



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
Meeting in KVH Conference Room A/B/C with a call in option - 5:00 p.m.

Call in by phone: 888 475 4499 Meeting ID: 878 7458 1734 Passcode: 034462

February 22, 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 Meeting: January 25, 2024 **(3-6)**
 - b. Approval of Checks **(7)**
 - c. Report: Foundation **(8)**
 - d. Minutes: Finance Committee: January 23, 2024 **(9-10)**
- 4. Public Comment and Announcements**
- 5. Presentations:**
 - a. Stephanie Bohman, Area Director of Kittitas County Habitat for Humanity
- 6. Reports and Dashboards**
 - a. Quality – Mandee Olsen, Chief Quality Officer **(11-18)**
 - b. Chief Executive Officer – Julie Petersen **(19)**
 - i. Humans Resources & Staff Development – Manda Scott **(20-22)**
 - ii. Expansion Project Update – Ron Urlacher **(23-31)**
 - c. Operations
 - i. Dede Utley, Chief Nursing Officer **(32-33)**
 - ii. Rhonda Holden, Chief Ancillary Officer **(34-35)**
 - iii. Stacy Olea, Chief of Clinic Operations **(36-38)**
 - d. Medical Staff
 - i. Chief of Staff, Roberta Hoppe, MD
 1. MEC Recommendations for Appointment and Re-Appointment ** **(39)**
 - ii. Chief Medical Officer, Kevin Martin MD **(40-41)**
 - e. Finance – Chief Financial Officer – Jason Adler
 - i. Operations Report **(42-54)**
 - ii. Capital Expenditure Request for Glidescopes ** **(55)**
 - iii. Capital Expenditure Request for Pyxis Medication Dispensing System for Clinics (KVH IAM, ENT, PEDS) ** **(56)**
 - f. Community Relations Report – Michele Wurl, Chief Public Relations Officer **(57-63)**
- 7. Education and Board Reports**
- 8. Old Business**
 - a. Commissioner Compensation and Travel



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9. New Business

- a. Board Self-Evaluation
- b. AHA Annual Meeting April 14-16 in Washington DC **(64-71)**

10. Executive Session

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

11. Adjournment

Future Meetings

- March 28, 2024 Special Meeting
- April 25, 2024 Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B & Via Zoom

January 25, 2024

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

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

MEDICAL STAFF PRESENT: Dr. Roberta Hoppe

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

2. **Approval of Agenda:**

ACTION: On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved the agenda as amended to add a discussion regarding Habitat for Humanity under new business.

3. **Consent Agenda:**

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

4. **Public Comment/Announcements:**

Joan Bennett thanked the Board for their dedication and stated that she has asked the League of Women to arrange a meeting with our elected officials.

5. **Presentation:**

Angela Bennett stated that they rolled the phone improvement project out at Family Medicine Ellensburg in November of 2022 and that at that time they partnered with staff in the clinic and IT to start tracking data. Bennett stated that they now have a year's worth of data and a group from KVH went on a site visit to Mason General for ideas. Bennett reviewed some of the changes that have been made such as moving the staff dedicated to answering the phones out of the clinic and over to the MAC Annex. Jeff Yamada stated that the phone company will also be changing owners in March and he will reach out to them to see if they have any additional options. Bennett stated that they continue to have team meetings and balance workloads.

6. Reports and Dashboards:

Mandee Olsen stated a group has been working closely all week drafting a plan of correction in response to the EMTALA investigation and will be submitting that tomorrow. Olsen gave an overview of the complaint that was filed and reviewed the QI dashboard and summary with the Board members.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that the Attorney General has acknowledged receipt of our response letter regarding the Reproductive Privacy Act. She recently took the Civil Treatment training and it was a great training and a good refresher.

The Board members reviewed the Human Resources and Staff Development report with Manda Scott. Scott stated that her report included the year-end report for 2023 and that we had a little uptick in turnover. Of that turnover, thirty percent was per diem staff. Petersen stated that HR is doing a good job removing per diems if they aren't available for the required number of shifts.

Ron Urlacher stated that the roof is complete on the expansion project and the building is dried in. On Monday the crews will start the mechanical and electrical rough-ins.

The Board members reviewed the operations report with Dede Utley, Rhonda Holden, and Stacy Olea. Holden stated that Hospice Hearts and Hands is longer able to provide volunteers for and us and we will be looking internally to see how we can absorb it.

The Board members reviewed the support services report with Michele Wurl, Jeff Yamada, and Ron Urlacher. Wurl stated that the open house for the MAC will be on February 20th. Yamada stated that included in his report are a number of year-end statistics and that they just completed the yearly risk assessment. Urlacher stated that Engineering made some good progress last year getting some of the critical preventative maintenance (PM'S) caught up.

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 Terry Clark, the Board members unanimously approved the initial appointments for Sergio Fernandez, ARNP, Dr. Manavjot Sidhu, and the reappointments for Dr. David Drick, Dr. John

Hwang, Dr. Mitul Kanzaria, Dr. Thomas King, Dr. Jeffrey Pett, Dr. Manisha Shah, Dr. Ankit Upadhyay, and Joseph Nebeker, PA-C, 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 December. Adler stated that we continue to have a number of providers on leave, resulting in clinic visits being down with an overall operating loss for the month. Adler stated that we were still very positive for the year. Adler stated that days cash on hand decreased due to the expansion project and that spending was anticipated and that our agency labor is significantly down. Adler stated that it is getting harder and becoming more work to get insurance companies to pay claims and is causing staff a lot of extra work.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved Resolution No. 24-01 to Surplus Property.

7. Education and Board Reports:

President Altman stated that he and Commissioner Ward along with Dede Utley will be attending the WSHA Advocacy Days in Olympia on January 30.

9. Old Business:

None.

10. New Business:

President Altman stated that he wanted to start the conversation regarding travel and compensation for the Board. President Altman reviewed the Commissioner Compensation policy and what counts as a meeting. President Altman stated that the Board needs to monitor their expenses so it can be a good steward of district resources. Board should think about how to revise the policy, which we will discuss at the next meeting. President Altman stated that for 2024 the Board has a travel and education budget of \$25,000 for the year. President Altman stated that they will also consider the travel budget at the next meeting.

Commissioner Libenow stated that she met with Stephanie Bowen from Habitat for Humanity and their mission is to educate those that may need to partake in their services. Commissioner Libenow stated that she would like to invite her to come to the Board meeting in February.

11. Executive Session:

At 7:10 p.m., President Altman announced that there would be a 5-minute recess followed by a 15-minute executive session regarding real estate and personnel. RCW 42.30.110(b). No Action was anticipated.

At 7:30 pm, the meeting was reconvened into open session.

12. Adjournment:

With no further action and business, the meeting was adjourned at 7:31 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 approve Resolution No. 24-01 to Surplus Property.

Respectfully submitted,

Mandy Weed/Terry Clark
Executive Assistant/Secretary - Board of Commissioners

DATE OF BOARD MEETING: February 22, 2024

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>300169-301099</u>	NET AMOUNT:	<u>\$7,285,763.58</u>
			SUB-TOTAL:	<u>\$7,285,763.58</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>82191-82194</u>	NET AMOUNT:	<u>\$10,596.27</u>
#2	PAYROLL CHECK NUMBERS	<u>82195-82196</u>	NET AMOUNT:	<u>\$2,808.01</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,557,044.21</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,671,093.49</u>
			SUB-TOTAL:	<u>\$3,241,541.98</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2017 \$12.5M REVENUE BOND - PRINCIPAL		NET AMOUNT:	<u>\$488,089.00</u>
#2	2017 \$12.5M REVENUE BOND - INTEREST		NET AMOUNT:	<u>\$172,948.77</u>
#3	2018 \$6M REVENUE BOND - PRINCIPAL		NET AMOUNT:	<u>\$180,000.00</u>
#4	2018 \$6M REVENUE BOND - INTEREST		NET AMOUNT:	<u>\$87,465.00</u>
			SUB-TOTAL:	<u>\$928,502.77</u>

TOTAL CHECKS & EFTs: \$11,455,808.33

Prepared by



 Sharoll Cummins
 Accountant



Blooms and Bubbles 2024

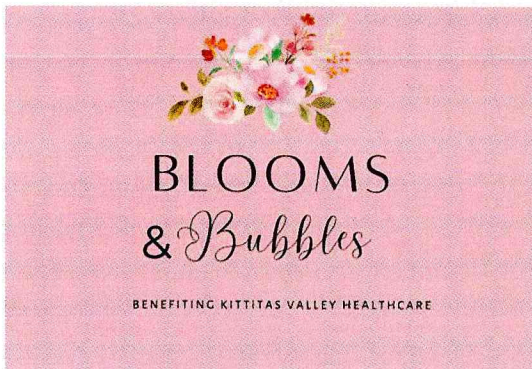
Tickets are available for The Foundation's 20th Annual Fund-A-Need, **Blooms and Bubbles**. Join us on Saturday, April 20, 2024, at the Hotel Windrow for dinner, a silent auction and raise the paddle to support Kittitas Valley Healthcare by purchasing medical equipment that caters to the community's needs.

