



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL 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

January 4, 2024

- 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: November 30, 2023 and December 6, 2023 **(3-7)**
 - b. Approval of Checks **(8)**
 - c. Report: Foundation **(9)**
 - d. Minutes: Finance Committee November 28, 2023 **(10-11)**
- 4. Public Comment and Announcements**
- 5. Reports and Dashboards**
 - a. Quality – Mandee Olsen, Chief Quality Officer **(12-16)**
 - i. Approval of 2024 QAPI Plans ** **(17-27)**
 - ii. Approval of 2024 QI Measures ** **(28-29)**
 - b. Chief Executive Officer – Julie Petersen **(30-31)**
 - i. Humans Resources & Staff Development – Manda Scott **(32-33)**
 - ii. Expansion Project Update – Ron Urlacher **(34-43)**
 - c. Operations
 - i. Dede Utle, Chief Nursing Officer **(44-45)**
 - ii. Rhonda Holden, Chief Ancillary Officer **(46)**
 - iii. Stacy Olea, Chief of Clinic Operations **(47-49)**
 - 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 – Jason Adler
 - i. Operations Report **(53-62)**
 - ii. Approval of 2024 Operating Budget **
 - f. Community Relations Report – Michele Wurl, Chief Public Relations Officer **(63-)**
- 6. Education and Board Reports**
- 7. Old Business**
- 8. New Business**



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9. Executive Session

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

10. Adjournment

Future Meetings

- January 25, 2024 Regular Meeting
- February 22, 2024 Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL MEETING
KVH Conference Room A & B & Via Zoom
November 30, 2023

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

KVH STAFF PRESENT: Julie Petersen, Jason Adler, Manda Scott, Mandee Olsen, Ron Urlacher, Stacy Olea, Michele Wurl, Dede Utley, Tricia Sinek, Nassar Basmeh, Jeff Yamada, Rhonda Holden, Dr. O'Brien, Dr. Martin, Brenda Hilligoss, James Sivonen

MEDICAL STAFF PRESENT: Dr. Roberta Hoppe

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

2. Approval of Agenda:

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

3. Consent Agenda:

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

4. Public Comment/Announcements:

None

5. Presentation:

President Altman presented a Safe Catch Award for 2023; 3rd Quarter Clinical to Anna Phillips, PA-C, Family Medicine Ellensburg for identifying an incorrect interpretation of pathology.

6. Reports and Dashboards:

Mandee Olsen reviewed the QI dashboard and summary with the Board members. Olsen stated that we had an EMTALA compliant filed and reviewed the process of the survey. Olsen stated that we have to respond with a Plan of Correction by December 7th. Olsen stated that the QAPI's will go to QI in December and then to the Board for approval. Olsen reviewed the quarterly patient satisfaction dashboard and stated that all of the metrics are looking pretty great.

The Board members reviewed the CEO report with Julie Petersen. Petersen reviewed the letter we received from the Attorney General's Office regarding the Reproductive Privacy Act Compliance. Petersen stated that AWPHD sent an email out and most hospital received the same letter. Petersen stated that we are required to provide substantial equivalent termination services if we provide OB services. Petersen stated that we believe we are in compliance and will continue to work with WSHA and AWPD on our response.

The Board members reviewed the Human Resources and Staff Development report with Manda Scott.

Ron Urlacher stated that the expansion project is four days behind schedule due to some weather. Urlacher stated that we continue to have weekly construction meetings.

The Board members reviewed the operations report with Dede Utley, Rhonda Holden and Stacy Olea. The Board requested an update on the phones at FME at the next meeting.

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

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved the appointments for Dr. Jay Callarman, Dr. Byron Gatlin, Dr. Christopher Hampson, Leslie Hansen, ARNP, Dr. Catherine Harrington, Dr. Pierre Lanthiez, Michele Love-Wells, ARNP, Dr. Patrick McCarthy, Dr. Keith McGuire, Wendy Morley, CRNA, Jacob Sandefur, BRNA, Dr. Che-Yu Wang, Dr. Richard Williams, Dr. Louise Witherspoon, and the reappointments for Dr. Amber Anderson, Dr. Brad Dlakley, Dr. Scott Chapman, Dr. Holly Dawson, Dr. Jamin Feng, Dr. Jeremy Hutchins, Dr. Colton Rishor-Olney, Dr. Christopher Schmelzer, Dr. David Ishimitsu, Dr. Kelvin Ma, Dr. Fatima Mifred, Dr. Shawn Summers, Dr. Alix Vincent, Anna Collins, ARNP, Cassandra Gavin, ARNP, Randy McGee, CRNA, and Emma Jean Yoder, ARNP, as recommended by the Medical Executive Committee.

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

Jason Adler reported on KVH's financial performance for October. Adler stated that there are a few things that have impacted finances including the MRI being down and seven providers out. Adler stated that the expansion project is on target for the

revised schedule and on budget. Adler stated that overall we continue to have a positive year to date operating variance.

ACTION: On motion of Jon Ward and second of Bob Davis, the Board members unanimously approved to amend the 2023 operating budget to increase operating expenses by \$11,000,000 from \$121,100,000 to \$132,100,000.

ACTION: On motion of Jon Ward and second of Bob Davis, the Board members unanimously approved the capital expenditure request for the GE Precision 5000 X-Ray System.

The Board members reviewed the Community Relations report with Michele Wurl. Wurl stated that there are 282 participants signed up for the appreciation event on Saturday.

7. Education and Board Reports:

President Altman stated that he and Commissioner Davis along with Dede Utley will be attending the WSHA Advocacy Days in January.

9. Old Business:

President Altman stated that after the regular executive session tonight with the board he will then meet with members of the senior leadership team (SLT) to review the CEO evaluation. Once the review is complete, SLT will be excused and the Board will go back into executive session to discuss the evaluation. President Altman stated he will meet at a later date with Julie Petersen to review the evaluation.

10. New Business:

None.

11. Executive Session:

At 6:13 p.m., President Altman announced that there would be a 2-minute recess followed by a 5-minute executive session regarding real estate and personnel. RCW 42.30.110(b). No Action was anticipated.

At 6:20 pm, the meeting was reconvened into open session and President Altman announced there would be a 40-minute recess followed by a 60-minutes executive session regarding personnel. RCW 42.30.110(g). No Action was anticipated.

At 8:00 pm, the meeting was reconvened into open session.

12. Adjournment:

With no further action and business, the meeting was adjourned at 8:02 p.m.

CONCLUSIONS:

1. Motion passed to approve the board agenda as amended.
2. Motion passed to approve the consent agenda as presented.
3. Motion passed to approve the reappointments as recommended by the Medical Executive Committee.
4. Motion passed to amend the 2023 operating budget to increase operating expenses by \$11,000,000 from \$121,100,000 to \$132,100,000
5. Motion passed to approve capital expenditure request for the GE Precision 5000 X-Ray System.

Respectfully submitted,

Mandy Weed/Jon Ward
Executive Assistant, Board of Commissioners



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' SPECIAL MEETING
Canyon River Ranch, 14700 WA-821, Ellensburg, WA – 9:00 a.m.

December 6, 2023

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

The special meeting was called to order at 5:00 p.m. by President Altman. President Altman announced that the purpose of the special meeting was to discuss personnel per RCW 42.30.110(g).

At 5:00 p.m., President Altman announced that there would be a 50-minute executive session regarding personnel. RCW 42.30.110(g). Action was anticipated

At 5:50 p.m., the meeting was reconvened into open session.

ACTION: On the motion of Bob Davis and second of Terry Clark, the board members authorized a budgeted annual increase for the CEO.

With no further business, the meeting was adjourned at 5:51 p.m.

Respectfully submitted,

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



DATE OF BOARD MEETING: January 4, 2024

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>298570-299470</u>	NET AMOUNT:	<u>\$8,744,945.84</u>
		SUB-TOTAL:		<u>\$8,744,945.84</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>82165-82171</u>	NET AMOUNT:	<u>\$17,120.21</u>
#2	PAYROLL CHECK NUMBERS	<u>82172-82178</u>	NET AMOUNT:	<u>\$7,598.72</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,629,778.93</u>
#5	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,601,804.72</u>
		SUB-TOTAL:		<u>\$3,256,302.58</u>

TOTAL CHECKS & EFTs: \$12,001,248.42

Prepared by

Sharoll Cummins
Sharoll Cummins
Accountant



Blossoms and Bubbles 2024, Benefitting Kittitas Valley Healthcare

Our 20th Annual Fund-A-Need, Blossoms and Bubbles, will be held Saturday, April 20, 2024, at the Hotel Windrow. Proceeds raised from this event will go directly to the purchase of 4 GlideScope Core units.

GlideScope® Core™ is an all-in-one system offering immediate access to the tools you need to visualize the airway and tracheobronchial tree. The system includes a Full HD, touchscreen monitor with advanced resolution. Combined with a comprehensive workstation, GlideScope Core delivers elevated visibility and improved workflow.

They are used frequently in the OR, ED & ICU by the providers and anesthesiologists. This is the safest method to make sure we do not collapse a patient’s airway and it gets them the help they need to breathe in the quickest and most accurate way.

LINK WITH INFORMATION:

<https://www.verathon.com/glidescope-visualization-systems/glidescope-core>

Tickets for the event will be available soon. Please save the date!

Annual Appeal

The Foundation’s Annual Appeal for 2023-24 was mailed to the community September 29th. We extended our mailer to reach over 9,300 KVH patients, community members and staff. This is an increase of 300 households from last year. Already a record number of donations have been received.

Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

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

January 2, 2024
Tuesday

7:30 A.M.
Join Zoom Meeting

<https://us06web.zoom.us/j/84388051101?pwd=H8P4fkCLba5lZ8NNHXDc6oqa0r2Oc0.1>

Meeting ID: 843 8805 1101
Passcode: 309318

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: November 28, 2023**
- **November Financial Highlights**
- **2024 Budget**
- **Adjourn**

Next Meeting Scheduled: January 23, 2024 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
November 28, 2023

Members Present: Jon Ward, Bob Davis, Julie Petersen, Jason Adler

Members Excused: Jerry Grebb

Staff Present: NA

Guests Present: NA

The meeting was called to order at 7:32 a.m.

Agenda was amended to include increase to the 2023 operation expense budget

Two motions were made. One motion by Jon to approve the agenda as amended and seconded by Bob. Another motion was made by Bob and second by Jon to approve the October 24, 2023 minutes. Both motions passed.

Jason presented the highlights of the October 2023 financial results. The MRI unit was down for ten days and the organization had seven ambulatory providers on leave of absences through the month of October. This reflected in revenue. Revenue was below budget by \$1,179,814. Statistics are mixed with ER visits consistently exceeding budget while clinic visits fell below budget for the month by 20.1% as related to the leave of absences.

Expenses exceeded budget by \$882,858. Professional fees exceeded budget as related to the continued use of Locum's providers in Woman's Health, Pediatrics, Internal Medicine, Emergency Services, and a new contract for expanding Anesthesia Services. Extended leaves of absences have contributed to the increased locum utilization and decrease in clinic visits. The result is an operating loss of \$554,646 for October 2023. With non-operating being positive, the net loss was \$229,902. The details are in the CFO Report.

With no further business, the meeting was adjourned at 8:00 a.m.



QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

December, 2023

Quality Improvement Council Summary

QI Council was held December 11th. Topics discussed include:

- Quality Improvement Dashboard review (see below and following pages)
- Patient Satisfaction Dashboard review
- Pain Medication Reassessment – discussion of measure considerations, changes to the measure, and improvement activities
- Survey/Inspection Follow-up (see below)
- 2024 Organizational QAPI plans and QI Measures draft review and recommendation to the board (see below)

DOH/CMS Surveys and Investigations

The plans of correction for both the EMTALA investigation and the hospital licensure survey have been accepted by the DOH and CMS. In most cases, the finding has already been corrected, and, where applicable, staff have implemented new processes and ongoing auditing to monitor performance.

QAPI (Quality Assessment and Performance Improvement) Annual Plan and Quality Improvement Measures

QI Council reviewed all of the drafted QAPI plans and proposed QI Measures on December 11th. QI Council recommends the board approve all the QAPI plans and proposed QI Measures for 2024.

Employee Health/Infection Control

As of December 22nd, KVH is at "Moderate" Risk for COVID-19 Transmission with case counts beginning to rise in number. Additionally, both RSV and influenza A continue to circulate in Kittitas County. It is anticipated that KVH will see an increase in all three viruses following the holiday break. At this time, face masks (either surgical or medical) or N95 respirators *should* be worn in all patient facing areas to ensure both employee and patient safety. Additionally, staff are reminded to stay home if they are ill, wash their hands regularly, and wear a mask if they become aware of having been exposed to COVID-19 illness.

Quality Improvement Dashboard Data Summary – through October 2023

Summary of Areas Meeting Goal or Showing Improvement

- All primary care clinics were above the target for fall risk screenings for four consecutive months.



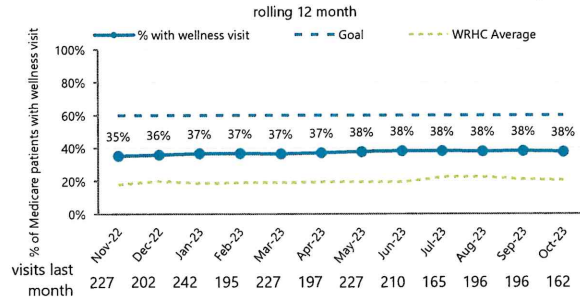
- There were no missing consent forms for blood transfusion. This has previously been one of the most frequently missed components of the blood transfusion bundle, so this was a welcome improvement. The missing documentation was primarily from a new group of contract staff for anesthesia who need additional training on proper documentation.

Summary of Improvement Opportunities

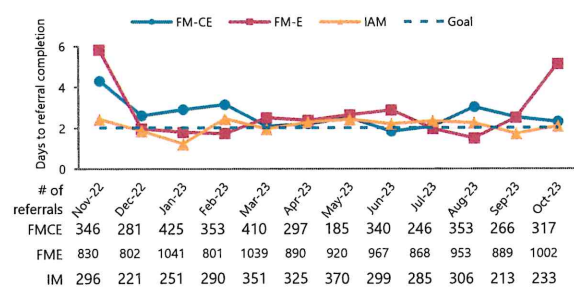
- There was a vacant position of a referral coordinator at FME during October 2023. This resulted in an increase to the average time to outbound referrals sent in that clinic.
- There were three patients with sepsis in October 2023. Blood cultures were not ordered for the patients in a timely manner. Bonnie Gibson has followed up with the attending providers to let them know of the opportunity for improvement.
- Documentation of pain reassessments continue to be lower than goal.

QI Council

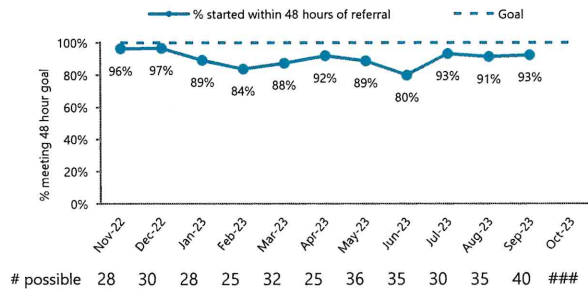
Medicare Wellness Visits ↑



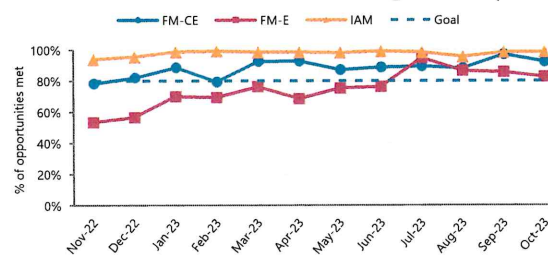
Time to Outbound Referral Sent ↓



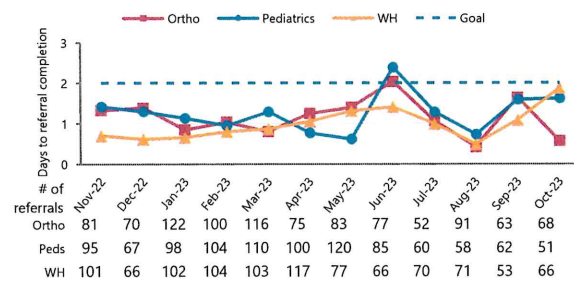
Timely Start for Home Health ↑



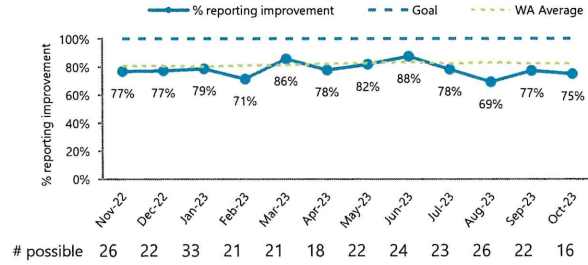
Fall Risk Screening ↑



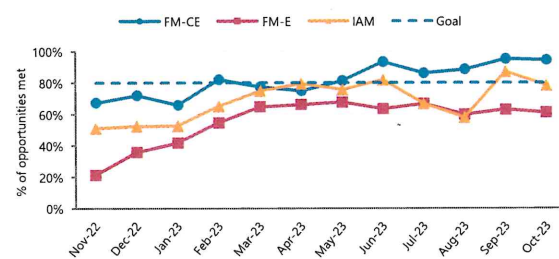
Time to Outbound Referral Sent ↓



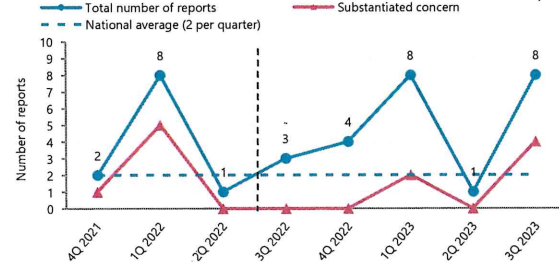
Improvement in Management of Oral Meds (Home Health) ↑



