21	17

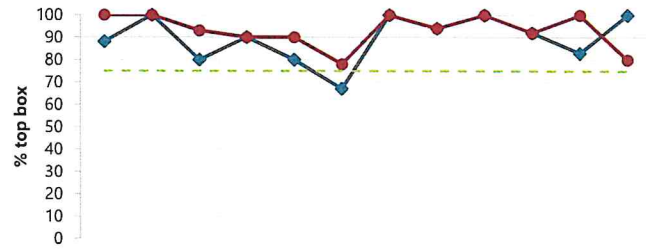
ENT & Allergy



Additional patients needed to reach goal:

	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Overall	0	1	0	0	0	0	0	0	0	0	0	4
Recommend	0	2	0	0	0	0	0	0	0	0	0	0
Total respondents	28	14	13	8	9	7	7	9	18	31		

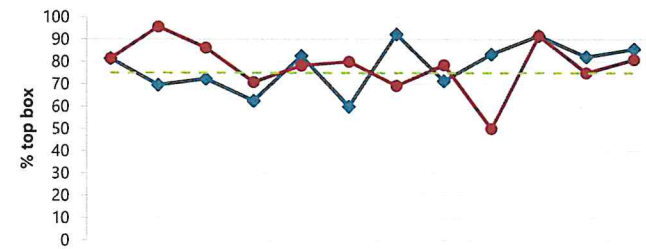
Hospice



Additional patients needed to reach goal:

	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Overall	0	0	0	0	0	1	0	0	0	0	0	0
Recommend	0	0	0	0	0	0	0	0	0	0	0	0
Total respondents	8	12	15	10	10	9	7	18	5	13	6	10

Pediatrics

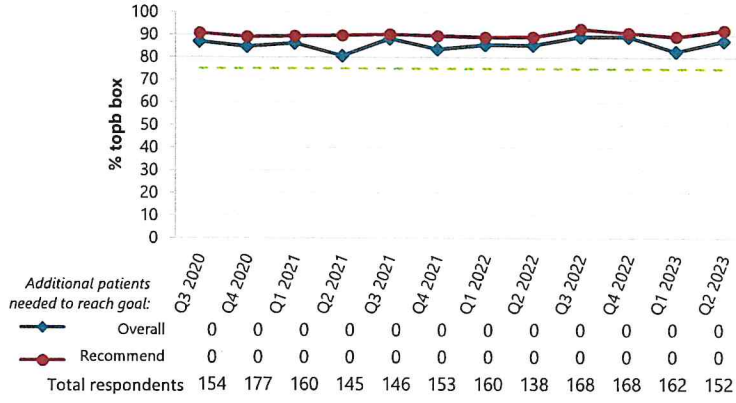


Additional patients needed to reach goal:

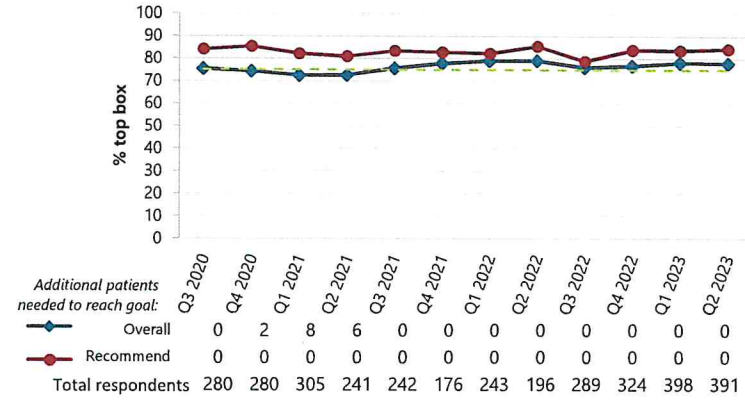
	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Overall	0	1	3	0	3	0	1	0	0	0	0	0
Recommend	0	2	0	0	1	0	2	0	0	0	0	0
Total respondents	29	24	23	15	13	14	6	12	28	21		

Patient Satisfaction Dashboard

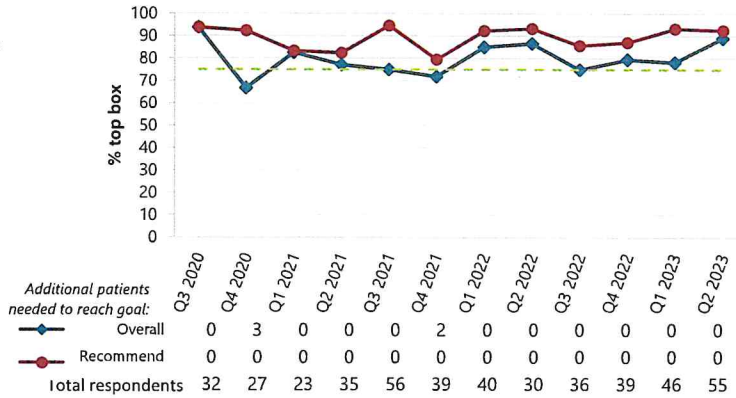
Family Medicine - Cle Elum



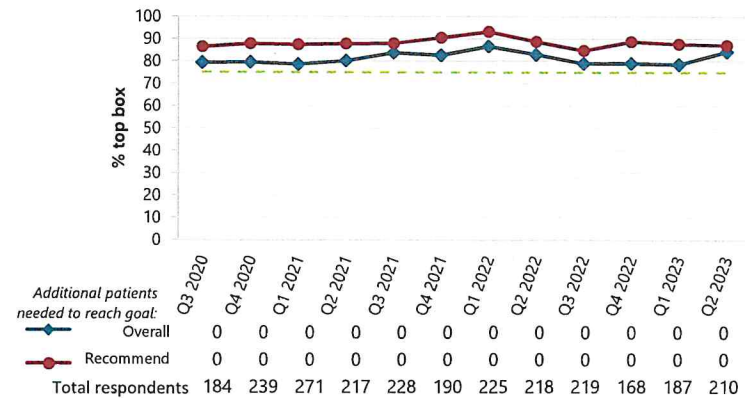
Family Medicine - Ellensburg



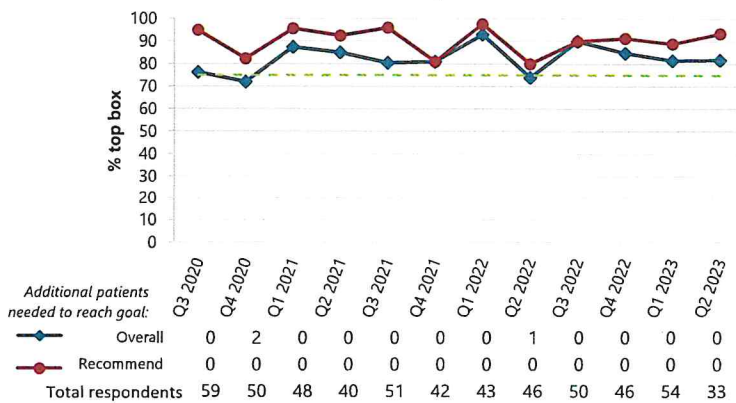
General Surgery



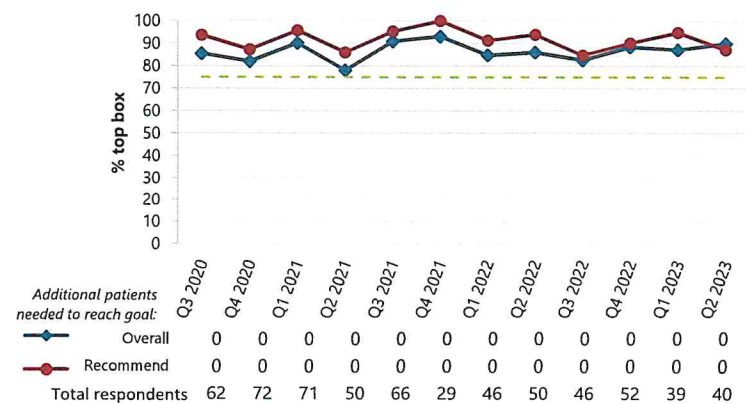
Internal & Adult Medicine



Orthopedics



Women's Health



Chief Executive Report August 2023

Clinic Strategy Meeting

Tuesday of next week (8/22) the clinic strategy team will be meeting in the Yakima Canyon to plan work for the upcoming year. Commissioner Davis will be joining the planning team. Many of the strategies that emerged from our last clinic strategy meeting are well underway.

Anesthesia Services

Evergreen Anesthesia will continue providing 24/7 anesthesia coverage while Kittitas County Anesthesia provides scheduled coverage through September 16. Staff from both OB and Surgery report that the Evergreen providers are a pleasure to work with, responsive and very good with patients. Evergreen has credentialed ten CRNAs and Kittitas Anesthesia have three credentialed. We have not heard whether Ken Gano and Randy McGee will be contracting with Evergreen to provide services after September 16th.

Rural Advocacy Days

It is my understanding that Commissioners Clark and Ward will be attending Rural Advocacy Days. I will be attending as well. Site neutral and 340B will be hot topics this year.

OB Hospitalist Group

We will be meeting onsite with OB Hospitalist Group Monday and Tuesday (8/21 and 8/22) of next week. This will be the first opportunity for our Women’s Health team to meet with OBHG leadership.

Chief Financial Officer Transition

By now you have all heard that Scott Olander will be transitioning to the Senior Director of Revenue Cycle position on September 24. I am promoting Jason Adler to the Chief Financial Officer position vacated by Scott. Both are planning their transitions and meeting with their teams to prepare for the work ahead.

Scott Olander joined KVH in December of 2018. Scott is exactly the person that we needed to lead finance through complicated times. Scott oversaw two debt offerings and figured out how to manage and report COVID funding, changes and service. I have appreciated working with Scott as CFO these past five years and look forward to continuing our relationship with him in this more revenue focused role.

Upper County

The table below is in my HD#2 Superintendent Report this month. I thought it was worth sharing.