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 most quickly and accurately.

Tickets are available online: <https://kvh2024.square.site/>



Foundation Pint Night

Save the date! The Foundation will be holding our first Iron Horse Brewery Pint Night of 2024 on Thursday, June 13, from 6-9PM. More information on the event coming soon.

MAC Open House

The Foundation is looking forward to meeting attendees and building awareness at the MAC open house on February 20th. The Foundation will be staffing a table and featuring an enter-to-win for a gift basket.

Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

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

February 20, 2024
Tuesday

7:30 A.M.
Join Zoom Meeting

<https://us06web.zoom.us/j/81625716189?pwd=0bN4KOxNZe7OEYGuoagsFd8RMkabAU.1>

Meeting ID: 816 2571 6189
Passcode: 607357

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

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: January 23, 2024**
- **January Financial Highlights**
- **Capital Expenditure Requests**
 - **Pyxis for Clinics**
 - **Glidescopes**
 - **Radio Hill Parking – Informational Only**
- **Adjourn**

Next Meeting Scheduled: March 26, 2024 (Tuesday)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
January 23, 2024

Members Present: Jon Ward, Bob Davis, Jerry Grebb, Jason Adler

Members Excused: Julie Peterson

Staff Present: James Sivonen, Bonnie Vidonne

Guests Present: NA

The meeting was called to order at 7:30 a.m.

Two motions were made. One motion by Jerry to approve the agenda and seconded by Bob. Another motion was made by Bob and second by Jerry to approve the January 02, 2024 minutes. Both motions passed.

Jason presented the financial highlights for December 2023. KVH experienced a \$607k operating loss. Ambulatory providers on leave of absence (FMLA), holiday leave, and open positions resulted in clinic visits below budget by 14.3%. Reviewed total AR balance noting AR days increased to 71.9 days due to increases in Medicare AR. Revenue cycle is having weekly meetings to address the increase.

Days cash on hand decreased to 192.2 days as a result of the expansion project expenses, debt service payments, and light collections. The decrease was planned and going into 2024 days cash on hand is expected to continue to decrease due to the capital spending on the expansion project.

James presented the 2023 fourth quarter capital update noting total spending on projects was \$4,754,917.91. The Surgery expansion project fourth quarter spending totaled \$4,666,637.79 with total CIP at the end of 2023 totaling \$11,061,138.79. The laboratory expansion is complete but KVH is still receiving invoices, 2023 fourth quarter spending totaled \$56,285.11 and total spending on this project was \$2,206,356.11. The energy efficiency project 2023 fourth quarter spending totaled \$31,995.01 and in 2023 KVH began capitalizing \$2,450,196 related to this project.

Bonnie presented a cost saving report noting she negotiated approx. \$44k off imaging expansion invoices. Due to increased efforts by her department, office supply savings for 2023 was approx. \$75k. Bonnie participates in a supply chain group consisting of other small hospitals/healthcare facilities who work together to negotiate reduced prices/rates with vendors on equipment/services.

With no further business, the meeting was adjourned at 8:34 a.m.

Quality Improvement Report – Mandee Olsen February 2024

Quality Improvement Council Summary

QI Council was held February 12th. Topics discussed include:

- Customer and patient experience – patient grievance process, analysis and improvement related to patient grievances, patient satisfaction surveys, and customer reviews, goals for the coming year.
- Clinic quality measures and improvement, including review of the Physician Partner pilot project and QAPI plan.
- Quality Improvement Dashboard review (see below and following pages)
- Patient Satisfaction Dashboard review (see attached)
- Survey/Inspection Follow-up:
 - Rhonda presented data related to the progress towards sustained correction of findings.
 - Julie reviewed the current status of the EMTALA investigations – KVH has been notified that we are deemed compliant with EMTALA by both CMS and DOH. As required in our plan of correction, a written report was submitted about the results of chart reviews.
 - We are still awaiting the Fire Marshal completing an additional in-person inspection before the hospital survey is completely “closed”.
- Dr. Martin reviewed the results of contracted services evaluations for RPG, Rehab Visions, and Red Cross.
- The KVH policy related to patient grievances was reviewed and approved. The KVH policy related to contracted services was reviewed.
- 4th quarter 2023 SAFE Catch nominations were reviewed and winners selected.

Quality Improvement Dashboard Data Summary – through December 2023

Summary of Areas Meeting Goal or Showing Improvement

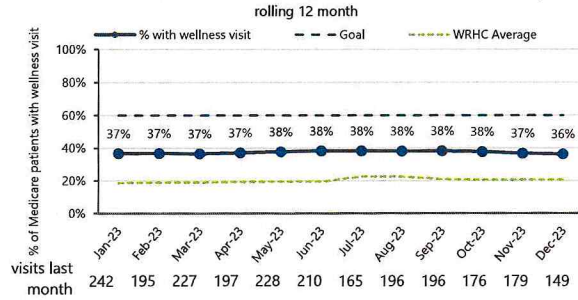
- Over the past year, KVH Family Medicine – Ellensburg has moved from consistently below goal, to consistently above goal for fall risk screenings.
- There were eight patients with sepsis in the month of December. This is the largest single-month volume in the past year. Only one component of the sepsis bundle of measures was missed for a single patient in December.
- Only one temperature vital sign documentation was missed for a single patient pre-blood administration.
- There has been excellent reporting from staff over the past few months both in Verge and using SAFE Boards.

Summary of Improvement Opportunities

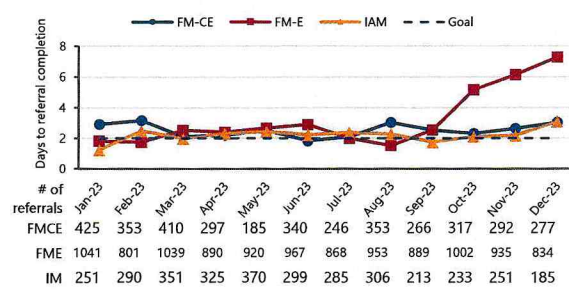
- New staff have been handling referrals at KVH Family Medicine – Ellensburg since the departure of a long-term experienced staff member during the fall. New staff are quickly learning and managing the large volume of referrals at this clinic.
- The median time to lytics administration for patients with stroke was above goal, but the delay was due to the patient needing time to consider their treatment options.
- There were two hospital acquired infections in the month of December, both in higher-risk patients who would have a slower rate of healing and be more susceptible to infection. Both were after surgical procedures.
- There were three needle sticks. One was during a blood draw in lab, the other two were during suturing.
- There were three falls, including two with injury. The non-injury fall was in a clinic over a rug. The injury falls were in ED and Surgical Outpatient.

