

KITITAS 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

September 28, 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: August 24, 2023 (3-5)
 - b. Approval of Checks (6)
 - c. Report: Foundation (7-8)
 - d. Minutes: Finance Committee August 22, 2023 (9-10)
 - e. Minutes: Quality Improvement Council: April 10, 2023 and June 12, 2023 (11-22)

- 4. Public Comment and Announcements**

- 5. Presentations:**
 - a. Suzette Johnson, Compliance Specialist and Cynthia Kelly Director of Health Information Management: Compliance Work Plan Update

- 6. Reports and Dashboards**
 - a. Quality – Mandee Olsen, Chief Quality Officer (23-29)
 - b. Chief Executive Officer – Julie Petersen
 - i. Humans Resources & Staff Development – Manda Scott (30-31)
 - c. Operations
 - i. Dede Utley, Chief Nursing Officer (32-33)
 - ii. Rhonda Holden, Chief Ancillary Officer (34-45)
 - iii. Stacy Olea, Chief of Clinic Operations (46-49)
 - d. Medical Staff
 - i. Chief of Staff, Roberta Hoppe, MD
 1. MEC Recommendations for Appointment and Re-Appointment ** (50)
 - ii. Chief Medical Officer, Kevin Martin MD (51-52)
 - e. Finance – Chief Financial Officer - Scott Olander (53-63)
 - i. Operations Report
 - ii. Capital Expenditure Request: Phillips Telemetry System ** (64)
 - iii. Resolution No. 23-03 Designation of Treasurer ** (65)
 - f. Community Relations Report – Michele Wurl, Chief Public Relations Officer (66)

- 7. Education and Board Reports**

- 8. Old Business**

- 9. New Business**



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

10. Executive Session

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

11. Adjournment

Future Meetings

October 26, 2023 Regular Meeting
November 30, 2023 Special Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B & Via Zoom

August 24, 2023

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Manda Scott, Mandee Olsen, Dr. Kevin Martin, Michele Wurl, Jeff Yamada, Rhonda Holden, Dr. Roberta Hoppe, Dede Utley, Stacy Olea, Tricia Sinek, Nassar Basmeh, James Sivonen, Dr. O'Brien

1. At 5:00 p.m., Vice-President Terry Clark called the regular board meeting to order.

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Public Comment/Announcements:**

None.

5. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. President Altman stated that he and Mandee met and reviewed the QAPI plan that will be coming to the board later in the year. Olsen stated that the QAPI plans will be incorporated into the budget process as they are thinking strategically.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that they met for a strategic planning session which was very productive and provided a lot of prep work for the QAPI's. Petersen stated that the OB Hospitalist Group (OBHG) was also on site for a visit the same day as the planning session. Petersen stated that OBHG will have a core group of three to five physicians at KVH. Petersen announced that Jason Adler will be stepping into the CFO role and Scott Olander will shift his work to the charge master and revenue cycle.

The Board members reviewed the Human Resources and Staff Development report with Manda Scott. Scott stated that the employment survey shows people are wanting to maintain their current positions and are now starting to return to previous positions. Scott

stated that they will be putting in a request for a CNA program similar to the MA program as we have had great success with it in our clinics.

The Board members reviewed the operations report with Dede Utley, Rhonda Holden and Stacy Olea. Utley stated that the ED Director position has been filled by Cody Staub and that the DNV Summer School was very energizing. Holden stated that the 47 Degrees North comment letter got in under the deadline and Home Health and Hospice started the build today on their new software. Olea stated that they are starting to see delivery numbers in the high twenties per month and that we received a grant for Pediatric Behavioral Health.

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

ACTION: On motion of Bob Davis and second of Jon Ward, the Board members unanimously approved the initial appointments for Dr. Amier Ahmad, Dr. Anthony Bullard, Dr. Daniel Fong, Dr. Ryley Hausken, Dr. Brett Hayzen, Dr. Tyson Hickle, Dr. Benjamin Jones, Dr. Nicholas Kennedy, Dr. Karl Magsamen, Austin Miner CRNA, Luke Redden CRNA, Dr. Rawan Shahin, Dr. Steven White and the reappointments for Dr. Michael Zammit and Dr. Surender Kurapati, as recommended by the Medical Executive Committee.

ACTION: On motion of Matt Altman and second of Jon Ward, the Board members unanimously approved the Tele Nephrology Delineation of Privileges as presented.

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

Scott Olander reported on KVH's financial performance for July. Olander stated that the ER continues to be very busy; clinic visits were a little below budget due to vacations; outpatient pharmacy and the café both had positive revenue variances resulting in a positive operating variance for the month.

ACTION: On motion of Bob Davis and second of Matt Altman, the Board members unanimously approved the Capital Expenditure Request for two Dialysis Machines.

The Board members reviewed the Community Relations report with Michele Wurl. Wurl stated that the Rodeo BBQ was a success and it was great to get back to inviting the community and getting staff together.

6. Education and Board Reports:

Commissioner Clark stated that the Governance Board that he is on will be meeting and stated that his notes had been handed out.

7. Old Business:

None.

8. New Business:

None.

10. Adjournment:

With no further action and business, the meeting was adjourned at 6:31 p.m.

CONCLUSIONS:

1. Motion passed to approve the board agenda as presented.
2. Motion passed to approve the consent agenda.
3. Motions passed to approve the reappointments as recommended by the Medical Executive Committee.
4. Motion passed to approve the Tele Nephrology Delineation of Privileges.
5. Motion passed to approve Capital Expenditure Request for two Dialysis Machines.

Respectfully submitted,

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

DATE OF BOARD MEETING: September 28, 2023

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:


#1	AP CHECK NUMBERS	<u>296144-297037</u>	NET AMOUNT:	<u>\$7,994,126.87</u>
			SUB-TOTAL:	<u>\$7,994,126.87</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>82134-82138</u>	NET AMOUNT:	<u>\$13,382.24</u>
#2	PAYROLL CHECK NUMBERS	<u>82139-82146</u>	NET AMOUNT:	<u>\$10,419.49</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,611,078.44</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,590,400.34</u>
			SUB-TOTAL:	<u>\$3,225,280.51</u>

TOTAL CHECKS & EFTs: \$11,219,407.38

Prepared by



 Sharoll Cummins
 Staff Accountant

September

Tough Enough to Wear Pink

The Foundation had a hugely successful day at rodeo this year, selling out of nearly all of our merchandise. We expect to repeat our fundraising record of raising over \$15,000!



Gobble Wobble 2023

Join us for the 5th Annual Gobble Wobble Fun Run on Saturday, November 11. Registration begins at 9AM at Rotary Park. Funds raised will be used to support community wellness initiatives.



5TH ANNUAL!

FOUNDATION AT KVH
5K

**Gobble
Wobble**

5K FAMILY FUN RUN

SATURDAY, NOVEMBER 11

**\$25 - 5K (ALL AGES)
\$10 - 1K (AGES 0-17)**

FREE 50 AND 100 YARD DASH FOR TODDLERS

ROTARY PARK
1200 W 5TH AVE, ELLENSBURG

CHECK-IN
9AM

WWW.KVHEALTHCARE.ORG/FOUNDATION

REGISTER ONLINE:



Proceeds from the event will continue enhancing the programs that promote, encourage, and assist the advancement of wellness in the community.

Annual Appeal 2024

Our annual appeal letter to the community to set to be mailed in October. We expect our largest mailer to date, with over 10,000 targeted.

Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

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

September 26, 2023
Tuesday

7:30 A.M.
Join Zoom Meeting

<https://zoom.us/j/889193751998>

Meeting ID: 8891 9375 1998
Passcode: 308001

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: August 22, 2023**
- **August Financial Highlights**
- **Capital**
 - **Phillips Telemetry System**
- **Resolution – Appoint Treasurer**
- **Adjourn**

Next Meeting Scheduled: October 24, 2023 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
August 22, 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 July 25, 2023 minutes. Both motions passed.

Olander presented the highlights of the July 2023 financial results. Statistics show a shift from inpatient services to more outpatient services. This is reflected in revenue. The committee discussed the increase in financial assistance the district has incurred compared to prior year which is a direct reflection of the new legislative requirements imposed this year on hospitals.

Expenses exceeded budget by \$328,905. KVH signed agreement with 340B ESP vendor for a program to try and capture more 340B revenue. We have experienced a positive variance for 340B revenue income over last few months. Temporary labor and professional fees exceeded budget as related to the continued use of agency nursing staff and locum's and contracted providers in Woman's Health, Internal Medicine, Emergency Services, and a new contract for expanding Anesthesia Services.

The result is an operating income of \$343,464 for July 2023. With non-operating being positive, the June 2023 net income is \$367,506. Days cash on hand is 208.2. The details are in the Chief Financial Officer Report.

AR days increased this month from 66.8 to 70.2. The positive revenue and some staffing challenges contributed to the increase. The group discussed overall health of AR and collection practices to hold AR longer to increase collection opportunity.

The committee voted to recommend the capital expenditure request for two dialysis machines go to the full board approval.

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

Quality Improvement Council	MEETING MINUTES	April 10th, 2023
<p>1. Present: Mande Olsen, Matt Altman, Terry Clark, Julie Petersen, Jeff Yamada, Manda Scott, Ron Urlacher, Dr. Kevin Martin, Michele Wurl, Stacy Olea, Scott Olander, Dede Utley, Tricia Sinek.</p> <p>Guests: Anna Scarlett, Nicole Hilderman, Linda Navarre.</p> <p>Recording Secretary: Justin Becker</p> <p>Minutes Reviewed by: Mande Olsen</p>		
<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION ITEM/ RESPONSIBLE PARTY</u>
<ul style="list-style-type: none"> Called to order 	The meeting was called to order by Matt at 3:04 pm.	
<ul style="list-style-type: none"> Agenda & Minutes 	The Agenda and minutes were approved as presented by Matt Altman.	
Policy Review		
<ul style="list-style-type: none"> KVH Contract Evaluation 	<p>Handouts: Policy - CAH Contracted Services, KVH Contracts List</p> <p>Discussion: Mande Olsen explained that this policy is part of CMS participation requirements; the governing board needs to review their contracts for fitness for their organization annually. It is no longer just patient care services but all contracted services. By "tiering" the agreements, you can dictate which contracts need to be reviewed annually. The system we are using identifies core contracts "Tier 1" which defines a contract as a high-touch, high-risk.</p>	This policy was reviewed by the QI Council.
<ul style="list-style-type: none"> CAH Annual Evaluation 	<p>Handouts: Policy – CAH Annual Program Evaluation</p> <p>Discussion: Mande Olsen brought this policy to the council, and</p>	This policy was unanimously approved by QI Council.

	<p>though it was due to be reviewed by June, it has been to QI Council before and is part of the entire program review; the council voted to approve, and it passed unanimously.</p>	
<p>Reports</p>		
<ul style="list-style-type: none"> ○ 2022 CAH Annual Evaluation ○ 2023 Quality Improvement Dashboard Review 	<p>Presentation/Handout: Qi Dashboard</p> <p>CAH Discussion: Mandee went through the 2022 CAH annual program evaluation, starting with a history of our work since 2018, the scope of service, and the QI dashboard through December 2022. The critical information we should be evaluating related to services (volume, community need and access, human resources) and our progress towards the QAPI plan at the time. Olsen shared that HHH had to have a specific review of their own that we need to add to the 2022 CAH program evaluation. She then summarized the work done through the QAPI plan for 2022, highlighting the various pieces of strategy leaders. Olsen ended her presentation of the CAH annual evaluation with multiple explanations of how we determined the outcomes we provided in the evaluation.</p> <p>QAPI Discussion: Mandee Olsen walked the council through the dashboard. She started with clinics with Medicare wellness visits. This dashboard has lagging data due to coding, meaning that past results can change depending on coding. Olsen then reviewed clinic diabetic foot checks and fall risk assessment, describing the actual improvement. Julie</p>	

	<p>Petersen pointed out that Primary Care Providers' quality goal incentives are now tied to quality metrics to help measure and incentivize. Olsen stated we are above target for FMCE for days to referral, and overall we are doing well. The timely start for home health has dipped due to issues with referrals and alternate start dates. There has been improvement in the management of oral meds, and although not at target, excellent charting has occurred. Patient's issues stayed the same due to long-term illnesses; no patients declined oral meds. Hospice length of stay is different from where we want it to be, 4 were referrals from the Westside, and HHH is working hard to manage work with in-county issues and referrals. The Sepsis bundle had two failures; one was due to low fluid, not using the patient's weight to calculate fluid requirements, and late lactate for the second because the first was late. The Median time to ECG concerns any chest complaint, not all ECGs. With median time to lytics, we are excited to improve with the new providers coming aboard. Blood product documentation is close to 100%, with only two errors.</p> <p>The suicide risk assessment/intervention bundle is steadily improving. We are displaying hospital mortality for the first time, even though the number is very low. The dashboard took a while to populate; typical comparison data comes from Medicare, and their data is very slow to be released. We are working with Comagine, the CMS Quality Improvement Organization we contract with, to ensure we correctly calculate the number of mortalities and WSHA to get the state average, which does not include the Emergency Department or patients transferred. Our current mortality data excludes OB, comfort care, ED, and Hospice. In December, 4 out of 6 sepsis patients on comfort care expired, and is comparable to state data. Olsen shared dashboard results of Restraints being 100% in the Emergency department. Family Birth Place is at goal</p>	
--	---	--

	<p>for pain reassessment; Critical Care Unit/Med Surge has dipped, however, the charge nurse checklist is helping. There was a surgical site infection on a knee, one non-Surgical Site Infection of COVID was acquired in the hospital, potential blood-borne pathogen exposures were only at 1, and adverse medication events had one reaction to a vaccine. Olsen shared that there has been a lot of excellent employee reporting. Moving on to workplace violence, it is steady, recent reports are staff-on-staff. Olsen finished her report by explaining that care and service complaints had a spike, typical of February and likely due to a change of deductibles for people's insurance.</p>	
<p>QAPI Planning:</p>		
<ul style="list-style-type: none"> • Infection Control and Employee Health Semiannual/2022 Review 	<p>Presentation Anna Scarlett</p> <p>Discussion: Anna Scarlett started her presentation with stating that employee safety and patient safety are same coin, when we do both right, we get quality care. Scarlett then reviewed 2022 hospital acquired infections. In the beginning of the year we did great, in June and July we had spikes. She then explained that we changed policies to prevent future spreading and we have been using a charge nurse checklists which has helped prevent issues. Scarlett said they have been working with anesthesia to prevent documentation issues with antibiotics/prescriptions and that overall we have been doing well with HAIs. Scarlett conveyed that opportunities still exist with the charge nurse checklists, utilizing specific discharge instructions, and initiating the nose to toes program and peer review. Surgical site infections are being focused on with processes to prevent issues. There were no C-section infections, down from 3 in 2021, no total hip infections, and 5</p>	<p>Anna Scarlett</p>