Taxing District	Taxes to be Collected 2022	Taxes to be Collected 2023	Increase Year / Year
Fire District #2 Regular Levy	\$5,500,123	\$7,804,496	\$2,304,373 (42%)
Fire District #7 Regular Levy	\$2,900,711	\$5,290,356	\$2,389,645 (82%)
Hospital District #2 Regular Levy	\$851,807	\$930,024	\$78,217 (9%)
Hospital District #2 EMS Levy	\$796,277	\$869,400	\$73,123 (9%)
Hospital District #1 Regular Levy	\$9,832	\$10,250	\$418 (4%)

Human Resources & Staff Development- July 2023

July 2023 Metrics

<i>Employee Population</i>				
	<i>23-Jul</i>	<i>23-Jun</i>	<i>23-May</i>	<i>23-Apr</i>
Full-time	512	511	511	513
Part-time	110	113	112	116
Total Employees	755	767	760	767

<i>Turnover</i>			
	<i>YTD</i>	<i>23-July</i>	<i>2022 Year End</i>
Turnover (People)	117	14	149
Turnover (Percentage)	15.25%	1.85%	20%
Voluntary	109	13	140
Involuntary	8	1	9

<i>General Recruitment</i>				
	<i>23-Jul</i>	<i>23-Jun</i>	<i>23-May</i>	<i>23-Apr</i>
Open Postings	24	19	19	25
Unique Applications Received	177	173	158	156
Employees Hired	12	22	16	19
Time to Fill (Median)	49.5	32	40.5	55
Time to Fill (Average)	48.17	32.4	73.88	78.64

<i>Annual Evaluations</i>	
	<i>YTD</i>
Percent complete	79.4%
Total evaluations over due	145
# of employee evals over due	120
# of provider evals over due	25

Recruitment: New positions were added to the Hot Jobs referral program: Advanced Practice Clinicians (ED & Clinics) and MD/DO (Clinics). This program allows for current employees to receive a \$1,000 referral bonus for qualifying Hot Jobs. The time to fill numbers are a bit higher than last month as we posted the Medical Assistant Apprentice positions in May and they were filled in July. We are also currently recruiting for more Apprentices; we have had such great success with this program. In addition to the external hires, we had a fairly high number of internal job offers as well (10).

There has been a significant decrease in traveler costs. Although the average salary for a travel nurse may be higher than a staff nurse, it is important to note that during the peak of our need for travelers, we offered our nurses \$750 per shift. In some cases this worked out to be a higher wage than that of a traveler. Below is the trend of temporary labor for the last 12 months:

Month	TEMPORARY LABOR
AUG 2022	705,543.77
SEP 2022	617,085.39
OCT 2022	813,563.01
NOV 2022	915,747.18
DEC 2022	957,001.52
JAN 2023	481,365.16
FEB 2023	458,888.65
MAR 2023	285,798.46
APR 2023	248,299.81
MAY 2023	438,079.09
JUN 2023	346,765.89
JUL 2023	351,558.00

Student and Volunteer Services: Currently we have 15 learners on-site from the following groups: 5 Pharmacy students, 4 Imaging Tech students, 2 Job Shadow students, 1 Physician Assistant student, 2 Nurse Practitioner students, and 1 Family Medicine Resident. Late August is a quiet time for student rotations. Once fall classes start our student numbers will increase.

We are working with the Chief Medical Officer, Dr. Martin, to plan the next Preceptor Education event in November. We have enlisted the expertise of all three state medical schools to provide content experts on a range of topics relevant to teaching medical staff type learners including Medical students, Nurse Practitioner students, PA students, and Resident Physicians.

Labor Relations: Continue to work on building our relationship with our new WSNA representative.

Staff Development: After months of planning and creating, we are excited to announce that several large staff development initiatives are nearing the implementation stage with the pre-launch of two major initiatives, TeamSTEPPS and Diversity, Equity and Inclusion (DEI).

- DEI- DEI training is coming out of the DEI strategic committee under our Customer Experience Strategy. We have secured approval from NIH to adapt their implicit bias training. Our interactive narrative training module has been completed and staff development is working with leadership and the committee on roll out and delivery.
- TeamSTEPPS- We are working hard to launch our first TeamSTEPPS Introduction module next month, which will be available via Biz library and shared organizationally. In-person training is set for October 23rd.

Leadership Development: Several KVH leaders and board members attended the American Hospital Association (AHA) Leadership Summit July 16-18. KVH uses this conference as a leadership development opportunity and part of our succession planning efforts. The conference covers a lot of great information about healthcare industry trends, and typically a strong focus on workforce. This year's conference had several key themes such as wellbeing, connection with staff, and AI/technology in the future of healthcare.

Benefits: The Benefits Advisory Committee met on 8/7/2023. Approval was given to change the dental to be consistent with the medical model. There was discussion about open enrollment and services we could add to get more employees engaged in wellness, including holding another Benefit Fair this fall.

Wellness: The Wellness Committee met on 8/2/2023. Excited about the participation and recognition in current wellness activities-walking app, 90-day challenges and the addition of up to 5 household members on the headspace app.



Language Access At KVH

In alliance with our strategic plan to deliver community-centered and patient-focused care, we secured a grant that has enabled us to extend Medical Interpreter Training and Proficiency Examinations to our Spanish-speaking workforce and community members through ALTA Language Services. This grant not only contributed to the development of our staff, but it also helped us achieve alignment with our strategic plan in providing a great customer experience and equity of care.

It is with great enthusiasm that we acknowledge those who have actively participated in this program, as their dedication to ensuring that our patients and community receive the highest level of care is truly commendable.

Thank you for all that you do and bring to KVH!

Congratulations

ALTA Proficiency Examination

Amy Claussen, PA-C
Ana Wall, PSR
Daisy Ramirez, Patient Access Rep.
Edgar Magana, Financial Counselor
Jenn Navarrete-Ramirez, Patient Access Rep.
Jennifer Munguia-Colazo, MA-C
Joey Castilla, Patient Access Rep.
Dr. Jonathan Hibbs, Medical Director

ALTA Medical Intrepreter Program

Angelica Hamlin, PSR
Amanda Reyes, CPhT
Daniela Mendoza, MA-C
Jorge Rodriguez, NA-C
Laree Davis, Charge Capture Spc.
Ruby Chavez, CPhT in Training



Patient Care Services
Aug, 2023

Clinical Education/Staff Development-Deb Scheib & Babbi Mundy

- **DNV “Summer School”**- KVH needed to provide objective evidence to DNV that action was taken to correct their findings during their recent survey. In order to provide that evidence, (proof of education to staff), an Education Day event was held in Conference Rooms. Topic included:
 - Definition of DNV
 - Hand Hygiene
 - Assessing and Documenting Pain and Response to Pain Relieving Medications
 - Blood Transfusion Process and Documentation
 - New IR Contrast Order Sets and where to locate Imaging Procedure Documents on the Intranet
 - Medical Gases & Management of
 - Documentation of Critical Lab Results to the Healthcare Provider
 - Updated PRN Orders (range orders no longer allowed), and End of Shift Narcotic Count on Pyxis

This was a mandatory event for staff in departments affected by the corrections, and was attended by Physicians, PA-Cs, ARNPs, RNs, Techs, Environmental Services, Imaging Techs, Respiratory Therapists, Physical Therapists, and Phlebotomists. There will be an option to complete a make-up assignment on BIZ Library which will be due on 9/11/23. The Preliminary Attendance report revealed 67% of the required staff attended.

Medical/Surgical & CCU-Jeff Holdeman

- Working on quotes for med/surg and ccu bed replacement
- Working on Philips monitoring upgrade
- Working on new program to provide inpatient Hemodialysis

Food Nutrition Service-Jim Gallagher

Foods Service

- Preparing for the Rodeo BBQ on 8/23
- Staffing – We will be without a weekend dietary technician starting September 1 as our current person is moving on with her career in nutrition. We are actively recruiting for the position
- The kitchen has received a new ceiling with cleanable ceiling tiles
- A new fryer for the kitchen has arrived
- Waiting on a new walk-in freezer door to arrive

Clinical

- Virtual dietitian, Charlotte Green, RD has taken a full time job with the school district. Maria-Ximena Williams, RD will move from per diem dietitian to the 0.4 FTE virtual dietitian. Management of nutrition services for Snoqualmie Valley Hospital and Lincoln County Hospital continues to go well.

- The vacant per diem dietitian position is posted with no applicants yet
- Diabetes and Nutrition Education-Referrals for outpatient education continue to be consistent.

Surgical Services-Amy Krogstadt

- We have partnered with EPICC Vascular for when our nurses are not available to place PICC lines. These, Peripheral Inserted Central Catheters are for long term IV therapy. We currently have five RNs trained at KVH to perform this specialty. To date we have used this service for four patients.
- A Quote from Amy: “I think my favorite news for this meeting is the promotion of Dave Swory to Sterile Processing Manager! Dave has been a dedicated KVH employee for over a decade and has shaped our Sterile Processing Department into an impressive and well-oiled machine! He is a strong leader and has been a mentor to many staff. His contribution to our expansion project has been invaluable, I have leaned heavily on his vast knowledge of all things Sterile Processing. Moving Dave into a Management position is one step toward the future of our Surgical Services Department. As we work toward the growth of the Surgical Department, and KVH as a whole, I am excited to explore staffing models and processes that will support our development. I appreciate the support of our Administration as well as the Board as we embark on this adventure.”

Emergency Department/Urgent Care-Dede Utley

- ED Security/Safety-Conducted a walk through with the ED Staff, Leadership, our contractor, and our AVADE Instructor to review the department physical layout. Will continue to work with a subgroup on recommendations and safety protocols
- UC diagnostic imaging equipment upgrade completed
- Continue to work with HR to replace ED Director-we are close!

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 and 8/16/23 to discuss floating and scheduling of FBP staff

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

Ancillary Services report to HD 1 Board of Commissioners August 2023

Ancillary Service Operation Report:

47 Degrees North

On July 20 the City of Cle Elum issued a notice of application for the Sun 47 North Preliminary Plat application. Public comments may be submitted through Monday August 21, 2023. The City Development Review Team will conduct the required consistency review of the preliminary plat application concurrent with the consistency review of the proposed modifications to the approved Master Site Plan and Development Agreement. It is anticipated that a consolidated Staff Report will be prepared that includes a preliminary determination of whether the applications are consistent with the Cle Elum Comprehensive Plan, the Bullfrog UGA Development Agreement, and regulations in the Cle Elum Municipal Code under which the project is vested. This staff report will be made available for public review and comment at least 30 days prior to a single integrated public hearing conducted by the City's Hearings Examiner. The City Hearings Examiner will then review the Staff Report, all public comments and the direct testimony from the public hearing and will make a recommendation to the City Council to approve, approve with further conditions or to deny each of the applications. A detailed description of the review process can be found on the City's website at www.cityofcleelum.com. The City did issue a Special Use Permit authorizing Sun Communities to continue to display their five model homes on Bullfrog Road through April 24, 2024.

506 Power Street

Ron Urlacher will be scheduling a meeting with the City of Cle Elum to discuss their requirements for allowing use of the building for PT/ST services without major modifications.

Imaging

Our X-ray equipment went down in early July and we upgraded the system to a digital system. Unfortunately we had issues with it on Friday August 11 and were not able to bring it back in service until Monday August 14. The problem was with a Windows upgrade on the vendor side.

OnRad has requested to open contract negotiations with us and will be sending us draft language. This is anticipated to result in an increase of a guarantee in collections from professional fees from \$105,000/mo to \$160,000/mo related to rising costs of providing radiology coverage. We are in the beginning phases of discussions and will work to obtain the best pricing possible and ensure quality metrics are met.