QI Council

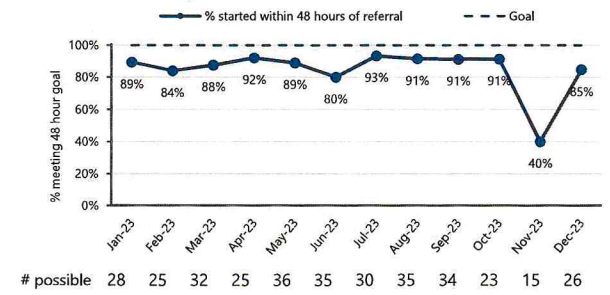
Medicare Wellness Visits



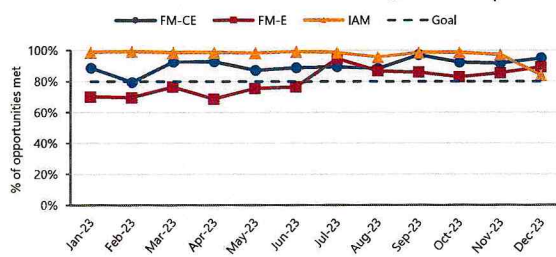
Time to Outbound Referral Sent



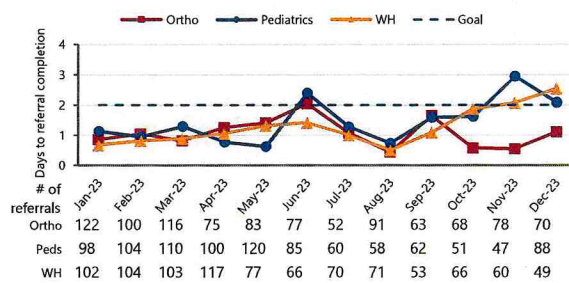
Timely Start for Home Health



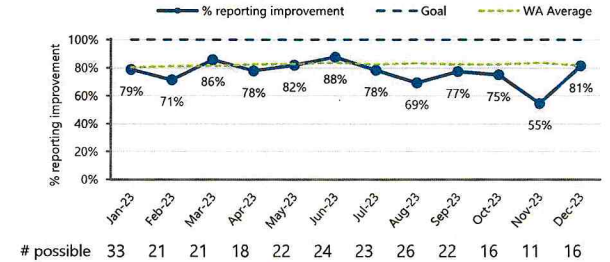
Fall Risk Screening



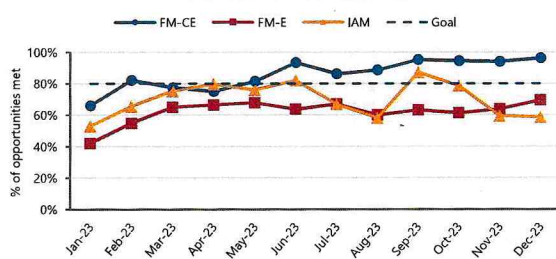
Time to Outbound Referral Sent



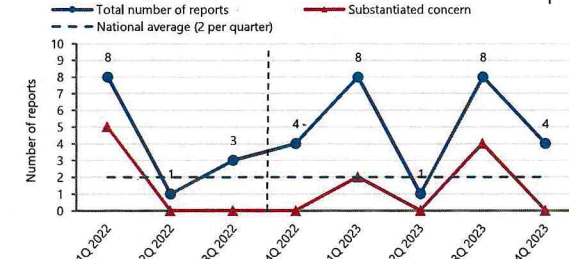
Improvement in Management of Oral Meds (Home Health)



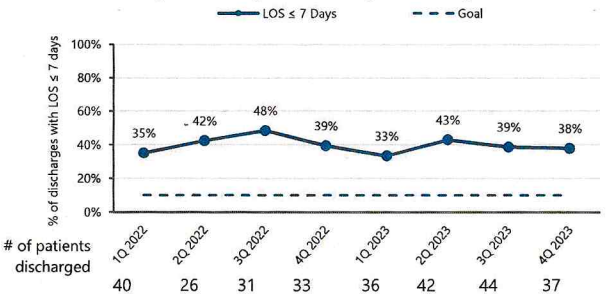
Diabetic Foot Checks



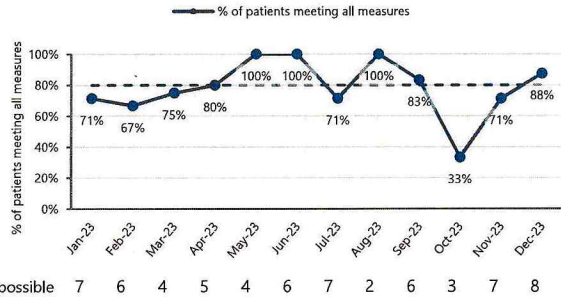
Compliance Concerns Reported



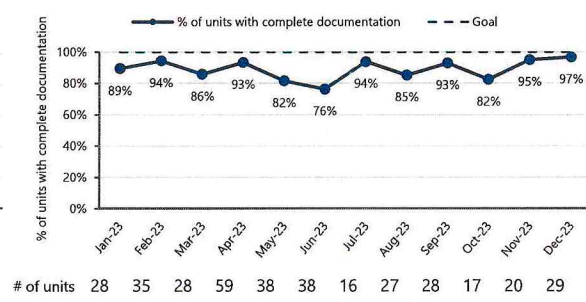
Hospice Length of Stay ≤ 7 Days



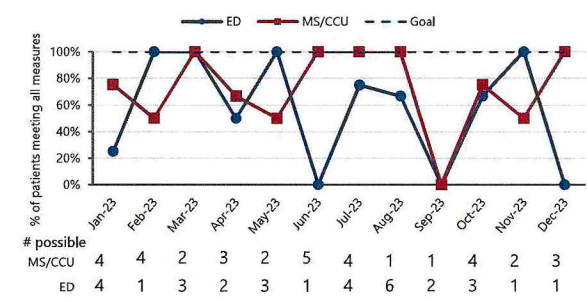
Sepsis Bundle ↑



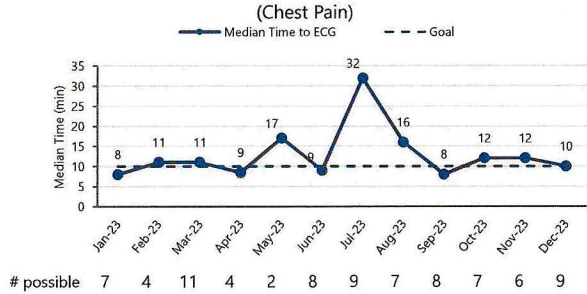
Blood Product Documentation ↑



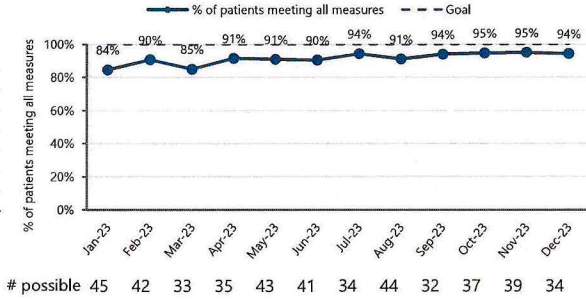
Restraints Bundle ↑



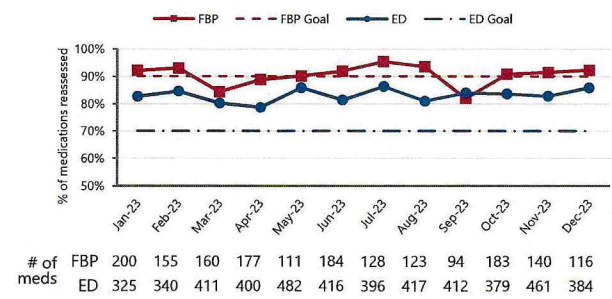
Median Time to ECG (Chest Pain) ↓



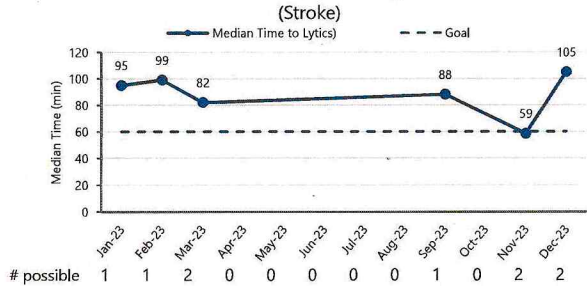
Suicide Risk Assessment/Intervention Bundle ↑