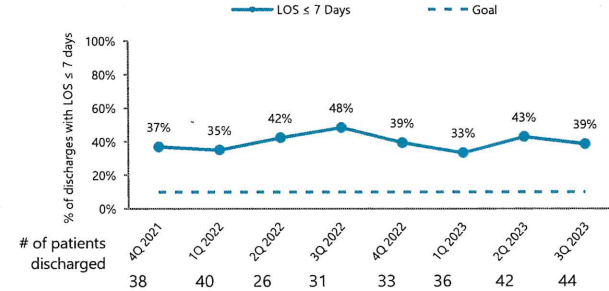
Diabetic Foot Checks ↑

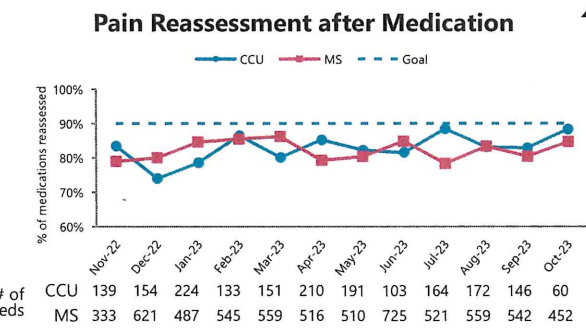
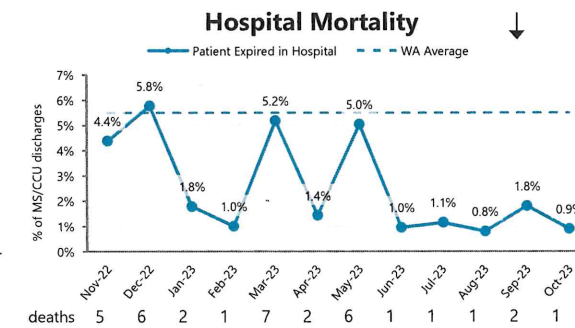
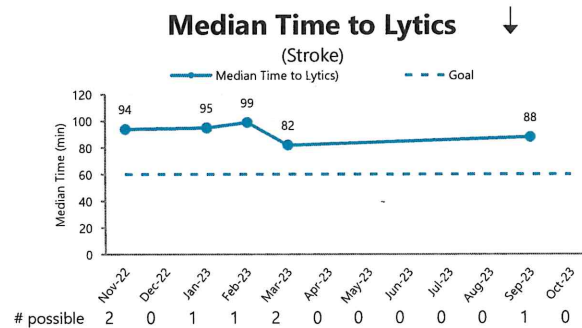
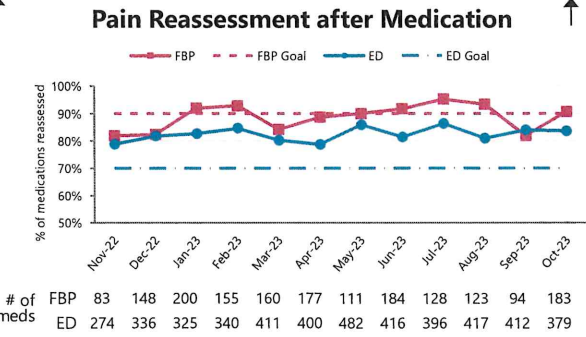
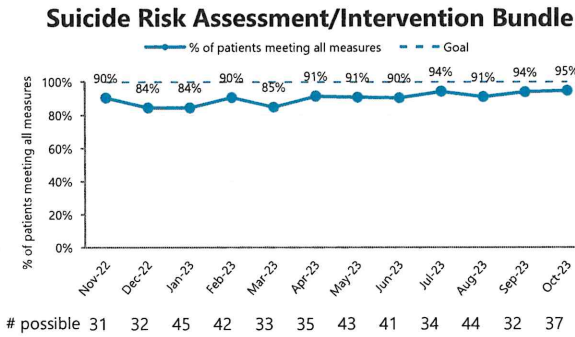
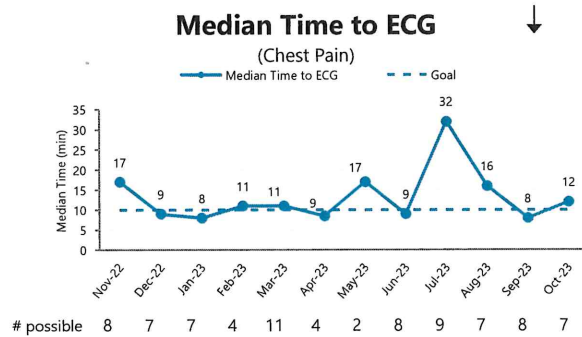
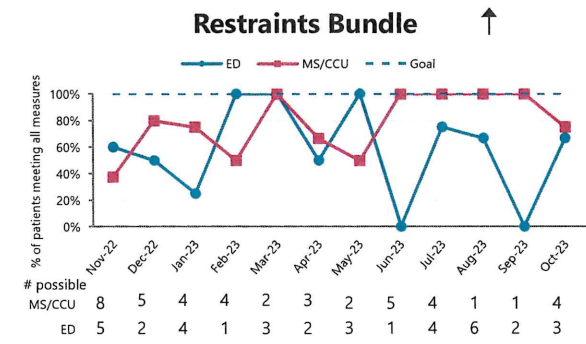
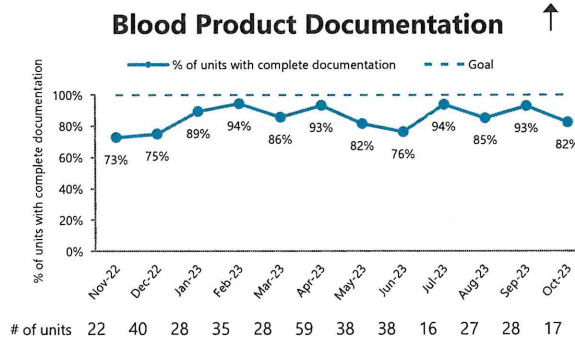
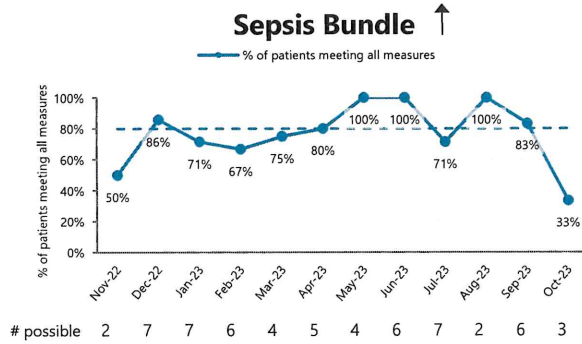


Compliance Concerns Reported ↑

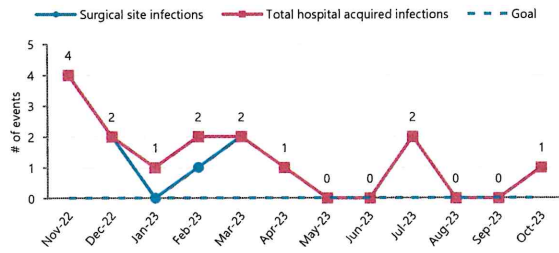


Hospice Length of Stay ≤ 7 Days ↓

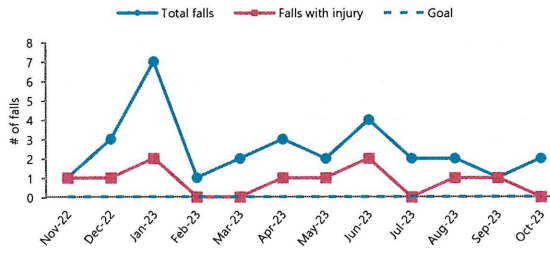




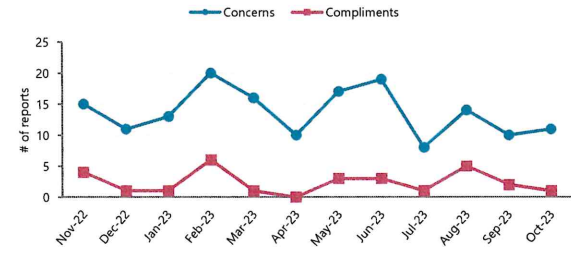
Hospital Acquired Infections



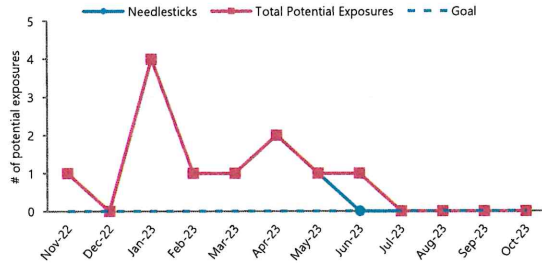
Falls



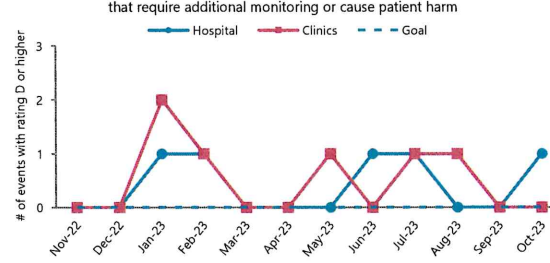
Care and Service Reports



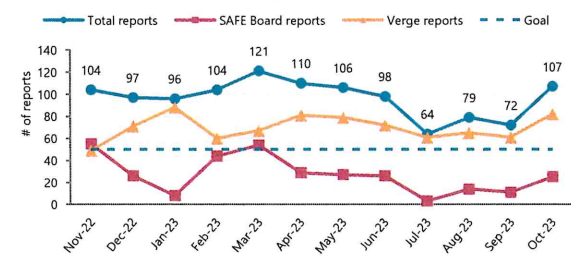
Potential Bloodborne Pathogen Exposures



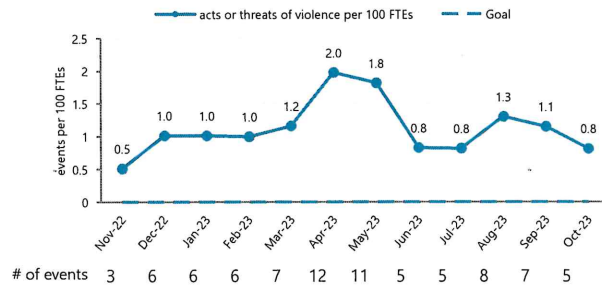
Adverse Medication Events



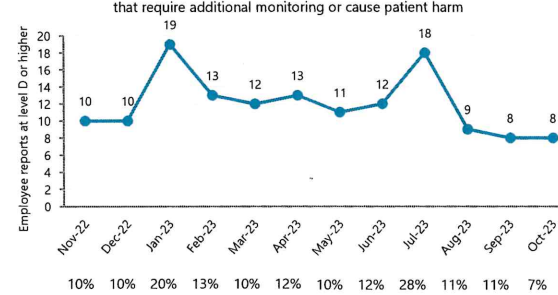
Employee Reports



Workplace Violence Events



Reports of Occurrences



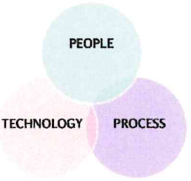
2024 Strategic QAPI Plan

Title: <i>Expansion Optimization</i>	Senior Leader: <i>Dede Utley & Ron Urlacher</i>								
Goal, Purpose, or Ideal State: Short term: Ensure continuity of patient access and workflow through various phasing milestones of the expansion project by reevaluating current state processes and identifying areas for improvement. Maintain patient safety and operational workflow during construction phases without decreasing capacity. Long term: Increase access, and ensure throughput efficiency, while providing safe patient care through the evolution of current state processes into future state improvements. Ensure electronic systems support real-time performance improvement measurements	Strategic Focus Areas: Primary – Access Secondary – Customer Experience & Financial Sustainability								
Scope of Work (special inclusions, exclusions, or focus areas): <ul style="list-style-type: none"> • Maintaining throughput in a changing environments. • Defining efficient workflows in future state work spaces. <ul style="list-style-type: none"> ○ Staffing needs ○ Staff movement ○ Patient movement ○ Information sharing ○ Documentation/charges ○ Equipment/product storage and organization 	Core Team Members: Dede Utley, Ron Urlacher, Amy Krogstadt, Kimme Greenwood, Bonnie Vidonne, Trent Baker, Dave Swory Support Team Members: Rhonda Holden, Dr. Penoyar, IS designee, Brenda Hilligoss, Finance designee, Infection Control, Rick Elstrom, Cardiopulmonary designee, Marketing Facilitator: LeAnn Bolding								
Current State or Problem Statement <ul style="list-style-type: none"> • Maintaining productivity in all areas while working in a changing environment. • Defining workflows and processes for a space that does not yet exist. 									
2024 action plan (key milestones and expectations): <ul style="list-style-type: none"> • Regular meetings with key team member to review phasing and workflow changes impacted during construction. • Collaborate to define future state. 	Measures of Performance: <ul style="list-style-type: none"> • Safety • Access • Efficiency • Timeliness • Quality of care 								
Involved Departments or Stakeholders: Materials Management, Surgical Services, Sterile Processing, Diagnostic Imaging, Engineering *All departments and clinics that interface with these areas*	At the end of 2024, what stage of improvement will we be: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Planning/design</td> <td><input type="checkbox"/> In plan, do, study, act cycle</td> </tr> <tr> <td>Partial implementation</td> <td><input type="checkbox"/> Work concluded</td> </tr> <tr> <td>X Full implementation</td> <td><input type="checkbox"/> Abandoned</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other, please explain:</td> </tr> </table>	<input type="checkbox"/> Planning/design	<input type="checkbox"/> In plan, do, study, act cycle	Partial implementation	<input type="checkbox"/> Work concluded	X Full implementation	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Other, please explain:	
<input type="checkbox"/> Planning/design	<input type="checkbox"/> In plan, do, study, act cycle								
Partial implementation	<input type="checkbox"/> Work concluded								
X Full implementation	<input type="checkbox"/> Abandoned								
<input type="checkbox"/> Other, please explain:									

2024 Strategic QAPI Plan

Title: <i>ISO 9001 Journey</i>	Senior Leader: <i>Mandee Olsen</i>								
Goal, Purpose, or Ideal State: To be prepared for ISO 9001 compliance or certification by our 4 th DNV survey (sometime in 2025)	Strategic Focus Areas: Primary – Customer Experience Secondary – Partnerships & Collaborations								
Scope of Work (special inclusions, exclusions, or focus areas): DNV/CAH accreditation requirements, quality measuring, monitoring, reporting and oversight, organization visual measurements, Lucidoc systems related to accreditation manager, policy or contract measurements	Core Team Members: Mandee Olsen, Julie Petersen, Dr. Kevin Martin, Cindy Kelly, Rhonda Holden, Dede Utley Support Team: Mandy Weed, Quality, HR, and Compliance teams. All senior leaders and department directors/managers.								
Current State or Problem Statement Our current knowledge of NIAHO standards (including ISO 9001) is at a level to maintain accreditation with CMS CAH Conditions of Participation (CoP). However, NIAHO combines CMS CoPs with ISO 9001 quality management system standards. Where our current processes are not up to these additional ISO 9001 standards? Preliminary review of ISO 9001 shows we want to prioritize four areas: 1) NIAHO standards tracking, 2) performance measuring and monitoring, 3) contracted service evaluation, and 4) internal audit plan.									
2024 action plan (key milestones and expectations): <ul style="list-style-type: none"> ▫ Understand ISO 9001 standards are in addition to CMS CoP. Train/educate leaders to those standards. Use Lucidoc to organize and document current compliance. Specific focus on identifying where department and job-specific competencies are required. ▫ Develop process to ensure required or necessary quality and service metrics are measured, monitored, shared with staff, and reported to governing body (as needed). Includes two standard measures for all leaders (annual evaluation compliance and TeamSTEPPS sign-ups), and revisions of QI and other dashboards. Senior leaders will set priorities for their departments and meet monthly with their leaders to monitor. ▫ Create/revise and implement process for selecting contracted service providers, and support physician leadership to conduct annual evaluation for those contracted services requiring (“tier 1”). ▫ Create an ISO-compliant internal audit process and plan. 	Measures of Performance: <ul style="list-style-type: none"> • All standards initially review by CQO by end of 1st quarter • List of department or job-specific competencies created by end of 1st quarter • Revised QI and other dashboards to board, SLT, staff by first quarter. • #/% of departments: <ul style="list-style-type: none"> ○ Reporting and displaying two standard measures. Aggregate department/area performance to the standards. ○ With chosen quality and service measures chosen ○ Sharing and displaying measures with staff ○ Sharing to QI or other dashboards • Schedule for and documentation of “Tier 1” annual contract evaluations • Identify KVH ISO-compliant internal audit and plan for first audit 								
Involved Departments or Stakeholders: All leaders	At the end of 2024, what stage of improvement will we be: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Planning/design</td> <td><input checked="" type="checkbox"/> In plan, do, study, act cycle</td> </tr> <tr> <td><input type="checkbox"/> Partial implementation</td> <td><input type="checkbox"/> Work concluded</td> </tr> <tr> <td><input type="checkbox"/> Full implementation</td> <td><input type="checkbox"/> Abandoned</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other, please explain:</td> </tr> </table>	<input type="checkbox"/> Planning/design	<input checked="" type="checkbox"/> In plan, do, study, act cycle	<input type="checkbox"/> Partial implementation	<input type="checkbox"/> Work concluded	<input type="checkbox"/> Full implementation	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Other, please explain:	
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2024 Strategic QAPI Plan

<p>Title: <i>Oracle Optimization and Standardization</i></p>	<p>Senior Leader: <i>Jeff Yamada</i></p>
<p>Goal, Purpose, or Ideal State: Have a consistent Patient intake and workflow process across all services for the patient. This will also help to keep workflow and processes maintained long term and resistant to turnover, leadership changes and daily resource challenges. In this Standardized process capture the information needed for backend billing, coding and revenue cycle so further automation can take place.</p> <p>Continue to improve our Provider adoption, efficiency, and productivity that is sustainable. Monitor "Lights On" metrics for each provider and tailor ongoing training accordingly.</p>	<p>Strategic Focus Areas: Primary –Standardization and Consistency across clinics. Secondary – Use the PPT Framework (People Process and Technology) Review current workflows, determine Best Practice.</p> <p style="text-align: center;">THE PPT FRAMEWORK</p>  <p>Improve the Caregivers Experience (Analytics driven education) Focus on data analysis, personalized adoption support and promoting new functionality/technology.</p>
<p>Scope of Work (special inclusions, exclusions, or focus areas): Pre-Work:</p> <ul style="list-style-type: none"> • Separate Clinics that were built under other facilities, FME and Internal Med. to align billing entities. These would include Derm, Ortho MACC, GNP, Rapid Access, Cardio, Neuro, Wound Care and PreOP. • Review (current) and develop Standardized Workflow/Processes across all Clinical Services. Continued focus on Cerner/Oracle integration to reduce "add-on" SaaS applications. • Engage with Providers for feedback on Functionality, determine areas to focus on that might be seen across multiple Providers/clinics to improve efficiencies. • Evaluate the current process (this is what we have always done) as well as review new functionality offerings from Oracle. • Engage Cerner/Oracle in leveraging a Clinical Optimization project to gather baseline data, help with process, system changes, workflow and education. Implement recommended Best Practices and compare changes to baseline data. • Continue to use the Power of Oracle Community Works through collaboration with other Organizations and reference one another. 	<p>Team Members: Provider Leadership: Dr. Kevin Martin Dr. Hibbs/Dr. Thomas Informatics: Brenda Hilligoss Informatics Team Clinic Leadership: Jaime Georgeson Stacy Olea Rev. Cycle Leadership: Tara Presiado Jason Adler Scott Olander Oracle Health Leadership: Laura Mann (CAE) Derek SeEVERS (CEE) Performance Improvement: Leann Bolding (EMR Standard Committee)</p>

2024 Strategic QAPI Plan

<p>We have 350+ hospitals using the same core system, and 47 hospitals using the exact system (Domain C) we are currently using.</p> <ul style="list-style-type: none"> Engage Oracle and other Organization for recommended Best Practices and Workflows. 									
<p>Current State or Problem Statement</p> <ul style="list-style-type: none"> We've added many clinics over the last few years even through the Pandemic. Many were net new services to the Org. that said this will be a great time to review all clinic workflows and processes to find opportunity to standardize. This will benefit us in many ways with training, customer experience that is consistent across clinics. It will also help with resource coverage as well to maintain a consistent Patient flow and process. Reduce one off request and continue to focus on a standardized governance approval process for system changes. We do a great job in Provider onboarding, training and elbow support (Best Practice). What we need to continue to develop is long term monitoring of Providers as they evolve over time both within the EMR and Practice using standardized metrics that is already in place with Cerner called Lights On. On a routine basis look at metrics like, time in EMR, time in EMR/patient visit, pajama (after hours) time in EMR, etc.. and help to deliver customized education to the provider using eCoach based on Metrics. Develop a team that is able to focus on this segment of work, right now all the attention is on the numerous front-end training we are doing with new providers and contracted services. Develop yearly Competencies to keep staff on standardized process. 									
<p>2024 action plan (key milestones and expectations):</p> <ul style="list-style-type: none"> Work with Clinic Leadership Nursing, MA and PSR coordinators to determine current workflows across all clinics. (Possible PI project) Needs to have the buy in and discipline. Review current Lights-On Data to determine Providers baseline metrics. Demo and review Oracles Services for Clinical Optimization (Quote in hand). Continuous/Consistent Clinic rounding by Informatics team (Currently being done at FMCE, Tech Tuesdays). 	<p>Measures of Performance:</p> <ul style="list-style-type: none"> Lights On Monthly metrics. Consolidation of Workflows and processes across clinics. Baseline and after engagement of Provider satisfaction. 								
<p>Involved Departments or Stakeholders:</p> <p>Nursing leadership Ancillary Dept. leaders Clinic Leadership Clinical Informatics Oracle/Cerner CAE and CEE</p>	<p>At the end of 2024, what stage of improvement will we be:</p> <table border="0"> <tr> <td><input type="checkbox"/> Planning/design</td> <td><input type="checkbox"/> In plan, do, study, act cycle</td> </tr> <tr> <td><input type="checkbox"/> Partial implementation</td> <td><input type="checkbox"/> Work concluded</td> </tr> <tr> <td><input type="checkbox"/> Full implementation</td> <td><input type="checkbox"/> Abandoned</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other, please explain:</td> </tr> </table>	<input type="checkbox"/> Planning/design	<input type="checkbox"/> In plan, do, study, act cycle	<input type="checkbox"/> Partial implementation	<input type="checkbox"/> Work concluded	<input type="checkbox"/> Full implementation	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Other, please explain:	
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2024 Strategic QAPI Plan

Title: <i>Partnering Physician Model</i>	Senior Leader: <i>Dr. Kevin Martin</i>	
Goal, Purpose, or Ideal State: Create a Care Team consisting of 1 physician who partners with up to 6 dedicated APCs and support staff. The physician will have a limited appointment schedule to allow for partnership with the APCs in the care of patients and responding to messages. From the patient perspective, the patient will have a defined team led by a physician.	Strategic Focus Areas: Primary –Access Secondary – Patient Experience	
Scope of Work (special inclusions, exclusions, or focus areas): <ul style="list-style-type: none"> • Development of what a Care Team is beyond providers • Include creative/alternative schedules to better utilize clinic space • Exam how Cerner/Oracle can support a Care Team Model approach to healthcare • Patient Focus groups to help define acceptable access timeframes and tolerance for this model • Whatever the physician decrease in access is it must be picked up by the APC team • Excluded: specialty clinics, Rapid Access, Dr. Wright, Dr. Hibbs, Dr. Feng 	Team Members: Dr. Kevin Martin Dr. Stone Dr. Beard Will Phillips PA-C Michele Wurl Toni Clayton Angela Bennett Emilee Commeree Stephanie Walker Stacy Olea LeAnn Bolding	Support Team: Jason Adler Brenda Hilligoss
Current State or Problem Statement We have difficulty recruiting physicians into primary care and have been more successful recruiting APCs into primary care. Our APCs we do have in primary care are becoming overwhelmed with the workload and are leaving primary care. Some patient only want to be seen by a physician.		
2024 action plan (key milestones and expectations): <ul style="list-style-type: none"> • Determine Care Team model including APC/RN/MA/PSR/IBH • Determine physician compensation • Determine clinic scheduling • Implement Care Teams at FME with 3 physicians and existing APCs • Recruit APCs for IAM to implement a Care Team with Dr. Woodard • Recruit additional APCs for FMCE to implement a Care Team • Recruit additional APCs for FME to grow their Care Teams 	Measures of Performance: <ul style="list-style-type: none"> • Provider retention in primary care • Volume of message boxes • Volume of unopened messages/messages not responded to • Recruitment • Next 3rd available/access • Patient satisfaction • Provider satisfaction • Staff satisfaction 	
Involved Departments or Stakeholders: Clinic Leadership, Clinic Staff, Clinical Informatics, Provider recruitment, HR, Provider Leadership, Patients	At the end of 2024, what stage of improvement will we be: Partial to full implementation	