Lab

The laboratory is busy with installation and validation studies with the first Beckman Coulter chemistry analyzer. CHCW has approached us to provide reference lab services, but this will be dependent on interface options. We are in the beginning of discussions for this. Lab is also preparing to move the lab at the MAC to the area formerly occupied by Memorial as an infusion center.

Cardiopulmonary

We are checking references on an external candidate for the Director position and also still considering our internal candidate. In anticipation of Jim's retirement September 1, he is transitioning some of his "things known only to Jim" knowledge to staff. Due to the increased volume of cardiac procedures, we have posted a full time day shift Cardiopulmonary Clinic position and have an internal candidate for this role, who will be training with Jim in the coming weeks.

Home Health & Hospice

We are very busy in the "discovery phase" of implementing our new EMR, HomeCare HomeBase. This is requiring hours of work for myself, the clinical manager, business office manager and front line staff who will be super users, but it is work we are very excited to be undertaking. We also have hired another RN and are in the process of hiring a second RN.

Rehab Services

We have unfortunately received the resignation of a physical therapist in Cle Elum and an occupational therapist in Ellensburg, which will cause delays in bringing on new patients. We are prioritizing surgical patients or others with special need.

Wound Care & GNP Program

After a lot of discussion and program evaluation, it has been decided the KVH Wound Care and the GNP program will administratively and operationally be placed under me as their senior leader. This will nicely align community based services and allow Dr. Martin as KVH Hospice Medical Director to support the GNP's professionally. Home Health and Hospice currently share many patients and work very closely with both programs. I'm very excited to work with this group of talented individuals and they will remain under the Rural Health Clinic.

Upper Kittitas County Recreational Center

Scott and I met with Melissa Becker and Claire Heins of the UCKRC on August 14 to further discuss an intent for Hospital District 1 to build out Rehab Services in the proposed Rec Center and lease space. The committee is working with the County Commissioner to form a Public Facilities District which would own/operate this property. Scott shared options with the Committee for public financing of a joint venture.

Ground Ambulance Patient Billing

The State OIC and the Federal Advisory Committees have been very busy. The Federal subcommittees have been meeting weekly and we had our second all day public meeting on August 16 to allow public input on topics of interest related to public disclosure, network adequacy and billing strategies. Public comment can be provided at GAPBAdvisoryCommittee@cms.hhs.gov. Comments are needed by September 5, 2023 to ensure that the committee has adequate time to consider the comments in their report of findings and recommendations. The next public meetings are Oct 31 and Nov 1, 2023.

The State OIC has a list of items that they have asked members of the advisory committee to rank in order of importance to include in our report of findings, recommendations, whether it should apply to emergency or scheduled transports and whether it should apply to public ambulance

providers, private ambulance providers or both. Scott, Geoff and I met to review our priority rankings prior to submitting it to OIC. This is due by August 25.

Respectfully submitted by Rhonda Holden, MSN, CENP

Recommendation/Finding	Suggester Organization	Primary Benefit	Primary Concern	1. Protects Consumers	2. Enhanced EMS funding	4. Policy legislation needed	5. Regulatory Oversight Responsibility	6. Potential Medicaid MCO or commercial health plan rate Impact	7. General Fund- State fiscal impact	Notes
Prohibit Balance										
End Balance Billing for Consumers	OIC, NoHLA	Protects Consumers	Eliminates a current funding source for EMS providers	Yes	No	Yes	Yes-OIC	Yes	No	Directly related to legislative directive to submit report and any recommendations "as to how balance billing can be prevented and whether ground ambulance services should be subject to the BBPA. Also would require consumer cost-sharing calculation at in-network rates and application of consumer cost-sharing to their deductible and maximum out-of-pocket (MOOP) limits
Commercial Health Plan										
No distinction between in-network and OON status for ground ambulance	WS Hospital Association	Protects consumers in emergency situations	Does not address non-emergent services	Potential	Potentially, depends upon rate established by payer	Yes	Yes-OIC	Yes	No	Addresse emergency situations, but balance billing more likely with respect nonemergency services. Applying balance billing protection means that the service is calculated at the in-network cost-sharing rates. GA should not be considered OON – consumer has no choice of which EMS provider responds. GA providers don't have the bandwidth to negotiate or contract with carriers. Challenging to have "take it or leave it" contracting situations.
Ground Ambulance services not subject to deductible (except high-deductible health plans (HDHP) with qualifying health savings accounts (HAS))	Provider/Carrier Survey	Protects consumers from higher charges	Would still require contracting between carriers and providers if not applied to OON providers as well	Yes	Yes	Yes	Yes-OIC	Yes	No	Concern for HDHP enrollees who would be exempt from this. Contracting requirement could still be necessary depending upon scope of this policy.
Ground Ambulance Payment Rate Options										
Cost-based reimbursement (similar to Critical Access Hospital [CAH])	Provider/Carrier Survey	Additional revenue for GA providers	Doesn't provide full revenue alternative	Potential	Yes	Yes	Yes-OIC for commercial; HCA for Medicaid	No	Yes, if applied to Medicaid	Legislation and oversight required. Plan to provide to only rural and super rural ambulances in certain designations
Cap OON ground ambulance rate at 150% of Medicare for providers that refuse to contract at a market rate	Provider/Carrier Survey	Sets rate for reimbursement	Does not provide alternative revenue source and concern about meeting costs	Potential	No	Yes	Yes-OIC	Yes	No	Limiting for providers without fully addressing their concerns.
Reimburse at full billed charges	Provider/Carrier Survey	Additional revenue for GA providers	Contracting requirement if limited to in-network provider	Potential	Yes	Yes	Yes-OIC	Yes	No	Contracting requirement would still be necessary for OON providers.
Reimbursements at 350% of Medicare	WA Fire Chiefs	Additional revenue for GA providers	Higher than any other state	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Current rates are 325% of Medicare in several other states that have recently enacted GA balance billing prohibitions
Reimburse at applicable local government/jurisdiction approved rate	WA Fire Chiefs	Sets clear reimbursement rate for providers	Legislative oversight and variations per county and jurisdiction	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Provides clear rate in statutes.
Reimburse at applicable local jurisdiction fixed rate, or if no local rate, at lesser of fixed percentage of Medicare (e.g. 325%) or billed charges	OIC	Sets clear reimbursement rate for providers with back up option if none exists	Legislative oversight and variations per county and jurisdiction	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Provides clear rate in statutes. Consistent with approach taken in several states that have recently enacted GA balance billing prohibitions

Recommendation/Finding	Suggester Organization	Primary Benefit	Primary Concern	1. Protects Consumers	2. Enhanced EMS funding	4. Policy legislation needed	5. Regulatory Oversight Responsibility	6. Potential Medicaid MCO or commercial health plan rate Impact	7. General Fund- State fiscal impact	Notes
Ensure mechanism is set up for providers to dispute improper payment	Washington Ambulance Association, WA Fire Chiefs	Protects consumers and providers	Requires regulatory oversight	No	Impact TBD	Yes	Yes-OIC	n/a	No, if only applied to commercial plans	Less about new options and more about oversight that is important for providers and consumers. Could be folded into existing BBPA IDR process.
Allow self-insured groups to opt into any protections	NoHLA	Provides protections for consumers	Not a guarantee for all consumers in WA	Yes	Impact TBD	No, current SFGHP opt-in statute would accommodate BBPA amndmt.	Yes-OIC	n/a	n/a	Additional consumer protection that should be considered following original BBPA guidelines
Develop reimbursement model that manages prices appropriately	NoHLA	Provides mechanism for evolving price changes	Requires constant regulatory oversight	Potential	Yes	Yes	Yes-OIC	Yes	No	Would require legislation and regular oversight but could help manage prices more appropriately
Coverage of Services Not Currently/Generally Billable										
Coverage for transport to alternative sites, consistent with recent BBPA amendment including behavioral health crisis services as	OIC	Coverage for additional services leading to alternative revenue	Ability of alternative sites to accept patients	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Provides alternative revenue. Important to consider implications for emergency and non-emergency transports and if this would impact people's willingness to call 911.
Coverage of non-covered services such treat, but no transport	Washington Ambulance Association, WA Fire Chiefs, Systems Design West	Coverage for additional services leading to alternative revenue	Ensuring appropriate reimbursement rate	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Would increase revenue through coverage of different services. Would require legislation and consider impacts on emergency and non-emergent situations. Also if it would limit or impact the willingness of some to call 911 at all.
Coverage for unloaded miles	OIC	Coverage of a service thus providing an additional funding source	Ensuring appropriate reimbursement rate	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Provides alternative revenue source, but important to consider if it would make up the difference and the impact for rural and super rural communities.
Public Program Funding										
Increase Medicare reimbursement	Provider/Carrier Survey	Additional funding for providers	The federal gov't (CMS) sets Medicare rates	Potential	Yes	Yes	Yes- CMS	Yes	Yes	This would require significant legislation and is inadequate to fully address the needs of consumers being balanced billed, we also have no control over Medicare rates and therefore could not feasibly enforce that portion of it
Ground Ambulance Medicaid Payment Rate										
Increase Medicaid Reimbursement	Provider/Carrier Survey	Additional funding for providers	Rates not set by OIC	Potential	Yes	Yes	Yes- HCA for Medicaid	Yes	Yes	This would require significant legislation and is inadequate to fully address the needs of consumers being balanced billed, we also have no control over Medicare rates and therefore could not feasibly enforce that portion of it
Maintain GEMT program with current scope of allowable costs	Provider/Carrier Survey	Continues an essential funding source for public providers	Doesn't address private ambulances or provide enough revenue to cover that lost from balance billing	No cost-sharing for Medicaid clients	No	No	Yes- HCA	No	No	This is likely to happen and does not address private providers or fully provide alternative revenue source for balance billing
Continue QAF beyond current expiration date (07/01/2028)	Provider/Carrier Survey	Continues an essential funding source for private providers	Doesn't address public ambulances or provide enough revenue to cover that lost from balance billing	Potential	No	Yes	Yes- HCA	No	No	While this is likely to happen currently it is not guaranteed in 5 years and still does not fully provide alternative revenue source for balance billing.