	<p>less surgical site infections than 2021, stating that there is opportunity still to improve. Employee health has made vast improvements by building a better relationship with human resources/WPH and Employee health and other relationships with other depts. Employee Health Opportunities identified in 2022; Improved access to immunization record for control of outbreaks (mid-2022 audit showed only 12% of employees had complete records) and decreased time to access information. Improved access to appropriate PPE: 60% of employees audited needed an up-to-date mask fit testing history. Improved customer and employee experience. Bloodborne pathogen potential exposure was high in 2022 with 13, 54% (7) were regular staff, 46% (6) were students, travelers, and MA apprentices. WE had seven hundred thirty-four vaccines for the flu in 2022. Also had the earliest and strongest flu season we have had in years, and it was due primarily to unvaccinated patients. Nicole is the secretary for the PNW chapter of AOHP! Employee Health; COVID employee exclusions went from 105 in January 2022 – to 11 in March. We continued to track total hips, knees, colon procedures, and total abdominal hysterectomies. The non-reportable procedures we are tracking; are C-sections, peripheral vascular procedures, anastomotic leaks (new) and asymptomatic COVID-19 in surgical cases, and other items – CAUTIs, CLABSIs, and VAEs, Antibiotic stewardship efforts, employee flu shots, employee covid shots. High-risk top concerns; measles, employee med records, waterborne pathogens, covid. Medium risk top concerns - Hand hygiene, multi-drug resistant organisms and pathogens of epi concern, bloodborne pathogen exposures. Scarlett explained the low-risk tracking as well.</p>	
--	--	--

<ul style="list-style-type: none"> Risk Management Semiannual/2022 Review 	<p>Presentation</p> <p>Discussion: Linda Navarre shared the risk management 2022 final review and stated the program's goal. There were 766 reports, up from 497 in 2019 when initiatives started. Medication events were up towards the end of the year, primarily due to COVID vaccines at different ages, the dosing ages, and the total number of doses changing. Workplace violence reports are a top priority to staff and management; AVADE training has been beneficial, and security assessments are vital to WPV training/preparation. Of The total number of events, 161 for 2022, 67 were determined WPV, nine injuries were documented, and the Emergency Department, registration, and Med/Surg were the highest issue locations. Navarre explained that there was only one SBAR security risk to the staff, which meant the team had to give an urgent alert related to a person of concern. Only two trespasses and one assault charge were filed by staff. Three reevaluations of no trespass orders for patients were done; the patients testified how they've changed, two were rescinded, and one was accommodation for imaging. Crisis case managers saw 1439 patients in 2022. Navarre Recapped – 2 crisis case managers, based in ED, seven days a week coverage with one day of overlap, 10 hours a day 0700-1800; the focus is on crisis stabilization and assisting all patients in ED and with behavioral health issues. 2023 improvement initiatives were a presentation to the City Board of Health to ask for funding to add two crisis case managers. Patient falls – 3 ED, highest place for fall issues is Med/Surg, 28 falls with seven injuries and one category four injury reported. The Falls team meets for all falls; they use metrics to improve analysis, get debriefs quickly, and use data to drive improvement. Recalls – 66 drugs, 18 devices/equipment, and ten supplies – 94 total, with 34 required for</p>	<p>Linda Navarre</p>
--	--	----------------------

	<p>follow-up action. 2022RCA/A3 events – 7 events, one adverse event (fall) that required reporting to DOH – collaborating with WA DOH Epidemiology Dept, CWCH, KVH pregnancy loss program. Peer review – 72 case reviews, 89% standard of care met, 24% external review, onsite/remote reviews by WHs – ortho four w/ 1 onsite visit, OB quarterly reviews, 28 charts with one onsite, vascular surgery, Ent and ED. Apart from CMS requirements that rural doesn't handle these reviews by themselves. Education – Dr. Asriel – fall of 2022 sessions, created eight sessions for conferences that our staff could use CME at, Care and services program, 2022: 189 reports, up from 78 in 2021 – complaints resulting in \$14,780.06 of write-offs. Compliments were about the same from 2021 – 40, up from 37. 14 notifications to professional liability co. were reported in 2022, and 1 PL claim was open. HIPAA/Privacy – 2022 – 70 privacy investigations, 1 BA privacy incident. Education in Bizlibrary and One Point has been improved to prevent issues.</p>	
<p>New Business:</p>		
<ul style="list-style-type: none"> 1st Quarter 2023 SAFE Catch Winner Selection 	<p>Handouts:</p> <p>Discussion: Altman listed out the clinical nominations, Erin Steele, RN, FBP, was nominated for clinical award, Altman then listed out the clinical nominations, Seaira Roberts, CMA and Monique McCready, CMA-General & Vascular Surgery received the non-clinical nomination.</p>	
<ul style="list-style-type: none"> 2023 Meetings 	<p>Next meeting June 12th, 2023 3-5 pm.</p>	

Closing:		
<ul style="list-style-type: none">• Adjourned at 5:03 pm		

<p align="center">Quality Improvement Council</p>	<p align="center">MEETING MINUTES</p>	<p align="center">June 12th, 2023</p>
<p>1. Present: Mandee Olsen, Matt Altman, Terry Clark, Julie Petersen, Jeff Yamada, Dr. Kevin Martin, Michele Wurl, Dede Utley, Rhonda Holden Guests: Linda Navarre, Liza Skelton of AdaptX Recording Secretary: Mandy Weed Minutes Reviewed by: Mandee Olsen</p>		
<p align="center"><u>ITEM</u></p>	<p align="center"><u>DISCUSSION</u></p>	<p align="center"><u>ACTION ITEM/ RESPONSIBLE PARTY</u></p>
<ul style="list-style-type: none"> ○ Called to order 	<p>The meeting was called to order by Matt at 3:09 pm.</p>	
<ul style="list-style-type: none"> ○ Agenda & Minutes 	<p>The Agenda and minutes were approved as amended by Matt Altman with a change to Safe Catch nominations.</p>	
<p>Presentation:</p>		
<ul style="list-style-type: none"> ○ AdaptX – Data journey with KVH and some initial control boards 	<p>Handouts: AdaptX presentation</p> <p>Discussion: Liza from AdaptX introduced herself and reviewed the data going into the EHR/EMR and stated how it is hard to get data out of Cerner. Mandee stated that a lot of measures for Quality data we are not able to pull out of Cerner, but with AdaptX we can. Liza reviewed some of the data we are getting from AdaptX for Rapid Access such as wait times, visit by the hour, visit by zip code etc.</p>	<p>Julie stated that it is an expectation that the clinics use this data for their QAPI work.</p>
<p>Reports:</p>		

<ul style="list-style-type: none"> ○ DNV Survey Summary 	<p>Handout: None</p> <p>Discussion: Mandee stated that the DNV came and we received our final report last week. Mandee reviewed the finding levels and what they mean. Mandee stated that we could have done a better job in communicating to DNV what we do. Mandee stated that she needs to make it clear that she is facilitating in the QI meetings but then directors are the ones doing the work. Matt Altman stated he would like to hear back at the next meeting how we are meeting the DNV's requests. Mandee reviewed the other findings and who is addressing each of the 8 non-conformities all together. Dede discussed how we can talk more about our utilization rates.</p>	<p>Mandee to submit final report to DNV by Saturday (6/17/23).</p> <p>QI minutes need to have output and see more results.</p> <p>All QAPI plans will come to QI and will be presented by group doing the work.</p> <p>Mandee to report back at next QI meeting how we are meeting the DNV 's requests.</p>
<ul style="list-style-type: none"> ○ SOPS Update 	<p>Handouts:</p> <p>Discussion: Mandee stated that Amy Diaz built a survey with the help of HR and they are currently in the process of validating the results of the Survey of Patient Safety (SOPS). Mandee stated that there was one survey for the clinics and one survey for the hospital and the clinics had an 86% completion rate and the hospital had an 80% completion rate. Mandee stated once the survey has been validated it will go to the Admin Team, then to QI Council and then finally to the Board.</p>	<p>Julie directed Mandee to bring the SOPS survey results to the next QI meeting.</p>

<ul style="list-style-type: none"> ○ 2023 Quality Improvement Dashboard Review 	<p>Handouts: QI Council Dashboards</p> <p>Discussion: Mandee stated that the time to ECG is looking great and that Bonnie and Cody stated that AdaptX is really helping them look at that data; blood product work is making progress; SOP is working on the signed consent process and lots of work is being done with the suicide bundle with a more in depth screening tool. Dede commented that since it is a bundle, if they miss one thing then the entire bundle falls outside. Mandee stated they are seeing an improvement in diabetic foot checks which also requires a lot of data validation that we can use AdaptX for now and not have to manually pull all of the data.</p> <p>Liza left the meeting after this discussion.</p>	
<p>QAPI Projects and Outcomes:</p>		
<ul style="list-style-type: none"> ○ Claims Review 	<p>Handouts: Quality Improvement Claims Report</p> <p>Discussion: Linda reviewed the claims process overview and the timeline for notifying risk management. Linda gave a 7-year look back on claims stating we had 107 incidents or potential claim incidents that were reported by us. Linda reviewed the REACT Program Utilization and the actions that QI took as a result of them. Linda also reviewed the settlements and the QI actions as a result of the settlements. Linda stated we currently have 2 open claim at this time and that our drills and documentation are helping to lower our risk.</p>	
<p>Policy Review:</p>		

<ul style="list-style-type: none"> ○ Quality Improvement Events Policy 	<p>Handouts: Quality Improvement Events Policy</p> <p>Discussion: Mandee reviewed changes to the Quality Improvement Events Policy.</p>	<p>The Quality Improvement Events Policy was approved by the QI Council as presented.</p>
<p>Closing:</p>		
<ul style="list-style-type: none"> • Adjourned at 4:57 pm 	<p>Next meeting, August 14, 2023 at 3:00pm</p>	



QUALITY IMPROVEMENT REPORT – Mande Olsen, BSN RN CPHQ

September, 2023

QAPI (Quality Assessment and Performance Improvement) “Refresh”

On August 29th, leaders met to review the scope of services provided at KVH, and reflect on our strategic and QAPI improvements achieved year to date. It was wonderful to connect and celebrate the incredible growth and development KVH and our staff have achieved.

Our next session will be September 25th with the goal of starting to draft QAPI plans for 2024. This year, we are starting with board strategy and priorities to identify high-level QAPI projects. We hope to have fewer numbers of QAPI plans this year, with greater convergence of QAPI, strategic, and operational work and projects. We are also incorporating the concerns and opportunities identified in the Survey of Patient Safety Culture and ensuring they are addressed in the QAPI plans.

COVID Surveillance (yes, unfortunately it is still a thing)

KVH Infection Prevention continues to monitor daily, weekly, and monthly the infectious disease burden and risk in our facilities and community. They also meet weekly with Kittitas County Public Health Department staff and assess our current COVID transmission risk and recommend any changes to our infection control and prevention program. Over the last several weeks we have seen increasing numbers of COVID indicators, in addition to other infectious respiratory and gastrointestinal illnesses. See attached data as of 9/21/2023.

ACT NOW... BE A POSITIVE INFLUENCE

As in years past, the flu vaccine is a requirement for employment. The deadline to be vaccinated or decline the vaccine is November 1st. Per the Influenza Control Plan, those that have not been immunized must wear a mask at all times (except while eating or drinking) upon entering a KVH facility. Since it takes 2 weeks for the vaccine to take full effect, anyone vaccinated after October 17th must wear a mask for the allotted time starting on November 1st. Employees can choose to receive vaccinations from KVH Workplace Health clinic or rounding at sites, or their own pharmacy or PCP. This will be our first year where we will have Immuware tracking of employee vaccination status which will allow Employee Health and supervisors to better monitor compliance to the mandatory employee health program.

Process Improvement and Leadership Development

Process Improvement Coordinator LeAnn Bolding has just started her fourth cohort of leaders through “Lean for Leaders”. After this session wraps up, 28 leaders will have been through her training. Besides the support it provides to the leaders in setting up visual systems, monitoring their operations, and tools to organize their teams, the leaders enjoy the time to connect and support their colleagues.



Quality Department Staffing

I am pleased to announce Holly Purrazzo, MSN RN CPHQ CPHRM CPPS, to the Quality team as our new Risk Manager! She comes to us with over 40 years of healthcare experience, including as an ICU nurse, nurse faculty, behavioral health manager, peer review coordinator, and over 25 years as a Quality Director and Risk Manager. She is certified in healthcare quality, risk management, and patient safety. She resides in the state of Illinois, and has worked remotely with rural healthcare organizations, including several in the Pacific Northwest. She carries an RN license in Washington and Oregon, as well as Illinois and Nevada, and is trained in process improvement facilitation.

We are thrilled to have her as part of our team, and have her join us in-person in October for the Chartis training with medical staff. Holly will be expanding the risk management work Linda Navarre did for the organization, looking at enterprise-wide risk, and claims avoidance and management. Other components of Linda's work will be continued with existing Quality team members in new roles:

- Toni Clayton is now the Patient Experience Coordinator – she will now broaden the work she did with the clinics around just in time service recovery to the entire organization, coaching staff and leaders about customer service, sharing patient satisfaction insights, leading teams to improve the customer experience, and resuming the Patient Family Advisory Committee with Michele Wurl. She will now coordinate the patient grievance process.
- Brandee Coates is now the Quality Improvement Coordinator – she will focus more specifically on patient safety measures and employee-reported patient safety incidents. She will ensure all incidents are investigated, work with leaders to analyze incident reports for trends or improvement opportunities, and lead root cause analysis events. She will continue to coordinate the SAFE Catch program and facilitate the Fall Team.

Quality Improvement Dashboard Data Summary – through July 2023

Summary of Areas Meeting Goal or Showing Improvement

- The number of Medicare Wellness visits is holding steady. The most recent month will always show a number slightly lower than actual until coding/billing is completed.
- Fall risk screenings in clinics continue to be a focus area and are routinely being conducted. All clinics were above goal.
- Timely starts for home health improved from the prior month.
- The suicide risk assessment and intervention bundle was met for nearly all patients who presented with a mental health concern. This continues to improve. In many of the



encounters where the bundle is *not* met, the assessment is conducted but the documentation is not correctly finalized.

- Year-to-date, more than one in three reported medication events were near miss events and did not reach the patient. This is excellent reporting by staff to prevent instances that could result in harm.