2024 Strategic QAPI Plan

Title: <i>Community-Based Care</i>	Senior Leader: <i>Dr. Kevin Martin</i>
Goal, Purpose, or Ideal State: To evaluate the comprehensive community-based care needs of the residents of Kittitas County so we can identify opportunities for KVH to implement new, or expand existing, community-based programs.	Strategic Focus Areas: Primary –Partnership & Collaboration Secondary -Access
Scope of Work (special inclusions, exclusions, or focus areas): <ol style="list-style-type: none"> 1. Conduct a gap analysis utilizing CHA/CHIP data and survey of community service agencies to determine gaps in existing community-based care that KVH might provide. 2. To optimize KVH's current community-based programs including Home Health, Hospice, Geriatric Nurse Practitioners and Wound Care. 3. Coordination of these services with internal and community providers such as Kittitas County Health Network and across transitions such as hospital, ED or SNF discharge. 	Team Members: Rhonda Holden, Dr. Martin, Anna Collins, HHH leadership, Tricia Sinek, Robin Read, informatics staff.
Current State or Problem Statement Kittitas Valley Healthcare provides community-based care utilizing geriatric nurse practitioners to frail patients at home, in assisted living, and skilled nursing settings. This program has recently been consolidated under the Home Health & Hospice umbrella and is understaffed to meet the growing community need. In Home Health, we have quality metric challenges as Home Health patients naturally transition to Hospice as their disease progresses. In Hospice we are experiencing a short length of stay. These problems might be alleviated by having a palliative care program. Transitions of care from the Emergency Department, Hospital or the Clinic setting into community-based care programs are often inefficient. In addition, there may be a need for other community-based care programs that KVH is unaware of.	
2024 action plan (key milestones and expectations): <ol style="list-style-type: none"> 1. Utilize data from gap analysis to determine which community-based services KVH should provide, not provide or serve as a partner in providing <ol style="list-style-type: none"> a. Identify all of the partners providing community-based care whether licensed or reimbursed. b. Identify gaps in community-based care. c. Prioritize opportunities for KVH to provide or expand needed services and determine which services to implement. 2. Stabilize the GNP Program. Fully staffed with providers and support staff that will allow us to expand access to the GNPs. <ol style="list-style-type: none"> a. Repopulate the GNP program with newly defined roles as primary care providers and GNPs distinguished by setting. b. Hire a part time medical director for community-based medicine. c. Hire appropriate support staff to schedule patients and extend GNPs ability to see patients. d. Rebrand and market the GNP program in the community e. Maintain RHC reimbursement for the GNP program. 	Measures of Performance: <ol style="list-style-type: none"> 1. Gap analysis complete <ol style="list-style-type: none"> a. potential new/expanded services identified b. new/expanded services implemented 2. Fully staffed GNP program <ol style="list-style-type: none"> a. Volume of referrals & visits b. Increased visits per provider FTE c. Program financially stable 3. Improved metrics for HHH <ol style="list-style-type: none"> a: Hospice LOS increased b. Home Health quality metrics improved c. Increased referrals to KCHN

2024 Strategic QAPI Plan

<p>3. Increase referrals to Home Health, Hospice and GNPs from clinics, ED and inpatient unit.</p> <ul style="list-style-type: none"> a. Improve our processes to admit patients to HHH and GNPs specifically from the KVH clinics, ED and inpatient units through ongoing education and standardizing referral expectations. b. Early identification of patients that need care coordination resources. c. Robust communication plans internally and utilizing KCHN coordination resources 	
<p>Involved Departments or Stakeholders: Home Health & Hospice, Emergency Department, Hospital Medicine, primary care clinics, GNP Program, KCHN</p>	<p>At the end of 2024, what stage of improvement will we be:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Planning/design <input checked="" type="checkbox"/> Partial implementation <input type="checkbox"/> Full implementation <input type="checkbox"/> Other, please explain: <input type="checkbox"/> In plan, do, study, act cycle <input type="checkbox"/> Work concluded <input type="checkbox"/> Abandoned

2024 Strategic QAPI Plan

Title: <i>Complex Service Lines</i>	Senior Leaders: <i>Rhonda Holden</i>
Overall Goal, Purpose, or Ideal State: <ul style="list-style-type: none"> • Ensure patients receive timely specialty services in a safe environment • Maximize the limited resource of specialists time • Improve access to specialty service by increasing available appointments 	Strategic Focus Areas: Primary – Access Secondary – Customer Experience
Scope of Work (special inclusions, exclusions, or focus areas): <ul style="list-style-type: none"> ○ Determine with Cardiology lead how patient enters this services ○ Set standards for referrals-identify potential patients ○ Process walk “admissions” to cardiology program and how tests and procedures are managed, scheduled, and reported ○ Decrease time to first appointment-streamline referral process ○ Improve communication between clinics, hospital and ancillary services (handoff to specialist and return to PCP with management plan) ○ Develop relationships with outgoing referral sources ○ Build redundancy in the service 	Core Team Members: Rhonda Holden, Michele Wurl, Kimme Greenwood, Carolyn McCain, Emilee Commeree Colgan, Dr. Kevin Martin, Amy Clausen PA, Tricia Sinek Support Team Members: Amy Krogstadt, Brenda Hilligoss, Bonnie Vidonne, Stephanie Walker, Trent Baker, Tara Preciado, Mande Olsen, Elena Swan, Amy Diaz, Dede Utley, Stacy Olea, Dr. Hoppe, Risk Management, Infection Control
Current State or Problem Statement: <ul style="list-style-type: none"> • Challenging scheduling of multiple resources across multiple departments (clinics, imaging, cardiopulmonary, SOP) • Staff work in multiple departments (SOP RN’s, Device Interrogation Technician, Echo Techs) • Only one cardiologist and one physician assistant in Cardiology • Cardiologist would like to offer procedures in Cle Elum- duplication of expensive equipment and lack of space 	
2024 action plan (key milestones and expectations): Action Plan #1- Cardiology Service Line Ideal State <ul style="list-style-type: none"> • Seamless service for the patient from any point of referral (ED, Hospital, Clinic) • Specialty Clinic receives complete referral package • Ensure referring providers receive timely results of consult, testing and management plan from the specialist • Ensure equipment is integrated properly with Cerner with all data available in a single place for review • Ensure charges are billed appropriately • Increase the number of available specialty appointments • Define current capacity and develop a management plan for incremental growth of the service 	Measures of Performance: No show rate Cancellation rate Volume of procedures Productivity of specialty providers Accurate charge capture Cancellation fill rate Time from referral to appointment Patient satisfaction Provider satisfaction

2024 Strategic QAPI Plan

<p>Involved Departments or Stakeholders: Cardiology, KVH Primary Care Clinics, Imaging, SOP/MOP, Cardiopulmonary, IS, Materials, RCM, Facilities</p>	<p>At the end of 2024, what stage of improvement will we be:</p> <table><tr><td><input type="checkbox"/> Planning/design</td><td><input type="checkbox"/> In plan, do, study, act cycle</td></tr><tr><td><input type="checkbox"/> Partial implementation</td><td><input type="checkbox"/> Work concluded</td></tr><tr><td>X Full implementation</td><td><input type="checkbox"/> Abandoned</td></tr><tr><td><input type="checkbox"/> Other, please explain: (plan for growth)</td><td></td></tr></table>	<input type="checkbox"/> Planning/design	<input type="checkbox"/> In plan, do, study, act cycle	<input type="checkbox"/> Partial implementation	<input type="checkbox"/> Work concluded	X Full implementation	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Other, please explain: (plan for growth)	
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Strategic QAPI Plan

Title: <i>Employer of Choice</i>	Senior Leader: <i>Manda Scott & Michele Wurl</i>	
Goal, Purpose, or Ideal State: To be the employer of choice through a culture of communication, safety, and development for our employees. We will listen to the voices of the employees to drive improvement opportunities.	Strategic Focus Areas: Primary – Partnerships & Collaboration Secondary – Customer Experience	
Scope of Work (special inclusions, exclusions, or focus areas): We value our partnership with our employees and commit to responding to their feedback from the Survey of Patient Safety. We will do this through work on the Employee benefit packages; Developing KVH Culture through team initiatives and events; Training and development opportunities; Employee safety	Core Team Members: Ron Urlacher, Ashley Minyard, Brandee Coates, April Grant, RN/Nursing Director	Support Team Members: Dede Utlej Mande Olsen Dr. Andrew Thomas
Current State or Problem Statement We are facing a number of challenges in healthcare. The employment market is different than we've experienced before. Studies are showing that graduates are less and less interested in healthcare opportunities versus social media. The "gig economy" has become a larger type of work to compete with. We are not the only organization to experience recruiting difficulties, this makes retaining our staff also incredibly important. Engagement and reduced turnover ultimately impact the team culture and patient safety. In order for KVH to continuously improve the employee experience we need feedback and partnership from our employees. In May 2023, 82% of staff completed the Survey of Patient Safety (SOPS). Results of this survey highlighted the staff's request from more communication, training and development opportunities, help in creating sustainable workloads, and additional focus on safety and security throughout the KVH system.		
2024 action plan (key milestones and expectations):	Measures of Performance:	
Communication and Feedback		
<ul style="list-style-type: none"> Enhance provider communications & community building opportunities 	<ul style="list-style-type: none"> KVH Huddle Provider Huddle % Provider participation in engagement opportunities 	
<ul style="list-style-type: none"> Involve providers in leadership strategies, goal setting, & coaching 	<ul style="list-style-type: none"> Participating in provider QAPI meetings & leadership breakfasts Launching of provider leadership coaching program 90% on-time annual review completion **Match with ISO QAPI Goals; our recommendation is 90% 	
<ul style="list-style-type: none"> Employee retention and exit interviews 	<ul style="list-style-type: none"> Follow-up on 90-day survey feedback 6-month check in with new providers Establishing a check in process between Chief Human Resources Officer, Provider Leadership and Provider staff 	
Safety Culture		
<ul style="list-style-type: none"> Stabilizing staffing and labor resources 	<ul style="list-style-type: none"> Decrease time to fill positions from 2023 average by 10% Maintain voluntary employee turnover at industry average of 20% 	
<ul style="list-style-type: none"> Make the work of the Safety and Security committees visible and accessible to employees 	<ul style="list-style-type: none"> Create a visible dashboard Measure and increase the number of employees accessing this information on the Intranet 	

Strategic QAPI Plan

<ul style="list-style-type: none"> • Make the improvement work identified through SOPS, including Verge reports, visible and accessible to employees. 	<ul style="list-style-type: none"> • Create a visible dashboard • Measure and increase the number of employees accessing this information on the Intranet 								
<ul style="list-style-type: none"> • Create flexibility with employees to provide reliable services to our patients while maintaining a sustainable workload. 	<ul style="list-style-type: none"> • Acceptance of job offer rate 								
Education & Development									
<ul style="list-style-type: none"> • Expand access to staff training opportunities such as TeamSTEPPS, AVADE and Customer Service Workshops 	<ul style="list-style-type: none"> • Number/% of staff completing training • % of staff completing training per department 								
<ul style="list-style-type: none"> • Expand organizational drills and emergency planning exercises 	<ul style="list-style-type: none"> • Number of drills conducted • % of staff completing training per department 								
<ul style="list-style-type: none"> • Expand access to wellness opportunities to support employees 	<ul style="list-style-type: none"> • EAP participation; HeadSpace usage; class involvement 								
<ul style="list-style-type: none"> • Promote career development through continuing education opportunities 	<ul style="list-style-type: none"> • 40% of staff receiving certification pay and/or tuition reimbursement 								
<ul style="list-style-type: none"> • Support new and existing leaders 	<ul style="list-style-type: none"> • Increase staff involved in Cohort training • Expand industry training opportunities (e.g., AHA Rural Conference) • Quarterly KVH lead workshops & training opportunities. 								
Total Wellness Program									
<ul style="list-style-type: none"> • Provide opportunities for our employees to improve their overall well-being and to enhance relationships among co-workers. 	<ul style="list-style-type: none"> • Increase employee participation in program offerings: <ul style="list-style-type: none"> • Employee Assistance Program • Garage Studio Fitness • Gallery One class • HeadSpace 								
Involved Departments or Stakeholders: Finance, Quality, Clinical Education, Clinic Development Coordinators, Wellness Committee, Recognition Committee, Benefits Committee, staff development committee	At the end of 2024, what stage of improvement will we be: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Planning/design</td> <td><input checked="" type="checkbox"/> In plan, do, study, act cycle</td> </tr> <tr> <td><input type="checkbox"/> Partial implementation</td> <td><input type="checkbox"/> Work concluded</td> </tr> <tr> <td><input type="checkbox"/> Full implementation</td> <td><input type="checkbox"/> Abandoned</td> </tr> <tr> <td><input type="checkbox"/> Other, please explain</td> <td></td> </tr> </table>	<input type="checkbox"/> Planning/design	<input checked="" type="checkbox"/> In plan, do, study, act cycle	<input type="checkbox"/> Partial implementation	<input type="checkbox"/> Work concluded	<input type="checkbox"/> Full implementation	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Other, please explain	
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Recommended QI Measures to Board December 2024	Monthly QI Dashboard, Annual QI Report, or Both	DNV/DOH Required or KVH Recommended
Adverse Medication Events	Both	Required
Adverse/Harm Events	Both	Required
Anesthesia/moderate sedation adverse events	Annual	Required
Annual Employee Evaluation Compliance	Annual	Recommended
Antimicrobial Stewardship (ASP)	Annual	Required
Blood Product Usage and Compliance	Both	Required
Clostridium difficile Infection (CDI, HAI-6)	Annual	Required
Compliance Concerns Reported	Neither	Recommended
Diabetic Foot Checks - Clinics	Monthly	Recommended
Discrepancy Reports (imaging or pathology)	Annual	Required
Diversity, Equity, and Inclusion	Annual	Recommended
Environmental Cleaning Audits	Annual	Recommended
Extended ER or PACU stay	Annual	Required
Falls (all settings)	Both	Required
Falls Risk Screening - Clinics	Monthly	Recommended
Geriatric Nurse Practitioner Measure	Annual	Recommended
Hand Hygiene Observations and Compliance	Annual	Recommended
High Risk Drugs	Annual	Required
Home Health Improvement in Management of Oral Medications	Both	Required
Home Health Timely Start	Both	Recommended
Hospice Length of Stay Less than 7 Days	Both	Recommended
Hospital Acquired Infections, including Surgical Site Infections	Both	Required
Incidents (patient safety or other reported events)	Both	Required
Influenza Vaccination for Healthcare Personnel (OP-27, IMM-3-FAC-ADHPCT)	Annual	Required
Look alike- sound alike medications	Annual	Required
Median Time to ECG - Chest Pain	Both	Recommended
Median Time to Lytics - Stroke	Both	Required
Medical Record Delinquency	Annual	Required
Medicare Wellness Visits	Monthly	Recommended
Medication Bar Code Scanning	Annual	Recommended
Medication Reconciliation Within the Hospital	Annual	Required
Methicillin-Resistant Staphylococcus Aureus (MRSA)	Annual	Required
Mortality (all cause inpatient), including unanticipated death	Monthly	Required
Other pathogen surveillance, including BSI	Annual	Required
Pain Reassessment after Medication	Both	Required
Pathologic review of specimens removed during surgical or invasive procedures	Annual	Required
Patient Grievances	Both	Required
Patient Referrals	Monthly	Recommended
Patient Satisfaction (all other, non-HCAHPS)	Both	Required
Patient Satisfaction (HCAHPS)	Both	Required
Perinatal Care (PC-01 + WSHA/MDC OB measures - NTSV and TSV C-section rates, severe newborn complications, maternal morbidity, maternal blood transfusion)	Annual	Required
Physical Environment Management Systems	Annual	Required

Recommended QI Measures to Board December 2024	Monthly QI Dashboard, Annual QI Report, or Both	DNV/DOH Required or KVH Recommended
Potential Bloodborne Pathogen Exposures (including needlesticks)	Both	Required
Pre-/Post-Procedure diagnosis discrepancy	Annual	Required
Procedure rates and review	Annual	Recommended
Readmission rates (all cause inpatient)	Both	Required
Restraint Use and Compliance	Both	Required
Sepsis Bundle	Both	Recommended
Suicide Ideation Assessment and Intervention Bundle	Both	Required
TeamSTEPPS Participation as Planned	Annual	Recommended
Unplanned return to surgery	Annual	Required
Use of dangerous abbreviations	Annual	Required
Utilization Review Committee Aggregate and Trends	Quarterly	Required
Ventilator-Associated Conditions (VAC, iVAC)	Annual	Required
Workplace Violence Events (OSHA definition)	Both	Required
Wrong Site/Patient/Procedure	Annual	Required

Color Key

New Measure
Reported to board annually
On QI Dashboard monthly
Recommend discontinue reporting to board through QI

Chief Executive Report December 2023

Looking back on 2023

We began the year with an ambitious **Expansion Project** to expand and remodel our main hospital facility. Despite weather and water we remain largely on time and on budget. Ron Urlacher has forged a positive relationship with Walker Construction and is feeling good about the project. It should be noted that Ron is retiring in July of 2024 but we are blaming grandchildren not the project.

Along the way we encountered what I will politely label challenges with our **MRI** equipment and vendor(s). Hats off to Kimme Greenwood, Rhonda Holden and Jason Adler for seeing our way to the selection of a new, permanent magnet and for navigating an unsatisfactory relationship with one mobile provider and for securing a replacement mobile vendor and magnet (X2).

Until late 2022 one of the constants at KVH had been the volume of our **Emergency Department** visits. Between 2016 and 2021, even with a slight dip in 2020, we saw a very steady average of 13,500 patients each year. In the second half of 2022, those numbers began to climb and by the end of 2022 we were 12% over the previous year. We will end 2023 with over 17,000 visits, an increase of 27% over our historic average.

During this period of growth, the Emergency Department has experienced a number of transitions. Towards the beginning of the year, Dede Utey exited as the Nurse Director of Emergency Services to accept her new position as Chief Nursing Officer. Shortly thereafter, Dr. Schmelzer officially assumed medical leadership of the Emergency Department. During the third quarter, much to Dede's delight, Cody Staub stepped into the vacant Director position.

Our partnership with Emergency Associates of Yakima (EAY) has certainly served us well during this time of growth. EAY now staffs well over half of our physician shifts alongside our KVH providers. Acuity has remained steady and the uptick in behavioral health patients that we experienced during the pandemic has stayed with us. Thank you to the staff and leadership of the Emergency Department for meeting every challenge and continuing to provide the outstanding care that our community expects. We are planning for continued growth with facility as well as staffing changes in the coming year.

We talk a lot about **workforce**. Just the word workforce has become shorthand for shortages, costs, burnout and any number of other struggles that we are experiencing with and alongside our colleagues. We made significant advances in recruiting new staff and providers. Simultaneously though, we struggled with a spike in leaves and extended leaves of absence that left us scrambling to keep services open and patients seen. Stacy Olea's team has managed hundreds of angry patients that they had to cancel and rescheduled. They launched Rapid Access and immediately filled that schedule too. As I read and re-read the charter for the Employer of Choice QAPI the only clear message is that building a healthy, reliable workforce is a long game. We have a strong compensation philosophy but I am increasingly convinced that culture and community will only become more important to our efforts to attract and retain the best staff to care for our community.

Back in **Surgical Services**, Amy Krogstadt has been quietly keeping it together and even advancing our surgical and GI services. Surgeries and scopes are both up year over year. We have thrown temporary walls, flooding (X2) and staffing shortages at the surgical team but they just keep showing up. The transition from Kittitas County Anesthesia to Evergreen has, as anticipated, been expensive but I don't like to think about where we could have found ourselves had we not made the change. The new providers are helping to increase our

volumes and getting to know staff and providers as we head into a year of planned growth both in the ORs and Family Birth Place.

Speaking of **Family Birth Place**. The transition to OB Hospitalist Group is a work in progress but it provides a clear path forward, a path that many rural communities are lacking. KVH and more than two dozen other public hospitals were notified that we need to demonstrate that we comply with Washington's Reproductive Privacy Act. We will be responding in January.