Recommendation/Finding	Suggester Organization	Primary Benefit	Primary Concern	1. Protects Consumers	2. Enhanced EMS funding	4. Policy legislation needed	5. Regulatory Oversight Responsibility	6. Potential Medicaid MCO or commercial health plan rate Impact	7. General Fund- State fiscal impact	Notes
Enhance QAF funding (subject to federal 6% cap on provider)	Provider/Carrier Survey	Provides additional revenue	We are very close to the cap already	Potential	Yes	Yes	Yes- HCA	No	No	Currently QAF is capped at 6%. We are very close to the cap, but not there yet. Chapter 74.70
Cost-based reimbursement (similar to Critical Access Hospital [CAH])	Provider/Carrier Survey	Provides additional revenue to GA providers	Doesn't provide full revenue alternative	Potential	Yes	Yes	Yes- OIC for commercial; HCA for Medicaid	No	Yes, if applied to Medicaid	Legislation and oversight required. Plan to provide to only rural and super rural ambulances in certain designations
EMS local levy authority increase	Provider/Carrier Survey	Additional funding for public GA providers	Subject to local determination	Yes	Yes-if passed	Yes	Yes-Local gov'ts	No	No	Would require legislation and voter approval in every county on 6- and 10-year basis to increase unless permanent levy is in place. Would have to be county specific, unless a state-wide levy was created which would require additional legislation.
Make EMS an essential health service that is provided by states and funded by federal, state	WS Hospital Association	Provides protection and additional revenue source	Requires legislation	Yes	Yes	Yes	Yes- DOH & local gov'ts	No	Yes	This would protect consumers and apply public health logic to EMS services, however it would require legislative buy in and would completely shift how EMS has previously been viewed.

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

Staffing

Open Positions:

- Patient Service Representatives:
 - Pediatrics
 - Orthopedics
 - Rapid Access
- Medical Assistants:
 - Workplace Health
 - General and Vascular Surgery
 - ENT and Allergy
 - Dermatology
 - Internal & Adult Medicine
 - Neurology
 - Orthopedics
 - Three MA Apprentices
- Nurse:
 - Rapid Access
- Technician:
 - Workplace Health

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

- Women's Health: Will be removing the cap on OB patients, prior to Dr. Wageneck's arrival cap was set at 20 delivering patients per month. Will be seeing routine well-women exams as of 8/17. These were previously scheduled with patient's PCP.

Rapid Access Clinic

- Consistently seeing 80-100 patients per week.
- Monday, Thursday, and Friday are busiest days.
- FTE for a triage nurse and additional APC is currently posted.
- Nebulizer, O2 tank, and pediatric scale on site.
- ECG going to capital next month. This will expand diagnostic services in clinic.
- With additional staff, the RA clinic will expand from 2 rooms to 4.
- Partnering with other clinics to improve Saturday numbers. Will see patients for sport physicals and ER follow-ups.
- Marketing will begin as soon as expansion is completed.
- Upper county patients are utilizing this service.

Pediatrics

- Dr. Andrew Thomas will take on an interim role as clinic lead until a suitable full-time replacement is identified.
- Behavioral Health grant had been awarded to Pediatrics from the Health Care Authority's Behavioral Health Integration Grant. Funding amount has not been released at this time.

FMCE

- FTE approved and posted for full-time APC.
- RN and Behavioral Health MA positions filled.
- New work station added to front desk to improve timeliness of service to patients.



Women's Health

- Training in progress with Anna Parr to provide care for OB patients.

Workplace Health

- New spirometry equipment onsite and operational. Dr. Frick is also reading spirometry reports for the hospital
- Supporting Employee Health Immuware go-live.

Dermatology

- Lead on new provider estimated to start in November 2023.
- Reworking existing Dermatology space to accommodate Lab move.

Medical Assistant Apprenticeship Program

- Two apprentices graduated from the program, passing their certification test. They will be joining the teams at ENT and FME. Thank you to Matt Altman, Terry Clark, and Jon Ward for joining us to celebrate this great achievement!
- Currently interviewing applicants for three apprentice positions. They will start on 10/16/2023.

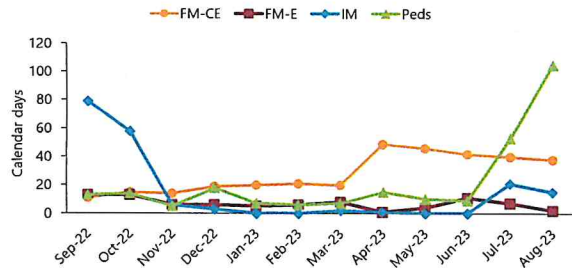
Reach Out and Read Program

- Program was launched in March of 2022 in Pediatrics, FME, and FMCE. This program integrates books into pediatric care during check-ups, promoting early literacy and fostering a love of reading and learning. During the current reporting period (1/1 – 6/30/2023), we provided 880 books to children during their well-child visit.

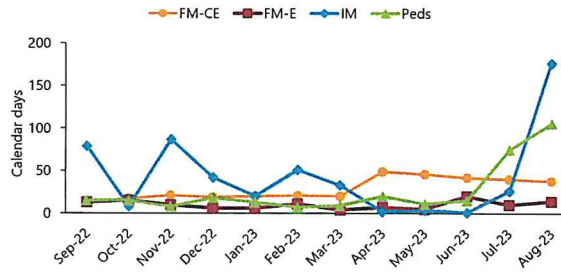
Respectfully submitted by Stephanie Walker on behalf of Stacy Olea, MT(ASCP), CRHCP, FACHE

Clinic Operations Dashboard

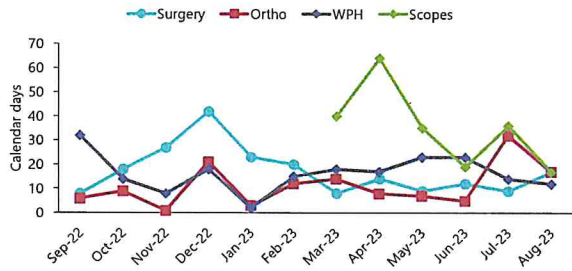
Third available appointment for established patients



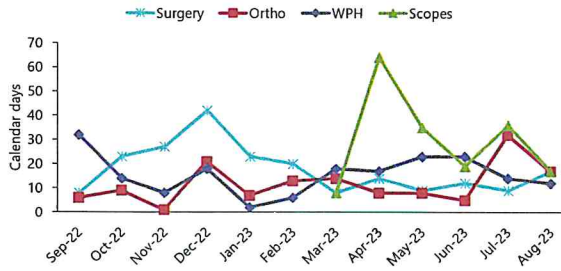
Third available appointment for new patients



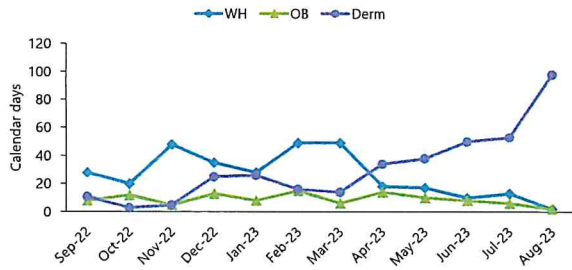
Third available appointment for established patients



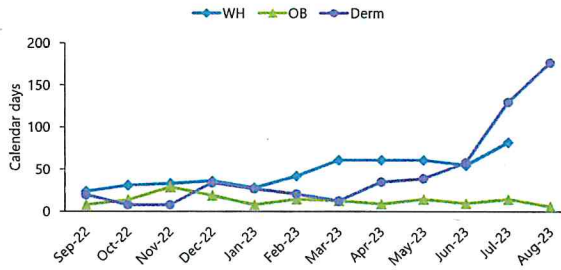
Third available appointment for new patients



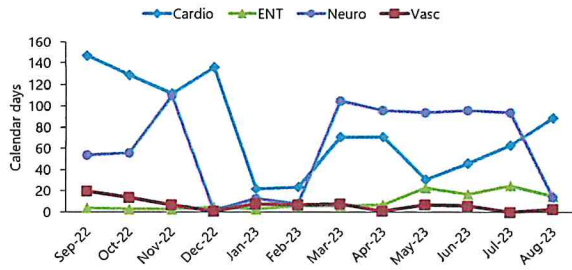
Third available appointment for established patients



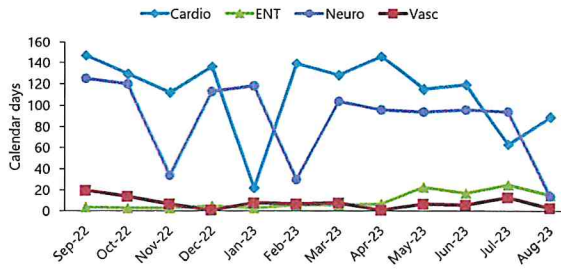
Third available appointment for new patients



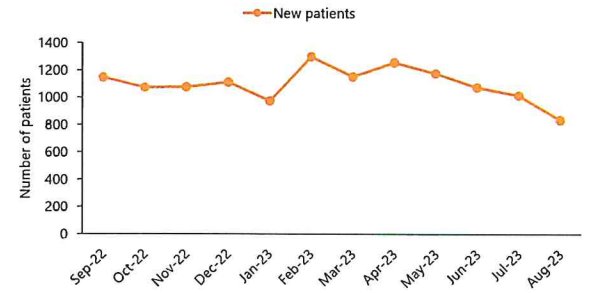
Third available appointment for established patients



Third available appointment for new patients

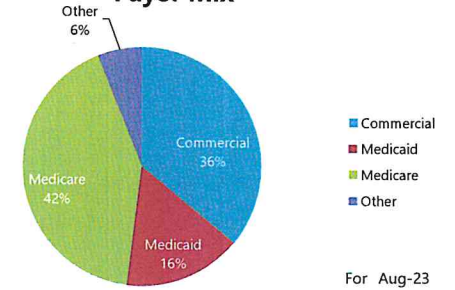


New patients



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

Payor Mix



For Aug-23

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date August 17, 2023

TO: Board of Commissioners
Kevin Martin, MD

FROM: Shannon Carlson, CPCS
Medical Staff Services

The Medical Executive Committee has reviewed the applications for appointment or reappointment for the practitioners listed below. They recommend to the Board that these practitioners be granted appointment and privileges as noted in each file.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Ahmad, Amier, MD	Provisional	Initial Appointment	Eagle TeleCardiology
Bullard, Anthony, MD	Provisional	Initial Appointment	OnRad
Fong, Daniel, MD	Provisional	Initial Appointment	Emergency Assoc. Yak
Hausken, Ryley, DO	Provisional	Initial Appointment	Emergency Assoc. Yak
Hayzen, Brett, MD	Provisional	Initial Appointment	Emergency Assoc. Yak
Hickle, Tyson, MD	Provisional	Initial Appointment	Emergency Assoc. Yak
Jones, Benjamin, DO	Provisional	Initial Appointment	Yakima Valley Derm.
Kennedy, Nicholas, MD	Provisional	Initial Appointment	Orthopedics NW
Magsamen, Karl, MD	Provisional	Initial Appointment	OnRad
Miner, Austin, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Redden, Luke, CRNA	Provisional	Initial Appointment	Evergreen Anesthesia
Shahin, Rawan, DO	Provisional	Initial Appointment	Emergency Assoc. Yak
White, Steven, MD	Provisional	Initial Appointment	OnRad
Zammit, Michael, MD	Active	Re-Appointment	KVH General Surgery
Kurapati, Surender, MD	Associate	Re-Appointment	OnRad

Delineation Of Privileges

TeleNephrology

DRAFT

Provider Name:

Privilege	Requested	Approved		
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Initial Appointment Requirements:

Basic Education:

1. M.D. or D.O.

Formal training and experience at initial appointment:

Successful completion of a postgraduate residency program in Internal Medicine, with a minimum of one year fellowship training in Nephrology.