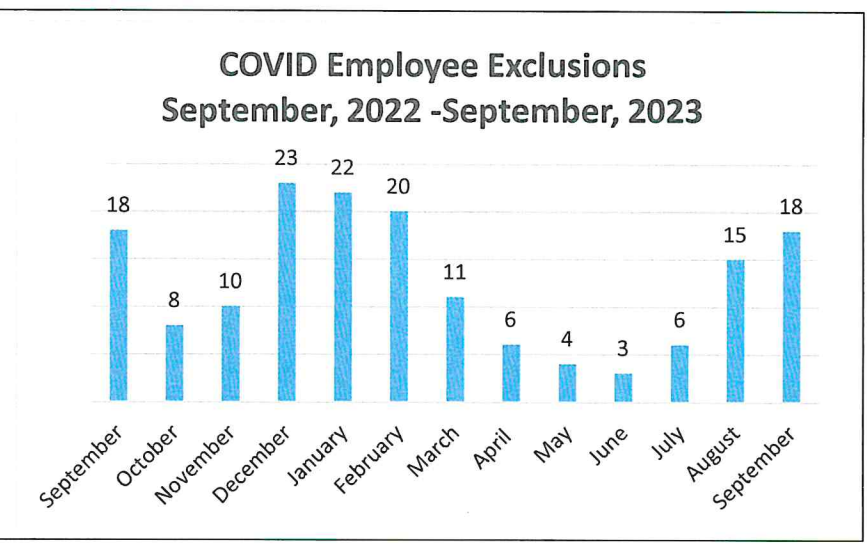
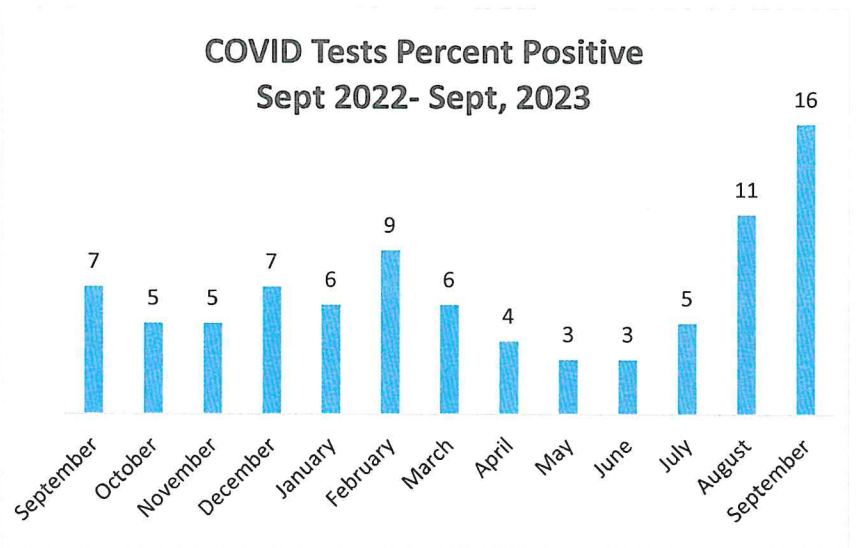
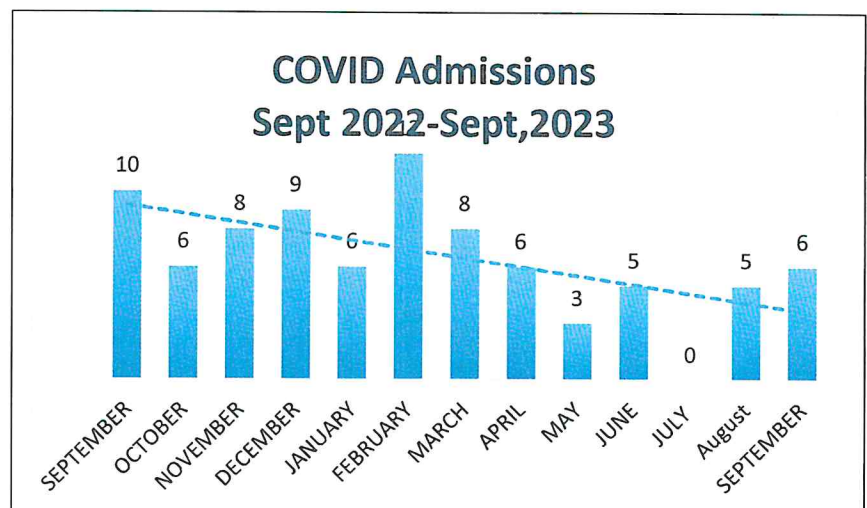
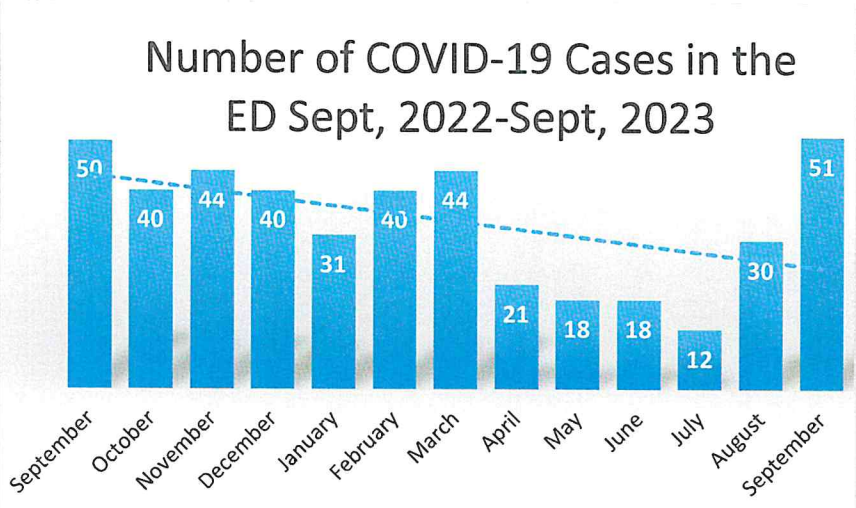
Summary of Improvement Opportunities

- There were two patients with a hospital acquired infection. One was an infection following a hip hemiarthroplasty. This could have resulted from showering after discharge from the hospital. The other infection was following a surgery for a ruptured appendix. This is not an unexpected outcome for this type of surgery and could not have been prevented.
- There were two falls. Neither resulted in injury. In one case, the patient was using the restroom unattended after receiving IV medications that would have affected her balance. In the second case, a home health patient had an assisted fall in his home.

Patient Stories

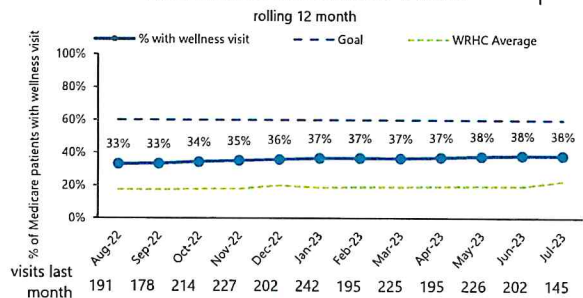
I will have a patient story to share at the board meeting.

KVH COVID Surveillance Data as of 9/21/2023

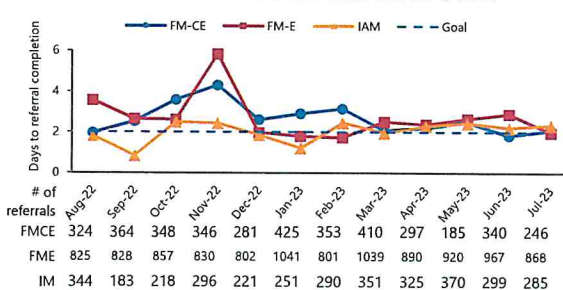


QI Council

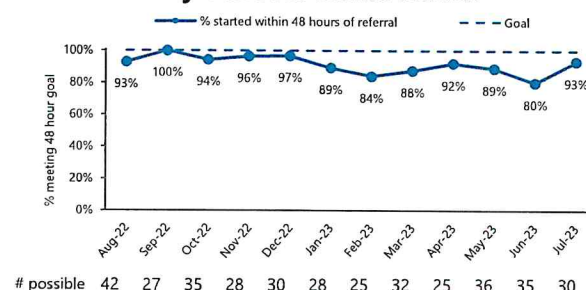
Medicare Wellness Visits



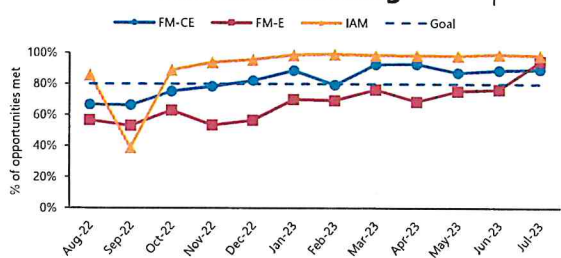
Time to Outbound Referral Sent



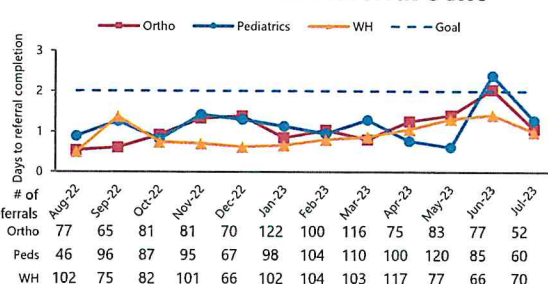
Timely Start for Home Health



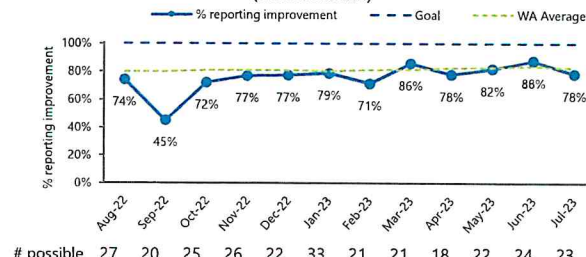
Fall Risk Screening



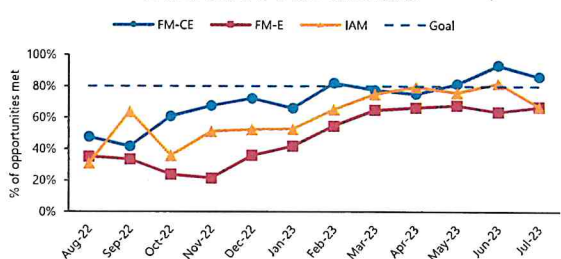
Time to Outbound Referral Sent



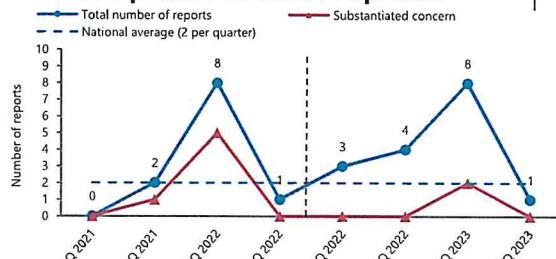
Improvement in Management of Oral Meds (Home Health)



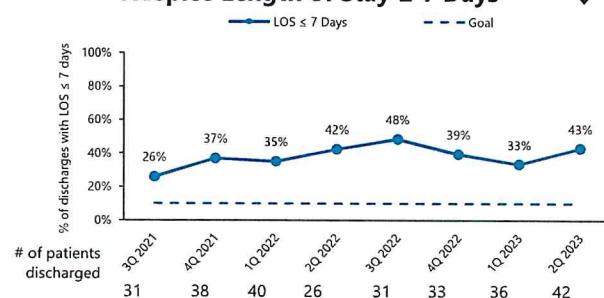
Diabetic Foot Checks



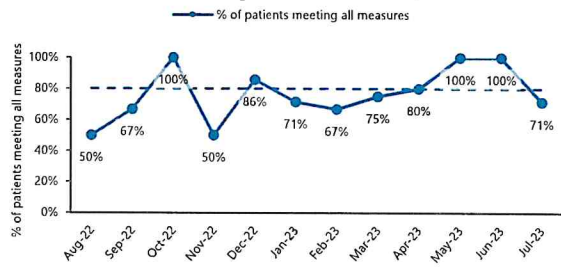
Compliance Concerns Reported



Hospice Length of Stay ≤ 7 Days

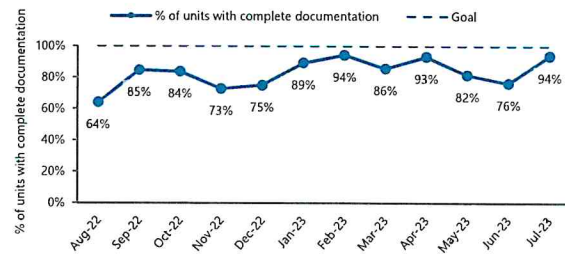


Sepsis Bundle ↑



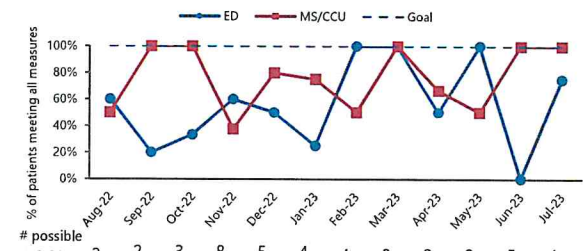
possible 8 3 2 2 7 7 6 4 5 4 6 7

Blood Product Documentation ↑



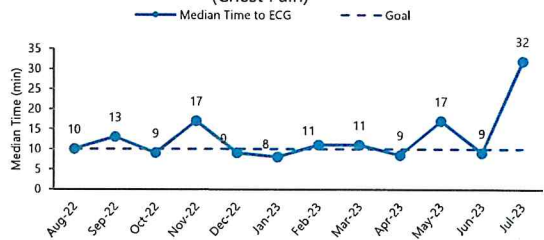
of units 25 13 37 22 40 28 35 28 59 38 38 16

Restraints Bundle ↑



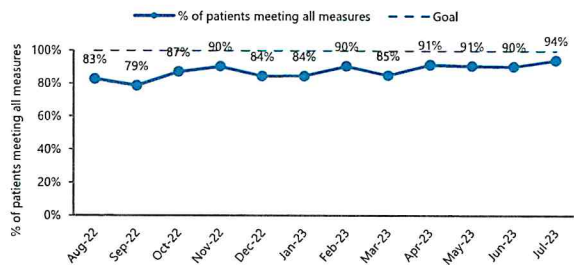
possible MS/CCU 2 2 3 8 5 4 4 2 3 2 5 4
ED 5 5 3 5 2 4 1 3 2 3 1 4

Median Time to ECG (Chest Pain) ↓



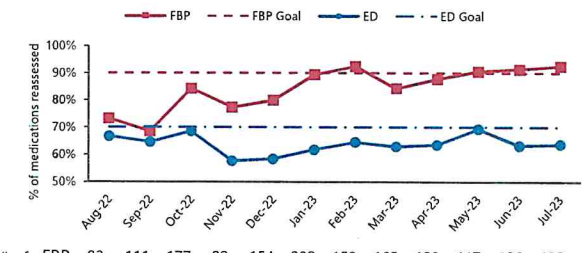
possible 10 10 13 8 7 7 4 11 4 2 8 9

Suicide Risk Assessment/Intervention Bundle ↑



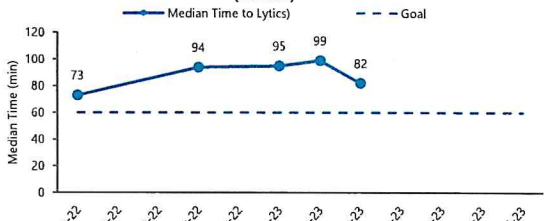
possible 46 42 46 31 32 45 42 33 35 43 41 34

Pain Reassessment after Medication ↑



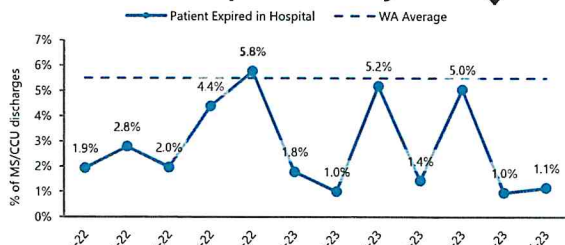
of meds FBP 82 111 177 88 154 208 159 165 180 117 186 135
ED 240 440 536 467 622 569 565 681 674 707 673 663

Median Time to Lytics (Stroke) ↓



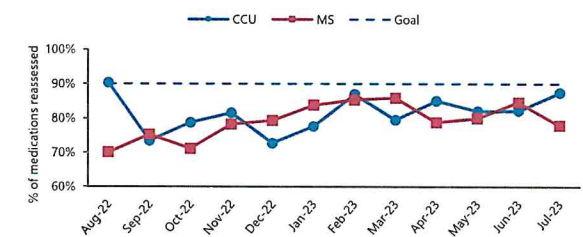
possible 1 0 0 2 0 1 1 2 0 0 0 0

Hospital Mortality ↓



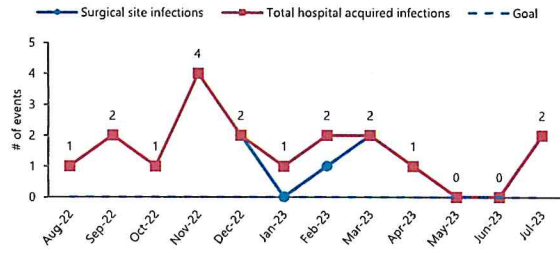
deaths 2 3 2 5 6 2 1 7 2 6 1 1

Pain Reassessment after Medication ↑

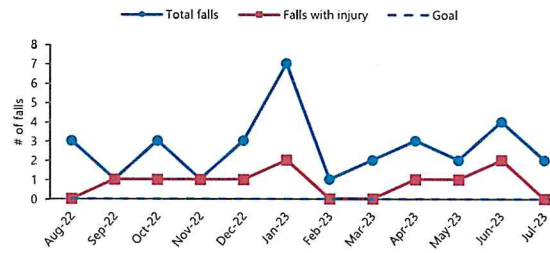


of meds CCU 93 244 141 146 157 228 137 156 213 194 106 166
MS 243 532 460 344 643 504 551 565 527 517 733 534