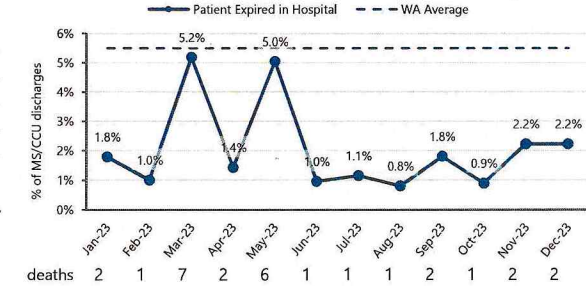
Pain Reassessment after Medication ↑



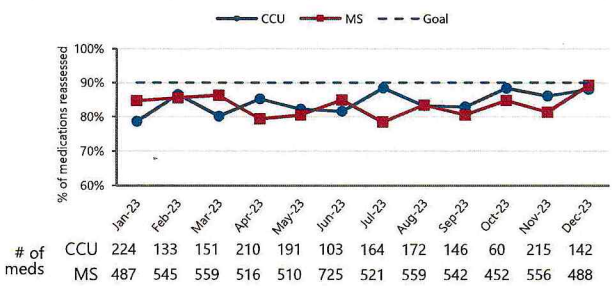
Median Time to Lytics (Stroke) ↓



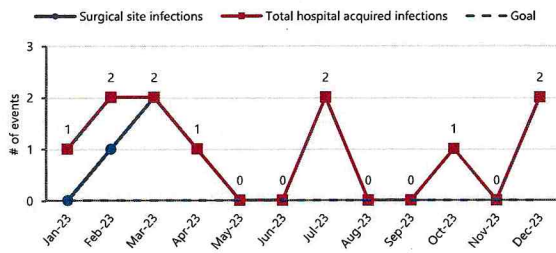
Hospital Mortality ↓



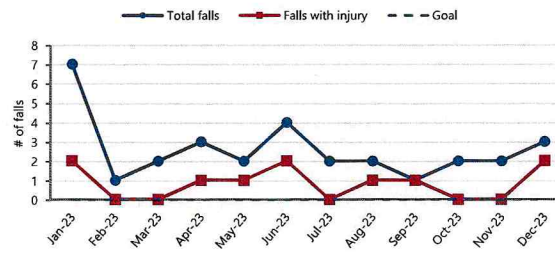
Pain Reassessment after Medication ↑



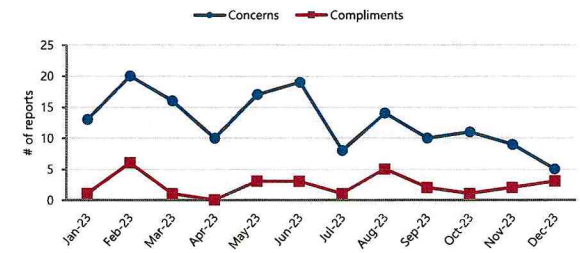
Hospital Acquired Infections



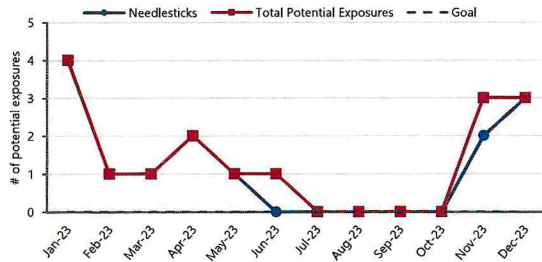
Falls



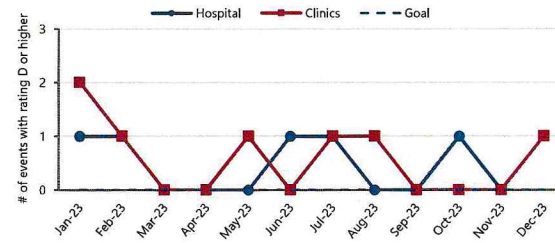
Care and Service Reports



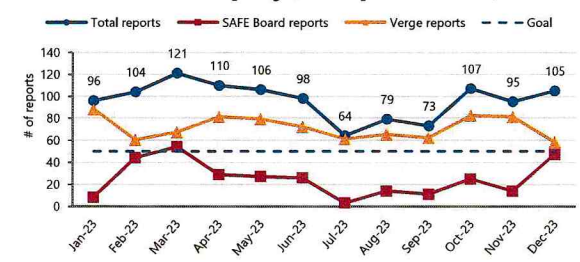
Potential Bloodborne Pathogen Exposures



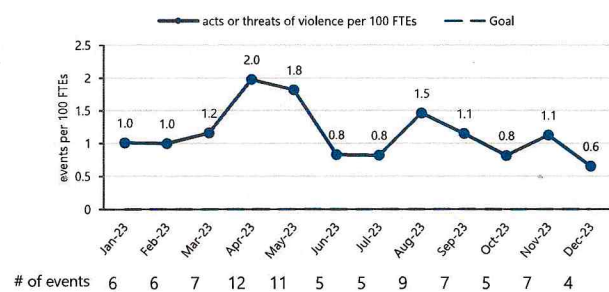
Adverse Medication Events that require additional monitoring or cause patient harm