Documentation of at least fifty (50) consultations or in-patient cases during the past twenty-four (24) months.

TeleNephrology Privileges:

Provide remote consultation through the use of electronic communication or other communication technologies to assist with diagnosis and disposition to include, but not limited to:

- Perform history and physical, evaluate, diagnose, and provide treatment to patients who suffer from Nephrology related disorders.
- Provide consultation with physicians in other fields regarding Nephrology disorders.
- Direction of bedside care provided by MD, PA, RNP, RN or other health care provider(s) for bedside evaluations and interventions/procedures.
- Communication with appropriate on- site physician/surgeon involved in the patient's care.
- Communication with patient and family when necessary and as guided by the attending physician's level of delegation.
- Ordering Hemodialysis and prescription of therapeutic agent and other treatments related to the hemodialysis treatment.
- Ordering Peritoneal Dialysis and prescription of therapeutic agent and other treatments related to the peritoneal dialysis treatment.

I hereby certify that I possess the necessary skill and expertise to justify granting of a clinical privilege in each of those areas which I have indicated. I understand that in making these requests, I am bound by the applicable bylaws, rules and regulations or policies of the hospital and medical staff. I also certify that I have no mental or physical conditions which would limit my clinical abilities.

Physician Signature: Date:

Department Chair: Date:

Chief of Staff: Date:

Board of Commissioners: Date:



CHIEF MEDICAL OFFICER – Kevin Martin, MD
August 2023

I am pleased to offer the following report:

Recruiting:

Incoming Providers:

- Family Practice Physician – August 2024 – Accepted position with FMCE, going through HR processes
- Dermatology APC – November 2023 – going through HR processes
- ED/UC APC – Internal APC transition

Providers in Progress:

- Pediatrician Interview 07/12/2023 -- Declined
- Orthopedics APC Interview 07/28/2023 – Letter of Intent
- Internal & Adult Medicine Physician Interview 08/04/2023 -- Letter of Intent
- Dermatologist -- 2025
- Vascular APC
- Local ARNP student – Pediatrics
- Pediatrics APC – Interviewed 08/10/2023
- Pediatrics Locums – Ongoing
- ED/UC APC – Letter of Intent
- Family Practice Physician – August 2024
- Internal & Adult Medicine Locum – Ongoing
- ED/UC APC locum

Posted Positions

- **Physician**
 - Internal & Adult Medicine
 - Dermatology
 - Family Medicine
 - Cardiology
 - Vascular
- **APC**
 - Dermatology
 - GNP
 - Internal & Adult Medicine
 - ED/UC
 - Pediatrics
 - Family Medicine
 - Rapid Access
 - Orthopedics

Medical staff:

- Another busy month with initial credentialing, this month 13 providers are being considered for initial appointment and 2 for reappointment. This should conclude the onboarding of ED Physicians from EAY. There are 11 pending applications.
- Medical Staff Coordinator has been working with leaders with the addition of OBHG and telenephrology services.
- We will be expanding the Medical Staff Office by 1, we have a Medical Staff Office Assistant position posted that will support the Medical Staff Office and Quality.

CMO Activities:

- As you know, Dr. Asriel has retired from KVH. Over the last 3 years, his grant-supported work has resulted in the integration of addiction treatment into our family medicine practices. This is a huge step in our ability to address what many consider the single largest health issue facing the nation. We are grateful to and for him, and wish him all the happiness in the world. He may need that, as his plan as of this writing is to move to Finland in November.
- We have been working to ensure reliable coverage in our Emergency Department in collaboration with Emergency Associates of Yakima. Part of this has been recruiting APCs to fill departures.
- As noted above and discussed at the Special Board Meeting 20 July, we have begun the work of integrating OB Hospitalist Group (OBHG) into our Women's Health Clinic and Family Birthing Place.
- Finally, and, again, as alluded to above, we are moving forward with InSat Medical who will provide telenephrology consultations and technical support for in-patient dialysis. This will allow us to provide hospital services to our neighbors with end-stage kidney disease. We hope to have this service fully operational by the end of the quarter.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer



CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

July Operating Results

- July admissions to the hospital of 75 were 17 admissions less than budget. Patient days of 247 were below budget by 118 days. YTD KVH is 144 admissions below budget and 541 patient days below budget. The Family Birthing Place delivered 25 infants in July; 2 deliveries less than budget. YTD deliveries are 48 deliveries below budget and 49 deliveries less than 2022 deliveries through July. KVH's acute care average length of stay was 3.3 days in July and 4.0 YTD. Care continues to shift from inpatient to outpatient where accordingly there has been an increase in observation days. In July, there were 121 observation days compared to budgeted observation days of 90. YTD observation days total 981 days compared to budgeted observation days of 654, a positive variance of 327 observation days. The surgery and ER departments were very busy in July. Inpatient surgery cases of 18 were below budget by 10 cases. Outpatient surgery cases of 157 and exceeded budget by 29 cases. GI procedures of 154 exceeded budget by 26 procedures. July ER visits of 1,509 exceeded budget by 223 visits. Urgent Care Clinic visits of 540 exceeded budget by 59 visits. July clinic visits of 6,389 were below budgeted visits by 740 visits.
- July gross revenue of \$19,843,385 exceeded budget by \$1,275,862. July inpatient revenue was below budget by \$943,877; outpatient revenue exceeded budget by \$2,196,853 and professional fee revenue exceeded budget by \$22,886. The following departments had significant positive revenue variances in July: Med/Surg by \$209,993; Imaging by \$546,394; Pharmacy by \$124,514 and ER by \$315,934. Departments with significant negative variances were Laboratory by \$357,726; Rehabilitation services by \$81,680 and the clinics by \$127,476.
- In July deductions from revenue exceeded budget by \$796,132. Contractual adjustments exceeded budget by \$560,679. Bad debt deductions were below budget by \$117,815. July financial assistance totaled \$252,491 and exceeded budget by \$158,817. Through the first seven months of 2023 financial assistance is averaging \$67,268 more per month than in 2022. Other deductions totaled \$332,728 and exceeded budget by \$194,451. Hospice adjustments were \$4,685; no prior authorizations were \$63,497; not medically necessary adjustments totaled \$137,777; untimely billings were \$63,934 and provider not credentialed adjustments totaled \$40,098.
- July other operating revenue exceeded budget by \$71,249. The reason for the positive variance was due to 340B contract pharmacy revenue, outpatient pharmacy sales and cafeteria sales. In July 340B contract pharmacy rebates totaled \$84,318 and exceeded budget by \$44,284. Outpatient retail pharmacy sales were \$84,134 and exceeded budget by \$16,189. Cafeteria sales of \$45,315 exceeded budget by \$17,060.

- July expenses exceeded budget by \$328,905. Salaries were below budget by \$384,201. Temporary labor exceeded budget by just \$95,523. Departments that exceeded their temporary labor budget were Med/Surg by \$39,379; Surgery by \$66,118; Laboratory by \$31,429 and ER by \$31,445. With the exception of the surgery department, KVH is continuing the trend of using less contract labor. Professional fees exceeded budget by \$428,338. In July KVH paid \$131,750 for overlapping Anesthesia coverage; \$50,914 for ER provider staffing; \$80,000 for a legal settlement; \$83,334 for Internal Medicine locums and \$153,053 for Women's Health locums. Supply expenses exceeded budget in July by \$163,694. Surgery exceeded their supply budget by \$70,264 and pharmacy exceeded their supply budget by \$153,747. Surgery's and Pharmacy's negative supply variance were volume related. Depreciation expense exceeded budget for July by \$56,948 and will for the year due to shortening the estimated useful life on some hospital owned buildings. Insurance expense exceeded budget by \$30,501. As noted previously, KVH's insurance renewal was higher than expected and KVH also increased coverage limits. Other direct expenses exceeded budget by \$66,840 due to seven months of Washington State Hospital Association dues that were booked in July.
- In July KVH posted operating income of \$343,464 compared to a budgeted operating income of \$121,389; a positive variance of \$222,075. YTD operating income is \$2,023,073 compared to budgeted operating income of \$5,049,384; a negative variance of \$3,026,311.
- Non-operating income exceeded budget by \$251,657 due to an unrealized gain on investments of \$138,030 and higher than budgeted interest income. In July KVH recorded interest income of \$221,716.
- KVH reported a Net Income for July of \$710,970. YTD Net Income is \$3,730,184 compared to budgeted Net Income of \$5,860,193, a negative variance of \$2,130,009.
- July Days in Accounts Receivable increased 3.4 days to 70.2 days from 66.8 in June. Gross Accounts Receivables increased by \$1,421,113 from \$46,665,069 in June to \$48,086,182 in July. The positive revenue variance of \$1,275,862 was the primary factor in the AR growth. Total cash receipts in July from payers, patients and other sources totaled \$10,903,233. Total Cerner receipts posted in July were \$10,002,630.
- Average daily cash collections per working day increased from \$495,261 in June to \$545,162 in July.
- Days cash on hand decreased 2.4 days to 208.2 days in July from 210.6 days in June. Actual cash and investments on hand decreased by \$1,183,474 from \$70,243,446 in June to \$69,059,972 in July.