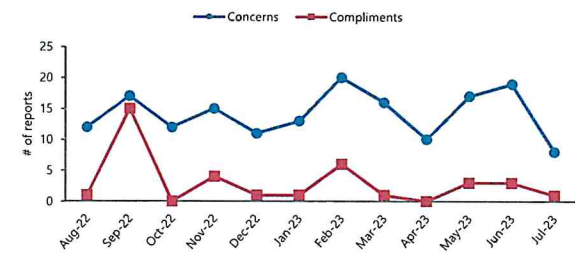
Hospital Acquired Infections



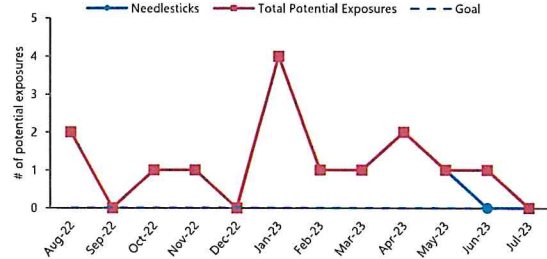
Falls



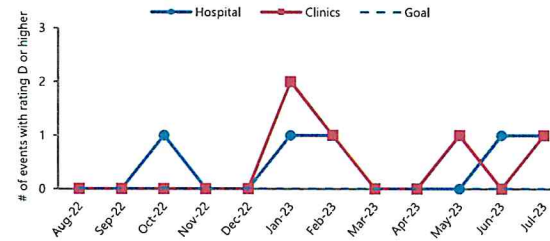
Care and Service Reports



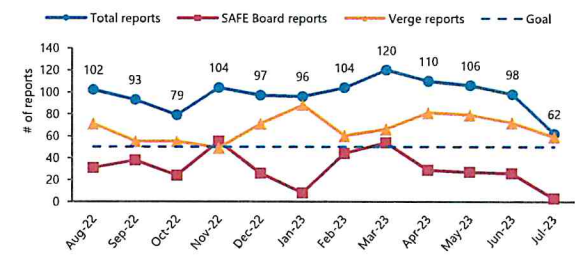
Potential Bloodborne Pathogen Exposures



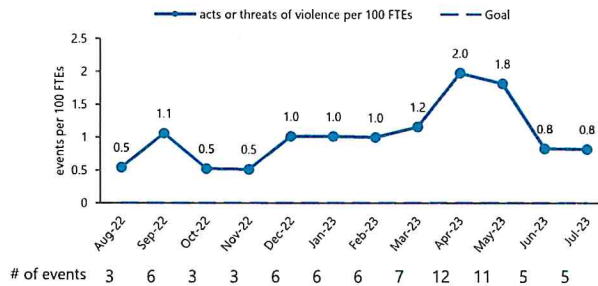
Adverse Medication Events that require additional monitoring or cause patient harm



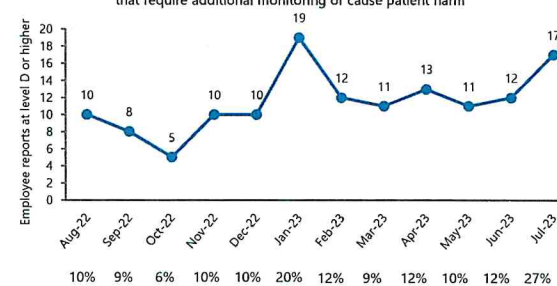
Employee Reports



Workplace Violence Events



Reports of Occurrences that require additional monitoring or cause patient harm



Human Resources & Staff Development- September 2023

August 2023 Metrics

<i>Employee Population</i>				
	<i>23 - Aug</i>	<i>23-Jul</i>	<i>23-Jun</i>	<i>23-May</i>
Full-time	517	512	511	511
Part-time	105	110	113	112
Total Employees	757	755	767	760

<i>Turnover</i>			
	<i>YTD</i>	<i>23-Aug</i>	<i>2022 Year End</i>
Turnover (People)	117	23	149
Turnover (Percentage)	15.25%	3%	20%
Voluntary	109	22	140
Involuntary	8	1	9

<i>General Recruitment</i>				
	<i>23-Aug</i>	<i>23-Jul</i>	<i>23-Jun</i>	<i>23-May</i>
Open Postings	24	24	19	19
Unique Applications Received	271	177	173	158
Employees Hired	16	12	22	16
Time to Fill (Median)	44	49.5	32	40.5
Time to Fill (Average)	62.16	48.17	32.4	73.88

<i>Annual Evaluations</i>	
	<i>YTD</i>
Percent complete	81.2%
Total evaluations over due	142
# of employee evals over due	114
# of provider evals over due	26

Recruitment: A new position was added to the Hot Jobs referral program: Home Health Aide. Time to fill average number is higher than normal as the Home Health, Registered Nurse position was posted in March and filled in July. Our new Cardiopulmonary Director, Carolyn McCain was hired and will start in the department 9/21. A new Marketing and Communications Specialist, Kristl Densley was hired and started in the department late August. In addition to the external hires, we had a fairly high number of internal job offers as well (11).

On August 29th Manda and Dede had a meeting with our partner for international nurse staffing, Healthcarousel. Our first international nurse is coming this fall in our Med/Surg department. So far the onboarding process has gone well.

Student and Volunteer Services: Currently we have 17 learners on-site from the following groups: 3 Pharmacy students, 1 Nursing Student, 4 Imaging Tech students, 3 Job Shadow students, 2 Nurse Practitioner students, 2 Medical students, and 2 Family Medicine Residents. We are working with the Rotary Vocational Service Committee and local school districts to arrange an opportunity for up to 30 high school students to learn more about healthcare careers. The school districts have offered to provide transportation and we are working to confirm a date and time.

Animal Therapy: The Foundation at KVH has kindly offered to provide funding to cover the training expenses for additional animal therapy teams in the Caring Canines program. The expense to complete the animal therapy training has been a barrier for a number of potential volunteers. We are extremely grateful to the Foundation for their support!

Staff Development: The Diversity, Equity, and Inclusion (DEI) module adapted from NIH Implicit Bias training is now completed in collaboration with the Customer Experience strategic committee. This will be sent out next week. The introduction to TeamSTEPPS training is also complete, and live training resumes October 23, 2023.

Career development: We are pleased to share that we have implemented a new Nursing Workforce Development program that provides tuition reimbursement for KVH nurses and employees who are seeking to become nurses. The program allows for a one-time partial reimbursement after meeting qualifying criteria and credentials. We have received our first payment request and are excited to provide this benefit.

Benefits/Wellness: The Benefits Advisory Committee met on August 7, 2023. The WSHA rural collaborative has introduced several new benefits and products for collaborative members. We spent some time reviewing the retirement benefit and the white label dental program in August and meeting with the representatives. Collaborative hospitals are encouraged to review and participate in these programs. KVH has opted in to the collaborative white label dental benefit as it has no negative effect on employees, is easy to facilitate, and provides savings to the hospital and employees. We already have dental benefits through the trust.

KVH declined to participate in the rural collaborative retirement benefit at this time. We have had a long term partnership with Corebridge financial services and they are currently meeting our needs. Several KVH leaders and HR met with Corebridge leadership on August 14, 2023 to review our partnership.

Physician Engagement and Development: Manda has initiated check in meetings with providers and has been doing outreach to enhance communication and increase feedback channels. Currently, the focus is on a 6 month check in with new providers and making sure we capture exit interview from employees who leave. It has been excellent conversation and the feedback is shared through multiple leadership channels.

HR operations: HR had a half-day team meeting on August 30th where we reviewed our QAPI plans, projects, staff development and budget.

**Patient Care Services
Sept. 2023**

Medical/Surgical & CCU-Jeff Holdeman

- Working on quotes for Med/Surg and CCU bed replacement.
- We have been an integral member on the work to bring hemodialysis to our inpatient population. We continue with weekly planning meetings and will have an Open House on Sept. 24th for nurses interested in the training.
- KVH hosted the executive team from Rural Physicians Group for an annual review of the program and to discuss future work. This included a tour of the facility and we received very complimentary feedback on our organization from the team.
- Jeff headed the work group on our Philips Monitoring Upgrade.

Food Nutrition Service-Jim Gallagher

- Food Service
 - Staffing – Currently have five open positions
- Clinical
 - Continue to provide virtual dietitian services to two hospitals-Continue as usual with providing clinical nutrition services
- Nutrition and Diabetes Education
 - An increase in referrals has occurred over the past few months. August was a high of 21 referrals received. A typical month has about four to five referrals.
 - The dietitian travels to Cle Elum Family Medicine three days per month. This frequency appears to be satisfactory.

Surgical Services-Amy Krogstadt

- I am so excited to report that we have hired a PCT for the SOP department! We have also completed multiple successful interviews for SOP RN and Surgical Technologist positions, all that is left is choosing the most qualified candidates.
- Amy's version of construction update:
 - My team has completed/planned as we near actual construction INSIDE the building the following:
 - Moved a portion of the equipment out of OR storage (Room 4) into Ron's old office for temporary storage.
 - We will empty all supplies and equipment from SOP holding rooms 9, 10, 11 and 12.
 - Will be moving a good portion of our MOP care to share in the Wound Care Office.
 - Katy has been gracious enough to agree to let us start CT IVs in a draw station in the lab.
 - Procedural RNs will move into a temporary space in Imaging (old reading room).
 - These have all been in anticipation of losing 4 of our holding rooms as the construction enters the north side of SOP in October. We are looking for ways to maintain our case volumes with less space. Staff have participated in brainstorming and have come up with some fantastic ideas.

Emergency Department/Urgent Care-Cody Staub

- Cody is getting his feet on the ground in his new role. We look forward to what he has in store for us! We are currently recruiting for the Special Programs position he is leaving. It is being split into two different positions, one that will focus on trauma and the other for Stroke-Cardiac-Sepsis.
- Crisis Case Managers: The program is an innovative partnership between KVH and Comprehensive Healthcare to meet the needs of county residents. The formal RFP application process for 1/10th funds is being launched in September 2023 and funding requests for 2024 forward will be decided using that RFP process. County Commissioners have voiced support to sustain this program through 1/10th of 1% tax dollars.

Family Birth Place-Stacey Botten

- 4th Trimester Clinic
 - Working with Women's Health and Marketing to increase visibility and attendance for our Educational offerings, with a focus on the prenatal classes that are an adjunct to their Women's Health prenatal care
 - Classes are back to in person education and have had a positive response
- Cross Departmental Drills
 - To date:
 - 3 Acute Newborn-included education – car seat challenge, blood transfusion, glucose gel
 - 2 STAT CSection
 - 1 Post-Partum Hemorrhage (PPH)
 - Up Coming:
 - PPH in collaboration with WSHA (three/day at various times)
 - STAT CSection
 - Acute Newborn
- Grants
 - \$ 5,000 from DOH for our work with Blue Band Patients
 - This is to support purchasing validated BP cuffs for home BP screening
 - Have applied for a \$4000 grant with the ED to strengthen our drill process at KVH

Case Management/Social Work-Dede Utley & Jeff Holdeman

- Utilization Review Plan Policy approved by QI Council on 9/11/23. Working on data reports to track QI measures
- We have interviewed for a second full-time Social Worker which will help support a full census to include FBP, Surgical Services, and the ED. HR is working on an offer for one of our candidates.

Dede Utley, MSN, RN, CEN
Chief Nursing Officer

Ancillary Services report to HD 1 Board of Commissioners September 2023

Ancillary Service Operation Report:

47 Degrees North

On September 15 our attorney Jamie Carmody received a letter from Davis Wright Tremaine on behalf of Sun Communities proposed 47 Degrees North Development. A copy of the letter is provided in your packet.

506 Power Street

The City of Cle Elum issued a decision regarding our special use permit for 506 Power Street. They will allow us to utilize the property for ST/PT with the following requirements:

- At least one ADA paved parking space and paved ADA access into the building;
- A site plan showing 6 patient parking spaces (one of which is ADA) and wheel stops or striping;
- At least one ADA restroom onsite;
- Approval through September 13, 2024 with the option for a one year extension;
- For long-term occupancy, the appropriate planning and permitting requirements will apply

Imaging

Imaging is winding down a 4 week RadNet optimization with Cerner and just beginning a 16 week Scheduling optimization with Cerner. We are hopeful this will lead to greater efficiency in our workflows. On any given day imaging has 156-180 orders from KVH providers and 55-70 orders from outside providers to schedule.

Lab

The MAC lab will be moving into our new space (formerly North Star Lodge infusion center) on the evening of September 21. This will give Rapid Access two additional exam rooms. The MAC lab sees 80-100 patients per day. Katy is working closely with Kittcom, Medic One and KVFR to provide O+ blood to trauma patients in the field. We should be able to implement this by the end of the year.

Cardiopulmonary

Carolyn McCain has accepted our offer as Director of Cardiopulmonary Services and started on September 21. Carolyn is from Virginia, but has been working on contract as the Director of Cardiopulmonary Services at Sunnyside Community Hospital. She fell in love with the area and is excited to be moving to Ellensburg. Carolyn has extensive experience as a respiratory therapist, department director, and with sleep centers. We are very excited to have her join KVH.

Home Health & Hospice

Our HomeCare HomeBase software build is going quite well. We've completed initial build and testing and will have staff training the week of October 9, with a home health "go live" October 16 and Hospice on November 1.

Unfortunately, our only home health aide is out indefinitely on FMLA. We've had a position open for over a year. This position is hard to fill nationwide. Our RN's and LPN are assisting with aide duties until we can get a HHA on board.

Rehab Services

Ceri Callan has resigned as a SLP in Ellensburg. Ceri provided service to KVH hospital and the Ellensburg outpatient clinic as well as Home Health. Chelsea Miller-Erion, SLP in Cle Elum will be assisting to manage the caseload with Ceri's departure until a replacement is found.

Pharmacy

Nasser is in negotiations with Super One to participate in our 340B program. We have been approaching Super One since the beginning of our 340B program at KVH without much interest from them. Nasser and Jason will review a proforma to determine if it is cost effective for both entities to participate in the program.

The retail pharmacy had a planned Script Pro software downtime to install an upgrade on September 6-7. During this time we could only refill emergency retail prescriptions, which were mostly for our hospice patients. Unfortunately, the system didn't come back up until September 8 and required further work to ensure our 340B eligible providers were crossing appropriately to our third party administrators. Kudos to pharmacy and IS staff for working out the kinks.