One of the most frustrating trends in 2023 has been **increased unethical behavior on the part of plans and payors**. In 2022 (October YTD) we were collecting roughly 47% of billed charges. Year to date October 2023 we are collecting about 45% of billed charges. Our contracts did not change and we did not exceed the allowed charge increases. The value of that 2% is \$5,000,000. Medicare is stalling payment and clawing back payments for COVID tests performed at the height of the pandemic. These were the only tests available at the time and were required for us to admit, transfer and treat patients. Medicare violated, without comment, its own appeals process and simply took the money back. Medicare went on to scrub their provider data base and kick out any claims that did not match exactly the name and address in their system – despite the fact that every provider has a unique identifier. Historically health plans had a pretext for the barriers they create for patients and providers. Increasingly plans are arbitrarily down coding and denying claims and then waiting months to reprocess the appeals. Some of our Rural Collaborative colleagues are experiencing denial rates, reportedly generated by AI algorithms, approaching 90%. We have also experienced an increase in financial assistance (charity care) of about \$900,000 due to changes in eligibility passed by the Washington state legislature. Scott Olander's transition to Senior Director Revenue Cycle could not have come at a better time. Scott will be auditing these processes and claims to ensure that we are being paid timely and correctly. Meanwhile Jason is bringing a new philosophy and lens to the CFO role.

In the last several months we have had more than the normal number of **regulatory and survey** challenges. As mentioned above, we are being challenged to demonstrate that we are meeting the twin requirements of the Reproductive Privacy Act, 1) we must provide access to termination services and 2) we cannot require anyone to participate in termination services. CMS and the State have accepted our plan of correction for, what they identified as an EMTALA violation and, after considerable back and forth with the DOH, our regular survey plan of correction has been accepted. In many cases, we found ourselves dealing with newly minted surveyors applying slightly different interpretations of the regulations.

So, 2023 has been a challenging year in many ways. I am hesitant to go on the record **again** as welcoming in a bright new year because I still remember being so eager to move on from 2020 and then 2021 happened. We have responded to the challenges of 2023 with a forward thinking, positive plan; a plan to grow our specialties, expand and redefine our primary care teams, stabilize and create capacity in our facility and our staff. With all due respect to the ticking clock in Time Square, the world will not change on January 1st but we will keep working the plan and I am, in fact, looking forward to 2024. Thank you and Happy New Year.

Human Resources & Staff Development- December 2023

November 2023 Metrics

<i>Employee Population</i>				
	<i>21-Nov</i>	<i>23-Oct</i>	<i>23-Sept</i>	<i>23-Aug</i>
Full-time	524	518	517	517
Part-time	115	106	105	105
Per Diem	133	135	135	135
Total Employees	772	759	757	757

<i>Turnover</i>			
	<i>YTD</i>	<i>23-Nov</i>	<i>2022 Year End</i>
Turnover (People)	167	5	149
Turnover (Percentage)	22.25%	1%	20%
Voluntary	156	4	140
Involuntary	11	1	9

<i>General Recruitment</i>				
	<i>23-Nov</i>	<i>23-Oct</i>	<i>23-Sept</i>	<i>23-Aug</i>
Open Postings	22	15	30	24
Unique Applications Received	249	247	211	271
Employees Hired	21	21	17	16
Time to Fill (Median)	48	73	37	44
Time to Fill (Average)	129.3	69	30.4	62.16

<i>Annual Evaluations</i>	
	YTD
Percent complete	85.0%
Total evaluations over due	98
# of employee evals over due	71
# of provider evals over due	28

Recruitment: Another pretty busy month for Recruiting, we normally see a slow-down over the winter months but are not seeing that this year. We posted 22 openings and hired 21 people. Our Time to Fill went up because we finally filled an Ultrasound position that had been posted for over 900 days and a Surgical Services RN position that was posted for just over 700 days. We filled our third Clinical Educator position that will be primarily responsible for helping launch the NAC training program; Amy will start on Tuesday, January 2nd.

Recruitment Outreach: Kyle West helped coordinate a number of visits to KVH from various local High School students. We talked to the students about apprenticeship opportunities and healthcare careers outside the “normal” paths that most people think of; nurse & doctor. We heard great feedback from the students and plan on making this an annual event.

Student and Volunteer Services: Currently we have 29 learners on-site from the following groups: 3 Pharmacy students, 1 Nursing student, 8 Imaging Tech students, 1 Sterile Processing student, 7 Job Shadow students, 1 Nurse Practitioner student, 2 Physician Assistant students, 3 Medical students, and 3 Family Medicine Residents. We have seen an increase in job shadow students in imaging. The YVC Radiology Tech program requires a job shadow before a student can apply to join the program. With Multicare Yakima Memorial Hospital currently not accepting job shadows KVH has seen an increase in Job Shadow requests from students looking to get into the YVC Radiology Tech program.

We held a one-day Gift Shop Christmas Sale on December 14th. The sale was a popular event with purchases totaling \$1000. We want to recognize the volunteers and the staff at Radio Hill for all their help with the gift shop sale.

Labor Relations: Continued discussions with Teamsters regarding the \$18.00/hour minimum. After many discussions it was passed by the Teamsters members!

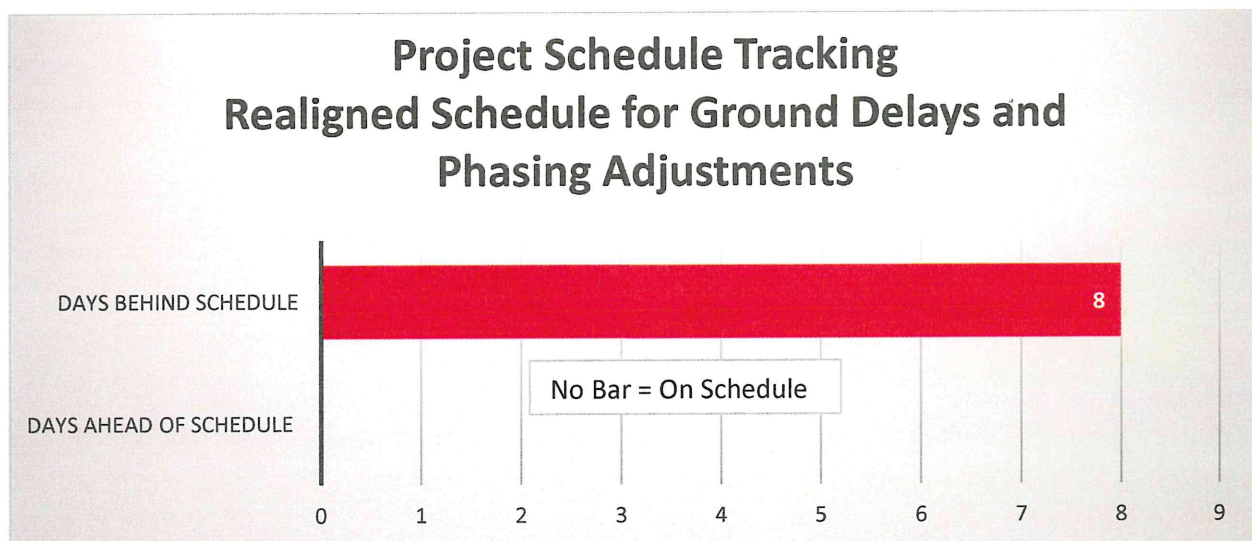
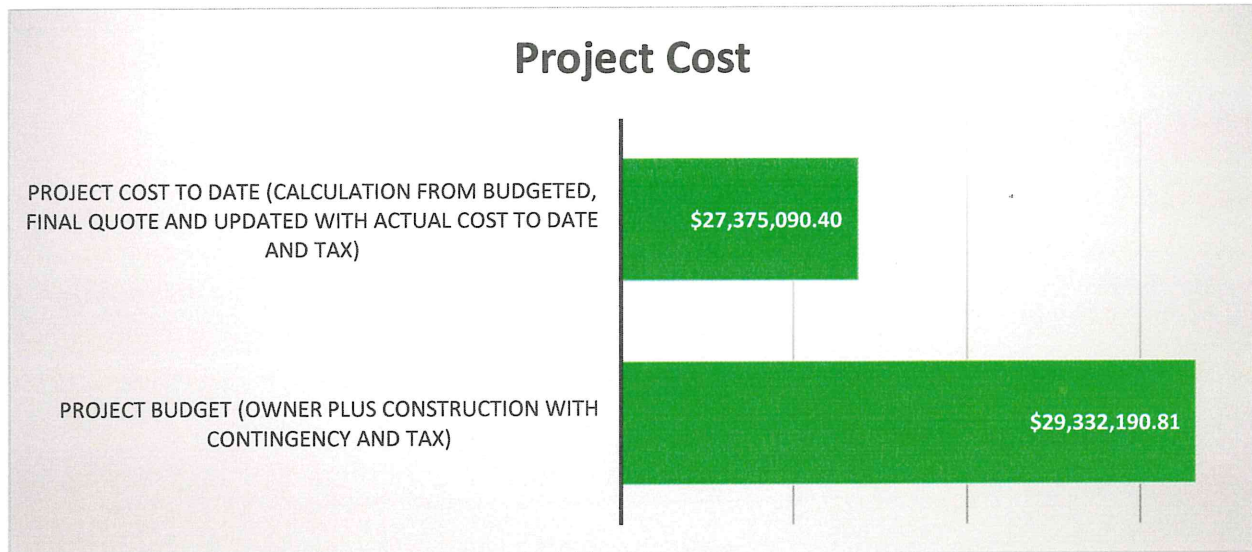
Staff Development: TeamSTEPPS is officially back! Thank you to all trainers and participants; we are hearing great feedback. TeamSTEPPS completion rate has been included on director QAPI goals and we are automatically enrolling new hires to attend.

Leadership Development: We are very excited to establish a Physician coaching partnership with an external training company. This coaching program is intended to focus on our high potential provider leaders and the goals are to emphasize leadership development, retention, resources for good communication and change management, and reduce burnout. This is coaching for *development* not coaching for performance.

Total Rewards: November was open enrollment; it seemed to go smoothly this year. Spent the month reviewing compensation. We are looking good within our market comparisons. We were able to get back to a standard compensation increase.

HR Operations: We are still recruiting for our HR Recruiter – we have had good interviews and hope to wrap that up in the next few weeks.

KVH Surgical Services, Materials Management and Radiology Expansion Project



Equipment Delivery Status

- The cart wash for CS was delayed and expected to come 2/25. Receipt by this date will not cause any project delays.
- Most all owner purchased equipment and furnishings have been secured with shipping dates within time line needed. Pending is a small amount of clinical equipment not selected yet.
- Contractor provided instrument air compressor was noted as delayed to the end of April. They have worked with the manufacturer and have

reduced the lead time by eliminating the air dryer as an integral component. The air dryer will now be a separate component and obtained from a different source. This eliminates the need for an interim air source or project delay.

Current Challenges

- The existing Materials Management break out room and the ED break room both did not have fire proofing on the roof pan deck nor the structural steel. We reviewed the code it was built under and the current code and there are no exceptions that would explain the lack of fire proofing. We have to add the fire proofing at a cost of about 25k and the work will cause some delay in the project not determined at this point. Random checks of other areas of the existing structure has the fire proofing as it should.
- The spray on fire proofing has to cure before construction traffic can continue on the roof. Dry time is not explicitly spelled out so we will be taking some mitigation measures so work can continue without compromising the integrity of the fire proofing. Deflection in the roof can be measured and compared to allowable deflection tolerances as proof of successful mitigation measures. Heating over ventilation are being used to accelerate dry time.
- Roofing is expected to be completed 1-4-23. Mother Nature has been kind to us so progress stayed on schedule. Interim existing roof storm water interim system has been working well and the new roof drains have been directed to west storm water collection area. For the most part winter storm delay potential is greatly reduced.
- The project will at several points cause disruptions, planned down times, and construction activities that otherwise modify our building and systems. This work will increase risk to KVH and the following are the identified risks.
 - ❖ Fire risks from welding work. Now that the structure is up welding is greatly reduced.

- ❖ Freezing potential of various systems through breached and temporary walls.
- ❖ Unintended disruptions to building systems.
- ❖ intended disruptions to building systems,
- ❖ Intended and unintended disruptions to hospital work flow and capacity.
- ❖ Infection control risks through breached uncontrolled temporary physical barriers.
- ❖ Infection control risks caused from increased vibration, introduction of water borne pathogens in the domestic water system, movement of construction debris, increased dust production and alterations to the HVAC system.
- All these risks are being considered in each segment of each phase of construction.

Unintended Incidents

- 12/3 we had water from the new slab build up and leak under the existing wall into Surgical Services locker room and Surgery corridor. At this time roofing was not installed. This was noticed by EVS staff who responded to pick up water and notified Facilities. Facilities staff came in made some temporary seals for storm water. Walker was notified and performed some other interim measures, removed insulation from the wall where it was wet and used fans to dry it out. No permanent damage was noted. All areas that were wet were scheduled to get demoed.
- 12/4 SOP north electrical circuits were demoed for new construction and on 12/5 it was reported the Patient monitor in SOP was not working. This monitor is mounted to the temporary construction wall and was plugged into a circuit that was demoed. That morning we were able run power to a live circuit.

Hospital Operational Planning During Construction

- I am currently tracking all activities that will, or have the potential to disrupt hospital operations. There are 2 other projects that will affect hospital operations and those are the new OR HVAC equipment and ducting, and new surgical lights and boom arms in the existing OR's. See Phase 1 Owner Planning Details action decision log.
- There is a second team that will focus on the operational continuity side during construction.

Item	Follow up	Point Person	Item Start Date	Item Due Date	Status	Links	Links
Phase 1 Owner Planning Details							
OPS North Rooms Move							
Demo OPS north room fire suppression sprinkler lines from system after temporary wall is installed.	This measure to be accomplished before north wall is opened up to avoid any potential of freezing pipes. Plan shared with contractor. May have to be accomplished after hours to avoid further disruption to KVH operations. This work reviewed with Walker and is contractor responsibility.	Ron	10/12/2023	10/30/2023	Complete		
Track down source of undocumented industrial cold water line. Line will need to get demoed.	source found and serves ice machine.	Trent	10/16/2023	10/20/2023	Complete		
Provide temporary water sources to ice machine	Ron detailed out plan. Trent to pipe to new sources and shut off water to industrial cold.	Ron/Trent	10/16/2023	10/27/2023	Complete		
Submit infection control plan to IC for OPS north	Temporary wall will go up to structure. North side of temporary wall will be outside. 10/17 Reviewed Walker plan at meeting. 10/17 sent my updates to Nicole and was approved.	Ron	10/9/2023	10/30/2023	Complete		
Install monitor on temp wall.	10/17 discussed at meeting. 10/17 emailed John with change. 10/19 John looking into using smaller monitor at nurse station.	Ron/John	10/24/2023	10/27/2023	Complete		
Balance SOP so positive pressure by adding supply air and reducing return air.	Document air flow readings and AHU conditions. Planned reviewed by IC and approved.	Ron/Trent	10/23/2023	10/31/2023	Complete		
Install room pressure monitor on temp wall	Work with contractor to until target pressure achieved	Ron	10/27/2023	10/31/2023	Complete		
Pin down dates for demo work so particulate count can be scheduled.	Demo will be week of 11/6	Ron	10/20/2023	10/23/2023	Complete		
Schedule particulate count for during SOP demo work	Test Com will be here 11/6 during demo work.	Ron	10/20/2023	11/3/2023	Complete		
OR Equipment Room							
Submit infection control plan for wall construction and on going demo work this area	Submitted 10/20.	Ron/Nicole	10/20/2023	10/23/2023	Complete		
Move all items out of OR equipment storage for construction of temp wall	Amy created plan. Needs to happen Thursday afternoon.	Amy	10/26/2023	10/26/2023	Complete		
Terminal clean OR equipment room before return of equipment	Notified Rick to terminal clean early morning 10/30	Rick	10/30/2023	10/30/2023	Complete		
Balance OR to achieve positive pressure during construction	Document air flow readings. Supply air grills are on the construction side of temp wall and need to be moved to clean side. Balance will happen after that. 11/7 Wade said no further work until vent is moved. Will move vents 11/16. will balance 11/28.	Ron/Trent	10/23/2023	10/26/2023	Complete		
IT work needed	John to review equipment room walls and demo any cabling in walls scheduled to get demoed. 10/31 no update. 11/7 John noted no cable in that room.	John	10/23/2023	10/26/2023	Complete		
Temporary Breakout Room							
Move break out room to temp location. Temp location is existing buyers office and adjacent clean storage room. The wall between will be removed and a 4' door will be installed.	May move early if all ready	Bonnie	10/26/2023	10/26/2023	Complete		
Submit infection control plan to IC for MM work	Walker to have to by 10/12. Ron modified 10/20 and sent to IC for review	Ron/Nicole	10/9/2023	10/13/2023	Complete		
Move Items West wall of MM Storage Room							
Rearrange shelving as needed for temporary layout during this phase.	Bonnie will order wheels for existing racks this phase. 9/5 Need to make sure not all wheels. 10/10 wheels on west racks and ready to move after demo of MM director office..10/31 Will not be needed until this wall gets demoed. Due date TBD	Bonnie/Trent	8/15/2023	TBD	Ready	Plans\Owner\Proposed MM Temp floor plan.pdf	
Submit infection control plan to IC for MM West wall work	Walker to have to by 10/12. Ron modified 10/20 and sent to IC for review	Ron	10/9/2023	10/26/2023	Complete		
Open up walls on inside at columns for welding condition inspection.	Walker will open up walls on outside first and may not require inside to be open. Pending those results. 10/31 it was determined this will not need to happen, only on the outside.	Ron	10/16/2023	10/24/2023	Complete		
Terminal clean	Will be needed at each location where the wall is opened up.	Rick			Ready		
IT work needed	John to review MM store room west walls and demo any cabling in walls scheduled to get demoed. 10/31 no update. 11/7 John noted complete.	John	10/31/2023	11/10/2023	Complete		
Move Surgery Locker Room to Gift Shop. Move ED Back to ED Break Room							
May be shared with ED for a period of time.	Walker schedule has as early January. Confirm locker room vacate date with Walker. 11/1 asked at construction meeting for date review. New schedule has planned for 1/15/24. Walker schedule will be pused out so item reopened.	Ron	12/26/2023	1/2/2024	Planning		

	Need to verify that walker will have new lockers by the time ED moves back. May need to use existing ED lockers for a while. If ED lockers have to go back will the remaining lockers be enough for Surgery. Walker will not have new lockers in time so will need to reuse existing temporarily,	Ron/Amy	10/31/2023	TBD	Planning		
Disguard unused lockers		Rick	1/2/2024	Unknown	Planning		
Terminal clean							
IT work needed	John to review surgery women's locker room walls and demo any cabling in walls scheduled to get demoed. 11/7 no cabling in locker room ready for demo.		10/31/2023	1/2/2024	Complete		
Move Plan	10/31 need to confirm dates as we get closer.				Planning		
Plan Layout and Move to new ED Storage Room							
Define and order shelving/racks	12/5 Cody working on with Bonnie	Cody/Dede	10/31/2023	12/1/2023	Planning		
5S existing storage room and ED equipment	cody started week of 12/4	Cody/Leann	10/31/2023	12/1/2023	Planning		
Make plan for new layout	This only applies to owner equipment and shelving. 12/5 Cody working on.	Cody	10/31/2023	12/1/2023	Planning		
Identify where equipment will go during existing storage room demo work and finish upgrade	Some equipment will get displace while cutting in opening to new storage, and existing store room will get new flooring and paint. 12/5 ron suggested basement for some items. Beds will go back up to 3rd floor by then.	Cody	10/31/2023	12/1/2023	Planning		
Provide update for functional program for storage room	10/21 emailed Erik to see if required, and just need a section added to the expansion functional program. 12/5 Cody working on it.	Cody/Dede	10/31/2023	12/1/2023	Planning		
Terminal clean		Rick	1/2/2023	1/2/2024	Planning		
IT work needed	review demoed walls in storage room and existing sleeping room demo cable.	John	10/31/2023	TBD	Planning		
Move Plan	Will Facilities be needed	Cody	10/31/2023	12/1/2023	Planning		
Phase 1 Energy Project Surgery Suite Ducting Modifications							
Construct mechanical penthouse and install new surgery zone equipment and ducting to surgery corridor.	All work in expansion project new construction area and stops inside containment in surgery non restricted corridor. Working with ASG to see if we can delay or segment work so we can continue to use the room for a while.	Ron	unknown	2/19/2024	Ready	Plans\Energy Project Phasing\KVH Conformed Set - Phasing Markup REV1 7-17-23.pdf	Plans\Owner \Energy project OR all phase work area.pdf
Submit and approve Infection control plan	work done inside existing containment for SOP	Ron/Nicole			Complete		
IT work needed	check east wall of corridor for cabling conflicts above grid	John	10/31/2023	1/15/2024	Planning		
Terminal clean	None needed.	Ron	10/23/2023	10/23/2023	Complete		
Move Plan	None needed.	All			Complete		
Phase 2 Energy Project All Surgery Suite Ducting Modifications							
Demo old duct work and reroute ducting mains to new mechanical penthouse. Work area will be PACU, clean and soiled, unrestricted corridor, and connecting corridor to restricted surgery corridor	Phasing plan pre approved with Amy. Will require changes in surgical services work flow. This phase requires shut down on Monday. See below for planning details.	Ron	2/16/2024	2/20/2024	Ready	Plans\Energy Project Phasing\KVH Conformed Set - Phasing Markup REV1 7-17-23.pdf	Plans\Owner \Energy project OR all phase work area.pdf
Surgical Services phase work flow/shut down planning segment 1	Fan will be shut down this phase for all OR's, PACU, endoscopy, and SOP	Amy	10/24/2023	12/5/2023	Planning		
Surgical Services phase work flow/shut down planning segment 2	Fan will be shut down this phase for all OR's, PACU, endoscopy, and SOP	Amy	10/24/2023	12/5/2023	Planning		
Disable area smoke and heat detectors	Do at start of phase construction.	Trent	10/24/2023	2/16/2024	Ready		
Enable area smoke and heat detectors	Do at end of phase construction	Trent	10/24/2023	2/20/2024	Ready		
Analyze impact to other systems		Ron	10/24/2023	12/5/2023	Planning		
Submit and approve Infection control plan		Ron/Nicole	10/24/2023	12/5/2023	Planning		
Do interim life safety assessment (ILSM)		Trent	10/24/2023	12/5/2023	Planning		
Create plan that clearly shows areas affected each phase. Wall are hard to see on phasing plan.	11/7 Ron noted plan made and ready to submit to contractor for review. Since fan is shut down this phase no operational work flow in surgery.	Ron	10/31/2023	12/5/2023	Complete		
IT work needed	May need to move computers during this time.	Kathryn	2/16/2024	2/20/2024	Planning		
Terminal clean	Work progress will need to be tracked and may terminal clean earlier. Plan out tracking and cleaning crew.	Rick	10/24/2023	12/5/2023	Planning		
Move Plan	Will only be moving items around for access to ceiling and then back	All	2/16/2024	2/20/2024	Planning		
Phase 3 Energy Project OR3 Surgery Suite Ducting Modifications							