Kittitas Valley Healthcare
July 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	75	92	-18.3%	522	666	-21.6%	648	-19.4%	01
02 Patient Days - W/O Newborn	247	365	-32.2%	2,104	2,645	-20.4%	2,602	-19.1%	02
03 Patient Days - Swingbed	-	7	-100.0%	9	53	-82.9%	53	-83.0%	03
04 Avg Daily IP Census w/Swingbed	8.0	12.0	-33.5%	10.0	12.7	-21.7%	12.5	-20.4%	04
05 Average Length of Stay	3.3	4.0	-17.0%	4.0	4.0	1.4%	4.0	0.4%	05
06 Average Length of Stay w/Swingbed	3.3	4.1	-18.6%	4.0	4.1	-0.1%	4.1	-1.2%	06
07 Deliveries	25	27	-8.7%	139	187	-25.7%	188	-26.1%	07
08 Case Mix Inpatient	1.15	1.00	14.7%	1.19	1.00	19.0%	1.12	6.2%	08
09 Surgery Minutes - Inpatient	1,841	3,466	-46.9%	13,662	25,113	-45.6%	22,823	-40.1%	09
10 Surgery Minutes - Outpatient	8,356	8,077	3.4%	69,943	58,526	19.5%	53,361	31.1%	10
11 Surgery Procedures - Inpatient	18	28	-36.6%	135	206	-34.4%	184	-26.6%	11
12 Surgery Procedures - Outpatient	157	128	22.8%	1,206	926	30.2%	827	45.8%	12
13 Gastrointestinal Procedures	154	128	20.1%	1,155	929	24.3%	822	40.5%	13
14 ER Visits	1,509	1,286	17.3%	9,971	9,322	7.0%	8,649	15.3%	14
15 Urgent Care Cle Elum Visits	540	481	12.4%	3,196	3,483	-8.2%	3,186	0.3%	15
16 Laboratory	23,602	24,221	-2.6%	165,609	175,544	-5.7%	163,350	1.4%	16
17 Radiology Exams	3,301	2,897	14.0%	23,019	20,994	9.6%	19,509	18.0%	17
18 Rehab Visit	1,478	1,639	-9.8%	11,229	11,869	-5.4%	10,192	10.2%	18
19 Outpatient Percent of Total Revenue	91.1%	85.4%	6.7%	89.8%	85.5%	5.0%	84.9%	5.8%	19
20 Adjusted Patient Days	2,787	2,503	11.3%	17,883	18,245	-2.0%	17,216	3.9%	20
21 Equivalent Observation Days	121	90	34.4%	981	654	49.9%	658	49.2%	21
22 Avg Daily Obs Census	3.9	2.9	34.4%	4.6	3.1	49.9%	3.1	49.2%	22
23 Home Care Visits	529	584	-9.4%	3,616	4,236	-14.6%	4,257	-15.1%	23
24 Hospice Days	657	638	3.0%	5,648	4,362.1	29.5%	4,381	28.9%	24
25 Primary Clinic Visits	4,454	4,766	-6.6%	35,954	35,613	1.0%	39,785	-9.6%	25
26 Specialty Clinic Visits	1,889	2,254	-16.2%	15,707	16,319	-3.8%	10,143	0.0%	26
27 Telehealth Visits	46	109	-57.7%	523	789	-33.7%	795	NA	27
28 Total Clinic Visits	6,389	7,129	-10.4%	52,184	52,720	-1.0%	50,723	2.9%	28
Financial Measures									
29 Salaries as % of Operating Revenue	45.4%	51.6%	12.0%	46.2%	48.3%	4.3%	46.4%	-0.6%	29
30 Total Labor as % of Operating Revenue	57.0%	64.5%	11.7%	57.8%	60.4%	4.3%	57.8%	0.1%	30
31 Revenue Deduction %	46.9%	45.9%	-2.3%	47.5%	45.7%	-3.9%	45.0%	5.5%	31
32 Operating Margin	3.2%	1.2%		2.7%	6.7%		6.7%		32
Operating Measures									
33 Productive FTE's	527.0	548.0	3.8%	540.5	548.0	1.4%	513.3	5.3%	33
34 Non-Productive FTE's	84.5	73.0	-15.8%	65.1	73.0	10.8%	69.1	-5.8%	34
35 Paid FTE's	611.5	621.0	1.5%	605.7	621.0	2.5%	582.4	4.0%	35
36 Operating Expense per Adj Pat Day	\$ 3,748	\$ 4,042	7.3%	\$ 4,142	\$ 3,828	-8.2%	\$ 3,634	14.0%	36
37 Operating Revenue per Adj Pat Day	\$ 3,871	\$ 4,091	-5.4%	\$ 4,255	\$ 4,105	3.7%	\$ 3,893	9.3%	37
38 A/R Days	70.2	60.0	-17.0%	70.2	60.0	-17.0%	61.7	13.8%	38
39 Days Cash on Hand	208.2	217.6	-4.3%	208.2	217.6	-4.3%	217.8	-4.4%	39

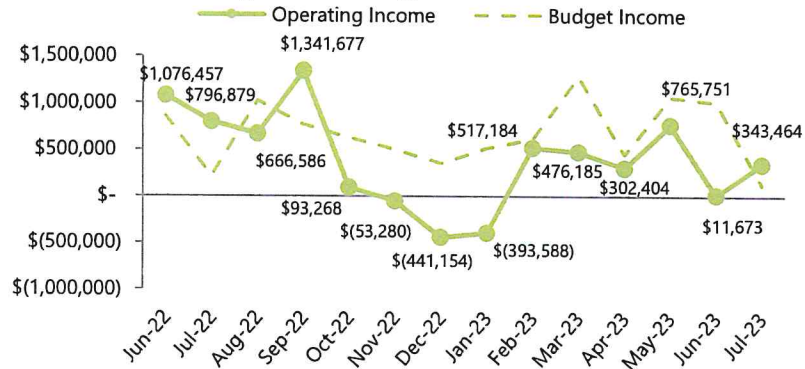
Kittitas Valley Healthcare

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

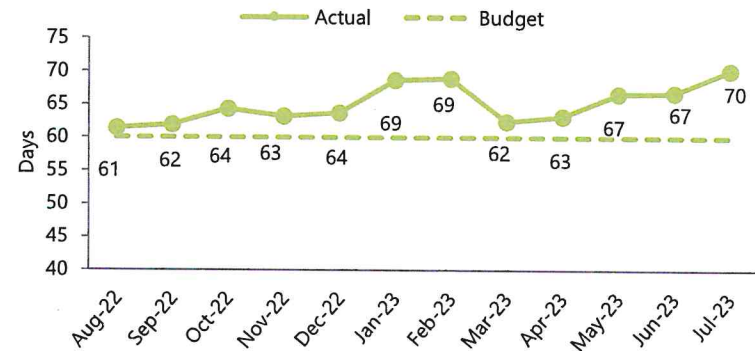
L	Measure	2023 YTD	2023 Budget	2023 Annualize	2022	2021	2020	2019	2018	2017	2016
1	Total Charges	142,212,437	233,240,187	244,846,885	213,492,081	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636
2	Net Revenue	76,088,356	129,100,000	131,001,178	120,219,085	114,372,961	89,905,245	83,527,969	78,753,810	71,490,964	71,506,819
3	Operating Income	2,023,073	8,000,000	3,483,121	6,074,001	14,127,110	620,732	2,901,869	474,120	885,655	(5,893)
4	Operating Margin %	2.7%	6.2%	2.7%	5.1%	12.4%	0.7%	3.5%	0.6%	1.2%	0.0%
5	Net Income	3,730,184.1	9,390,000	6,422,251	4,079,789	18,470,881	6,420,388	3,690,537	2,526,547	2,648,415	1,543,915
6	Net Margin %	4.9%	7.3%	4.9%	3.4%	16.1%	7.1%	4.4%	3.2%	3.7%	2.2%
7	Cash	69,059,972	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	208.2	197.0	NA	246.4	235.8	175.8	138.6	133.5	178.7	156.0
9	Surgeries	1,341	1,950	2,309	1,922	1,788	1,354	1,305	1,461	1,396	1,510
10	Gastrointestinal Procedures	1,155	1,600	1,989	1,404	1,321	1,211	1,416	1,250	1,383	1,396
11	Emergency Visits	9,971	16,790	17,167	15,643	13,988	12,207	13,861	13,930	13,162	13,789
12	% ED visits To Bed	7.8%	10.0%	7.8%	7.7%	9.2%	10.1%	9.5%	n/a	n/a	n/a
13	Laboratory Tests	165,609	302,431	285,129	277,627	288,552	237,710	209,144	207,040	190,587	181,082
14	Radiology Exams	23,019	36,169	39,632	35,222	32,016	29,338	30,397	30,843	33,836	33,471
15	Rehab Visits	11,229	20,447	19,333	17,060	21,390	16,724	18,718	16,359		
16	IP & Obs Days (no swing)	3,085	5,684	5,311	5,470	4,820	3,717	3,805	3,999	3,440	3,937
17	Deliveries	139	322	239	318	280	284	309	342	322	312
18	Admits w/Swing	522	1,147	899	1,066	949	860	941	984	899	1,043
19	Primary Clinic Visits	35,954	61,377	61,902	58,013	60,229	53,270	60,871			
20	Specialty Clinic Visits	15,707	28,113	27,043	22,778	19,865	13,135	11,840			
21	Telehealth Visits	523	1,359	900	1,263	1,391	3,793	-			
22	Total Clinic Visits	52,184	90,849	89,845	82,054	81,485	70,198	72,711	59,241	50,917	48,525
23											
24	FTEs	605.7	621.0	NA	560.9	529.9	499.0	477.4	469.4	457.6	449.1
25	AR Days	70.2	60.0	NA	63.7	63.9	73.5	88.1	92.0	50.8	47.5
Normalize charges by adjusting for charge master increases:											
26	Normalized Charges to 2023		233,240,187	244,846,885	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%	9.75%	2.36%	21.48%	2.94%	5.46%	2.65%	1.16%	-1.05%
28	Operations Growth Exclude COVID Testing			11.05%	6.29%	19.23%	-0.61%				

Financial Dashboard

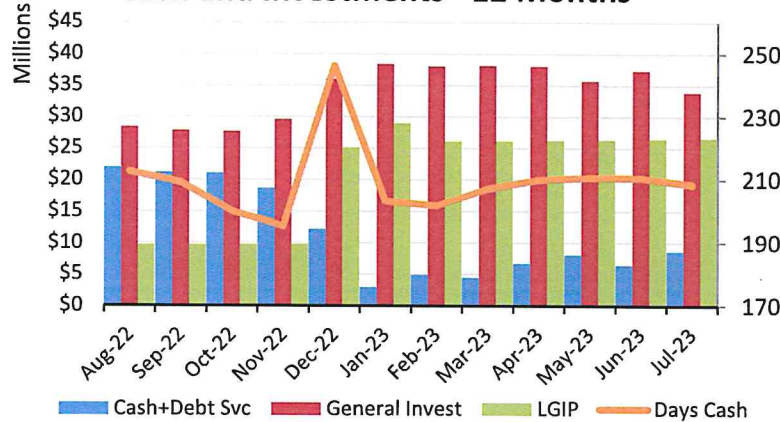
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2020	CY 2021	CY 2022	YTD 2023
Medicare	39.42%	40.24%	42.31%	43.04%
Medicaid	19.41%	19.08%	18.64%	19.15%
Commercial	34.97%	35.29%	33.66%	32.56%
Self Pay	2.66%	2.38%	2.10%	1.57%
Other	3.55%	3.01%	3.29%	3.68%