Respectfully submitted by Rhonda Holden, MSN, CENP

September 15, 2023

VIA EMAIL ONLY

Meyer, Fluegge & Tenney, P.S.
Attn: James C. Carmody
230 South Second Street, Suite 101
P.O. Box 22680
Yakima, WA 98907-2680
Email: carmody@mftlaw.com

Re: Proposed 47 North Development in Cle Elum

Mr. Carmody:

This firm represents Sun Communities, Inc. (“Sun”) with regard to its proposed development of that certain property commonly known as the Bullfrog Flats UGA in Cle Elum, Washington (the “Project”). As you know, Sun submitted various applications to the City to modify the approved entitlements for the Bullfrog Flats UGA Property, including applications for Major Modification of the Master Site Plan (the “Major Modification”) and a Preliminary Subdivision (collectively, the “Project Entitlements”). In addition to the applications for the Project Entitlements, Sun has also requested an amendment to the existing Development Agreement that is intended to clarify procedures to necessary to implement the Project.

We understand your firm represents Kittitas County Public Health District No. 1 and Kittitas County Public Health District No. 2 (collectively, the “Hospital District”) as well as the Kittitas County Unincorporated Area Council (the “KCUAC”). We have reviewed your November 7, 2022, April 14, 2023, June 26, 2023, and August 21, 2023, letters (collectively, the “Comment Letters”), indicating that, in the Hospital District’s view, the Final Supplemental Environmental Impact Statement (“FSEIS”) and the FSEIS Addendum for the Project (collectively, the “Environmental Documents”) are insufficient to evaluate the Project’s potential impacts on the Hospital District as required by SEPA. However, Sun has not received any indication from the City staff that it intends to require additional study or review of these potential impacts before issuing its staff report for the Project. This is why Sun and its consultants have reached out to the Hospital District several times over the course of the past two years to better understand its operations, concerns regarding the Project, and potential mitigation measures the Hospital District may propose to mitigate the potential impacts of the Project.¹ As you know, the Environmental Documents suggest that

¹ Initial contact between Sun and the Hospital District occurred on July 28, 2021 (an in-person meeting between the Hospital District’s Chief Ancillary Officer and Sun’s representatives in Ellensburg). In 2022, Sun hired Shockey Planning Group to lead its outreach efforts with the Hospital District. At various times throughout the spring, summer, and fall of 2022, Sun and Shockey attempted to engage the Hospital District with regard to potential mitigations for the Project and were told that the Hospital District was evaluating the impacts of the Project. Sun, Shockey, the City, and the Hospital District met in person on January 31, 2023, to discuss the Project, but, thereafter, the Hospital District

Letter to Kittitas County Hospital District
September 15, 2023
Page 2

the City should require, *where feasible*, a separate mitigation agreement between Sun and the Hospital District. *See* FSEIS Addendum at 3.7-16. Accordingly, Sun would like to discuss whether such an agreement between Sun and the Hospital District is feasible.

If the Hospital District does not engage with Sun to develop an agreement and/or mutually acceptable mitigation plan, Sun will inform the City that the parties were not able to reach such an agreement. In that case, any mitigation measures included in the Project Entitlements will, under controlling law, need to be related to probable impacts to the Hospital District that are clearly and demonstrably attributable to the Project. Sun will propose that impacts to the Hospital District be identified through a monitoring program akin to the monitoring program imposed as a condition of approval for the existing entitlements. Sun will also note that any such monitoring program should be imposed with the understanding that Trendwest, Sun's predecessor-in-interest, *already provided* mitigation for the probable impacts to the Hospital District resulting from the development of the Bullfrog Flats UGA Property. In 2003, Trendwest and Hospital District No. 2 entered into a "Voluntary Mitigation Agreement" pursuant to Condition 100 of the existing conditions of approval. The Voluntary Mitigation Agreement was fully performed in 2007 and was released as a condition encumbering future development of the Bullfrog UGA Property pursuant to City Resolution No. 2007-15. The already-satisfied Voluntary Mitigation Agreement provided sufficient mitigation for a project that would have resulted in *greater* population and services increases (and, thus, greater impacts to the Hospital District) than the proposed Project.

Please let us know as soon as possible if the Hospital District is willing to engage further with Sun on an updated mitigation plan for the Project.

Sincerely,

Davis Wright Tremaine LLP



Brent E. Droze



Clayton P. Graham

cc: Client – Sun Communities
Gregg Dohrn (via email, gdohrn@cleelum.gov)
Christina Wollman, Perteet (via email, christina.wollman@perteet.com)
Richard Weinman (via email, richardw-llc@comcast.net)
Mayor Jay McGovern (via email, jmcgowan@cleelum.gov)
Robert Zeinemann (via email, robert@kenyondisend.com)

has not engaged in further communication with Sun regarding the Project and, to Sun's knowledge, the Hospital District has not consulted with the City regarding potential mitigation conditions to address the Projects' probable environmental impacts under SEPA.

City of Cle Elum
119 West First Street
Cle Elum, WA 98922



Phone: (509) 674-2262
Fax: (509) 674-4097
www.cityofcleelum.com

**City of Cle Elum, Washington
Special Use Permit SUP 2023-002
Kittitas County Hospital District 2
September 13, 2023**

Application Number/Name: Special Use Permit (SUP) 2023-002 Kittitas County Hospital District 2, KVH Family Medicine Clinic

Date of Application: September 7, 2023

Applicant: Ron Urlacher, 603 South Chestnut St., Ellensburg, WA 98926

Applicant Email/Telephone Number: rurlacher@kvhealthcare.org; 509-962-9841

Parcel Number(s): 12501 & 884236

Site Location/Address: 506 Power Street, Cle Elum, WA 98922

Project Description: Kittitas County Hospital District 2 has purchased the Church of Shakinah Glory at 506 Power Street, across from KVH Family Medicine Clinic in Cle Elum. The property includes two parcels which are zoned General Commercial. Parcel 12501 houses the existing building and parcel 884236 is vacant.

Kittitas Valley Healthcare is proposing to temporarily locate their physical therapy and speech therapy services on the lower level of the existing building while the existing Family Medicine Clinic undergoes a remodel to improve function and accommodate provider growth. The existing building on parcel 12501 will be utilized, and no new structures are proposed as part of this use.

No exterior changes are proposed, but interior remodeling is planned, including utilizing the chapel for a reception area, a private speech therapy office, and private physical therapy room. Updates to the restrooms are anticipated to provide single ADA accessibility. The remainder of the chapel will be an open gym for therapy services.

The existing upstairs living quarters will be utilized for a staff breakroom and restrooms, as well as additional storage space.

There are 3-4 staff members present in the building at any given time. (One therapist works 3 days per week and one therapist is off every other Friday). Each therapist works individually with their patient, so the maximum patient occupancy is 3. The plans include a small waiting area that can accommodate up to 3 people. The total number of people in the building/grounds at any given time is anticipated to be 10 or less.

The proposed hours of operation are 8:00 am to 5:00 pm Monday through Friday.

Employee parking is proposed to remain on site at the existing Family Medicine parking lot, with proposed client parking to occur on the vacant parcel to the east of the building (884236). The estimated maximum number of patient parking spaces would be six cars if three are in therapy and three are waiting. The area in front/side of the existing building is gravel, just as the existing Tamarack Physical Therapy and NW Physical Therapy parking areas are gravel.

Interior renovations are proposed for fall of 2023.

The facility is intended for temporary use, with an estimated timeframe of only one-two years. This facility and the improvements are only intended to be used temporarily to provide space to relocate the physical therapy program while design and renovations/additions occur to the KVH Family Medicine Clinic located across the street. The intent is to keep costs to an absolute minimum with the understanding it will not be a long-term use.

Future development of the property includes demolishing the existing building, with eventual build out of the site including right-of-way improvements, site improvements, and building replacement.

Specific Regulations Reviewed: Cle Elum Municipal Code 14.30.180 Special Use Permit.

Findings: The City of Cle Elum has determined that the proposed temporary physical therapy/speech therapy use of the existing building and gravel parking, with the issuance of a Special Use Permit is consistent with the provisions of the Cle Elum Municipal Code 14.30.180 based on the following findings:

1. The applicant has provided proof of the property owner's permission to use his/her property;

Staff Response: Kittitas County Hospital District 2 is the property owner of both parcels, and the application was signed by a representative.

2. The operation of the requested use at the location proposed and within the time period specified will not jeopardize, endanger, or otherwise constitute a threat to the public health, safety, or general welfare;

Staff Response: This is a temporary use proposed on properties owned by the applicant.

3. The proposed site is adequate in size and shape with appropriate screening or landscaping to accommodate the temporary use without detriment to the use and enjoyment of other properties in the project vicinity;

Staff Response: The property is surrounded by similar uses, zoning, and properties owned by the hospital district. The use is buffered to the north by West First Street.

4. The project makes adequate provisions for access and circulation, water supply, storm drainage, sanitary sewage disposal, solid waste management, recycling, emergency services, adverse weather conditions, environmental protection, and the protection of the public health, safety, and welfare, as determined by the city; and

Staff Response: The clinic will be required to pay for solid waste management, and utilize city water and sewer services.

5. Adequate temporary parking to accommodate vehicular traffic to be generated by the use will be available either on site or at alternate locations acceptable to the city.

Staff Response: There is sufficient onsite parking for patients, and staff parking is proposed across the street at the existing medical clinic.

Conditions of Approval: The temporary use of 506 Power Street for the use of physical and speech therapy is approved through September 13, 2024, with the possibility of an additional one year extension, subject to the following conditions:

1. Kittitas Valley Healthcare is responsible for obtaining proper building permits related to interior remodeling, if required; and
2. Kittitas Valley Healthcare is responsible for paying for solid waste management and utilizing city water and sewer services for the building; and

3. Kittitas Valley Healthcare is responsible for providing at least one ADA paved parking space, and paved ADA access into the building; and
4. Kittitas Valley Healthcare is responsible for providing a site plan showing 6 onsite client parking spaces, with one paved ADA accessible space, as well as clearly indicating onsite parking with either wheel stops, or striping; and
5. Kittitas Valley Healthcare is responsible for providing ADA accessible bathroom(s) onsite; and
6. Approval is valid only on a temporary basis to September 13, 2024; with the option for a one year extension; and
7. To request a year extension, Kittitas Valley Healthcare must resubmit a Special Use Permit to the city prior to the expiration of the SUP-2023-002; and
8. Should Kittitas Valley Healthcare wish to make this a long-term arrangement, the appropriate planning and permitting requirements would apply.

Effective Date: Upon receiving an updated site plan showing required parking.

Ending Date: This Special Use Permit shall expire one year from today, September 13, 2024, unless extended by the City.

Approved:



Colleda Monick , Designated City Planner

Date 9/13/2023

Appeal Rights: This Special Use Permit was issued through a Type 1 Review in accordance with the provisions of CEMC 14.30. Appeals of this administrative decision must be filed with the City within 14 days of issuance in accordance with the provisions of CEMC 14.30.230.

119 West First Street Cle
 Elum, WA 98922
 Telephone · (509) 674-2262
 Fax · (509) 674-4097
 www.cityofcleelum.com



Stamp & initial

SPECIAL USE PERMIT

Certain uses may be permitted for a special period of time in a zoning district through the issuance of a special use permit. Limited duration activities on public property may also be permitted through a special event permit or a right-of-way use permit. CEMC 14.30.180

OFFICAL USE ONLY	
Permit #:	SUP -
Staff Person:	
Fee Total:	
Related Permits:	

Applicant	
Name:	Ron Urlacher
Mailing Address:	603 South Chestnut St, Ellensburg WA 98926
Phone Number: 509 962-9841	Email: rurlacher@kvhealthcare.org
Business License (UBI) Number:	192-003-232
Property Owner Same as Applicant <input type="checkbox"/>	
Name:	Kittitas County Hospital District 2
Address:	603 South Chestnut St, Ellensburg WA 98926
Phone Number: 509 962-9841	Email: rurlacher@kvhealthcare.org
Proposed Use Location	
Project Location Address:	506 Power Street
Assessor's Parcel No. 12501 & 884236	Zoning: General Commercial

Please review ALL Special Use Regulations prior to completing your application.

Please review ALL Special Use Regulations prior to completing your application
The city may approve, approve with conditions, or deny an application for a special use permit subject to the following criteria:
1. The applicant has provided proof of the property owner's permission to use his/her property; and
2. The operation of the requested use at the location proposed and within the time period specified will not jeopardize, endanger, or otherwise constitute a threat to the public health, safety, or general welfare; and
3. The proposed site is adequate in size and shape with appropriate screening or landscaping to accommodate the temporary use without detriment to the use and enjoyment of other properties in the project vicinity; and
4. The project makes adequate provisions for access and circulation, water supply, storm drainage, sanitary sewage disposal, solid waste management, recycling, emergency services, adverse weather conditions, environmental protection, and the protection of the public health, safety, and welfare, as determined by the city; and
5. Adequate temporary parking to accommodate vehicular traffic to be generated by the use will be available either on site or at alternate locations acceptable to the city.
All objects placed on the sidewalk must be wind firm and approved by the City Planner or their designee, including umbrellas and awnings. Should wind speed be high, owners must be prepared to quickly remove or draw down umbrellas and awnings to prevent injury and damage to property.
The abutter agrees in writing on a form provided by the City, to indemnify and save the city harmless from all claims, suits and liabilities arising in any way out of such use of public property.
The applicant will be responsible for removing all trash, garbage, refuse, debris, or any other objects upon the public area within such a time as removal can be reasonably accomplished. Any person, firm or corporation who violates this section shall be referred to CEMC 8.60 – Code Enforcement .
A Certificate of Liability Insurance may be required in the amount of no less than \$1,000,000 per occurrence Commercial General Liability (CGL) with a \$2,000,000 general aggregate to include Host Liquor Liability coverage (if applicable) from an accredited insurance company is required, with, the City of Cle Elum named as additional insured. To find out if insurance is a requirement for your event, talk to a Planner.
Special Use Permit Required Application Materials:
Business Name: TBD
Contact Person: Ron Urlacher
Phone Number (Day): 509 962-9841
Location of Facilities: <u> 1 </u> Permanent <u> NA </u> Portable Number of Facilities: <u> 1 </u> Existing building
Date & Time of Event to Begins: Winter/Spring 2024: M-F, 8 am - 5 pm
Date & Time of Event to Ends: TBD. +/- Spring 2026.

Operating Hours Each Day of the Event: M-F, 8 am - 5 pm	
Sanitary Facilities Provided: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Inside existing building.	
Will the event use existing off-street parking? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If so, how many? _____	
Will the event require the closure of any public streets or alleys? If so, please provide a detailed list: No.	
1.	Description of proposed use: Locate Physical Therapy and Speech Therapy services for patients to the lower level of the existing building on a temporary basis while the existing Family Medicine Clinic undergoes a remodel to improve function and accommodate provider growth. The existing building will be utilized, and no new structures are planned as part of this use.
2.	Operating days and hours of use: M-F, 8 am - 5 pm
3.	Is there adequate and sufficient parking available for the anticipated occupancy and the proposed temporary use that does not cause the number of available parking spaces for existing onsite uses to fall below the minimum required. How many off-street parking spaces are currently provided? How many off-street parking spaces are required or needed? Yes, sufficient on-site parking. +/- 6 on west of building. Additional space on east of building. Maximum 6 patient spaces needed. (Staff will park across street in clinic parking lot.)
4.	Is there adequate access for police, fire, and emergency services to be maintained? Yes, adjacent to the public right-of-way.
5.	Is there adequate and sufficient public sanitary facilities available to serve the anticipated occupancy? Yes. Private sanitary facilities will be provided inside the building.
6.	Will police, fire, and emergency services be adequate and sufficient to meet the needs of the temporary use? Yes. Maximum 10 people in building/grounds at any given time.
7.	Is the proposed temporary use compatible in terms of location, access, traffic, noise, nuisance, dust, and hours of operation with existing land uses in the immediate vicinity of the temporary use? Yes. The parcel is zoned as General Commercial, is accessed off of the public ROW of Power Street, and is across the street from the existing clinic with similar use and hours.
8.	Will the impacts of the temporary use disrupt normal residential living patterns and activities in the vicinity? No. The parcel is across the street from the existing clinic with similar use and hours.
9.	Will the activity or event be materially detrimental to the public health, safety, or welfare; or injurious to property or improvements in the immediate vicinity of the proposed temporary use? No. The parcel is across the street from the existing clinic with similar use and hours.