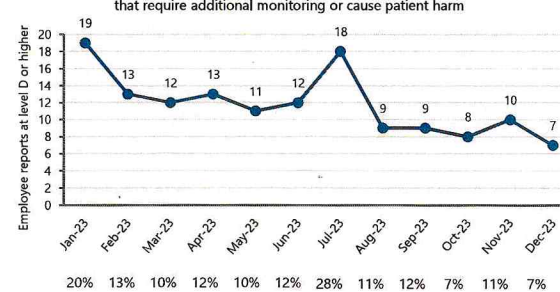
Employee Reports



Workplace Violence Events

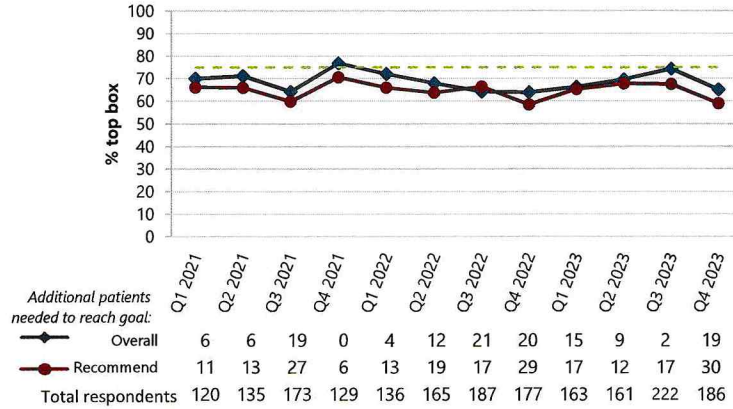


Reports of Occurrences that require additional monitoring or cause patient harm

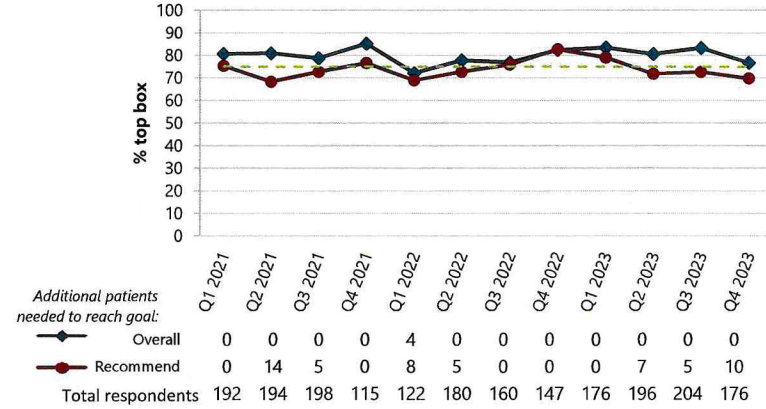


Patient Satisfaction Dashboard

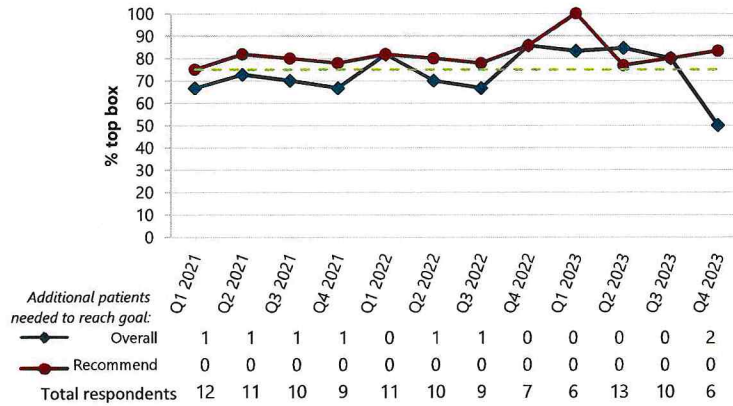
Emergency Department



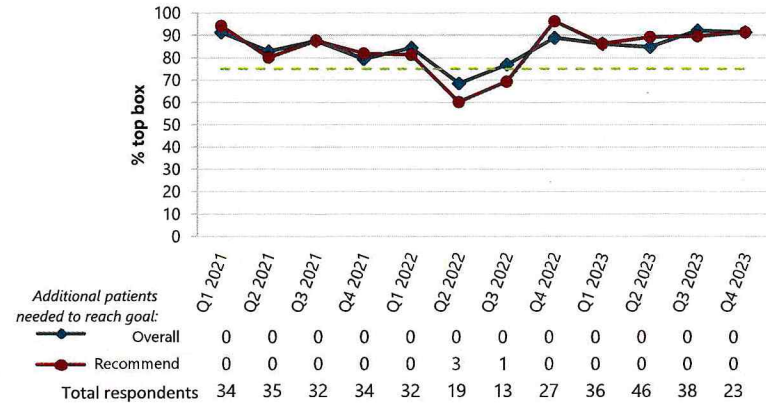
Outpatient Surgery



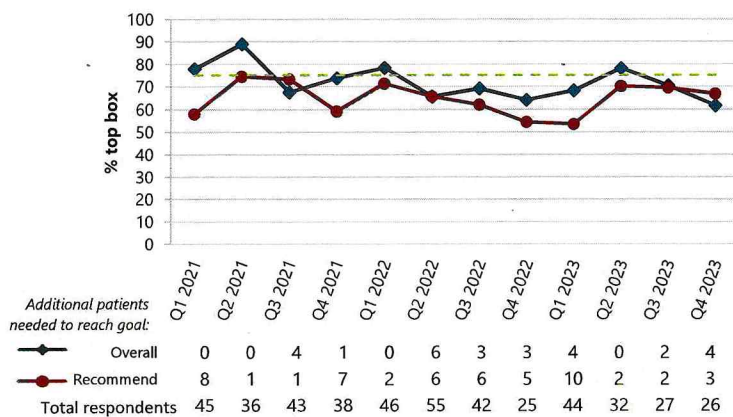
Family Birthing



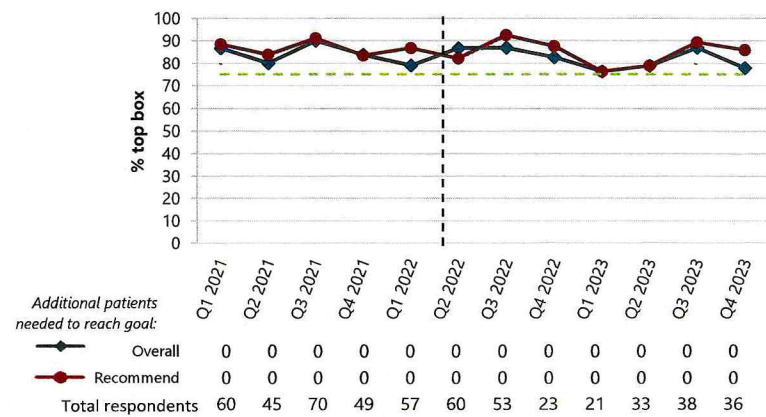
Outpatient Rehab



MedSurg/CCU

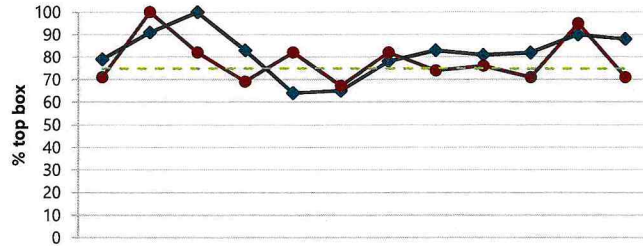


Urgent Care - Cle Elum



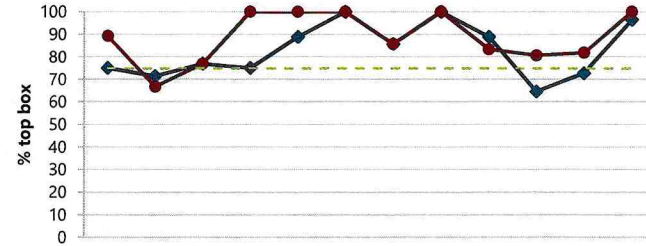
Patient Satisfaction Dashboard

Home Health



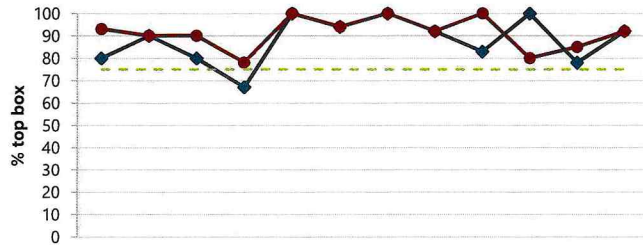
Additional patients needed to reach goal:		Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Overall		0	0	0	0	2	2	0	0	0	0	0	0
Recommend		1	0	0	1	0	2	0	1	0	1	0	1
Total respondents		24	11	12	17	11	17	18	18	21	17	20	17

ENT & Allergy



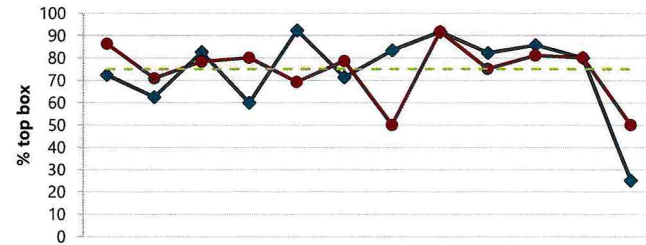
Additional patients needed to reach goal:		Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Overall		0	1	0	0	0	0	0	0	0	4	1	0
Recommend		0	2	0	0	0	0	0	0	0	0	0	0
Total respondents		28	14	13	8	9	7	7	9	18	31	22	29

Hospice



Additional patients needed to reach goal:		Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Overall		0	0	0	1	0	0	0	0	0	0	0	0
Recommend		0	0	0	0	0	0	0	0	0	0	0	0
Total respondents		15	10	10	9	7	18	5	13	6	10	18	12