Demo old duct work serving OR 3 and reroute ducting branch lines to new mechanical penthouse. Work area will be in Amy office, OR connecting corridor, sleep room, men's locker, break room, and surgery corridor.		Ron	2/16/2024	2/20/2024	Planning	Plans\Energy Project Phasing\KVH Conformed Set - Phasing Markup REV1 7-17-23.pdf	Plans\Owner \Energy project OR all phase work area.pdf
Surgical Services phase work flow/shut down planning segment 1	Fan will be shut down this phase for all OR's, PACU, endoscopy, and SOP	Amy			Planning		
Surgical Services phase work flow/shut down planning segment 2	Fan will be shut down this phase for all OR's, PACU, endoscopy, and SOP	Amy			Planning		
Disable area smoke and heat detectors	Do at start of phase construction.	Trent	10/24/2023	2/16/2024	Ready		
Enable area smoke and heat detectors	Do at end of phase construction	Trent	10/24/2023	2/20/2024	Ready		
Analyze impact to other systems		Ron			Planning		
Submit and approve Infection control plan		Ron/Nicole			Planning		
Do interim life safety assessment (ILSM)		Trent			Planning		
IT work needed							
Terminal clean	Work progress will need to be tracked and may terminal clean earlier. Plan out tracking and cleaning crew.	Rick			Planning		
Move Plan					Planning		
Look into aligning this work with new surgical light and equipment boom install.	Energy project job super ok with this alignment. Stryker is checking to see if they can get equipment in time and can do in this amount of time.. Stryker unable to accomplish during this phase. Lights pushed to end of expansion project.	Ron	11/16/2023	1/15/2024	Complete		
Phase 4 Energy Project OR 2 Surgery Suite Ducting Modifications							
Demo old duct work serving OR 2 and reroute ducting branch lines to new mechanical penthouse. Work area will be in surgery unrestricted corridor, sleeping room, men's locker, and surgery restricted corridor.		Ron	2/23/2024	2/26/2024	Ready	Plans\Energy Project Phasing\KVH Conformed Set - Phasing Markup REV1 7-17-23.pdf	Plans\Owner \Energy project OR all phase work area.pdf
Surgical Services phase work flow/shut down planning segment 1	Fan will be shut down this phase for all OR's, PACU, endoscopy, and SOP	Amy	2/23/2024	2/26/2024	Ready		
Disable area smoke and heat detectors		Trent			Ready		
Analyze impact to other systems	No impact to other systems.	Ron			Complete		
Submit and approve Infection control plan		Ron/Nicole			Planning		
Do interim life safety assessment (ILSM)		Trent			Planning		
IT work needed	None needed.	John			Complete		
Terminal clean	Work progress will need to be tracked and may terminal clean earlier. Plan out tracking and cleaning crew.	Rick	2/26/2024	2/26/2024	Ready		
Move Plan					Planning		
Look into aligning this work with new surgical light and equipment boom install.	Energy project job super ok with this alignment. Stryker is checking to see if they can get equipment in time and can do in this amount of time. Lights pushed to end of expansion project.	Ron	11/16/2023	1/15/2024	Complete		
Phase 5 Energy OR1 Project Surgery Suite Ducting Modifications							
Demo old duct work serving OR 1 and reroute ducting branch lines to new mechanical penthouse. Work area will be in Amy office, OR connecting corridor, nurse station, unrestricted surgery corridor and restricted surgery corridor.		Ron	3/1/2024	3/4/2024	Planning	Plans\Energy Project Phasing\KVH Conformed Set - Phasing Markup REV1 7-17-23.pdf	Plans\Owner \Energy project OR all phase work area.pdf
Surgical Services phase work flow/shut down planning segment 1	Fan will be shut down this phase for all OR's, PACU, endoscopy, and SOP	Amy			Planning		
Disable area smoke and heat detectors		Trent			Planning		
Analyze impact to other systems	No other systems impacted.	Ron			Complete		
Submit and approve Infection control plan		Ron/Nicole			Planning		
Do interim life safety assessment (ILSM)		Trent			Planning		
IT work needed							
Terminal clean	Work progress will need to be tracked and may terminal clean earlier. Plan out tracking and cleaning crew.	Rick			Planning		
Move Plan					Planning		

Look into aligning this work with new surgical light and equipment boom install.	Energy project job super ok with this alignment. Stryker is checking to see if they can get equipment in time and can do in this amount of time.	Ron	11/16/2023	1/15/2024	Planning		
Electrical Shut Down for Panel ZDP1							
Perform arc flash study	Needed to plan all electrical work. Have contract with Coffman Engineers to perform calculations. Have contract with Paramount Electric to gather needed data. Work started 12/5. 12/14 data submitted to electrical engineer for calculating.	Ron	11/16/2023	12/31/2023	Ready	Plans\Owner \ZDP1 shut down.xlsx	
Medical air compressor	Measure air compressor cycle rate during evening hours. Will plan to reenergize panel as needed to keep storage levels up. Air storage will last approx 30 minutes so this is a viable solution for this equipment.	Trent	10/31/2023	12/1/2023	Complete		
Medical vacuum pump	Measure vacuum pump cycle rate during evening hours. Will plan to reenergize panel as needed to keep storage levels up. Vacuum pump has very fast cycle so this strategy wont work. Will need to formulate other plan. I indentified adjacent power panel that will be used for temporary power. Even with this it will take longer to move power source then the cycle rate so short term interim planning needed.	Ron	10/31/2023	12/1/2023	Complete		
Look into temporary power for medical vacuum pump during electrical shut down	Will still need to deploy portable vacuum pumps for change over to temp power. 12/15 found panel NH3 with spare breakers and is adjacent to ZDP1. Med air could also be powered from this panel. Will need to disable stage 2 compressor as breakers are smaller. Sent info to Electrician for review.	Ron	12/11/2023	12/31/2023	Planning		
Pharmacy hood	Email Nasser for hours of operation. Nasser is ok with 6:30 shut down as well.	Ron	10/31/2023	12/1/2023	Complete		
Kitchen hood	Email Jim for hours of operation. Kitch hood shuts off at 6:30.	Ron	10/31/2023	12/1/2023	Complete		
FBP Fire dampers	Some Fire dampers will close. Determine if this affects both AHU's in FBP. Plan AHU shut down accordingly.	Trent	10/31/2023	12/1/2023	Planning		
Find out how to keep ATS-5 from starting generator during shut down.	Have Berg Electric plan	Ron/Berg	10/31/2023	12/1/2023	Planning		
Determine shut down date		Ron	10/31/2023	12/31/2023	Planning		
Determine shut down start time.	Shut down start time is 6:30	Ron	10/31/2023	12/1/2023	Complete		
Determine shut down duration	1.5 hours on the outside.	Ron	10/31/2023	12/1/2023	Complete		
Determine what breakers to be shut off for shut down.	See ZDP1 shut down sheet.	Ron	10/31/2023	12/1/2023	Complete		
Schedule 2 engineers for duration of shut down	one engineer to be posted at compressors for continuous pressure monitoring and one at ZDP1 for communications. Come in early to shut down equipment other then medical air and vacuum.	Trent	10/31/2023	12/31/2023	Planning		
plan and spread out medial air cylinders and regulators as well as portable vacuum pumps as emergency back up.		Trent	10/31/2023	TBD	Planning		
test portable vacuum pumps		Trent	10/31/2023	12/1/2023	Planning		
					Planning		
					Planning		
Electrical Shut Down Panel ZDP2							
Breakers need to be added for AHU4 and S39 Steam sterilizer. Determine shut down date and time interval	panel shut down will shut down panels ZH1, ZIB,ZLC, ZH5, AHU2 for surgery,	Ron	11/17/2023	1/31/2024	Planning		
Investigate all loads on effected panels to determine affect.		Ron	11/17/2023	1/31/2024	Planning		
plan interim measures during shut down		Ron	11/17/2023	1/31/2024	Planning		
Align new breakers needed for ZH5 with this shut down		Ron	11/17/2023	1/31/2024	Planning		
Radiology AHU demo and Reconnection to AHU4							
Remove all items stored in Radiology mechanical room		Trent	11/2/2023		Planning	Plans\Owner \M2.6 roof HVAC.pdf	Plans\Owner \M3.0 existing HVAC.pdf
Schedule AHU control demo work	Walker has on schedule for 4/15 and 16. I have requested updates as this doesn't seem like enough time.	Ron	11/2/2023		Planning		
Drain glycol from heating and cooling coils. Before demo work.		Trent	11/2/2023		Planning		
Trial radiology room overheat potential with AHU down	12/12 Kimme informed CT is the big issue. Ron calculated 1.25 tons of cooling for Scan room and .34 tons for control room.	Ron/Trent	11/2/2023		Planning		
plan duration of down time		Ron/Walker	11/2/2023		Planning		
Plan overheat mitigation if need be including down time.		Ron	11/2/2023		Planning		

Plan duct sealing at mains in penthouse during demo work		Ron	11/2/2023		Planning		
Get quantity and data of portable cooling units	See if big enough for CT	Trent	11/2/2023		Planning		
Plan condensor ducting on portable AC units.	Will need temporary duct taps on exhaust duct in ceiling.	Ron	11/2/2023		Planning		
Balance exhaust fan to get more exhaust to CT AC units.	Get initial air balance report before modifications.	Trent	11/2/2023		Planning		
Check amperage and speed of exhaust fan and see if we can speed up for temp conditions.		Trent/Ron	12/15/2023		Planning		
Medical Gas Tie Ins 1 of 2 Surgical Services Corridor							
Set date for Medical air tie in	Date set for 12/28/23. This shut down will be after hours and will effect all of surgical services but no other locations. This applies to all gasses listed. Changed to 1st week in January, exact date TBD. New date 1/3.	Randy	12/12/2023	1/3/2024	Ready	Plans\Owner\VP3.5.pdf	
Set date for Medical vacuum tie in		Randy	12/12/2023	12/28/2023	Ready		
Set date for Nitrous Oxide tie in		Randy	12/12/2023	12/28/2023	Ready		
Set date for Nitrogen tie in		Randy	12/12/2023	12/28/2023	Ready		
Submit and approve Infection control plan	Sent to IP 12/14	Ron	12/12/2023	12/15/2023	Ready		
Terminal Clean	Rick notified 12/14.	Rick	12/12/2023	12/28/2023	Ready		
Medical Gas Tie Ins 2 of 2 Tunnel and Boiler room							
Set date for O2 tie in and source valve installation		Ron			Planning		
Determine temporary O2 sources and pressure regulation for O2 work		Ron			Complete	Plans\Owner\ED O2 temp supply.pdf	Plans\Owner\VP3.4 tunnel med gas.pdf
Determine temporary tie in locations		Ron			Complete		
Determine affected areas for medical air tie in		Ron			Complete		
Determine affected areas for medical vacuum tie in	No medical vacuum disruption this tie in.	Ron			Complete		
					Planning		
3rd Floor Construction							
Get their floor level cleared out of all KVH items		Trent	9/1/2023	11/13/2023	Complete		
Coordinate helpad use with roof door demolition and new door install	Will use alternate landing zone at fire department.	Ron	11/15/2023	11/24/2023	Complete		
Find alternate place for portable HEAR radios	Need to move during demolition phase.	Trent	11/15/2023	11/24/2023	Complete		
Create permanent shelf for radios	Turn over date to owner is 1/4.	Trent	11/15/2023	1/1/2024	Planning		
					Planning		
					Planning		
Alternate air source for lab During Compressor Demo and install							
Lab centrifuge is the only piece of equipment on the existing air compressor. Find alternate source for new compressor install process.	Will use compressed gas H cylinder and regulator. Cylinder to be located in boiler room north wall. Use air hose tee to connect cylinder to system	Ron	10/1/2023		Complete	Plans\Owner\VP2.3 boiler room air and O2.pdf	Plans\Owner\VP2.1 tunnel air notes.pdf
Find date for compressor change out,	Looks like it will be at the very end of the phase 1 due to long lead time. THIS WILL TRIGGER DATES FOR BALANCE OF TASKS.	Ron	10/1/2023		Planning		
Lease 2 tanks and purchase regulator all fittings needed to adapt to piping system.so we have one for change out	See drawing for temp air source.	Trent	12/11/2023	1/19/2024	Planning		
Add tank pressure inspection to round sheet		Trent	11/21/2023		Planning		
Find cart or other securing method for tank		Trent	11/21/2023		Planning		
Alternate air source new Central Sterile for delayed Compressor Delivery							
New instrument air compressor system has 23 week lead time. It is possible the rest of phase 1 will be ready to go before the compressor is online	look into using existing nitrogen system to temporarily feed CS equipment. Will need to check volumes of air usage for CS equipment. CONTRACTOR LOOKING AT OPTIONS TO SECURE COMPRESSOR EARLIER. RESULTS WILL DICTATE DATES. 12/13 contractor reported lead time 6 weeks but will need to find seperate air dryer. contractor is sourcing that.	Ron	11/17/2023	1/31/2024	Complete		
layout intertie points of connection and added valves if need be.	If we can get all with 6 weeks no need for this item.	Ron	11/17/2023	1/31/2024	Complete		
Check nitrogen regulator capacity against calculated load	If we can get all with 6 weeks no need for this item.	Ron	11/17/2023	1/31/2024	Complete		
Bring Manitoba Domestic Water Main Back on line							
Work with contractor to develop flush line sanitization process.	Met with contractor and developed plan. See plan in Plans\Owner\water main shut down.	Ron	11/22/2023	12/4/2023	Ready	Plans\Owner\Water main shut down details.pdf	Plans\Owner\VP2.1 tunnel air notes.pdf
Have Contractor provide documentation of sanitization results		Ron	11/17/2023	12/4/2023	Ready		
Plan date and time	12/6 expressed need to expedite reconection of mantitoba main at construction meeting. Walker schedule shows 12/26/23 Will sit with disinfectant until 1/2.	Ron	11/17/2023	12/26/2023	Complete		

Take down spokane main after Manitoba main is back up. Remove and inspect back flow and pressure reducing valves for restrictions.	Monitor CS equipment issues and if issue persists plan night shut down spokane main one backflow and pressure reducing valve at a time. Will need unions for reinstallation.	Trent	12/11/2023	1/2/2024	Ready		
round up fittings to RR and all spokane main components for testing.		Trent	12/11/2023	1/2/2024	Planning		

Domestic Cold water Tie in

	This work connects new piping for expansion to the existing water lines. This tie in will affect Surgery, ED and Lab. Sequence hot and cold shut downs so water always available for hand washing in ED.					Plans\Owner\Cold taps moved to soft cold.pdf	Plans\Owner\Water main shut down details.pdf
Schedule date and time for water shut down.		Ron	12/20/2023		Planning		
Add cold water valve for ED isolation from normal main	Will allow ED and Lab to be fed from old main during any future work on normal cold main.	Ron	12/20/2023		Ready		
Review ramifications to Lab		Ron	12/22/2023		Planning		

Domestic Hot water Tie in

	This work connects new piping for expansion to the existing water lines. This tie in will affect Surgery, ED and Lab. Sequence hot and cold shut downs so water always available for hand washing in ED.						
Schedule date and time for water shut down.		Ron	12/20/2023		Planning		
Review ramifications to Lab		Ron	12/22/2023		Planning		

Cordinate tie in with new hot line for Dialysis project	cordinate to eliminate a 2nd shut down	Ron	12/22/2023		Planning	Plans\Owner\Cleaning station water conections..pdf	
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End of Phase 1 moves

Temporary moves of PIXIS machine to bay 12 of new SOP	Need to plan physical move of equipment and make sure data ports ready and any other IT details.	Trent/John	12/19/2023		Planning	Schedule and Phasing\Phasing Plan\5-12-23 OPS adjusted.pdf	
Temporary Phillips monitor moves out of PACU to new SOP rooms 11-18.	Need to plan physical move of equipment and make sure data ports ready and any other IT details.	Trent/John	12/19/2023		Planning		

Stryker Light and Boom install OR1-3

Will be scheduled after Walker does finishes and updated electrical to the each OR. Doing the lights at the same time extended the contract add considerable cost.	Stryker will roll from room to room with install so will have 3 OR's at all times.	Amy	12/1/2023	12/6/2023	Complete		
Set date for start of stryker install	Set after completion of expansion phase 1. timing will be more predictable by then.	Amy/Ron	12/11/2023	5/1/2024	Planning		
Plan electrical division details between where Berg leaves off and Stryker takes over.		Ron	12/11/2023	2/1/2024	Planning		
OR1 terminal Clean		Rick	12/15/2023		Planning		
OR2 terminal Clean		Rick	12/15/2023		Planning		
OR3 terminal Clean		Rick	12/15/2023		Planning		

Patient Care Services

Jan. 2024

All departments in the Patient Care Services division are working on end of the year wrap-up with their quality programs and forecasting changes for 2024. It is fulfilling to reflect on all of the improvement work completed this past year, planning and work towards the expansion, and follow-up from regulatory surveys. Staffing continues to be a priority in all areas as we focus on our employee's well-being and satisfaction going into 2024. A few additional highlights:

Medical/Surgical & CCU

- Continuing to orient new RN staff and recruit PCTs.

Surgical Services

- Operations continue amidst construction! The staff in surgical services are adapting well, Medical Outpatient Procedures continue to be conducted in Wound Care as appropriate.

Emergency Department

- The department kicked off their 5s project to streamline space, ordering process, and charge capture (sort, simplify, sweep, standardize, self-discipline).

Urgent Care

- Volume has been steady with an average of 15 patients per day in November and into Dec to date.

Family Birth Place

- Work continues with all of our programs: 4th Trimester, Lactation Services, Blue Band, and now Social Services discharge assessments.
- FBP met its goals for staff drills and is looking ahead to 2024 and what education we can provide such as Electronic Fetal Monitoring.

Food Nutrition Service

- Food Service: Staffing – Most open positions have recently been filled and we are in process of orienting new employees; we have one fulltime cook on leave. The Café is seeing a steady increase in volume with both employees and the public over the last quarter.
- Clinical: Virtual dietitian services is collaborating with Skyline Hospital in White Salmon, WA to provide services. This is our third facility in the program. A CWU student just completed a four-week rotation of a one-year long dietetic internship for becoming a registered dietitian.
- Outpatient: Referrals continue to be consistent from KVH and CHCW providers.

Utilization Review/Social Services:

- Utilization Review meetings continue to be held Mon-Fri to review all patients admitted. A nice addition to the team has been Scott Olander, Senior Director of Revenue Cycle Management.

- Social Services has expanded their presence into the Emergency Department and Family Birth Place.
 - The team is working on updating ED Care Guidelines in the PointClickCare program (previously EDIE: Emergency Department Information Exchange) to help facilitate care coordination for high-need patients.
 - The team has developed a Social Services Discharge Assessment for all mothers who deliver in FBP to be completed prior to sending home. This assessment will transition to 4th Trimester for further follow-up.