10.	Signed attached indemnification statement (hold harmless agreement) NA. Not on public property.
11.	Certificate of Liability Insurance (if required) TBD
12.	Current License from LCCB (if applicable) TBD
13.	Current City of Cle Elum Business License (if applicable) TBD
14.	Site plan showing location of proposed use(s); parking; facilities; street closures etc. Attached.
Authorization	
<p><i>The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient for denial of the request. This application gives consent to the City to enter the properties listed above for the purposes of inspecting and verifying information presented in this application. The applicant further agrees to pay all fees specified in the City's fee schedule for the permit and expenses associated with the review of the application. The applicant gives consent to the City to enter the property(s) listed above for the purpose of inspecting and verifying information presented in this application.</i></p>	
Applicant Signature:	<i>Ron Ullrich</i> <small>(Print name here)</small>
Date:	9/7/23

NOTE: The application will not be processed and deemed complete unless all required criteria is attached to application on the day of submission. The Planner may choose to waive some of the required criteria. If any of the required criteria is provided in another permit please cite that permit. This includes a complete permit and signed Hold Harmless Agreement; a site plan; a business license; an approved and current license issued by the LCCB (if applicable); and a copy of your insurance with the City listed.

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

Staffing

Open positions:

- Patient Service Representatives: General & Vascular Surgery, Pediatrics, Family Medicine Ellensburg, Women's Health
- Referral Coordinator: ENT & Allergy
- Licensed Social Workers (Integrated Behavioral Health): Pediatrics, Family Medicine of Ellensburg
- Nursing: Internal and Adult Medicine, Neurology, Family Medicine Cle Elum, Rapid Access
- Medical Assistants: General & Vascular Surgery, Family Medicine Cle Elum, ENT & Allergy, Dermatology, Internal and Adult Medicine, Orthopedics, Work Place Health, Family Medicine Ellensburg

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

- Pediatrics: Providers from other clinics are working in the clinic extra days
- Dermatology: Increase in next 3rd available appointment due to providers leaving. Tentative start date for a 2nd provider is November.
- Women's Health: Opened OB and will open to complex GYN once we have OBHG scheduled in the clinic.

Clinic Strategic Plan Summary

- Take time to celebrate:
 - FME provider on-call open schedule
 - Rapid Access
 - Pharmacy Tech doing prescription refills
 - Improvements in answering the FME phones
 - PSR and MA Development Coordinators
 - Medication Barcode Scanning
 - 10 hour shifts for MAs
 - Nurse Triage – lessons learned
 - Nurses reporting to the Clinic Director of Nursing
 - Around 20 MAs have completed the MA apprenticeship program and all to date have passed their certification exam
- Projects we will continue to work on:
 - Front End/Revenue Cycle
 - Rapid Access expansion
 - FME Phones
 - Pharmacy Tech expansion
 - Nurse Triage
 - TeamSTEPPS
 - Integrated Behavioral Health
- New projects for 2024:
 - Survey of Patient Safety communication/planning/implementation

- Optimizing Cerner
- Provider Peer Review
- Care Teams
- Service Line Continuity

MA Apprenticeship Program

Here is an update on the apprenticeship program:

- 4 MA apprentices done with the program and eligible to take their state CMA exams
- 4 MA apprentices will be finishing hours in October and then be eligible to take their state CMA exams
- 7 MA apprentices at various stages in the apprenticeship, including the 3 oncoming apprentices in October (2 of the 3 incoming apprentices are internal which is exciting)
- Several CMAs across clinics are currently completing pre-requisites for nursing school while also working full-time
- Medical Assistant appreciation week is in mid-October (we plan to thank MAs with gift cards)
- Several MAs from across various clinics will help administer staff influenza vaccines in the hospital and MAC on Fridays beginning tomorrow

WorkPlace Health

- Looking to do a site visit for a new EHR
- New spirometry equipment is onsite and working with IT to have the charges available at the clinic
- Employee vaccinations starting on Friday, 9/22/2023

Dermatology

- Working with engineering to determine if current department breakroom can be turned into an exam room
- Laboratory is moving into the infusion space behind dermatology on 09/28/2023

Rapid Access

- Will be expanding out to 2 more exam rooms on 09/28/2023
- Sport Physicals will be a \$50 fee collected at the time of service
- The clinic had to close 9/21, 9/22, 9/23 and 9/30 due to a provider taking PTO and us not being able to find coverage. Both a 0.9 FTE and a per diem provider positions are posted and there are no candidates.

Internal and Adult Medicine

- Two new locums starting
- Dr. White's last day is 11/16/2023
- Lisa Benson PA-C last day is 11/30/2023
- New exams beds have been installed. These beds lower to the ground creating a safer environment for patients to climb on the exam bed.

Family Medicine Cle Elum

- They will be the next clinic to convert to pharmacy techs working the prescription refill requests. Tentative to start in late November to early December.

Orthopedics

- Jim Repsher PA-C last day is 10/31. He will become a fulltime ED PA-C.

ENT & Allergy

- Dr. Rogers consistently sees 25+ patients a day which has increased our access in this clinic and challenges the waiting room space.

Family Medicine Ellensburg

- Planning a site visit to Mason General as they have implemented their own call center and have centralized registration at the clinics
- Will be moving 9 staff to the MAC Annex building: 4 to answer the phone, 2 to work voicemails, 2 referral coordinators, and 1 PSR Lead
- Will be removing PSR staff from the front leaving only the staff to check patients in and the Clinic Manager. Nursing will move into the Clinic Manager's office space
- Discontinued the use of AccessNurse for triage

Pediatrics

- Staffing with providers from other clinics and locums as 2 physicians are out on leave
- Dr. Thomas from FMCE stepping into the role of lead physician

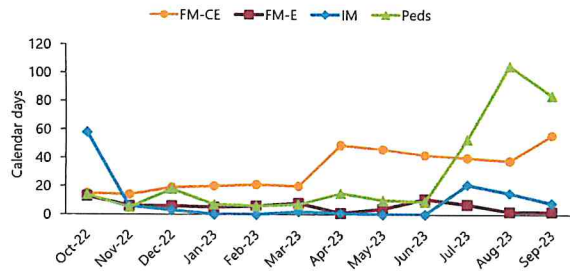
Women's Health

- Continuing to work with OBHG on staff and anticipate them being fully staffed in February 2024
- Continuing to use locums to cover call

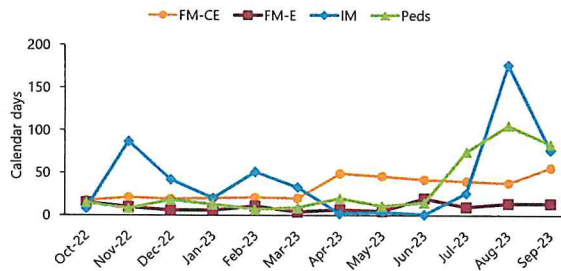
Respectfully submitted by Stacy Olea, MT(ASCP), CRHCP, FACHE

Clinic Operations Dashboard

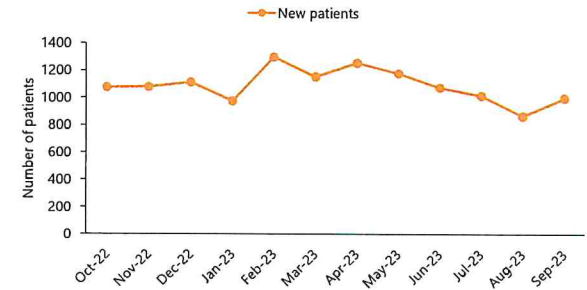
Third available appointment for established patients



Third available appointment for new patients

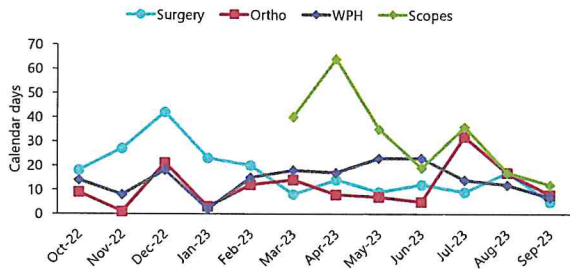


New patients

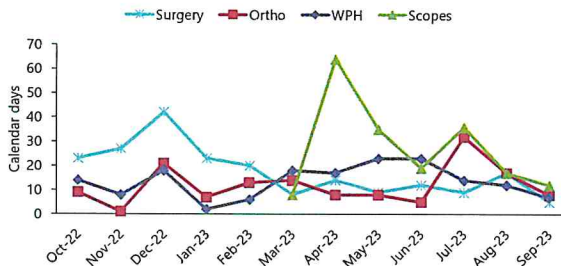


Effective March 2021, we began coding our "new" patients differently. The definition of "new" visits were changed as it was based on taxonomy code for the practice. Previously, we were only identifying the visit as "new" if the patient had not presented to any of the clinics

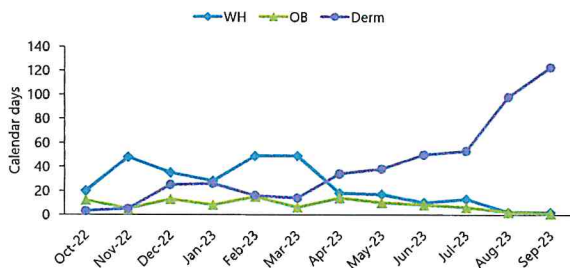
Third available appointment for established patients



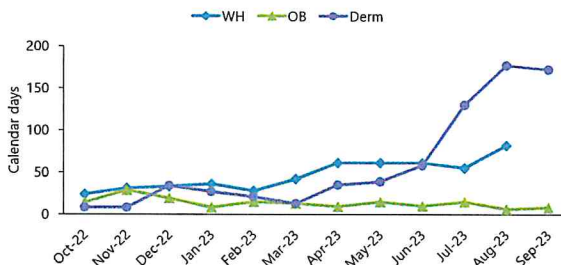
Third available appointment for new patients



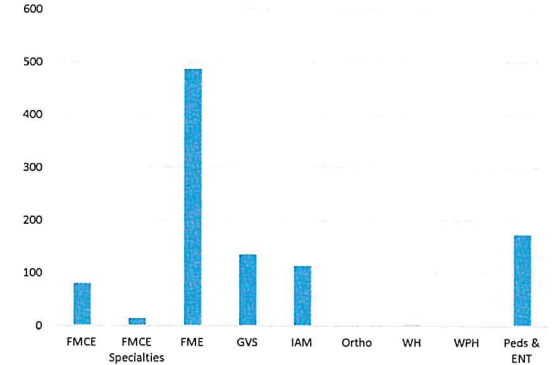
Third available appointment for established patients



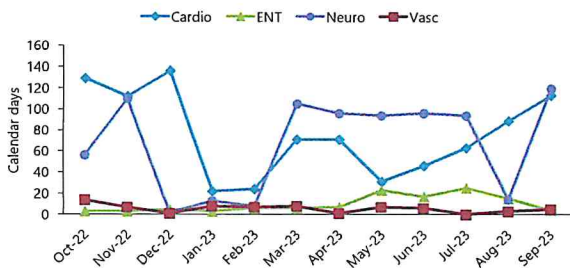
Third available appointment for new patients



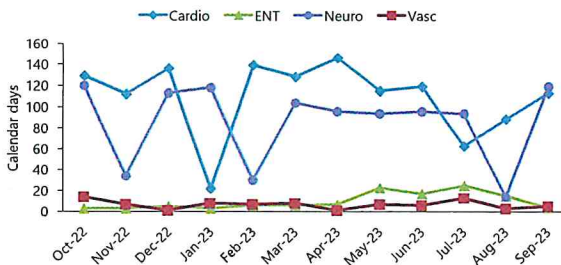
August new patients per Clinic



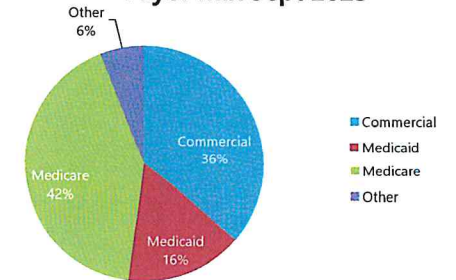
Third available appointment for established patients



Third available appointment for new patients



Payor Mix Sept 2023



NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date September 19, 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>
Batshon, Andrea, MD	Provisional	Initial Appointment	KVH Pediatrics (Locum)
Longo, Anthony, MD	Active	Re-Appointment	KVH Orthopedics
Greene, Robert, MD	Associate	Re-Appointment	Orthopedics NW
Benson, Lisa, PA-C	AHP	Re-Appointment	KVH Adult Medicine
Claussen, Amy, PA-C	AHP	Re-Appointment	KVH Cardiology
Phillips, Anna, PA-C	AHP	Re-Appointment	KVH Women's Health



CHIEF MEDICAL OFFICER – Kevin Martin, MD
September 2023

I am pleased to offer the following report:

Recruiting:

- **Incoming Providers:**
 - Family Practice Physician – August 2024 start – Accepted position with FMCE
 - Dermatology APC – Kelly Sargent, November 1, 2023
 - ED/UC APC – Internal APC transition
 - ED/UC APC – Accepted position, HR processes started
 - Internal & Adult Medicine Consulting Physician – Accepted position, HR processes started – Likely February 2024 start
 - Pediatrics APC – Internal Transition
- **Providers in Progress:**
 - Internal & Adult Medicine or FME Physician – Interviewed September 22, Letter of Intent
 - Orthopedics APC
 - Dermatologist -- 2025
 - Vascular APC
 - Local ARNP student – Letter of Intent out for FME
 - Pediatrics Locums – Ongoing – 2 physicians, 1 APC
 - Internal & Adult Medicine Locum – Ongoing -- 4 physicians
 - GNP Locums – 2 APCs
 - GNP Interview 09/22/2023
 - OBGYN locums – 7 physicians
- **Posted Positions**
 - **Physician**
 - Internal & Adult Medicine Consulting Physician
 - Dermatology
 - Family Medicine
 - Cardiology
 - Vascular
 - **APC**
 - GNP
 - Internal & Adult Medicine
 - ED/UC
 - Pediatrics
 - Family Medicine
 - Rapid Access
 - Orthopedics

Medical Staff:

- This month we have only 1 provider being considered for initial appointment and 5 for reappointment. There are 20 pending applications.
- We have hired a medical staff office assistant who will start 12 October.
- Accordingly, Shannon Carlson has been promoted to Medical Staff Services Manager with direct reports and credentialing and an assistant, shared with quality department, to assist in peer review and recredentialing.