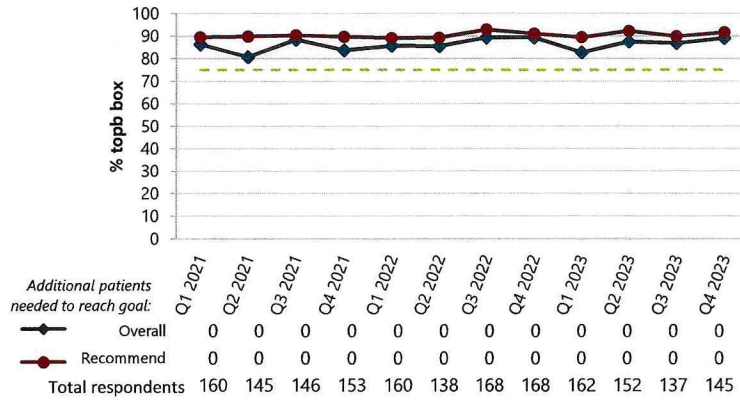
Pediatrics



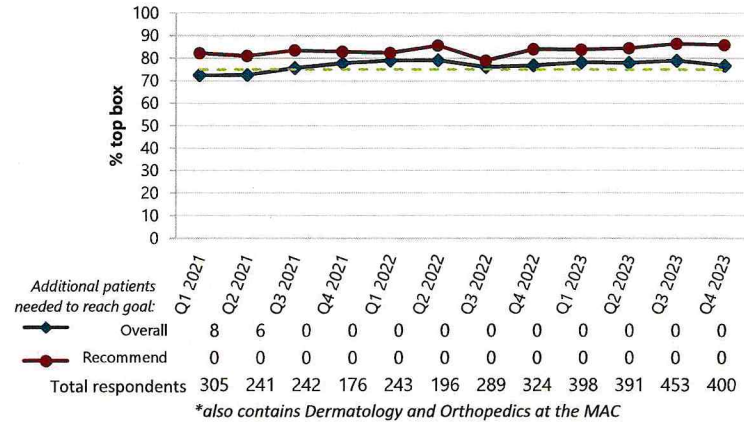
Additional patients needed to reach goal:		Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Overall		1	3	0	3	0	1	0	0	0	0	0	2
Recommend		0	2	0	0	1	0	2	0	0	0	0	1
Total respondents		29	24	23	15	13	14	6	12	28	21	5	4

Patient Satisfaction Dashboard

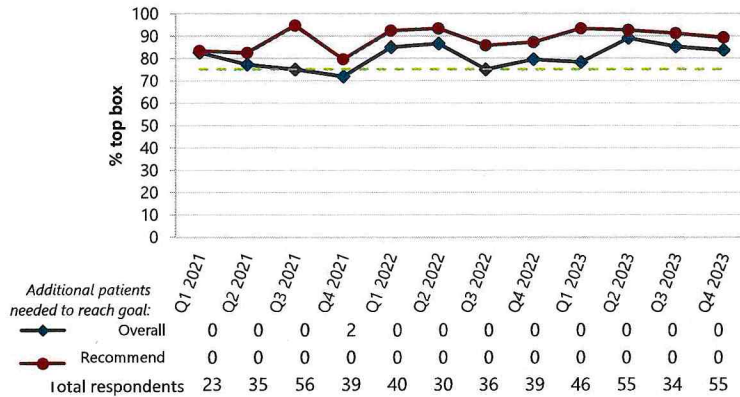
Family Medicine - Cle Elum



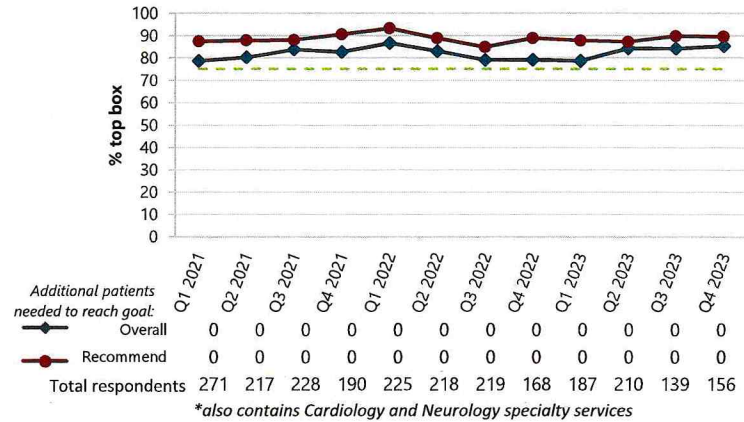
Family Medicine - Ellensburg



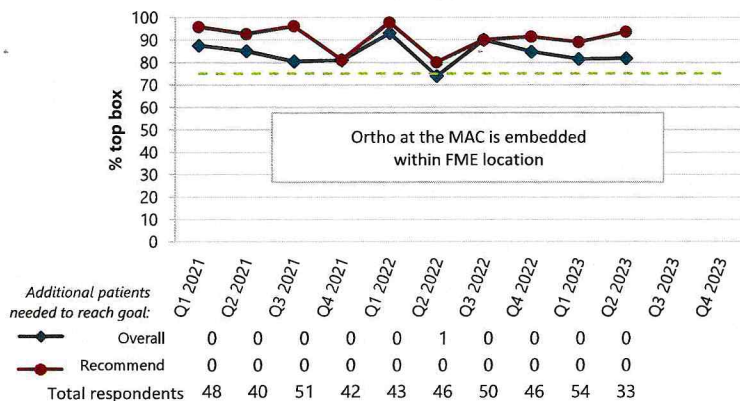
General Surgery



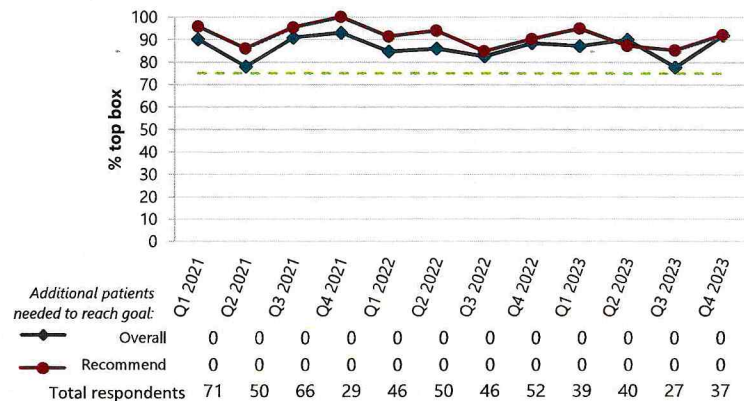
Internal & Adult Medicine



Orthopedics



Women's Health



Chief Executive Report – Julie Petersen February 2024

Aggressive and Disruptive Behavior

Kittitas Valley Healthcare has zero tolerance for aggressive and disruptive behavior. Unacceptable behavior by or between employees of KVH is handled by management and human resources using the established corrective action process. When a visitor or patient is aggressive, threatening, bullying or disruptive, the situation is referred to the Quality Department and Administration. These situations generally come to our attention through our occurrence reporting system.

Depending on the severity of the situation and whether the behavior is recurring, the patient may receive a written notice that their conduct was unacceptable, they may be discharged from our services or, in extreme cases, they may be trespassed. **Please note that no one is denied emergency care at KVH and this is carefully explained in our discharge and trespass notice.**

Survey and Investigations Our plans of correction for both the EMTALA investigation and the DOH survey were accepted and we successfully concluded the follow up visits.

Physician Finders Program

KVH has a new program to incentivize providers (APCs and physicians) to refer new physician candidates to KVH. We kept the program as simple as possible but essentially if we hire a physician who was introduced to KVH by one of our APCs or physicians, the “finder” may qualify for an incentive payment of \$30,000.

Construction and Planning

We anticipate bringing a proposal forward at the March meeting to move forward with the remodel of our General & Vascular Surgery Clinic and a complete remodel of the old orthopedic and pediatric offices in the Multi Plex. General and Vascular Surgery will be briefly relocated while their space is completed and Orthopedics and Wound Care will eventually be relocated to Suite D.

Jason is working with the architects to prepare a proposal for additional parking at the Radio Hill Annex. Parking is very tight when classes are held in their conference room. The additional parking will be necessary as we plan, long term, to build out the other half of the building.

Ron is continuing to work with Hospital District #2, the architect and the City of Cle Elum to finalize the plans for our physical therapy services to be relocated into the building recently acquired by HD#2.