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	1,761,106	2,704,984	(943,877)	14,477,885	19,623,438	(5,145,553)	17,994,459
OUTPATIENT REVENUE	14,981,494	12,784,640	2,196,853	103,359,183	92,744,628	10,614,556	81,140,714
PROF FEE REVENUE	3,100,785	3,077,898	22,886	24,375,369	22,997,833	1,377,535	19,919,241
REVENUE	19,843,385	18,567,523	1,275,862	142,212,437	135,365,899	6,846,538	119,054,414
CONTRACTUALS	8,357,912	7,797,233	560,679	60,543,330	56,548,339	3,994,991	48,821,661
PROVISION FOR BAD DEBTS	371,456	489,271	(117,815)	3,530,639	3,559,308	(28,668)	3,433,722
FINANCIAL ASSISTANCE	252,491	93,674	158,817	1,132,140	688,504	443,636	660,812
OTHER DEDUCTIONS	332,728	138,278	194,451	2,275,033	1,016,342	1,258,691	652,078
DEDUCTIONS FROM REVENUE	9,314,588	8,518,456	796,132	67,481,143	61,812,493	5,668,650	53,568,273
NET PATIENT SERVICE REVENUE	10,528,797	10,049,067	479,730	74,731,295	73,553,406	1,177,889	65,486,141
OTHER OPERATING REVENUE	261,401	190,152	71,249	1,357,061	1,337,643	19,418	1,537,625
TOTAL OPERATING REVENUE	10,790,198	10,239,219	550,980	76,088,356	74,891,049	1,197,307	67,023,766
SALARIES	4,900,624	5,284,825	(384,201)	35,125,311	36,141,385	(1,016,074)	31,116,964
TEMPORARY LABOR	351,558	256,035	95,523	2,610,755	1,750,946	859,809	2,688,520
BENEFITS	1,248,532	1,319,895	(71,363)	8,881,002	9,123,236	(242,234)	7,608,926
PROFESSIONAL FEES	593,043	164,705	428,338	2,722,473	1,126,370	1,596,103	1,565,132
SUPPLIES	1,156,574	992,879	163,694	9,356,323	7,124,501	2,231,822	6,233,642
UTILITIES	90,154	94,464	(4,310)	764,235	696,672	67,563	636,500
PURCHASED SERVICES	1,020,886	1,080,970	(60,083)	7,310,681	7,406,671	(95,990)	7,336,432
DEPRECIATION	524,334	467,386	56,948	3,758,007	3,257,153	500,854	2,581,675
RENTS AND LEASES	20,174	3,250	16,924	38,155	22,747	15,409	593,797
INSURANCE	188,092	157,592	30,501	1,154,276	1,103,142	51,135	676,576
LICENSES & TAXES	77,284	80,069	(2,785)	598,684	580,434	18,249	550,022
INTEREST	109,771	110,969	(1,198)	777,556	774,283	3,273	348,096
TRAVEL & EDUCATION	39,493	45,419	(5,926)	322,989	328,085	(5,096)	191,390
OTHER DIRECT	126,214	59,374	66,840	644,837	406,041	238,796	427,469
EXPENSES	10,446,734	10,117,829	328,905	74,065,283	69,841,665	4,223,618	62,555,141
OPERATING INCOME (LOSS)	343,464	121,389	222,075	2,023,073	5,049,384	(3,026,311)	4,468,625
OPERATING MARGIN	3.18%	1.19%	40.31%	2.66%	6.74%	-252.76%	6.67%
NON-OPERATING REV/EXP	367,506	115,849	251,657	1,707,111	810,809	896,302	(946,054)
NET INCOME (LOSS)	710,970	237,238	473,732	3,730,184	5,860,193	(2,130,009)	3,522,571
UNIT OPERATING INCOME							
HOSPITAL	472,936	672,979	(200,043)	4,323,944	7,468,845	(3,144,901)	6,493,511
URGENT CARE	128,755	1,954	126,801	154,431	52,697	101,734	44,752
CLINICS	(500,981)	(474,076)	(26,905)	(2,699,121)	(2,028,152)	(670,969)	(1,829,918)
HOME CARE COMBINED	242,754	(79,468)	322,222	243,818	(444,006)	687,824	(239,719)
OPERATING INCOME	343,464	121,389	222,075	2,023,073	5,049,384	(3,026,311)	4,468,625

07/31/2023

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	7,447,678	11,162,290	(3,714,612)
ACCOUNTS RECEIVABLE	48,086,182	41,373,454	6,712,728
ALLOWANCE FOR CONTRACTUAL	(31,410,286)	(26,782,288)	(4,627,998)
THIRD PARTY RECEIVABLE	2,000,000	2,182,107	(182,107)
OTHER RECEIVABLES	1,031,526	2,007,557	(976,031)
INVENTORY	2,577,929	2,690,763	(112,834)
PREPAIDS	1,892,293	1,512,320	379,974
INVESTMENT FOR DEBT SVC	1,132,128	963,413	168,716
CURRENT ASSETS	32,757,450	35,109,615	(2,352,165)
INVESTMENTS	60,480,166	61,115,705	(635,540)
PLANT PROPERTY EQUIPMENT & ROU ASSET	112,590,339	106,089,339	6,501,001
ACCUMULATED DEPRECIATION & ROU AMORT	(56,886,736)	(53,865,018)	(3,021,718)
NET PROPERTY, PLANT, & EQUIP	55,703,603	52,224,321	3,479,282
OTHER ASSETS	0	0	0
NONCURRENT ASSETS	55,703,603	52,224,321	3,479,282
ASSETS	148,941,219	148,449,641	491,578
ACCOUNTS PAYABLE	2,843,334	4,228,424	(1,385,090)
ACCRUED PAYROLL	2,159,365	2,645,596	(486,231)
ACCRUED BENEFITS	901,907	985,345	(83,438)
ACCRUED VACATION PAYABLE	2,412,435	1,927,557	484,879
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	11,042,381	13,365,720	(2,323,339)
ACCRUED INTEREST	125,460	273,091	(147,631)
DEFERRED TAX COLLECTIONS	4,271	0	4,271
DEFERRED REVENUE HOME HEALTH	59,501	60,910	(1,409)
DEFERRED INFLOW RIGHT OF USE	583,789	628,695	(44,907)
DEFERRED OTHER	127,031	127,031	0
DEFERRED LIABILITIES	900,051	1,089,727	(189,676)
LTD RIGHT OF USE ASSETS	4,265,711	4,991,302	(725,591)
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 CONTF	(1,640,441)	(2,293,900)	653,459
LONG TERM DEBT	35,127,517	35,853,108	(725,591)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	3,806,216	3,806,216	0
NONCURRENT LIABILITIES	39,833,784	40,749,051	(915,267)
LIABILITIES	50,876,165	54,114,771	(3,238,606)
FUND BALANCE	94,334,870	94,334,870	0
NET REVENUE OVER EXPENSES	3,730,184	0	3,730,184
FUND BALANCE	98,065,054	94,334,870	3,730,184
TOTAL LIABILITIES & FUND BALANCE	148,941,219	148,449,641	491,578

07/31/2023

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	3,730,184
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	3,021,718
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	6,751,902
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(2,084,730)
OTHER RECEIVABLES	1,158,138
INVENTORIES	112,834
PREPAID EXPENSES & DEPOSITS	(379,974)
INVESTMENT FOR DEBT SVC	(168,716)
TOTAL CURRENT ASSETS	(1,362,447)
INVESTMENTS	635,540
PROPERTY, PLANT, & EQUIP.	(6,501,001)
OTHER ASSETS	0
TOTAL ASSETS	(476,006)
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(1,385,090)
ACCRUED SALARIES	(486,231)
ACCRUED EMPLOYEE BENEFITS	(83,438)
ACCRUED VACATIONS	484,879
COST REIMBURSEMENT PAYABLE	(200,000)
CURRENT MATURITIES OF LONG-TERM DEBT	(653,459)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(2,323,339)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(147,631)
DEFERRED TAX COLLECTIONS	4,271
DEFERRED REVENUE - HOME HEALTH	(1,409)
DEFERRED INFLOW RIGHT OF USE	(44,907)
DEFERRED OTHER	0
TOTAL OTHER LIABILITIES	(189,676)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD RIGHT OF USE ASSETS	(725,591)
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	(725,591)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	0
TOTAL LIABILITIES	(3,238,606)
NET CHANGE IN CASH	(3,714,612)
BEGINNING CASH ON HAND	11,162,290
ENDING CASH ON HAND	7,447,678

KVH
AR Days
July 2023

Accounts Receivable		Unbilled	0-30	31-60	61-90	91-180	181+	Total	Days
Hospital Total	Paragon	-	-	-	-	-	433,523	433,523	
	Cerner	9,761,898	7,419,055	6,454,926	3,652,549	5,540,679	8,466,101	41,295,208	
		9,761,898	7,419,055	6,454,926	3,652,549	5,540,679	8,899,624	41,728,731	76
Home Health		-	125,445	98,506	8,980	12,620	65,918	311,468	
Hospice		-	125,628	63,230	18,983	(745)	118,054	325,151	
Home Care and Hospice		-	251,073	161,736	27,963	11,876	183,972	636,619	69
Family Medicine Ellensburg	NextGen						168	168	
	Cerner	458,434	520,463	302,667	114,066	129,540	90,010	1,615,180	
		458,434	520,463	302,667	114,066	129,540	90,177	1,615,347	44
Family Medicine Cle Elum	NextGen						13,237	13,237	
	Cerner	277,027	83,214	74,001	30,938	33,530	40,744	539,454	
		277,027	83,214	74,001	30,938	33,530	53,981	552,691	49
Pediatrics	Cerner	49,802	51,135	29,892	16,060	18,729	15,350	180,968	
		49,802	51,135	29,892	16,060	18,729	15,350	180,968	27
Adult Medicine	NextGen						(2,858)	(2,858)	
	Cerner	163,923	94,424	151,215	39,044	47,739	10,219	506,563	
		163,923	94,424	151,215	39,044	47,739	7,361	503,706	31
Womens Health	NextGen						1,015	1,015	
	Cerner	37,761	52,589	22,602	7,518	10,984	16,541	147,995	
		37,761	52,589	22,602	7,518	10,984	17,556	149,010	26
ENT	Cerner	103,451	6,017	81,503	23,752	23,213	29,717	267,653	
		103,451	6,017	81,503	23,752	23,213	29,717	267,653	58
Orthopedics	NextGen						23,649	23,649	
	Cerner	14,397	-	879	7,469	40,091	18,438	81,274	
		14,397	-	879	7,469	40,091	42,087	104,922	25
General Surgery	NextGen						4,755	4,755	
	Cerner	62,993	22,936	12,717	7,328	11,945	6,159	124,078	
		62,993	22,936	12,717	7,328	11,945	10,914	128,833	14
Hospitalist	NextGen						3,409	3,409	
	Cerner	3,164	5,241	3,150	2,328	9,028	4,847	27,758	
		3,164	5,241	3,150	2,328	9,028	8,256	31,167	233
Workplace Health	NextGen	-	-	-	-	-	73,171	73,171	
	Cerner	3,237	5,266	11,159	9,856	13,120	7,863	50,501	
		3,237	5,266	11,159	9,856	13,120	81,034	123,672	138
						Total	46,023,319	70.2	