CMO Activities:

- Both of our employed pediatricians are on leave. Dr. Andrew Thomas is serving as lead physician for pediatrics, and dividing his time between Family Medicine-Cle Elum and Ellensburg Pediatrics. We will be using our family physicians as well as locums for coverage.
- While I write this report as Chief Medical Officer, I also have a clinical title, Medical Director-Community-Based Care Services. When I first came to Kittitas Valley Healthcare 7 years ago, this position was a 0.5 FTE built around supporting aging in place, our patients in long-term care, and our home health and hospice agency. As we look to grow those service lines, this work will require more time than I have available as CMO. We have posted this Medical Director position as a 0.5 FTE which we expect will be combined with a part-time presence in Internal & Adult Medicine or one of our family medicine clinics, as eventually a palliative medicine consultation service. My administrative role will be a 1.0 FTE.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer

August Operating Results

- August admissions to the hospital of 68 were 33 admissions less than budget. Patient days of 302 were below budget by 99 days. YTD KVH is 177 admissions below budget and 640 patient days below budget. The Family Birthing Place delivered 16 infants in August; 11 deliveries less than budget. YTD deliveries are 60 deliveries below budget and 65 deliveries less than 2022 deliveries through August. KVH's acute care average length of stay was 4.4 days in August and 4.1 YTD. Care at KVH continues to shift from inpatient status to outpatient status where accordingly there has been an increase in observation days. In August, there were 159 observation days compared to budgeted observation days of 99. YTD observation days total 1,140 days compared to budgeted observation days of 754, a positive variance of 386 observation days. Patient volumes in many hospital departments and the clinics were below budget due to provider and staff vacations. The ER was an exception. August ER visits of 1,493 exceeded budget by 78 visits. YTD ER visits exceed budget by 728 visits. A positive variance of 6.8% and 15.3 % busier than 2022 ER volumes. Inpatient surgery cases of 21 were below budget by 10 cases. Outpatient surgery cases of 156 and exceeded budget by 15 cases. GI procedures of 114 were below budget by 27 procedures. Imaging scan of 3,547 exceeded budget by 361 scans in August and YTD exceed budget by 2,386 scans. August clinic visits of 7,403 were below budgeted visits by 695 visits.
- August gross revenue of \$20,275,491 was below budget by \$334,166. August inpatient revenue was below budget by \$914,311; outpatient revenue was below budget by \$488,122. Professional fee revenue exceeded budget by \$1,068,267 due to an accounting revenue reclassification of Urgent Care professional fee revenue. In August the KVH reclassified seven months of Urgent Care professional fee revenue totaling \$843,009 from outpatient revenue to professional fee revenue. Previously, urgent care facility fee revenue and professional fee revenue was combined together as hospital outpatient revenue. The following departments had significant positive revenue variances in August: Med/Surg by \$154,833; Imaging by \$531,513 and Pharmacy by \$104,773. Departments with significant negative variances were Laboratory by \$415,463; Family Birth Place by \$228,676 and GI by \$110,999.
- In August deductions from revenue exceeded budget by \$150,516. Contractual adjustments exceeded budget by \$128,384. Bad debt deductions were below budget by \$147,036. August financial assistance totaled \$119,422 and exceeded budget by \$11,697. Through the first eight months of 2023 financial assistance is averaging \$63,701 more per month than in 2022. Other deductions totaled \$316,490 and exceeded budget by \$157,471. Hospice adjustments were \$4,055; no prior authorizations were \$112,668; not medically necessary adjustments totaled \$124,423; untimely billings were \$22,584;

provider not credentialed adjustments totaled \$26,720 and out-of-state Medicaid adjustments were \$29,552.

- August other operating revenue exceeded budget by \$37,545. The reason for the positive variance was due to receipt of a SANE grant of \$37,677. 340B contract pharmacy rebates and cafeteria sales were at budget in August.
- August expenses exceeded budget by \$563,846. Salaries were below budget by \$318,578. Temporary labor exceeded budget by \$123,363. Departments that exceeded their temporary labor budget were Med/Surg by \$31,717; Surgery by \$47,171; Laboratory by \$21,386 and ER by \$68,404. Professional fees exceeded budget by \$162,890. In August KVH paid \$131,750 for overlapping Anesthesia coverage; \$75,808 for ER provider staffing and \$83,334 for Internal Medicine locums. Supply expenses were below budget in August by \$76,007 due to lower surgery and GI case volumes. Purchases services were over budget for the month by \$613,206 primarily due to a catch up of Cerner invoices. When KVH and Cerner extended the contract for five years, there was a delay by Cerner in invoicing KVH with the updated contracted rates. Cerner invoices from prior months posted in August totaled \$523,852 and is the reason for the significant negative August purchased services variance. Depreciation expense exceeded budget for August by \$54,655 and will for the year due to shortening the estimated useful life on some hospital owned buildings. Insurance expense exceeded budget by \$29,189. As noted previously, KVH's insurance renewal was higher than expected and KVH also increased coverage limits.
- In August KVH posted operating income of \$168,254 compared to a budgeted operating income of \$1,179,237; a negative variance of \$1,010,982. YTD operating income is \$2,191,327 compared to budgeted operating income of \$6,228,621; a negative variance of \$4,037,293.
- Non-operating income exceeded budget by \$163,344 due to an unrealized gain on investments of \$116,235 and higher than budgeted interest income. In August KVH recorded interest income of \$117,677.
- KVH reported a Net Income for August of \$447,447. YTD Net Income is \$4,177,631 compared to budgeted Net Income of \$7,155,278, a negative variance of \$2,977,647.
- August Days in accounts receivable decreased 1.6 days to 68.6 days from 70.2 in July. Gross accounts receivables decreased by \$1,424,988 from \$48,086,182 in July to \$46,661,194 in August. The decrease in receivables of \$1,424,988 occurred despite not being able to send out any bills for three days due to Cerner system problems. The impact of these three days when no bills being sent will be felt in September rather than August. Total cash receipts in August from payers, patients and other sources totaled \$11,856,436. Total Cerner receipts posted in August were \$11,369,266.

- Average daily cash collections per working day decreased from \$545,162 in July to \$515,497 in August.
- Days cash on hand increased 2.8 days to 211.0 days in August from 208.2 days in July. Actual cash and investments on hand increased by \$916,325 from \$69,059,972 in July to \$69,976,297 August.

Kittitas Valley Healthcare
August 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	68	101	-32.7%	590	767	-23.0%	755	-21.9%	01
02	Patient Days - W/O Newborn	302	401	-24.9%	2,406	3,046	-21.0%	3,013	-20.2%	02
03	Patient Days - Swingbed	-	8	-100.0%	9	61	-85.2%	53	-83.0%	03
04	Avg Daily IP Census w/Swingbed	9.7	13.2	-26.3%	9.9	12.8	-22.3%	12.6	-21.2%	04
05	Average Length of Stay	4.4	4.0	11.6%	4.1	4.0	2.6%	4.0	2.2%	05
06	Average Length of Stay w/Swingbed	4.4	4.1	9.5%	4.1	4.1	1.0%	4.1	0.8%	06
07	Deliveries	16	27	-41.5%	155	215	-27.8%	220	-29.5%	07
08	Case Mix Inpatient	1.14	1.00	14.4%	1.16	1.00	16.3%	1.13	2.9%	08
09	Surgery Minutes - Inpatient	2,175	3,810	-42.9%	15,837	28,923	-45.2%	26,975	-41.3%	09
10	Surgery Minutes - Outpatient	9,070	8,880	2.1%	79,013	67,406	17.2%	61,290	28.9%	10
11	Surgery Procedures - Inpatient	21	31	-32.7%	156	237	-34.2%	222	-29.7%	11
12	Surgery Procedures - Outpatient	156	141	11.0%	1,362	1,067	27.7%	971	40.3%	12
13	Gastrointestinal Procedures	114	141	-19.1%	1,269	1,070	18.6%	937	35.4%	13
14	ER Visits	1,493	1,415	5.5%	11,464	10,736	6.8%	9,943	15.3%	14
15	Urgent Care Cle Elum Visits	492	528	-6.9%	3,688	4,011	-8.1%	3,723	-0.9%	15
16	Laboratory	24,996	26,637	-6.2%	190,605	202,182	-5.7%	186,933	2.0%	16
17	Radiology Exams	3,547	3,186	11.3%	26,566	24,180	9.9%	22,557	17.8%	17
18	Rehab Visit	1,928	1,800	7.1%	13,157	13,670	-3.8%	11,767	11.8%	18
19	Outpatient Percent of Total Revenue	89.8%	85.5%	5.0%	89.8%	85.5%	5.0%	84.8%	6.0%	19
20	Adjusted Patient Days	2,963	2,778	6.7%	23,630	21,022	12.4%	19,777	19.5%	20
21	Equivalent Observation Days	159	99	59.6%	1,140	754	51.2%	722	57.8%	21
22	Avg Daily Obs Census	5.1	3.2	59.6%	4.7	3.1	51.2%	3.0	57.8%	22
23	Home Care Visits	567	643	-11.8%	4,183	4,879	-14.3%	4,911	-14.8%	23
24	Hospice Days	649	638	1.7%	6,297	5,000.0	25.9%	5,008	25.7%	24
25	Primary Clinic Visits	5,055	5,503	-8.1%	41,009	41,116	-0.3%	45,504	-9.9%	25
26	Specialty Clinic Visits	2,282	2,475	-7.8%	17,989	18,794	-4.3%	12,000	0.0%	26
27	Telehealth Visits	66	120	-44.9%	589	908	-35.2%	907	NA	27
28	Total Clinic Visits	7,403	8,098	-8.6%	59,587	60,819	-2.0%	58,411	2.0%	27
Financial Measures										
29	Salaries as % of Operating Revenue	45.3%	46.3%	2.2%	46.1%	48.0%	4.1%	45.9%	0.2%	29
30	Total Labor as % of Operating Revenue	56.5%	57.9%	2.4%	57.7%	60.1%	4.1%	57.0%	1.1%	30
31	Revenue Deduction %	47.1%	45.6%	-3.3%	47.4%	45.7%	-3.8%	44.8%	5.9%	31
32	Operating Margin	1.5%	10.3%		2.5%	7.2%		6.6%		32
Operating Measures										
33	Productive FTE's	541.0	548.0	1.3%	540.6	548.0	1.4%	513.3	5.3%	33
34	Non-Productive FTE's	74.9	73.0	-2.6%	66.3	73.0	9.2%	69.1	-4.1%	34
35	Paid FTE's	615.8	621.0	0.8%	606.8	621.0	2.3%	582.4	4.2%	35
36	Operating Expense per Adj Pat Day	\$ 3,641	\$ 3,681	1.1%	\$ 3,591	\$ 3,809	5.7%	\$ 3,672	-2.2%	36
37	Operating Revenue per Adj Pat Day	\$ 3,698	\$ 4,106	-9.9%	\$ 3,684	\$ 4,105	-10.3%	\$ 3,932	-6.3%	37
38	A/R Days	68.6	60.0	-14.3%	68.6	60.0	-14.3%	61.4	11.7%	38
39	Days Cash on Hand	211.0	217.6	-3.0%	211.0	217.6	-3.0%	212.5	-0.7%	39

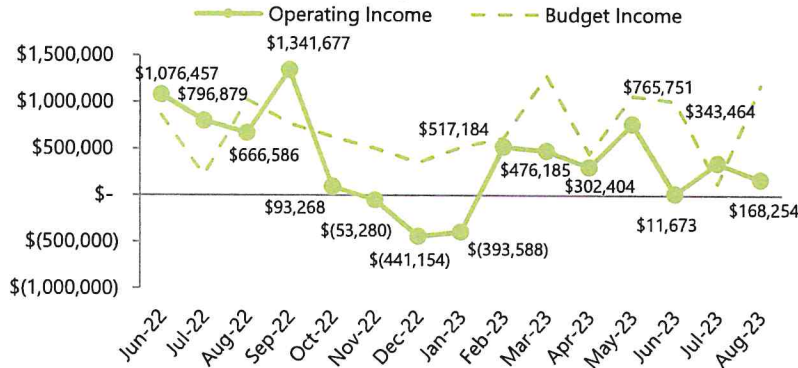
Kittitas Valley Healthcare

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

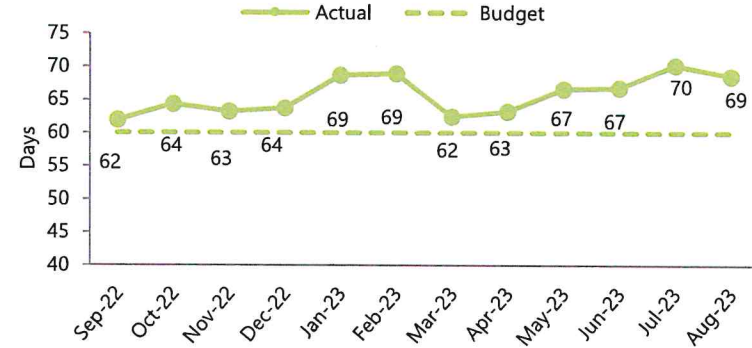
L	Measure	2023 YTD	2023 Budget	2023 Annualize	2022	2021	2020	2019	2018	2017	2016
1	Total Charges	162,487,928	233,240,187	244,066,230	213,492,081	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636
2	Net Revenue	87,045,054	129,100,000	130,746,687	120,219,085	114,372,961	89,905,245	83,527,969	78,753,810	71,490,964	71,506,819
3	Operating Income	2,191,327	8,000,000	3,291,500	6,074,001	14,127,110	620,732	2,901,869	474,120	885,655	(5,893)
4	Operating Margin %	2.5%	6.2%	2.5%	5.1%	12.4%	0.7%	3.5%	0.6%	1.2%	0.0%
5	Net Income	4,177,631.3	9,390,000	6,275,043	4,079,789	18,470,881	6,420,388	3,690,537	2,526,547	2,648,415	1,543,915
6	Net Margin %	4.8%	7.3%	4.8%	3.4%	16.1%	7.1%	4.4%	3.2%	3.7%	2.2%
7	Cash	69,976,297	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	211.0	197.0	NA	246.4	235.8	175.8	138.6	133.5	178.7	156.0
9	Surgeries	1,518	1,950	2,280	1,922	1,788	1,354	1,305	1,461	1,396	1,510
10	Gastrointestinal Procedures	1,269	1,600	1,906	1,404	1,321	1,211	1,416	1,250	1,383	1,396
11	Emergency Visits	11,464	16,790	17,220	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	190,605	302,431	286,300	277,627	288,552	237,710	209,144	207,040	190,587	181,082
14	Radiology Exams	26,566	36,169	39,904	35,222	32,016	29,338	30,397	30,843	33,836	33,471
15	Rehab Visits	13,157	20,447	19,763	17,060	21,390	16,724	18,718	16,359		
16	IP & Obs Days (no swing)	3,545	5,684	5,325	5,470	4,820	3,717	3,805	3,999	3,440	3,937
17	Deliveries	155	322	233	318	280	284	309	342	322	312
18	Admits w/Swing	590	1,147	886	1,066	949	860	941	984	899	1,043
19	Primary Clinic Visits	41,009	61,377	61,598	58,013	60,229	53,270	60,871			
20	Specialty Clinic Visits	17,989	28,113	27,021	22,778	19,865	13,135	11,840			
21	Telehealth Visits	589	1,359	885	1,263	1,391	3,793	-			
22	Total Clinic Visits	59,587	90,849	89,503	82,054	81,485	70,198	72,711	59,241	50,917	48,525
23											
24	FTEs	606.8	621.0	NA	560.9	529.9	499.0	477.4	469.4	457.6	449.1
25	AR Days	68.6	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	244,066,230	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%	9.40%	2.36%	21.48%	2.94%	5.46%	2.65%	1.16%	-1.05%
28	Operations Growth Exclude COVID Testing			10.72%	6.29%	19.23%	-0.61%				