Human Resources & Staff Development Report – Manda Scott February 2024

January 2024 Metrics

<i>Employee Population</i>				
	<i>24-Jan</i>	<i>23-Dec</i>	<i>23-Nov</i>	<i>23-Oct</i>
Full-time	525	515	524	518
Part-time	119	120	115	106
Per Diem	135	133	133	135
Total Employees	779	768	772	759

<i>Turnover</i>			
	<i>YTD</i>	<i>24-Jan</i>	<i>2023 Year End</i>
Turnover (People)	16	16	190
Turnover (Percentage)	2.1%	2.1%	25.25%
Voluntary	16	16	176
Involuntary	0	0	14

<i>General Recruitment</i>				
	<i>24-Jan</i>	<i>23-Dec</i>	<i>23-Nov</i>	<i>23-Oct</i>
Open Postings	14	16	22	15
Unique Applications Received	259	249	249	247
Employees Hired	18	7	21	21
Time to Fill (Median)	70	76	48	73
Time to Fill (Average)	149.33	90	129.3	69

Recruitment

Our new postings were at a relatively low number again, only 14 for January. However, we started the year off with nearly 20 hires in the first month. Our Time to Fill Average was higher than normal due to filing an OR RN position that had been posted over 2 years! We mentioned in our last report that we were going to be starting 3 MA Apprentices; they have now started the program and we are recruiting for another 3 for our upcoming cohort. We have started recruiting for Ron Urlacher’s replacement, Chief of Facilities, as he will be retiring in July of 2024.

CNA/PCT recruitment: We are partnering with Clinical Educator, Amy Morse, to implement the NAC Training Program which will likely fill the majority of our PCT positions in the next year. We

are making great progress and anticipate our first class to be in spring. Dede Utley, CNO, or Manda can share more information.

Student and Volunteer Services

Currently we have 40 learners on-site from the following groups: 1 Pharmacy student, 13 Nursing students, 8 Imaging Tech students, 1 Vascular Ultrasound student, 1 Sterile Processing student, 6 Job Shadow students, 3 Nurse Practitioner students, 2 Physician Assistant students, 3 Medical students, and 2 Family Medicine Residents. From our conversations with the WSU College of Pharmacy we've learned that they have had an overall drop in pharmacy student applications and were unable to recruit enough students for a Yakima campus cohort for the class of 2026. The WSU Pharmacy program is 4 years in total. WSU was able to recruit enough students for a Yakima class of 2027 cohort. Because of these changes at WSU we expect to see fewer pharmacy students rotating with us in the future. We have encouraged the WSU Spokane cohort which has roughly 135 students per year (for comparison the Yakima cohort has roughly 35 students per year) to consider KVH for their clinical rotations.

New Volunteer program! Hearts and Hands of Kittitas County (formerly Hospice Friends) ended their hospice volunteer program on 1/29/2024. We have been working as quickly as possible to start a hospice volunteer program and invite the former Hearts and Hands Volunteers to join. So far 6 of the Hearts and Hands Volunteers have applied with us. Hospice volunteers provide a critical service for the community including respite care, companionship, transportation to appointments and more. There is a requirement we must meet in the CMS conditions of participation to incorporate volunteer services into daily hospice patient care services and operations. Our first hospice volunteer orientation was held on 2/16/2024 and our hospice volunteers started volunteering the following week. We want to recognize the invaluable support from Hospice Chaplin Mathew Panattoni, Chief Ancillary officer Rhonda Holden, and Staff Development Specialist Ashley Minyard in launching the hospice volunteer program.

Staff Development

For the month of January, our primary focus was EMTALA training. We have also developed a staff development project list for the following months. This includes materials for leadership onboarding, preceptorship training, ongoing TeamSTEPPS support, Phlebotomist training, volunteer hospice training, and virtual TeamSTEPPS training. We have had some technical issues with the administration of Biz library, our learning management system, and the team is working hard through a "re-implementation" of the program to launch our 2024 learning initiative.

Leadership Development

In January, we hosted *Civil Treatment in the Workplace* training. This class was back by popular demand. We had an experienced and engaging facilitator on site who focused on creating a respectful and civil work environment. We held 4 classes January 18-19th which included 2 employee classes, one director class, and one for physician leaders. We are already getting requests to continue the training and most directors have now participated.

Total Rewards



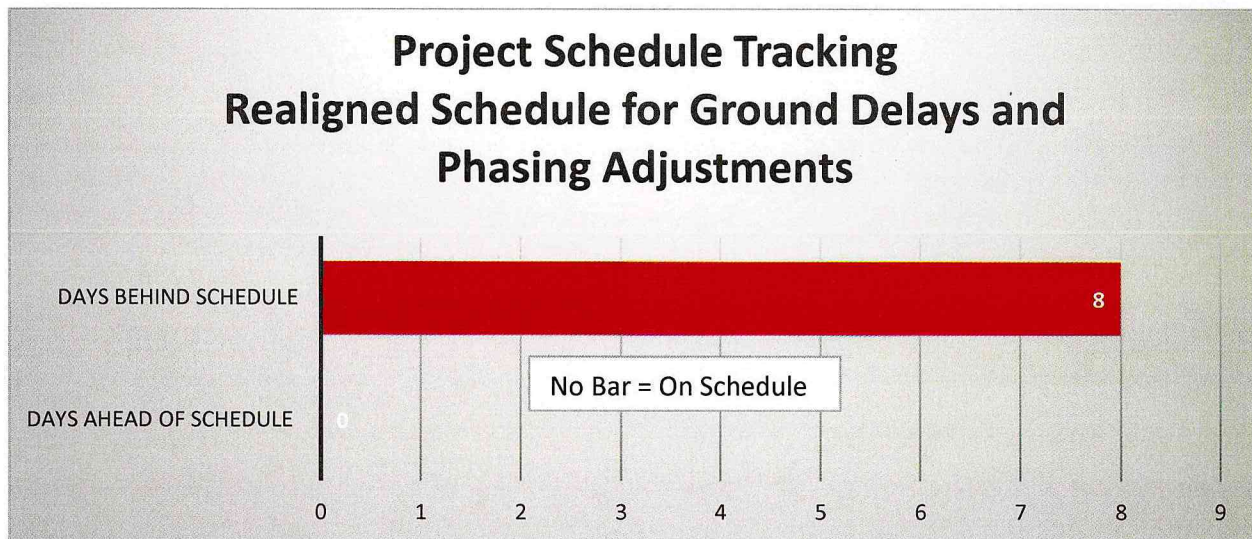
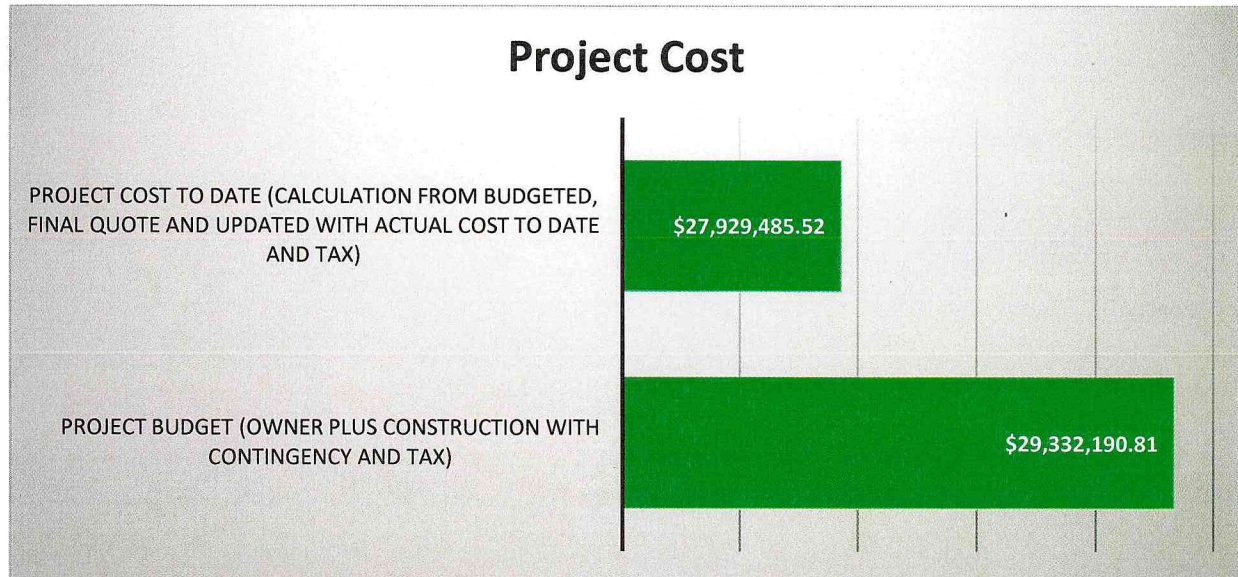
We are getting ready to print total rewards statements for employees in February (Special thanks to Ed Day, HRIS!) Our plan is to continue supplying our staff with a Total Compensation statement, annually, around the time we send out 1095's.