Clinical Education

- We welcome Amy Morse who has accepted our third Clinical Educator position. She will begin this role on Jan. 1, 2024. Amy comes to us from the Family Birth Place and brings with her experience in nursing education. Her position will focus on starting our Nursing Assistant program.
- WSNA Staff Development Committee: Our Dec. meeting welcomed visitors from Cascade Medical Center located in Leavenworth. They are launching a committee similar to ours and wanted to learn from our experience this past year. The committee continues to work with onboarding and orientation of new clinical staff and unit-based competencies.

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

Ancillary Services report to HD 1 Board of Commissioners December 2023

Ancillary Service Operation Report:

Imaging

Our mobile MRI was switched out the night of December 19 for a newer model. This was able to be accomplished without disrupting the patient schedule.

Home Health & Hospice

Congratulations to April Grant for obtaining her BSN! She is continuing her education to work towards her Master's Degree in nursing. With the dip in our patient census, the nursing staff have been supporting the GNP program with blood draws and working in the wound care clinic to cross train for additional bandwidth. The clinicians and Dr. Martin are liking the new EMR.

Lab

Due to staffing shortages, the MAC lab has closed through the end of December and patients are being diverted to the hospital lab. We plan to reopen the MAC lab in January.

Cardiopulmonary

We are continuing to utilize a travel respiratory therapist to cover a core night shift position.

Pharmacy

We were able to utilize our supply of Covid-19 vaccinations that had a short expiration date without having to offer a vaccination clinic.

Wound Care

HHH staff are enjoying working in wound care as we have many of the same patients on service and this is extending their skill set.

Geriatric Nurse Practitioner Program

Our new PSR for the program is training with FME staff and should be available to support the program beginning in January. We have a signed offer letter from an experienced ARNP who should be able to join us in March.

Ground Ambulance Patient Billing

Legislature has extended the work of this committee to March 2024 as we formalize our final report. I will continue to serve on the committee until that work is completed.

Respectfully submitted by Rhonda Holden, MSN, CENP

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

Staffing

Open positions:

- Behavioral Health Care Manager (Integrated Behavioral Health): Pediatrics, Family Medicine of Ellensburg
- Nursing: Internal and Adult Medicine, Family Medicine Ellensburg per diem
- Medical Assistants: General & Vascular Surgery, Internal and Adult Medicine, Women's Health, Cardiology, General & Vascular Surgery Per Diem
- PSR: Family Medicine Ellensburg per diem, Family Medicine Cle Elum, Family Medicine Ellensburg

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

- Pediatrics: 1 provider back from LOA and still using other providers to fill in
- Women's Health: No new patients for GYN appointments – waiting on OBHG to start to be able to consistently provide GYN services

Celebrate!

- We had a cookies made for every clinic staff member to celebrate the year coming to an end and to thank them for being at the heart of everything we do.



Internal and Adult Medicine

- Gillian Chapman, MA-C, passed her MA certification test. Gillian started her career at KVH as a PSR for Cardiology when that clinic first opened.
- Julie Van Riper Williamson is our first PSR in the clinic to become a Washington Navigator. She can now work with our uninsured patients to help them get coverage.
- Andy Schock PA-C last day is 01/11/2024. He has worked at KVH for 21 years. His retirement party will be at Cornerstone Pie at 5:30pm on 01/12/24.
- Dr. Woodard, a permanent physician, has a start date of 01/08/2024.

Family Medicine Ellensburg

- Staff are on the move! Lexi Davis, PSR Lead, has moved to the MAC Annex to be next to the PSRs who answer the phones. Angela Bennett, CRHCP, Clinic Manager is in the process of moving her desk to be at the front of the clinic behind the PSRs who check in patients. Next to move to the MAC Annex will be the PSRs who do document control and the referral coordinators, leaving those left in the clinic to be the staff that interact with the patients in person. The clinic nurses will be taking over the clinic manager office space allowing them to be centrally located as a team.

General and Vascular Surgery

- Alisha Walsh, BSN, is completing proctored competency by Shelley Smeback, ARNP after having taken the certification training to provide the in-office procedure for varicose veins, sclerotherapy. This is largely an aesthetic procedure that most insurances don't cover and is self-pay by patients. Shelley currently sees around 15 office procedures per month, and once Alisha is trained and working independently, the clinic will be able to at least double that amount. This will also allow Shelley to see more symptomatic visits day-to-day. There are not many facilities offering this service, so we look forward to being able to increase access to our community!
- On 12/11/2023 General Surgery staff took over pre-op for all scopes done by Dr. Petty and Dr. Penoyar. Patients now get to pick a block of time they would prefer to have their scope done at the time of the consultation. The clinic staff are doing reminder calls to start the prep and again the day before the procedure.
- Terese Hartmann, Tayler Allen, and Cheyenne Parson are all certified as WA Navigators. They can now work with our uninsured patients to help them get coverage.
- Angelica Hamlin has completed the course work and exam to become certified as a Medical Administrative Assistant.

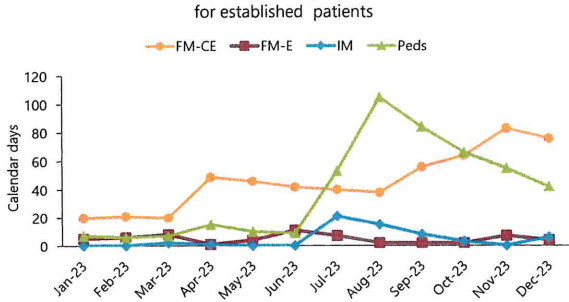
Family Medicine Cle Elum

- Spravato REMS Audit: FMCE provides a medication treatment for patients with refractory depression (Esketamine). As part of providing this service, we participate in an audit through REMS - Risk Evaluation and Mitigation Strategies/drug safety program through the FDA. We completed our first audit with REMS and although we hit a few challenges along the way, we have been successful in keeping this program active for our patients. We currently have two patients receiving treatment and a graduate who is doing very well!
- FMCE is the second clinic to receive the medication refill services provided by our KVH pharmacy technicians. We started on Tuesday, 12/19, and although it is early in this new process, it is going very well!

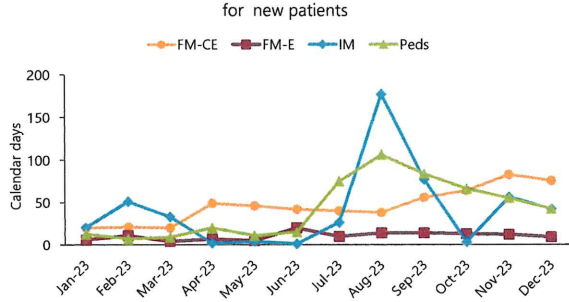
Respectfully submitted by Stacy Olea, MT(ASCP), CRHCP, FACHE

Clinic Operations Dashboard

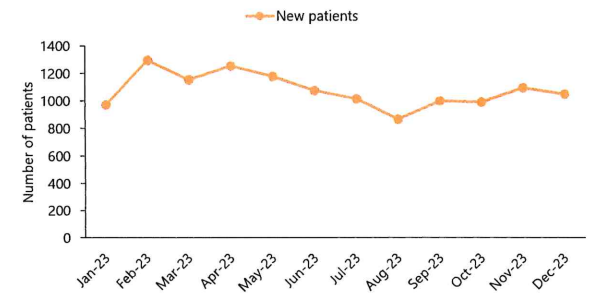
Third available appointment for established patients



Third available appointment for new patients

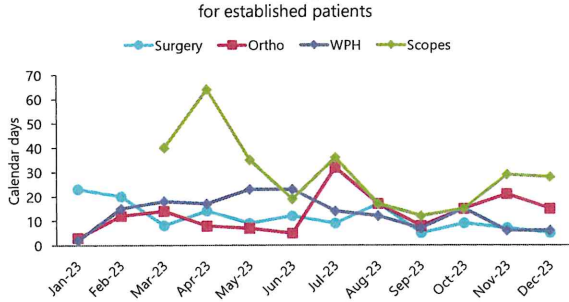


New patients

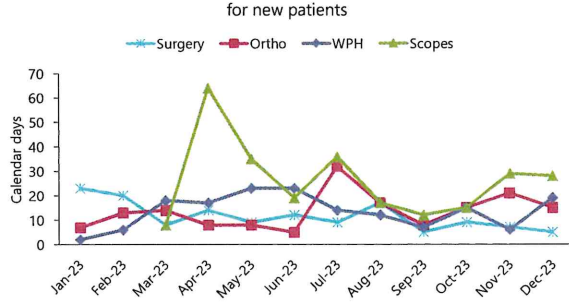


Effective March 2021, we began coding our "new" patients differently. The definition of "new" visits were changed as it was based on taxonomy code for the practice. Previously, we were only identifying the visit as "new" if the patient had not presented to any of the clinics

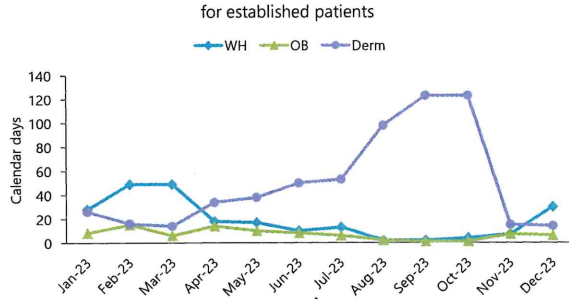
Third available appointment for established patients



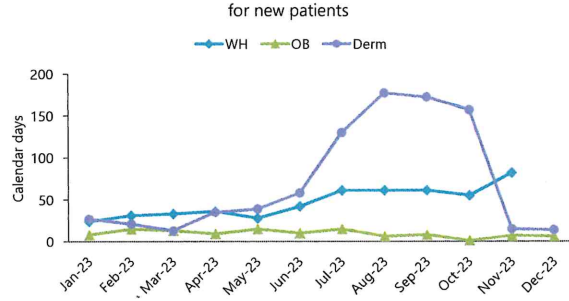
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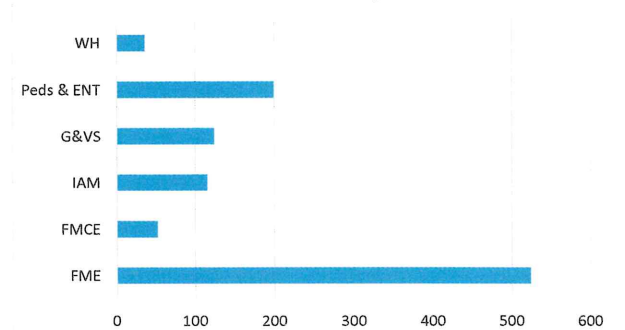
Third available appointment for established patients



Third available appointment for new patients

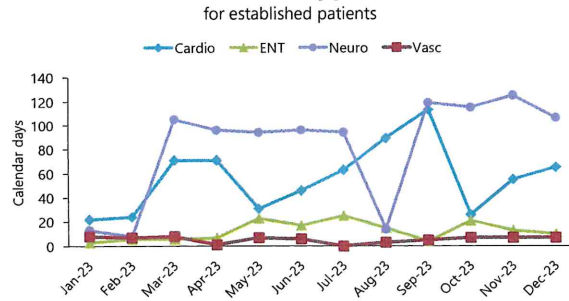


New Patients by Clinic

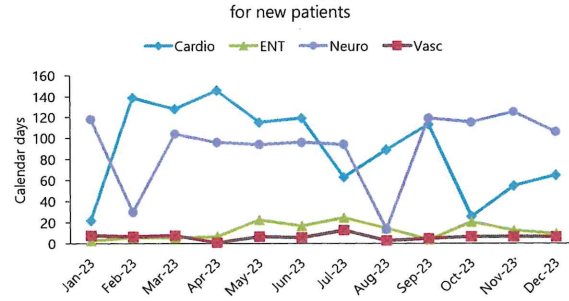


FME includes FME, Dermatology, and Orthopedics
IAM includes IAM, Cardiology, and Neurology

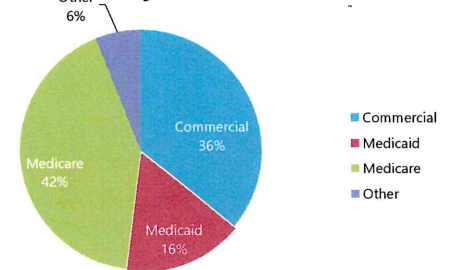
Third available appointment for established patients



Third available appointment for new patients



Payor Mix



For Dec-23

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date December 15, 2023

TO: Board of Commissioners
 Kevin Martin, MD

FROM: Shannon Carlson, CPCS
 Medical Staff Services

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

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Elzinga-Diaz, Jose, PA-C	Provisional	Initial Appointment	KVH FME (per diem)
Metz, Danielle, ARNP	Provisional	Initial Appointment	KVH FME
Sekhon, Inderpreet, MD	Provisional	Initial Appointment	TeleNephrology
Sekhon, Satpreet, MD	Provisional	Initial Appointment	TeleNephrology
Woodard, Samuel, DO	Provisional	Initial Appointment	KVH Internal Medicine
Martin, Kevin, MD	Active	Re-Appointment	KVH
Assar, Mahdieh, MD	Associate	Re-Appointment	OnRad
Gupta, Supriya, MD	Associate	Re-Appointment	OnRad
Reisenauer, Christin, MD	Associate	Re-Appointment	OnRad
O'Connell, Auren, ARNP	AHP	Re-Appointment	KVH FMCE



CHIEF MEDICAL OFFICER – Kevin Martin, MD December 2023

I am pleased to offer the following report:

Recruiting:

In total, in 2023 we added 18 permanent providers. In addition to new providers through OBHG, we also added 16 temporary, locum tenens, or per diem providers.

Incoming Providers:

- ED/UC APC – Leslie Hansen, ARNP – December 28, 2023 start date
- Internal & Adult Medicine Partnering Physician – Samuel Woodard, DO – January 8, 2024 start date
- Rapid Access APC – Michele Love-Wells, ARNP – Start Date January 29, 2024
- Family Medicine Ellensburg APC – Danielle Metz, ARNP -- Start Date February 15, 2024
- Home Based Primary Care APC – Signed letter of Intent – Tentative March or April 2024
- Internal & Adult Medicine Partnering Physician – Accepted position – April 1, 2024 start date
- Family Practice Physician – August 2024 start – Signed contract with FMCE

Providers in Process:

- Internal & Adult Medicine APC – Letter of Intent
- Family Medicine Ellensburg APC – Letter of Intent
- Family Medicine Ellensburg APC – Interview January 22, 2024
- Orthopedics APC – Interview January 11, 2024
- Pediatrician -- Interview December 12, 2023 -- Letter of Intent
- Home Based Primary Care Locum – 1 APC – through at least February 15, 2024
- OBGYN locums – moving target – at least 4, not counting OBHG
- Internal & Adult Medicine locums – 2-3

Posted Positions

- **Physician**
 - Dermatology
 - Pediatrics
 - Cardiology
 - Vascular
 - Pulmonology
 - Family Medicine - Ellensburg
 - Medical Director - Community-Based Care Services
- **APC**
 - Home Based Primary Care
 - Internal & Adult Medicine
 - Family Medicine – Ellensburg
 - Family Medicine – Cle Elum

- Orthopedics
- Rapid Access (per diem)

Medical staff:

- This month we have 5 providers being considered for initial appointment and 5 for reappointment. There are 13 pending applications.
- We once again have received our year-end report from MD-Staff. Some representative numbers are presented below, and I have included numbers from the last 2 years for comparison. Some verifications such as DEA are now run monthly and that accounts for most of the increase there. Additionally, as we brought our payer credentialing process in-house, we discovered many records that had not been updated appropriately. Medical Staff Services has done yeoman work in cleaning those up. Every click in that process counts as an update.

	2023	2022	2021
Providers in database	271	189	166
New applications	84	38	42
Reappointment applications	162	102	116

Total verifications	14,140	10,361	9,714
Online DEA verifications	4,615	263	251
Online license verifications	4,084	2,405	2,741
Online OIG verifications	2,352	1,660	1,682
Peer Reference verifications	207	92	68
NPDB Reports	350	256	243
NPDB Enrolled providers	215	176	159

Virtual Committee credentialing reviews	54	69	2
Provider enrollments processed	303	82	0
Updates to provider database	1,098,840	201,647	256,669

CMO Activities:

In a month shortened by all of the holidays' happy distractions, we had a singular bright spot I'd like to call out. As will have been noted elsewhere, RPG has created an Excellence in Partnership Award, and their team was onsite to congratulate KVH as the first recipient. They have been very appreciative of the collaborative nature of our relationship, and it was great to be able to congratulate the nursing teams that earned us that honor.

Respectfully submitted,
 Kevin Martin, MD
 Chief Medical Officer

Summary

- November experienced a \$448K operating loss / \$42K net loss
- Multiple ambulatory providers on leave of absences (FMLA) resulting in clinic visits below budget by 10.3%
- Inpatient average length of stay remains below the 4.0 days, required for a CAH
- Expansion project is still on target for the revised schedule and on budget
- Day's cash on hand decreased to 201.9 days due to expansion project expenses and light collections. It is expected for cash on hand to further decrease with December debt service payments and throughout 2024 related to capital spending on the expansion project.

Financial Highlights

- Financials for the month are negative due to lighter collections experience and high expenses.
- Throughout 2023 KVH has been investing in more robust models of employment for labor pools such as Emergency Associates of Yakima, Evergreen Anesthesia, OB Hospitalist group, and Rural Physicians group. This investment is met with a shift from salaries and benefits to Professional fees. KVH continues to be dependent on locum coverage in Woman's Health, Pediatrics, and Internal Medicine. We have had some recent recruiting successes in Internal Medicine and Home Based Primary Care. Though reduced from prior year, agency temporary labor is remains significant in each of the nursing units, cardiopulmonary, and ultrasound.
- Supplies continue exceed budget. This supply overage is primarily driven by surgery and pharmacy supply expense and is related to increased volume. Surgery procedures are over budget by 38 for November and 298 procedure year to date.
- The mix of observation patient status respective to inpatient returned to a more normal and expected state in November. There was education and development work done with the new staff in Utilization Review. The goal is for KVH to follow the Medicare guidelines two-midnight rule to determine patient status. The daily inpatient census for the month is 3.7 which is below the 4.0 average days required of CAH's for the year.

Accounting (Manager – James Sivonen, Controller - Libby Allgood)

- Two open positions, one accountant and one financial analyst. Both are replacement FTEs due to internal promotions.
- A few ongoing initiatives in the department include optimization of general ledger software, reducing paper processes, implementing new right of use accounting principles, and payroll processing cross training.

Materials Management (Director – Bonnie Vidonne)

- No open positions
- All staff (3 techs and 2 buyers) have successfully passed their certification tests with the Association for Supply Chain Management in warehousing and procurement. The lead tech completed the certification in October and all the others completed in November.
- Completed a project with GHX software in October that provides enhanced GPO contract pricing visibility. The buyers have been able to identify some pricing discrepancies and are realizing that savings.
- Negotiated improved rates for orthopedic implant supplies and with Opti-Freight
- Ongoing office supply cost savings initiatives through Office Depot and Amazon accounts.
- Restarted the values analysis committee. New supply requests are brought to this committee for evaluation.
- The director attended a regional conference and was able to identify an opportunity to have our GPO partner with KDA engineering to capture preferred pricing on select construction project materials.

Sr. Director of Revenue Cycle Operations – Scott Olander

Revenue Cycle Management (Director – Tara Preciado)

- One full time open position for Patient Financial Specialist
- Focus has been on next-day's scheduled patient front-end insurance validation and point-of-service collections in the clinics. RCM has been rounding with the Patient Service Representatives regularly to improve the registration process and ensure accurate insurance information is on file.
- RCM is working with local medical insurance brokers to encourage customers to enroll with Medicare or Medicare Advantage plans that are in-network with KVH. A letter was sent in October to patients who have out-of-network Medicare Advantage Plans.

Health Information Management (Director – Cindy Kelly)

- One full time open position for HIM Specialist
- Contracted with Synergistics to take over professional fee coding for Emergency Services with an anticipated go-live date of January 1st, 2024
- The HIM department is working on implementation of Lucidoc, compliance program effectiveness and risk evaluation assessment, clinical documentation improvement and participating in ICD11 workgroup with the AHA.