Financial Dashboard

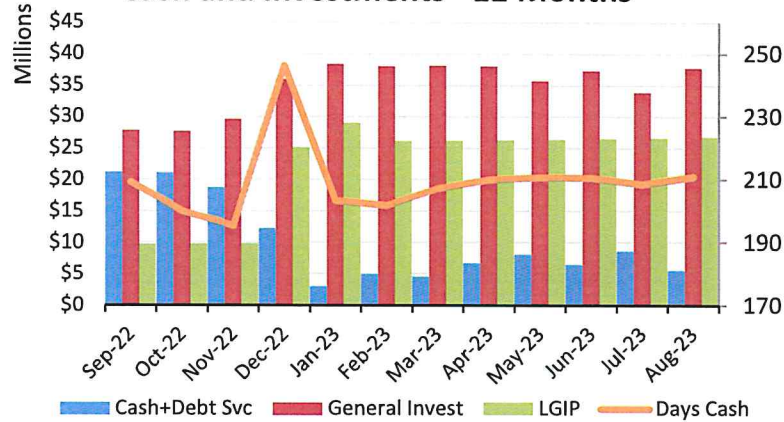
Operating Income



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%	43.28%
Medicaid	19.41%	19.08%	18.64%	19.17%
Commercial	34.97%	35.29%	33.66%	32.27%
Self Pay	2.66%	2.38%	2.10%	1.61%
Other	3.55%	3.01%	3.29%	3.67%

Kittitas Valley Healthcare
Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	2,064,309	2,978,619	(914,311)	16,542,194	22,602,057	(6,059,863)	20,973,880
OUTPATIENT REVENUE	13,589,375	14,077,497	(488,122)	116,948,558	106,822,125	10,126,434	93,547,843
PROF FEE REVENUE	4,621,807	3,553,541	1,068,267	28,997,176	26,551,374	2,445,802	23,161,656
REVENUE	20,275,491	20,609,657	(334,166)	162,487,928	155,975,556	6,512,373	137,683,378
CONTRACTUALS	8,714,907	8,586,524	128,384	69,258,238	65,134,863	4,123,375	56,151,036
PROVISION FOR BAD DEBTS	404,820	551,856	(147,036)	3,935,459	4,111,163	(175,704)	3,849,712
FINANCIAL ASSISTANCE	119,422	107,725	11,697	1,251,562	796,229	455,333	741,951
OTHER DEDUCTIONS	316,490	159,019	157,471	2,591,523	1,175,361	1,416,162	905,064
DEDUCTIONS FROM REVENUE	9,555,640	9,405,124	150,516	77,036,782	71,217,617	5,819,165	61,647,763
NET PATIENT SERVICE REVENUE	10,719,852	11,204,533	(484,681)	85,451,146	84,757,939	693,207	76,035,616
OTHER OPERATING REVENUE	236,847	199,302	37,545	1,593,908	1,536,945	56,963	1,724,206
TOTAL OPERATING REVENUE	10,956,699	11,403,835	(447,136)	87,045,054	86,294,884	750,171	77,759,822
SALARIES	4,966,247	5,284,825	(318,578)	40,091,558	41,426,210	(1,334,652)	35,729,223
TEMPORARY LABOR	379,397	256,035	123,363	2,990,152	2,006,980	983,172	3,394,064
BENEFITS	1,227,104	1,319,895	(92,791)	10,108,106	10,443,131	(335,025)	8,609,888
PROFESSIONAL FEES	327,595	164,705	162,890	3,050,068	1,291,075	1,758,993	1,748,869
SUPPLIES	998,675	1,074,682	(76,007)	10,354,998	8,199,183	2,155,815	7,334,979
UTILITIES	118,966	106,272	12,694	883,200	802,944	80,256	736,237
PURCHASED SERVICES	1,694,191	1,080,985	613,206	9,004,872	8,487,656	517,216	8,794,475
DEPRECIATION	522,040	467,386	54,655	4,280,048	3,724,538	555,509	2,938,744
RENTS AND LEASES	9,591	3,250	6,341	47,746	25,996	21,750	693,025
INSURANCE	186,781	157,592	29,189	1,341,057	1,260,733	80,324	785,899
LICENSES & TAXES	71,892	88,083	(16,191)	670,575	668,517	2,058	643,121
INTEREST	109,663	110,969	(1,306)	887,219	885,252	1,967	397,710
TRAVEL & EDUCATION	61,532	50,547	10,985	384,521	378,632	5,889	243,159
OTHER DIRECT	114,770	59,374	55,396	759,607	465,415	294,192	575,218
EXPENSES	10,788,444	10,224,598	563,846	84,853,727	80,066,263	4,787,464	72,624,611
OPERATING INCOME (LOSS)	168,254	1,179,237	(1,010,982)	2,191,327	6,228,621	(4,037,293)	5,135,211
OPERATING MARGIN	1.54%	10.34%	226.10%	2.52%	7.22%	-538.18%	6.60%
NON-OPERATING REV/EXP	279,193	115,849	163,344	1,986,304	926,658	1,059,646	(1,340,382)
NET INCOME (LOSS)	447,447	1,295,086	(847,639)	4,177,631	7,155,278	(2,977,647)	3,794,830
UNIT OPERATING INCOME							
HOSPITAL	564,947	1,401,589	(836,642)	4,888,891	8,870,434	(3,981,543)	7,343,152
URGENT CARE	(73,857)	11,364	(85,221)	80,574	64,061	16,513	123,559
CLINICS	(47,541)	(178,491)	130,951	(2,746,661)	(2,206,643)	(540,018)	(2,099,348)
HOME CARE COMBINED	(275,295)	(55,225)	(220,070)	(31,477)	(499,231)	467,754	(232,152)
OPERATING INCOME	168,254	1,179,237	(1,010,982)	2,191,327	6,228,621	(4,037,293)	5,135,211

08/31/2023

Kittitas Valley Healthcare Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	4,126,257	11,162,290	(7,036,032)
ACCOUNTS RECEIVABLE	46,661,194	41,373,454	5,287,740
ALLOWANCE FOR CONTRACTUAL	(30,995,114)	(26,782,288)	(4,212,826)
THIRD PARTY RECEIVABLE	2,000,000	2,182,107	(182,107)
OTHER RECEIVABLES	1,029,018	2,007,557	(978,538)
INVENTORY	2,628,260	2,690,763	(62,503)
PREPAIDS	1,993,379	1,512,320	481,059
INVESTMENT FOR DEBT SVC	1,368,021	963,413	404,608
CURRENT ASSETS	28,811,015	35,109,615	(6,298,600)
INVESTMENTS	64,482,019	61,115,705	3,366,314
PLANT PROPERTY EQUIPMENT & ROU ASSET	113,427,235	106,089,339	7,337,897
ACCUMULATED DEPRECIATION & ROU AMORT	(57,410,628)	(53,865,018)	(3,545,610)
NET PROPERTY, PLANT, & EQUIP	56,016,607	52,224,321	3,792,287
OTHER ASSETS	0	0	0
NONCURRENT ASSETS	56,016,607	52,224,321	3,792,287
ASSETS	149,309,642	148,449,641	860,001
ACCOUNTS PAYABLE	2,138,209	4,228,424	(2,090,215)
ACCRUED PAYROLL	2,650,249	2,645,596	4,654
ACCRUED BENEFITS	986,465	985,345	1,121
ACCRUED VACATION PAYABLE	2,459,213	1,927,557	531,656
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	10,959,477	13,365,720	(2,406,243)
ACCRUED INTEREST	222,809	273,091	(50,282)
DEFERRED TAX COLLECTIONS	3,417	0	3,417
DEFERRED REVENUE HOME HEALTH	65,965	60,910	5,055
DEFERRED INFLOW RIGHT OF USE	577,373	628,695	(51,322)
DEFERRED OTHER	127,031	127,031	0
DEFERRED LIABILITIES	996,595	1,089,727	(93,133)
LTD RIGHT OF USE ASSETS	4,173,047	4,991,302	(818,255)
LTD - 2017 REVENUE BONDS	11,194,095	11,667,554	(473,459)
LTD - 2018 REVENUE BOND	5,100,000	5,280,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	898,152	898,152	0
LTD - 2022 REVENUE BOND	15,310,000	15,310,000	0
CURRENT PORTION OF LONG TERM DEBT CON	(1,640,441)	(2,293,900)	653,459
LONG TERM DEBT	35,034,853	35,853,108	(818,255)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	3,806,216	3,806,216	0
NONCURRENT LIABILITIES	39,837,664	40,749,051	(911,387)
LIABILITIES	50,797,141	54,114,771	(3,317,631)
FUND BALANCE	94,334,870	94,334,870	0
NET REVENUE OVER EXPENSES	4,177,631	0	4,177,631
FUND BALANCE	98,512,501	94,334,870	4,177,631
TOTAL LIABILITIES & FUND BALANCE	149,309,642	148,449,641	860,001

08/31/2023

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	4,177,631
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	3,545,610
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	7,723,241
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(1,074,913)
OTHER RECEIVABLES	1,160,645
INVENTORIES	62,503
PREPAID EXPENSES & DEPOSITS	(481,059)
INVESTMENT FOR DEBT SVC	(404,608)
TOTAL CURRENT ASSETS	(737,432)
INVESTMENTS	(3,366,314)
PROPERTY, PLANT, & EQUIP.	(7,337,897)
OTHER ASSETS	0
TOTAL ASSETS	(3,718,402)
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(2,090,215)
ACCRUED SALARIES	4,654
ACCRUED EMPLOYEE BENEFITS	1,121
ACCRUED VACATIONS	531,656
COST REIMBURSEMENT PAYABLE	(200,000)
CURRENT MATURITIES OF LONG-TERM DEBT	(653,459)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(2,406,243)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(50,282)
DEFERRED TAX COLLECTIONS	3,417
DEFERRED REVENUE - HOME HEALTH	5,055
DEFERRED INFLOW RIGHT OF USE	(51,322)
DEFERRED OTHER	0
TOTAL OTHER LIABILITIES	(93,133)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD RIGHT OF USE ASSETS	(818,255)
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	(818,255)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	0
TOTAL LIABILITIES	(3,317,631)
NET CHANGE IN CASH	(7,036,032)
BEGINNING CASH ON HAND	11,162,290
ENDING CASH ON HAND	4,126,257

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
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 improving 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 youth 5 - 18. Funding 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. Funding is for \$375,000 per year for 5 years.
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		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.
Barclay-Giel Seed Grants	KVH	Staff Development	The PHS Commissioned Officers Foundation	\$10,000	Researching			Funding for disease and injury prevention that impacts community by promoting wellness, early detection, and early interventions with priority areas in health misinformation, health worker burnout, social connection, and youth mental health.

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

** Bold and larger fonts are new opportunities

*** Denied Applications

*NOTE: Despite KCHN not being awarded the Children's Behavioral Health Grant from HRSA, we submitted a very strong application. HRSA provided 9 awards total - all of which were in the South and Midwest. Additionally, this was our highest scored application with any federal agency to date, which I am very proud of.

KITTITAS VALLEY HEALTHCARE

Capital Expenditure Board Narrative

Requesting Department: Medical Surgical, ICU, ER, PACU, Nursery and MRI.

Capital Item Requested: Phillips Telemetry System

Function of Project: With the purchase of this equipment and software upgrade KVH will expand the ability to monitor patient vital signs throughout the hospital.

Reason Requested: The current Phillips telemetry system is at end of life and does not have the capacity to monitor all of the areas of the hospital where patients may need monitoring. The expanded system will increase Med/Surg and ICU telemetry monitoring capacity from 16 bed to 20, the ER telemetry monitoring capacity from 5 rooms to 9 and with three additional portable units the ER will be able to monitor 12 patients. The new system also expands the ability to monitor CO2 levels. The new system will give diagnostic imaging staff the ability to monitor patients who are having MRI scans. The expanded system also increases the number of portable monitors. This purchase addresses all of KVH's current telemetry monitoring needs. Once the expansion project is completed there will be additional telemetry monitoring requirements. The approved expansion project capital budget included the needed telemetry equipment.

Budget: \$1,000,000

Actual Cost: \$832,551

Submitted By: Dede Utley, Chief Nursing Officer
Jeff Holdeman, Director ICU and Med/Surg

Date: 09/28/2023

KITTITAS VALLEY HEALTHCARE

RESOLUTION NO. 23-03

Designation of Treasurer of the District

A RESOLUTION of the Commission of Public Hospital District No. 1, Kittitas County, Washington, designating Jason Adler as Treasurer of the District, specifying the terms of the necessary surety bond and providing for payment by the District of the premium on such bond.

WHEREAS, Scott Olander has been serving as Treasurer of the District, and will be resigning from his position; and

WHEREAS, pursuant to RCW 70.44.171 the Board of Commissioners may designate a person having experience in financial and fiscal matters as Treasurer.

NOW THEREFORE BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO. 1, KITTITAS COUNTY, WASHINGTON, as follows:

Section 1. Jason Adler, who is found to possess the necessary experience in financial and fiscal matters, is designated as Treasurer of the District to perform under the direction of the Chief Executive Officer the duties set forth in the District Bylaws and Hospital District statutes with respect to all funds of the Hospital District. This designation and appointment of Jason Adler shall be effective September 28, 2023, or at such later date when he has obtained an adequate surety bond with a surety company authorized to do business in the State of Washington.

Section 2. The surety bond referred to in Section 1, assuring that the Treasurer shall faithfully perform his duties, shall be deemed adequate by the Commission to protect the Hospital District if it is payable to the Hospital District in the sum of at least \$250,000. The premium on such bond shall be paid by the District as provided by RCW 70.33.171.

ADOPTED AND APPROVED by the Commission of Public Hospital District No. 1, Kittitas County, Washington, at an open public meeting thereof this 28th day of September, 2023.

Matthew Altman, President

Jon Ward, Secretary

Terry Clark, Vice-President

Erica Libenow, Commissioner

Bob Davis, Commissioner

Community Relations
September 28, 2023 Board Report

Hospital District #2:

HD1's Marketing team is working with HD2 to bring more awareness to how District #2 operates and the service provided by Medic One. There will be more regular reporting of Medic One response numbers in the Northern Kittitas County Tribune and the website will be receiving a content overhaul over the next 4-6 weeks.

Events:

The team has been busy over the last month with the KVH Rodeo BBQ, the Ellensburg 100th Rodeo and Parade, the Kittitas County Fair, the CASA Cornhole Tournament and the 1st KVH Tailgate at the 9/16 CWU football game. It was great seeing so many staff out and about for all of these events. Planning now turns to the events below.

Ellensburg Farmer's Markets - Our remaining 2023 schedule for the market is below

- Sept 23rd: Specialty Services
- October 21st: Infection Prevention Week
- October 28th: Snow Safety

2nd Annual KVH Appreciation Banquet – Save the Date! December 2, 2023

KVH Celebrates 60 years in 2024:

December 29, 2024 will be the 60th Anniversary of Kittitas Valley Hospital opening its doors to the public. We have begun planning for our diamond jubilee. You can expect to hear many more details in the coming weeks and months.

New Intranet Roll Out:

We recently signed a contract with Axero for a new KVH Intranet. Over the next 8-10 weeks there will be a total overall on the platform we use to communicate internally with our staff. This change comes as a result of staff feedback, along with the compounding issue of support ending for our current platform.

Society for Healthcare Strategy and Market Development:

I recently attended the annual SHSMD conference in Chicago. This year's event had a track focusing on rural healthcare settings and was a nice opportunity for me to meet other individuals facing the same rural challenges that we encounter. I attended trainings on physician communications, data driven DEI opportunities, protecting social media staff from burnout and elevating marketing impacts in a rural setting. Thank you for this opportunity.

Respectfully submitted by Michele Wurl