KITTITAS VALLEY HEALTHCARE
US BANCORP INVESTMENTS
JULY 31, 2023

INVESTMENT TYPE	CUSIP	INVESTMENT DATE	MATURITY DATE	YTM %	MATURITY AMOUNT	INVESTMENT AMOUNT	MARKET VALUE	UNREALIZED GAIN/(LOSS)
US TREASURY NOTES	91282CBA8	12/19/2022	12/15/2023	4.419%	2,000,000.00	1,917,781.25	1,961,875.00	44,093.75
US TREASURY NOTES	91282CBE0	01/13/2023	01/15/2024	4.486%	1,500,000.00	1,436,385.00	1,465,312.50	28,927.50
US TREASURY NOTES	91282CBE0	05/01/2023	01/15/2024	4.779%	2,000,000.00	1,936,015.63	1,953,750.00	17,734.37
US TREASURY NOTES	91282CBV2	06/01/2023	04/15/2024	5.120%	2,080,000.00	1,996,893.60	2,008,093.76	11,200.16
US TREASURY NOTES	91282YV6	06/15/2023	11/30/2024	4.751%	2,187,000.00	2,087,901.56	2,081,323.48	(6,578.08)
US TREASURY NOTES	91282ZW3	12/09/2021	06/30/2025	1.000%	1,500,000.00	1,460,742.00	1,372,441.41	(88,300.59)
FHLMC	3137EAF2	12/14/2022	12/04/2023	4.501%	2,000,000.00	1,920,000.00	1,964,461.06	44,461.06
FFCB	3133EMNG3	02/25/2021	01/19/2024	0.190%	1,000,000.00	1,001,156.00	975,971.77	(25,184.23)
FHLB	3130AMKX9	06/07/2021	06/07/2024	0.140%	2,000,000.00	2,002,598.00	1,913,179.76	(89,418.24)
FNMA	3136G4Z71	08/28/2020	08/26/2024	0.370%	1,000,000.00	1,001,588.00	946,822.61	(54,765.39)
FHLMC	3134GW3W4	10/28/2020	10/28/2024	0.350%	3,562,000.00	3,566,235.22	3,341,320.88	(224,914.34)
FHLB	3130ALB52	02/25/2021	02/25/2025	0.236%	2,800,000.00	2,803,892.00	2,592,134.16	(211,757.84)
FHLMC	3134GWK88	09/17/2020	03/17/2025	0.350%	4,500,000.00	4,510,089.00	4,159,465.43	(350,623.57)
FHLB	3130ANZ29	09/30/2021	09/30/2025	0.383%	3,000,000.00	3,009,468.00	2,738,770.77	(270,697.23)
FNMA	3135G06B4	07/27/2021	10/22/2025	0.570%	1,500,000.00	1,499,371.50	1,362,694.40	(136,677.10)
FFCB	3133ENFR6	12/02/2021	12/01/2025	1.220%	1,775,000.00	1,783,285.70	1,635,888.28	(147,397.42)
FHLB	3130ALDB7	02/25/2021	02/25/2026	0.413%	1,800,000.00	1,804,426.20	1,617,331.72	(187,094.48)
FFCB	3133ENHAI	12/14/2021	12/14/2026	1.112%	1,000,000.00	1,003,850.00	902,861.13	(100,988.87)
TOTAL					37,204,000.00	36,741,678.66	34,993,698.12	(1,747,980.54)

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
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.
Cyber Security Grant Programs	KVH	IT	State and FEMA		Researching			Funds to implement and improve cyber security at KVH.
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	KVH	Staff Development	DOH	\$37,677	Awarded			Funding to support Sexual Assault Nurse Examiners (SANE) educational opportunities including RN time and travel, supplies, backfill from other departments, KVH insentives for SANE RNs, and for SANE RNs time in performing examinations. Funds would reimburse for SANE Program activities for FY 2022
Behavioral Health Integration Grant	KVH	PCMH	Washington State Health Care Authority	\$200,000	Awarded	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 VALLEY HEALTHCARE

Capital Expenditure Board Narrative

Requesting Department: Medical Surgical and ICU

Capital Item Requested: Two Dialysis Machines

Function of Project: With the purchase of these machines KVH will be able provide acute emergent dialysis treatments for community patients with end-stage-renal-disease (ESRD).

Reason Requested: Community patients who have end-stage-renal disease do their routine dialysis treatments three times per week at the local Davita dialysis center. These patients have occasional inpatient and emergent hospital needs that require them to be admitted at a hospital. KVH is not currently able to care for these patients because the hospital does not have the dialysis equipment required to dialyze them or a Nephrologist who is can order and supervise their dialysis. KVH has signed a contract with a tele Nephrologist group. With this requested equipment KVH will be able to provide acute hospital care for community ESRD patients who are currently being transferred to other facilities for their acute inpatient care.

Budget: Zero

Actual Cost: \$111,521.82

Submitted By: Dede Utley, Chief Nursing Officer

Date: 08/24/2023

Community Relations August 24 2023 Board Report

Diversity, Equity, and Inclusion – Our first DEI training will roll out to employees on 8/21. This training will focus on unconscious bias and was adapted from the National Institutes of Health. In September we will be introducing information on our website regarding KVH’s DEI initiatives. We will also have print material available at registration areas and in clinic areas where questions are being asked regarding, race, ethnicity, language, sexual orientation and social determinants of health.

Staff updates – Please welcome Kristl Densley to our team as our new Community Relations Specialists focusing on graphic design. Kristl is joining us on August 21.

Events:

- **Ellensburg Farmer’s Markets** - Our 2023 schedule for the market is below
 - Sept. 9th: Medicare Wellness visits vs. Annual Physicals
 - Sept 23rd: Specialty Services
 - October 21st: Infection Prevention Week
 - October 28th: Snow Safety
- **KVH Rodeo BBQ** – Wednesday, August 23
- **Hoedown in Downtown** – Wednesday, August 30 – KVH is the water sponsor
- **CASA Corn hole Tournament** – Are you interested in representing KVH and entering a 2-person team in the annual CASA Tournament? Please reach out to Michele if you would like to join this day of fun.
- **KVH “Day” at the CWU Football game** - Saturday, September 16 at 6pm. If you would like tickets to this game for you and your family please notify Michele.
- **Bite of the Burg** - Tuesday, September 19
- **2nd Annual KVH Appreciation Banquet** – Save the Date! December 2, 2023

Emergency Preparedness – Planning has just started for a full-scale emergency training exercise in late June 2024. KVH is partnering with CWU, Kittitas County Emergency Management, and other County emergency response agencies in this effort.

Training exercises

- Trauma exercise in the ED with Airlift NW – July 21, 2023
- DNV Summer school (organization-wide)– August 10, 2023
- Cybersecurity and Infrastructure Security Agency (CISA) Active Shooter Preparedness Webinar - Region 10 - AK / ID / OR / WA (Michele)– August 15
- Private Sector Preparedness Response and Recovery (PSPR2) Seminar: The Immediate Aftermath – (Michele) - August 17

Upcoming

- Decontamination Training with KVFR (organization-wide)– – September 25-27, 2023 at Station 29
- Avade training (organization-wide)– late October 2023

2023 WSHA Annual Meeting

October 22 - October 23

Location: Hyatt Regency Lake Washington | Renton, WA

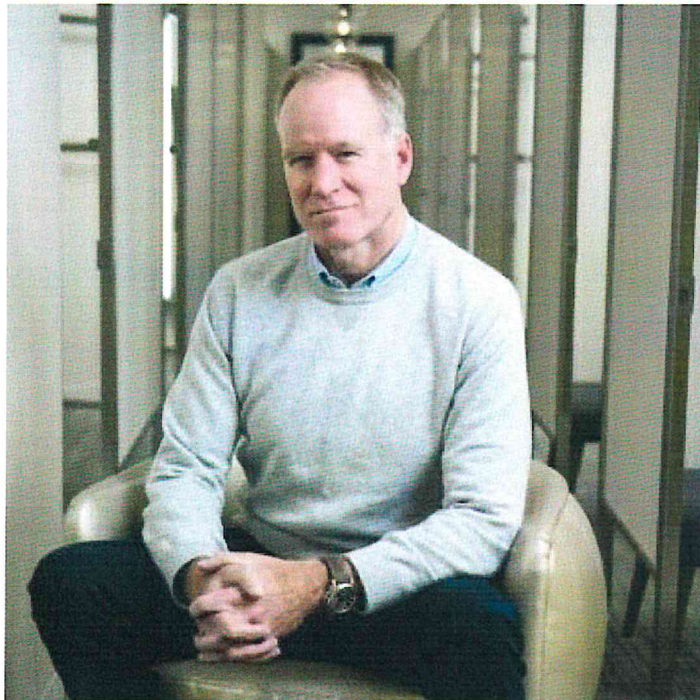
Audience: C-Suite Leadership, Management, Safety & Quality Leaders, Trustees & Commissioners

Registration Cost: \$499 per person

Room Block: WSHA has a block of rooms at the Hyatt Regency Lake Washington starting Sunday, October 22 through Tuesday, October 24. To book a room in the WSHA block, please [click here](#). The deadline to reserve a room is September 29.

[Register Now](#)

Featuring a Fireside Chat with Pete Nordstrom



The WSHA Annual Meeting kicks off with a Fireside Chat with **Pete Nordstrom**, President and Chief Brand Officer of **Nordstrom** and host of **The Nordy Pod**. This conversation will focus on themes of servant leadership and the important role of hospital leaders as the face of the hospital for staff and community members.

In addition to creating time for **peer-to-peer connection**, the Annual Meeting agenda will feature educational topics on **Health Disparities in Medicine, Artificial Intelligence, The Hospital's Role in Responding to the Opioid Crisis** and a preview of what to expect in the **2024 Legislative Session**. More details will be announced in the coming weeks.

2023 WSHA Annual Meeting Agenda

**subject to change*

Sunday, October 22

4:00 – 7:00 pm | Registration

4:30 – 6:00 pm | PAC Reception (*invitation only*)

6:00 – 8:00 pm | Welcome Dinner (*open to all Annual Meeting attendees*)

Monday, October 23

8:00 am | Breakfast

9:00 am | Welcome & Opening Remarks

9:15 – 10:00 am | **Fireside Chat with Pete Nordstrom**

10:00 – 12:15 pm | **Educational Programming TBA**

12:30 – 1:45 pm | Networking Lunch

12:30 – 1:45 pm | WSHA Board of Directors Meeting (*private meeting of the WSHA Board of Directors*)

2:00 – 2:30 pm | WSHA Business Meeting

2:30 – 3:30 pm | **WSHA Legislative Preview**

3:30 – 4:30 pm | **Artificial Intelligence** Keynote, Speaker TBA

4:30 – 5:30 pm | Closing Reception (*open to all Annual Meeting attendees*)