Kittitas Valley Healthcare
November 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	82	89	-8.1%	799	1,051	-23.9%	983	-18.7%
02 Patient Days - W/O Newborn	306	354	-13.6%	3,216	4,174	-23.0%	3,849	-16.4%
03 Patient Days - Swingbed	-	7	-100.0%	21	83	-74.8%	53	-60.4%
04 Avg Daily IP Census w/Swingbed	10.2	12.0	-15.3%	9.7	12.7	-24.0%	11.7	-17.0%
05 Average Length of Stay	3.7	4.0	-6.0%	4.0	4.0	1.3%	3.9	2.8%
06 Average Length of Stay w/Swingbed	3.7	4.1	-7.8%	4.1	4.1	0.0%	4.0	2.1%
07 Deliveries	22	26	-16.9%	212	295	-28.1%	291	-27.1%
08 Case Mix Inpatient	1.06	1.00	6.4%	1.16	1.00	16.3%	1.14	2.0%
09 Surgery Minutes - Inpatient	2,243	3,376	-33.6%	21,062	39,637	-46.9%	35,784	-41.1%
10 Surgery Minutes - Outpatient	9,195	7,866	16.9%	106,369	92,373	15.2%	93,538	13.7%
11 Surgery Procedures - Inpatient	18	28	-34.9%	200	325	-38.4%	295	-32.2%
12 Surgery Procedures - Outpatient	172	125	38.0%	1,885	1,462	28.9%	1,437	31.2%
13 Gastrointestinal Procedures	160	125	28.0%	1,714	1,466	16.9%	1,321	29.8%
14 ER Visits	1,389	1,252	10.9%	15,800	14,713	7.4%	14,219	11.1%
15 Urgent Care Cle Elum Visits	441	468	-5.8%	5,010	5,497	-8.9%	5,213	-3.9%
16 Laboratory	22,487	23,575	-4.6%	258,837	277,064	-6.6%	255,465	1.3%
17 Radiology Exams	3,235	2,820	14.7%	36,437	33,136	10.0%	32,070	13.6%
18 Rehab Visit	1,477	1,599	-7.6%	17,541	18,735	-6.4%	15,798	11.0%
19 Outpatient Percent of Total Revenue	88.6%	85.4%	3.7%	89.8%	85.5%	5.0%	85.6%	4.9%
20 Adjusted Patient Days	2,693	2,436	10.6%	31,444	28,800	9.2%	26,749	17.5%
21 Equivalent Observation Days	80	88	-8.1%	1,531	1,033	48.2%	1,167	31.2%
22 Avg Daily Obs Census	2.7	2.9	-8.1%	4.6	3.1	48.2%	3.5	31.2%
23 Home Care Visits	502	567	-11.5%	5,820	6,685	-12.9%	6,732	-13.5%
24 Hospice Days	461	617	-25.3%	7,970	6,872.4	16.0%	6,798	17.2%
25 Primary Clinic Visits	4,157	4,666	-10.9%	54,061	56,273	-3.9%	63,088	-14.3%
26 Specialty Clinic Visits	2,052	2,198	-6.6%	23,846	25,758	-7.4%	17,095	0.0%
27 Telehealth Visits	41	106	-61.2%	765	1,245	-38.5%	1,150	NA
28 Total Clinic Visits	6,250	6,970	-10.3%	78,672	83,276	-5.5%	81,333	-3.3%
Financial Measures								
29 Salaries as % of Operating Revenue	48.3%	51.5%	6.4%	46.3%	48.2%	3.8%	45.6%	1.6%
30 Total Labor as % of Operating Revenue	59.9%	64.6%	7.4%	58.0%	60.3%	3.9%	56.4%	2.7%
31 Revenue Deduction %	47.0%	46.1%	-2.0%	47.1%	45.7%	-3.2%	45.0%	4.7%
32 Operating Margin	-4.7%	0.8%		1.1%	7.0%		6.0%	32
Operating Measures								
33 Productive FTE's	559.0	548.0	-2.0%	543.6	548.0	0.8%	514.5	5.7%
34 Non-Productive FTE's	63.9	73.0	12.5%	67.4	73.0	7.6%	69.2	-2.5%
35 Paid FTE's	622.9	621.0	-0.3%	611.0	621.0	1.6%	583.6	4.7%
36 Operating Expense per Adj Pat Day	\$ 4,035	\$ 4,042	0.2%	\$ 3,725	\$ 3,819	2.5%	\$ 3,845	-3.1%
37 Operating Revenue per Adj Pat Day	\$ 3,853	\$ 4,073	-5.4%	\$ 3,768	\$ 4,105	-8.2%	\$ 4,088	-7.8%
38 A/R Days	67.6	60.0	-12.7%	67.6	60.0	-12.7%	63.2	7.0%
39 Days Cash on Hand	201.9	217.6	-7.2%	201.9	217.6	-7.2%	195.2	3.4%

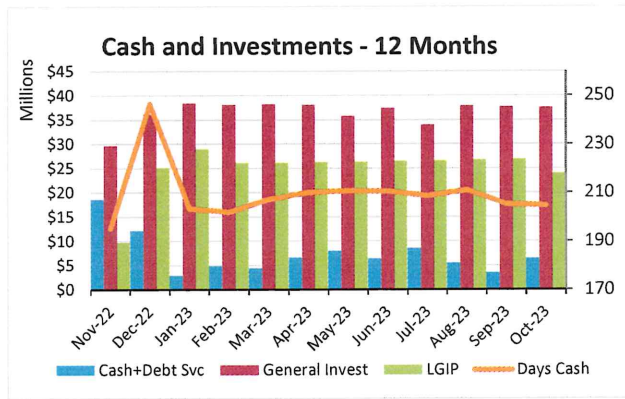
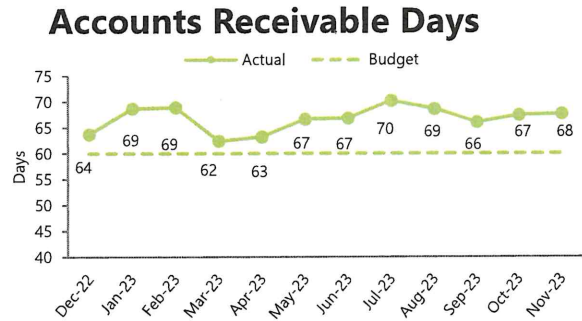
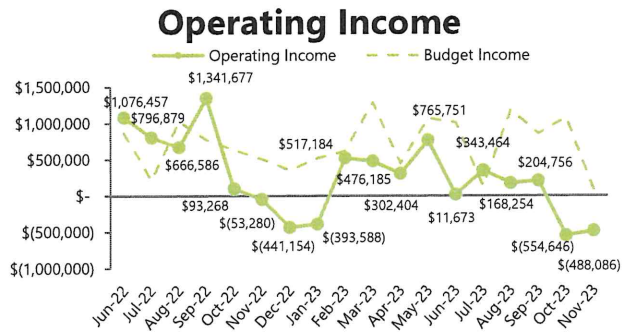
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Kittitas Valley Healthcare
Year over Year Financial and Operating Indicator Trends
November 2023 - Key Statistics and Indicators

L	Measure	2023 YTD	2023 Budget	2023 Annualize	2022	2021	2020	2019	2018	2017	2016
1	Total Charges	220,046,438	233,240,187	240,469,910	213,492,081	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388	124,153,636
2	Net Revenue	118,487,755	129,100,000	129,485,121	120,219,085	114,372,961	89,905,245	83,527,969	78,753,810	71,490,964	71,506,819
3	Operating Income	1,353,351	8,000,000	1,478,962	6,074,001	14,127,110	620,732	2,901,869	474,120	885,655	(5,893)
4	Operating Margin %	1.1%	6.2%	1.1%	5.1%	12.4%	0.7%	3.5%	0.6%	1.2%	0.0%
5	Net Income	4,313,690	9,390,000	4,714,062	4,079,789	18,470,881	6,420,388	3,690,537	2,526,547	2,648,415	1,543,915
6	Net Margin %	3.6%	7.3%	3.6%	3.4%	16.1%	7.1%	4.4%	3.2%	3.7%	2.2%
7	Cash	67,185,872	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	201.9	197.0	NA	246.4	235.8	175.8	138.6	133.5	178.7	156.0
9	Surgeries	2,085	1,950	2,279	1,922	1,788	1,354	1,305	1,461	1,396	1,510
10	Gastrointestinal Procedures	1,714	1,600	1,873	1,404	1,321	1,211	1,416	1,250	1,383	1,396
11	Emergency Visits	15,800	16,790	17,266	15,643	13,988	12,207	13,861	13,930	13,162	13,789
12	% ED visits To Bed	7.7%	10.0%	7.7%	7.7%	9.2%	10.1%	9.5%	n/a	n/a	n/a
13	Laboratory Tests	258,837	302,431	282,861	277,627	288,552	237,710	209,144	207,040	190,587	181,082
14	Radiology Exams	36,437	36,169	39,819	35,222	32,016	29,338	30,397	30,843	33,836	33,471
15	Rehab Visits	17,541	20,447	19,169	17,060	21,390	16,724	18,718	16,359		
16	IP & Obs Days (no swing)	4,747	5,684	5,188	5,470	4,820	3,717	3,805	3,999	3,440	3,937
17	Deliveries	212	322	232	318	280	284	309	342	322	312
18	Admits w/Swing	799	1,147	873	1,066	949	860	941	984	899	1,043
19	Primary Clinic Visits	54,061	61,377	59,079	58,013	60,229	53,270	60,871			
20	Specialty Clinic Visits	23,846	28,113	26,059	22,778	19,865	13,135	11,840			
21	Telehealth Visits	765	1,359	836	1,263	1,391	3,793	-			
22	Total Clinic Visits	78,672	90,849	85,974	82,054	81,485	70,198	72,711	59,241	50,917	48,525
23											
24	FTEs	611.0	621.0	NA	583.4	529.9	499.0	477.4	469.4	457.6	449.1
25	AR Days	67.6	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	240,469,910	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%	7.79%	2.36%	21.48%	2.94%	5.46%	2.65%	1.16%	-1.05%
28	Operations Growth Exclude COVID Testing			9.13%	6.29%	19.23%	-0.61%				

Financial Dashboard



Payer Mix

	CY 2020	CY 2021	CY 2022	YTD 2023
Medicare	39.42%	40.24%	42.31%	43.79%
Medicaid	19.41%	19.08%	18.64%	18.31%
Commercial	34.97%	35.29%	33.66%	32.25%
Self Pay	2.66%	2.38%	2.10%	1.92%
Other	3.55%	3.01%	3.29%	3.74%

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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	2,193,572	2,627,552	(433,980)	22,505,574	30,970,253	(8,464,679)	28,028,145
OUTPATIENT REVENUE	14,008,990	12,419,270	1,589,720	158,268,894	146,372,342	11,896,552	133,709,223
PROF FEE REVENUE	3,096,881	3,011,800	85,081	39,271,970	36,339,292	2,932,679	33,056,332
REVENUE	19,299,443	18,058,623	1,240,821	220,046,438	213,681,886	6,364,552	194,793,700
CONTRACTUALS	8,462,684	7,602,884	859,800	93,586,628	89,259,231	4,327,397	79,619,063
PROVISION FOR BAD DEBTS	404,017	486,947	(82,929)	5,159,312	5,616,051	(456,739)	5,493,978
FINANCIAL ASSISTANCE	90,627	93,674	(3,047)	1,769,965	1,086,619	683,346	1,051,056
OTHER DEDUCTIONS	113,411	138,278	(24,867)	3,180,228	1,604,022	1,576,206	1,471,880
DEDUCTIONS FROM REVENUE	9,070,739	8,321,783	748,956	103,696,134	97,565,923	6,130,211	87,635,977
NET PATIENT SERVICE REVENUE	10,228,705	9,736,840	491,865	116,350,304	116,115,963	234,341	107,157,723
OTHER OPERATING REVENUE	150,096	184,478	(34,381)	2,137,451	2,109,218	28,232	2,203,855
TOTAL OPERATING REVENUE	10,378,801	9,921,317	457,484	118,487,755	118,225,182	262,573	109,361,579
SALARIES	5,009,546	5,114,347	(104,801)	54,877,434	56,939,729	(2,062,295)	49,861,942
TEMPORARY LABOR	450,584	247,775	202,808	4,020,515	2,758,566	1,261,949	5,740,459
BENEFITS	1,203,747	1,296,689	(92,942)	13,797,732	14,356,404	(558,672)	11,853,629
PROFESSIONAL FEES	598,845	159,392	439,453	4,721,382	1,774,564	2,946,818	2,394,014
SUPPLIES	1,104,174	966,622	137,552	14,052,449	11,241,917	2,810,532	11,128,700
UTILITIES	104,665	94,464	10,201	1,242,356	1,074,528	167,828	1,095,100
PURCHASED SERVICES	1,273,958	1,048,939	225,019	12,812,943	11,666,515	1,146,428	12,396,081
DEPRECIATION	617,079	464,476	152,603	5,981,860	5,120,877	860,983	3,990,731
RENTS AND LEASES	52,838	3,250	49,589	159,767	35,745	124,022	922,964
INSURANCE	188,092	157,592	30,501	1,905,691	1,733,508	172,183	1,103,728
LICENSES & TAXES	69,883	77,894	(8,011)	970,997	916,097	54,900	677,650
INTEREST	101,789	110,469	(8,681)	1,207,537	1,217,159	(9,622)	546,390
TRAVEL & EDUCATION	56,284	45,056	11,228	548,637	517,582	31,055	373,206
OTHER DIRECT	35,403	57,459	(22,056)	835,103	639,706	195,397	761,829
EXPENSES	10,866,887	9,844,425	1,022,463	117,134,404	109,992,896	7,141,508	102,846,424
OPERATING INCOME (LOSS)	(488,086)	76,893	(564,979)	1,353,351	8,232,286	(6,878,935)	6,515,155
OPERATING MARGIN	-4.70%	0.78%	-123.50%	1.14%	6.96%	-2619.82%	5.96%
NON-OPERATING REV/EXP	445,954	115,822	330,132	2,960,339	1,274,151	1,686,188	(1,488,853)
NET INCOME (LOSS)	(42,132)	192,715	(234,847)	4,313,690	9,506,437	(5,192,747)	5,026,302
UNIT OPERATING INCOME							
HOSPITAL	(166,028)	612,462	(778,490)	5,595,744	11,971,025	(6,375,281)	9,886,686
URGENT CARE	(7,107)	1,549	(8,656)	65,504	85,105	(19,602)	167,432
CLINICS	(172,748)	(460,663)	287,916	(3,953,314)	(3,129,342)	(823,973)	(3,266,902)
HOME CARE COMBINED	(142,204)	(76,455)	(65,748)	(354,582)	(694,503)	339,921	(272,062)
OPERATING INCOME	(488,086)	76,893	(564,979)	1,353,351	8,232,286	(6,878,935)	6,515,155

11/30/2023

Kittitas Valley Healthcare Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	4,729,077	11,162,290	(6,433,212)
ACCOUNTS RECEIVABLE	44,217,692	41,373,454	2,844,238
ALLOWANCE FOR CONTRACTUAL	(28,664,709)	(26,782,288)	(1,882,421)
THIRD PARTY RECEIVABLE	697,000	2,182,107	(1,485,107)
OTHER RECEIVABLES	1,049,650	2,007,557	(957,907)
INVENTORY	2,573,618	2,690,763	(117,145)
PREPAIDS	1,848,669	1,512,320	336,350
INVESTMENT FOR DEBT SVC	2,075,699	963,413	1,112,286
CURRENT ASSETS	28,526,697	35,109,615	(6,582,918)
INVESTMENTS	60,091,444	61,115,705	(1,024,261)
PLANT PROPERTY EQUIPMENT & ROU ASSET	119,498,971	106,089,339	13,409,632
ACCUMULATED DEPRECIATION & ROU AMORT	(59,117,875)	(53,865,018)	(5,252,858)
NET PROPERTY, PLANT, & EQUIP	60,381,096	52,224,321	8,156,775
OTHER ASSETS	0	0	0
NONCURRENT ASSETS	60,381,096	52,224,321	8,156,775
ASSETS	148,999,237	148,449,641	549,596
ACCOUNTS PAYABLE	2,575,380	4,228,424	(1,653,044)
ACCRUED PAYROLL	2,175,859	2,645,596	(469,737)
ACCRUED BENEFITS	480,219	985,345	(505,126)
ACCRUED VACATION PAYABLE	2,594,093	1,927,557	666,537
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	10,550,891	13,365,720	(2,814,829)
ACCRUED INTEREST	514,855	273,091	241,764
DEFERRED TAX COLLECTIONS	854	0	854
DEFERRED REVENUE HOME HEALTH	25,263	60,910	(35,647)
DEFERRED INFLOW RIGHT OF USE	558,128	628,695	(70,568)
DEFERRED OTHER	127,031	127,031	0
DEFERRED LIABILITIES	1,226,131	1,089,727	136,404
LTD RIGHT OF USE ASSETS	3,905,633	4,991,302	(1,085,669)
LTD - 2017 REVENUE BONDS	11,194,095	11,667,554	(473,459)
LTD - 2018 REVENUE BOND	5,100,000	5,280,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	898,152	898,152	0
LTD - 2022 REVENUE BOND	15,310,000	15,310,000	0
CURRENT PORTION OF LONG TERM DEBT CONT	(1,640,441)	(2,293,900)	653,459
LONG TERM DEBT	34,767,439	35,853,108	(1,085,669)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	3,806,216	3,806,216	0
NONCURRENT LIABILITIES	39,799,786	40,749,051	(949,265)
LIABILITIES	50,350,677	54,114,771	(3,764,094)
FUND BALANCE	94,334,870	94,334,870	0
NET REVENUE OVER EXPENSES	4,313,690	0	4,313,690
FUND BALANCE	98,648,560	94,334,870	4,313,690
TOTAL LIABILITIES & FUND BALANCE	148,999,237	148,449,641	549,596

11/30/2023

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

Statement of Cash Flow

	CASH
NET BOOK INCOME	4,313,690
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	5,252,858
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	9,566,547
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(961,818)
OTHER RECEIVABLES	2,443,014
INVENTORIES	117,145
PREPAID EXPENSES & DEPOSITS	(336,350)
INVESTMENT FOR DEBT SVC	(1,112,286)
TOTAL CURRENT ASSETS	149,705
INVESTMENTS	1,024,261
PROPERTY, PLANT, & EQUIP.	(13,409,632)
OTHER ASSETS	0
TOTAL ASSETS	(2,669,118)
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(1,653,044)
ACCRUED SALARIES	(469,737)
ACCRUED EMPLOYEE BENEFITS	(505,126)
ACCRUED VACATIONS	666,537
COST REIMBURSEMENT PAYABLE	(200,000)
CURRENT MATURITIES OF LONG-TERM DEBT	(653,459)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(2,814,829)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	241,764
DEFERRED TAX COLLECTIONS	854
DEFERRED REVENUE - HOME HEALTH	(35,647)
DEFERRED INFLOW RIGHT OF USE	(70,568)
DEFERRED OTHER	0
TOTAL OTHER LIABILITIES	136,404
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD RIGHT OF USE ASSETS	(1,085,669)
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	(1,085,669)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	0
TOTAL LIABILITIES	(3,764,094)
NET CHANGE IN CASH	(6,433,212)
BEGINNING CASH ON HAND	11,162,290
ENDING CASH ON HAND	4,729,077

Kittitas Valley Healthcare
AR Days
November 2023

Accounts Receivable	Unbilled	0-30	31-60	61-90	91-180	181-365	366+	Total
Hospital Total	9,353,918	6,704,581	4,361,425	2,955,239	5,320,723	4,684,901	4,675,001	38,055,788
Family Medicine Ellensburg	534,269	545,734	163,649	84,185	91,835	79,066	11,602	1,510,340
Family Medicine Cle Elum	131,635	135,793	57,641	26,823	28,820	12,835	10,707	404,256
Pediatrics	45,551	88,324	34,450	12,362	(6,002)	11,234	4,989	190,907
Adult Medicine	169,862	99,293	55,263	25,277	31,350	14,429	(5,883)	389,591
Womens Health	74,713	33,582	8,302	5,722	8,927	1,750	754	133,750
ENT	36,378	62,304	26,193	14,562	27,252	18,784	14,717	200,189
Orthopedics	23,260	-	-	-	-	18,968	3,435	45,663
General Surgery	72,829	25,050	13,281	5,207	9,214	4,208	2,721	132,510
Hospitalist	3,987	10,339	2,546	3,891	4,678	6,868	874	33,182
Workplace Health	4,566	7,985	9,538	5,376	6,726	5,488	632	40,310
Home Care and Hospice	51,162	114,110	139,221	31,912	25,852	150,011	-	512,267
Paragon	-	-	-	-	-	-	426,526	426,526
NextGen	-	-	-	-	-	-	116,546	116,546
Total	10,502,130	7,827,094	4,871,508	3,170,557	5,549,373	5,008,541	5,262,620	42,191,824
							Total AR Days	67.6
							AR Days (less 366+)	59.2

KITTITAS VALLEY HEALTHCARE
US BANCORP INVESTMENTS
NOVEMBER 30, 2023

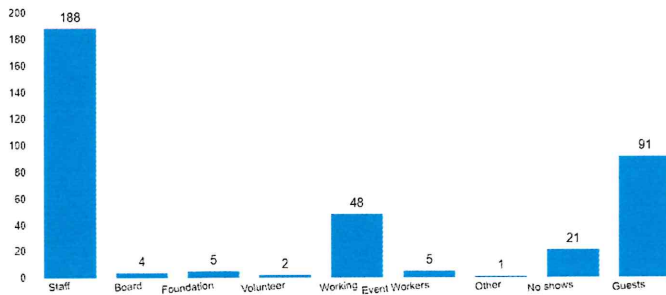
INVESTMENT TYPE	CUSIP	INVESTMENT DATE	MATURITY DATE	YTM %	MATURITY AMOUNT	INVESTMENT AMOUNT	MARKET VALUE	UNREALIZED GAIN/(LOSS)
FHLMC	3137EAFA2	12/14/2022	12/04/2023	4.501%	2,000,000.00	1,920,000.00	1,998,857.80	78,857.80
US TREASURY NOTES	91282CBA8	12/19/2022	12/15/2023	4.419%	2,000,000.00	1,917,781.25	1,995,713.30	77,932.05
US TREASURY NOTES	91282CBE0	01/13/2023	01/15/2024	4.486%	1,500,000.00	1,436,385.00	1,490,214.74	53,829.74
US TREASURY NOTES	91282CBE0	05/01/2023	01/15/2024	4.779%	2,000,000.00	1,936,015.63	1,986,952.98	50,937.35
FFCB	3133EMNG3	02/25/2021	01/19/2024	0.190%	1,000,000.00	1,001,156.00	992,844.68	(8,311.32)
US TREASURY NOTES	91282CBV2	06/01/2023	04/15/2024	5.120%	2,080,000.00	1,996,893.60	2,042,218.76	45,325.16
FHLB	3130AMKX9	06/07/2021	06/07/2024	0.140%	2,000,000.00	2,002,598.00	1,948,989.90	(53,608.10)
FNMA	3136G4Z71	08/28/2020	08/26/2024	0.370%	1,000,000.00	1,001,588.00	964,920.98	(36,667.02)
FHLMC	3134GW3W4	10/28/2020	10/28/2024	0.350%	3,562,000.00	3,566,235.22	3,403,186.41	(163,048.81)
US TREASURY NOTES	912828YV6	06/15/2023	11/30/2024	4.751%	2,187,000.00	2,087,901.56	2,109,088.13	21,186.57
FHLB	3130ALB52	02/25/2021	02/25/2025	0.236%	2,800,000.00	2,803,892.00	2,640,374.52	(163,517.48)
FHLMC	3134GWK88	09/17/2020	03/17/2025	0.350%	4,500,000.00	4,510,089.00	4,239,659.39	(270,429.61)
US TREASURY NOTES	912828ZW3	12/09/2021	06/30/2025	1.000%	1,500,000.00	1,460,742.00	1,396,171.88	(64,570.12)
FHLB	3130ANZ29	09/30/2021	09/30/2025	0.383%	3,000,000.00	3,009,468.00	2,780,267.88	(229,200.12)
FNMA	3135G06B4	07/27/2021	10/22/2025	0.570%	1,500,000.00	1,499,371.50	1,384,410.14	(114,961.36)
FHLB	3130ALDB7	02/25/2021	02/25/2026	0.413%	1,800,000.00	1,804,426.20	1,647,085.72	(157,340.48)
US TREASURY NOTES	91282CCF6	08/01/2023	05/31/2026	4.400%	1,380,000.00	1,247,282.81	1,258,980.47	11,697.66
US TREASURY NOTES	91282CCW9	08/01/2023	08/31/2026	4.317%	1,385,000.00	1,243,868.50	1,254,128.32	10,259.82
US TREASURY NOTES	91282CAY7	11/29/2023	11/30/2027	4.252%	2,969,000.00	2,576,498.20	2,569,924.66	(6,573.54)
TOTAL					40,163,000.00	39,022,192.47	38,103,990.66	(918,201.81)

Community Relations January 4, 2024 Board Report

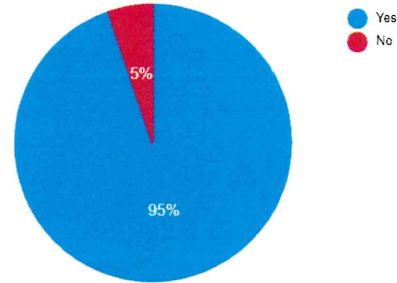
2023 Annual Appreciation Banquet -

The second annual KVH Employee Appreciation Banquet took place on Saturday, December 2, 2023. Key metrics from the event are below. 296 individuals were registered for the event, up from 225 in 2022. We are currently finalizing the date and location for 2024 and I hope to have something to report to you at the end of January.

Event Registrants by Track



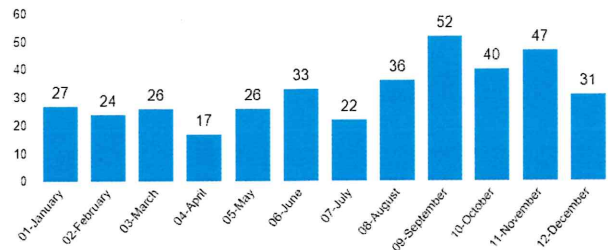
2023 EAB Recommend Summary



2023 Community Relations Activity Overview-

2023 was a year a growth and change for the Community Relations team. In January 2023, Alisha Liedtke joined the team to focus on employee and community outreach activities. In July, our long-time graphics designer Jan Powell left KVH, and Kristl Densley filled this position in late August. Finally, in October, Mitchell Rhodes transitioned into our department. The graph to the right illustrates the volume of "projects" completed each month by this small, but mighty team. Below is a summary.

CR 2023 Activity report



- 1 new program was launched (Rapid Access)
- 33 organizations were supported through funding from Community Relations
- 2118 individuals have gone through Level 1 Swim Lessons since 2018 thanks to KVH
- 39 community events were held
- 23 large projects were completed
- 17 providers were on boarded
- 4 virtual employee forums were held

2024 – KVH’s 60th Anniversary



In 1960, the residents of Kittitas County voted to form Kittitas County Public Hospital District #1 by a vote of 4023 to 1590. On December 29, 1964, the doors to the newly constructed, \$2 million dollar state-of-the-art Kittitas Valley Community Hospital opened its doors to the public.

Throughout 2024, we will be celebrating with our employees and the public, this diamond jubilee.



Digital Media Metrics –

Rater8 – Online reputation (Go live January 21, 2023)

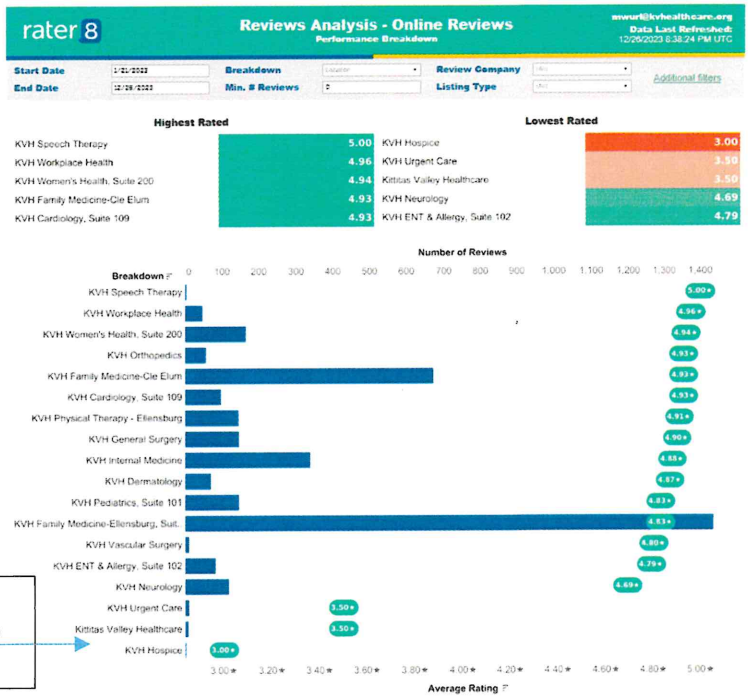
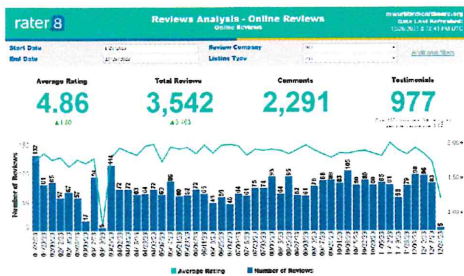
Number of Online Ratings Added						
	2018	2019	2020	2021	2022	2023
1-Star	13	19	14	21	33	56
2-Stars	4	0	2	0	8	18
3-Stars	2	0	2	0	3	23
4-Stars	2	2	2	5	0	189
5-Stars	19	26	31	36	40	3,262
Total	40	47	51	62	84	3,548

	2018	2019	2020	2021	2022	2023
1-Star	32.5%	40.4%	27.5%	33.9%	39.3%	1.6%
2-Stars	10.0%	0.0%	3.9%	0.0%	9.5%	0.5%
3-Stars	5.0%	0.0%	3.9%	0.0%	3.6%	0.6%
4-Stars	5.0%	4.3%	3.9%	8.1%	0.0%	5.3%
5-Stars	47.5%	55.3%	60.8%	58.1%	47.6%	91.9%
Avg. Rating	3.25	3.34	3.67	3.56	3.07	4.86



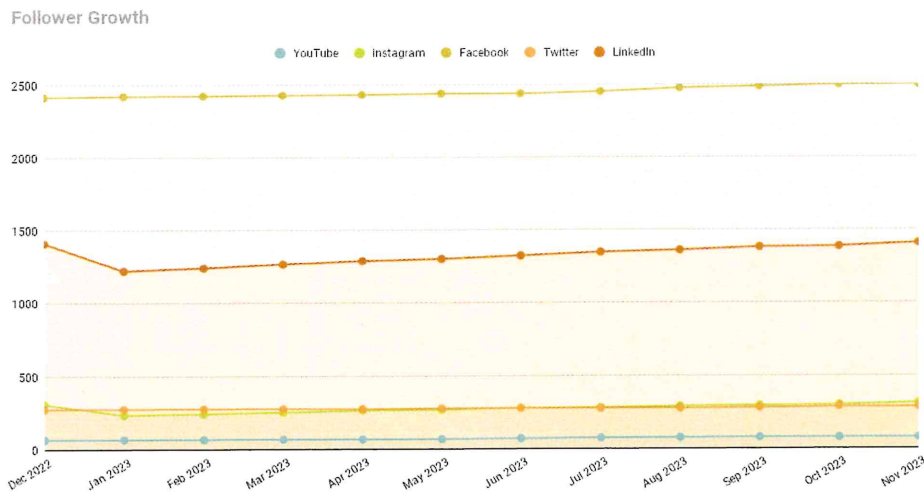
Since go-live, as an organization we have seen a 2,329% increase in Google ratings.

- FME: 2.2 to 4.7
- FMCE: 2.7 to 4.9
- IAM: 4.3 to 4.9
- Peds: 3.6 to 4.7
- WH: 3.3 to 4.8



To note: There are only two Hospice reviews. They have a 5-star, and a 1-star with no feedback. We do not solicit Hospice, KVH, or Urgent Care reviews.

Social Platforms

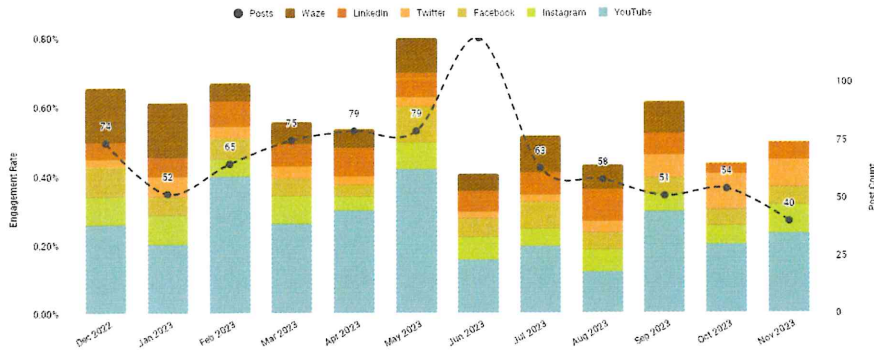


New Followers
41

Total Followers
4,578
↑ since last month

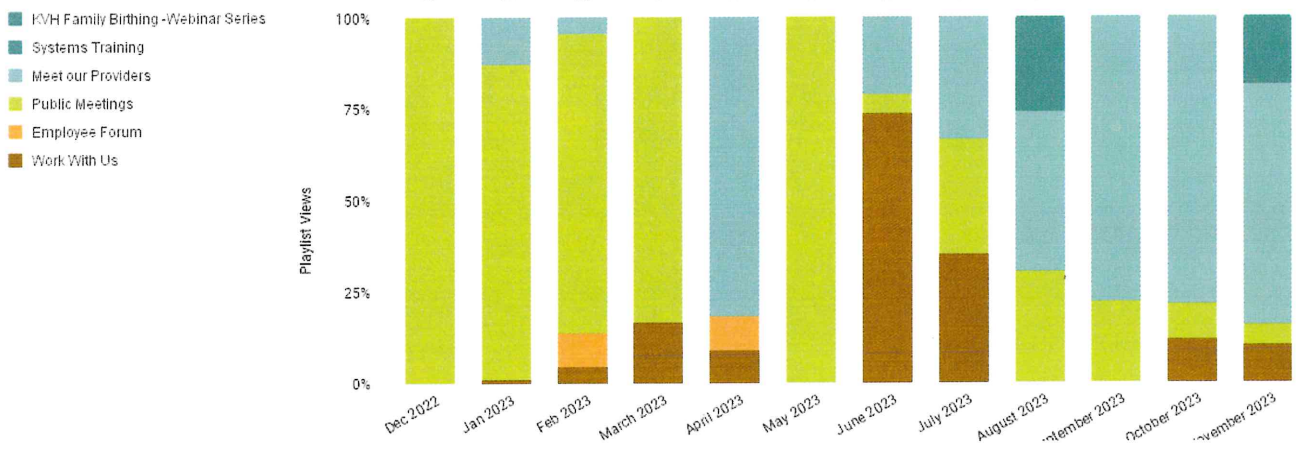
Growth
Since Last Year
2.45%

Engagement



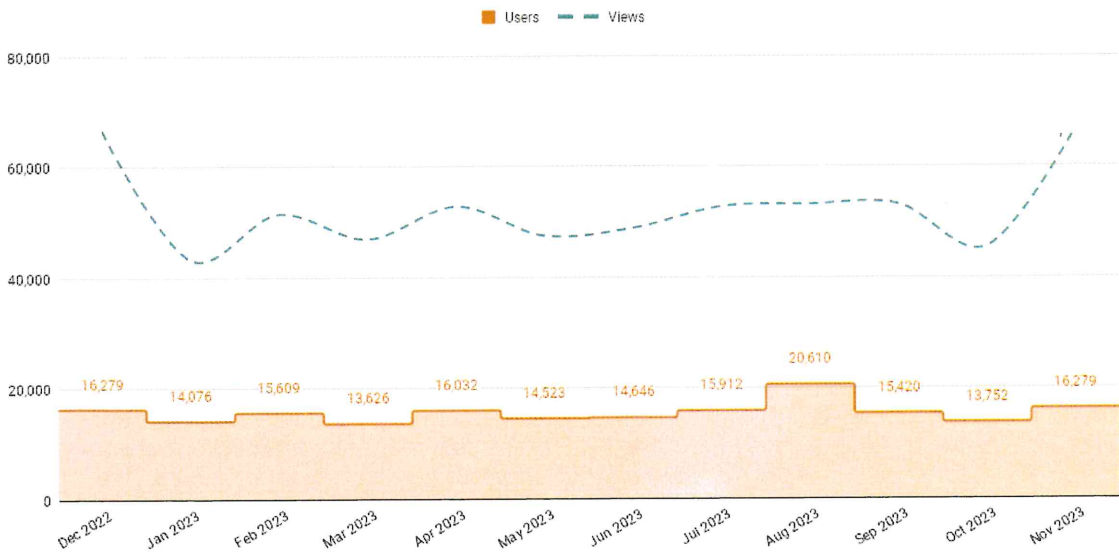
Posts <small>Count</small> 37 <small>+20% since last month</small>	Engagement <small>Rate</small> 10.19% <small>+27.4% since last month</small>	Impressions <small>Count</small> 24,769 <small>+43.1% since last month</small>	Watch Time <small>Time</small> 01:10hh:mm <small>+1.5% since last month</small>	Sentiment <small>Average Score</small> 0.2 <small>+25% since last month</small>
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YouTube Playlist Views



KVH Website

KVHealthcare.org / Overview



Engagement 01:13 <small>+10.89% Average (last 12)</small>
Users 15,396 <small>+5.42% since last month</small>
Events 194,399 <small>+8.11% basic interactions</small>
Downloads 536



Highlights of 2023:

- 2023 has been a busy and very competitive year for grant work
- Contract execution and final funding approval for Happy Feet Academy including Department of Commerce, Kittitas County, City of Ellensburg, and Bank
- Groundbreaking and beginning of construction on Happy Feet’s new center
- KVH received \$37,000 for SANE program training and education
- KVH received \$200,000 for Behavioral Health Integration in Pediatrics
- KCHN applied for a total of 6 federal grant applications with HRSA and SAMHSA. While KCHN was not awarded any of these opportunities, all applications had high scores and were competitive with larger organizations and programs.

Priorities for 2024:

- Seeking funding for capital projects
- Support and sustainability for KCHN
- Program support for behavioral health integration, 4th trimester, and OB care
- Seeking funding for KVH’s strategy of Staff Development
- Seeking opportunities for grant collaboration with new partners

Happy Holidays!

Pending Applications					
Grantor	Program	Applicant Organization	Purpose	Amount	Start Date
WA State Dept of Commerce	SAMFE VOCA #3	KVH	Funding to support the SANE program over two years. Funding would provide paid call 5 days a week and all WSNA holidays, program oversight, and training for a new SANE RN.	\$125,530	January 2024

Researching and Works in Progress		
Grantor	Applicant Organization	Notes
Cigna	KCHN	\$100,000 to expand care coordination



Hearst Foundation	KVH	Funding focuses on professional development and addressing healthcare professional shortages
WA State and FEMA	KVH	Funding to implement and improve cyber security
<i>Searching for Grantor</i>	KVH	Collaboration with the school districts and technical schools for strategic planning and implementation to create health care training programs.
HRSA	KCHN	Rural Health Network Development Grant - \$100,000. KCHN will focus on planning activities surrounding the new Community Health Improvement Plan with an emphasis on new populations of children, youth, and families.
<i>Searching for Grantor</i>	KVH	Support for family birthing classes, breast feeding education, and fourth trimester services.
<i>Searching for Grantor</i>	KVH	Financial assistance for OB Care
<i>Searching for Grantor</i>	KVH	Funding for CodeNet software by Zoll in the Emergency Department
HRSA	KCHN/KVH	Integrating Behavioral Health into Community Settings – Estimated to be released in Spring 2024 – KCHN proposes focusing on pre- and post-natal patients including care coordination, integrated behavioral health, and support for the Fourth Trimester Program. Eligibility for the grant program will likely make KVH the lead applicant. Estimated grant size won't be released until the notice of funding is released.
State Legislator	KVH	We are currently working with our district elected officials for capital funding for future KVH projects. As suggested by Rep. Ybarra, we are presenting project ideas from \$1,000,000 - \$5,000,000. Projects include: Surgical Services Complex remodel, Old FME Remodel, and Medical Specialties Design for future remodel.

Current Awards					
Grantor	Program	Applicant Organization	Purpose	Amount	Start Date



HRSA	Rural Health Care Coordination Program	KCHN	Improve care coordination and collaboration in Kittitas County	\$750,000	September 2020
Kittitas County Jail	MAT and Behavioral Health	KCHN	Provide direct treatment services within the jail for addiction	\$600,000	July 2021
WA State Dept of Commerce	Early Learning Facilities Grant	Happy Feet Academy	Increase child care capacity in Kittitas County	\$1,000,000	April 2021
Kittitas County Board of Commissioners	American Rescue Plan	Happy Feet Academy	Increase child care capacity in Kittitas County	\$500,000	October 2022
HRSA	Rural Communities Opioid Response Program: Implementation	KCHN	Continue and expand upon previous work to address the needs of Kittitas County residents facing addiction	\$1,000,000	September 2022
HRSA	Rural Communities Opioid Response Program: Behavioral Health	KCHN	Expand the implementation of previous work to be more inclusive of other behavioral health needs beyond opioids	\$2,000,000	September 2022
WA State Dept of Health	SANE Education and Service Reimbursement	KVH	Support Sexual Assault Nurse Examiners (SANE) educational opportunities including RN time, travel, supplies, backfill, KVH incentives for SANE RNs, and performing SANE Exams. Reimburse for FY2022	\$37,677	June 2022
WA State Health Care Authority	Pediatric Behavioral Health Integration	KVH	Funding to implement Behavioral Health Integration into the pediatric clinic including a Pediatric	\$200,000	September 2023



			Social Worker, and Care Coordination from KCHN.		
WA State Department of Health	Rural Health Clinic Innovative Programs	KVH	Funding to for innovative programs in Rural Health Clinics – focus is on the KVH Med Refill Project within Pharmacy and the clinics	\$6,500	October 2023

Total Current Grant Awards: \$5,594,677

Total Awarded Grants: \$8,493,263