HR Operations

Our new Recruiter, Heather Kirwan, is doing great. She came from Clinic Administration where she had been their Administrative Assistant for 1.5 years. She comes to us with great applicant management ideas and is currently meeting with all department directors to discuss their recruiting needs.

Board report format: We have removed the evaluation metrics from the HR monthly board report. Timely evaluations are a QAPI goal this year for managers, so there is a different way of reporting this data on a more regular basis. Please ask Manda or Mande Olsen, Chief Quality Officer, if you have questions.

KVH Surgical Services, Materials Management and Radiology Expansion Project



Equipment Delivery Status

- The cart wash for CS was delayed and expected to come 2/19. Receipt by this date will not cause any project delays.
- Most all owner purchased equipment and furnishings have been secured with shipping dates within the time line needed. Pending is a small amount of clinical equipment not selected yet.
- At this point Bonnie is making final equipment orders for shorter lead time items.

Current Challenges

- The colder weather has slowed down roofing, work on the exterior wall finish, and dry time for fire coating. The slower fire proofing dry time delays other work activity on the roof and below. This coupled with changes below will likely extend the schedule some more.
- We had to make the small sterilizer room larger to accommodate a floor mount transformer for the cart wash. The cart wash is European and takes a special voltage. Additionally, the electrical disconnect did not have enough space to meet code in the service area for the cart wash.
- We have the energy project that is going on at the same time which requires extra coordination between the two contractors and owner as they are occupying the same space and connecting to the same utilities.
- The energy project demoes old ducting and installs new ducting over the surgery suite. There have been many meetings planning this out to do the work as expedient as possible with the least disruption to Surgical Services. Infection control mitigation has also been a large part of this planning. The work in that area will be performed over the course of 3 weekends with the loss of one surgical day.
- Domestic water, sewer and heating hot water in the expansion area support the new zones in the penthouse for the OR's which will come on line starting 3/4/24 and that is before the expansion area completes. Planning and measures had to be made to get these services to the penthouse but isolated from the rest of the expansion.
- Parking is an issue due to all the contractors on the job site at this stage of the game. Additionally, we have the Energy project, Family Birthing project and CCU TI under way with additional contractors. Having 4 projects at the same time requires many resources from Facilities.
- We are in the process of planning transition to Phase 2. With most of the west face existing exterior wall needing to be domed, it presents some unique challenges to insure operational continuity and effective infection control mitigation. We are adding some design features that will allow this transition to be done efficiently and safely.
- 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.

Upcoming Planned Outages and Disruptions

- Panel shut down ZDP2 for breaker installs. ZDP2 serves surgery AHU, east elevator, panels AH1, ZH2, ZLC, ZL, ZL4, and ZL5. Date TBD.
- Oxygen system shut down and tie in. Date TBD.
- Sewer tie in for expansion area 2/15.
- Domestic water tie in for expansion area 2/21.
- Panel shut down XL1 serving some egress lights, medical gas alarms, elevator lights and door operators. Date to be Determined.
- Med Surg and Family Birthing Place medical vacuum tie in 2/12 with one more planned.
- Medical air tie in for Family Birthing Place TBD.
- Ducting from existing air handler 2 serving surgical services. 2/29-3/4, 3/8-3/11, and 3/15-3/18.

Unintended Incidents

- 12/3/23 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.
- 12/4/23 SOP north electrical circuits were demoed for new construction and on 12/5/23 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.
- 12/5/23 Fire alarm was triggered by water mist from core drilling concrete in the tunnel. Facilities were not notified and contractor did not cover detector.
- 1/3/24 Fire alarm was triggered from sanding walls in the 3rd floor helipad area. Facilities were not notified and contractor did not cover detector.
- 1/10/24 Fire alarm was triggered from soldering pipes in the tunnel. Facilities were not notified and contractor did not cover detector. Issue was discussed at construction safety meeting 1/11.
- 1/10/24 Water came in under temporary construction wall into SOP area. We had snow the night before and winds that day that rapidly melted the snow and came through where the roofing was not complete yet. Contractor and Facilities quickly got it clean up and dried out.
- 1/12/24 Hose attached to hose bib inside construction area was loose and leaking water and flooded construction area but did not come in the building. This was found on a Friday when they were not working.

Hospital Operational Planning During Construction

- I am currently tracking all activities that will, or have the potential to disrupt hospital operations. There are 3 other projects that will affect hospital operations and those are

the new OR HVAC equipment and ducting, Family Birthing Place medical gasses, and new surgical lights and boom arms in the existing OR's. **See Phase 1 Owner Planning Details action decision log.** Only energy project and expansion project are tracked on this sheet.

- There is a second team that will focus on the operational continuity side during construction. That started 2/13.

Item	Follow up	Point Person	Item Start Date	Item Due Date	Status	Links	Links
Phase 1 Owner Planning Details							
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 pushed out so item reopened.	Ron	12/26/2023	1/2/2024	Complete		
Disguard unused lockers	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. 1/2 set date with Amy to walk gift shop for plan. Used lockers from surgery so ED lockers available for temp use in ED.	Ron/Amy	10/31/2023	TBD	Complete		
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 ED back to ED break room	10/31 need to confirm dates as we get closer. Need updated schedule from Walker.	Ron	1/2/2024		Planning		
Terminal clean		Rick	1/2/2024	Unknown	Ready		
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	Complete		
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. 1/2 Trent will look for temp racks for basement area. Cody has dispersment plan.	Cody	10/31/2023	12/1/2023	Complete		
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	Complete		
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 Ducting In Construction Area 1/29-3/4							
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. 1/2 Ron to get dates of phase one work within locker room. Hinges on being able start work in penthouse as scheduled.	Ron	1/29/2024	3/4/2024	Complete	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 Ron checked and some wires low on wall. Contractor thinks they will be above that.	John	10/31/2023	1/15/2024	Complete		
Terminal clean	None needed.	Ron	10/23/2023	10/23/2023	Complete		
Move Plan	None needed.	All			Complete		
Domestic water system in expansion wont be complete in time to support humidifiers in energy project for OR's.	Find alternate temporary source of water. 1/31 found temporary source of water in demoed pipe in SOP. Valve as added at time of demo so no shut down needed.	Ron	1/31/2024	2/6/2024	Ready		
Schedule date for install of temp water line	Will need to be evening. Connection point is SOP by double doors.	Ron	2/13/2024	2/29/2024	Planning		
Phase 2 and 3 Energy Project All Surgery Suite Ducting Modifications 2/29-3/4							
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 Friday . See below for planning details.	Ron	2/29/2024	3/4/2024	Ready	Plans\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	Ready		
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	Fire alarm and fire suppression.	Ron	10/24/2023	12/5/2023	Complete		
Submit and approve Infection control plan		Ron/Nicole	10/24/2023	12/5/2023	Complete		
Do interim life safety assessment (ILSM)		Trent	10/24/2023	2/27/2024	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		
during phase 2 and 3 OR2 and 3 main ducting gets demoed and temporary taps installed. This will eliminate the existing humidifier that serves OR 2 and 3.	Find out time frame humidifier both rooms will be without humidity. It will be from Tuesday 2/20 through Thursday 2/22.	Ron	1/16/2024	1/23/2024	Ready		
Do risk assessment for continued use of OR2 and 3 during this time fram	Amy says they do risks assessment anyhow and will run this by the team.	Amy	1/16/2024	2/15/2024	Ready		
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		
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. 2/10 Notified Rick of terminal clean on morning f 3/4 before surgery.	Rick	10/24/2023	12/5/2023	Ready		
Move Plan	Will only be moving items around for access to ceiling and then back	All	2/16/2024	2/20/2024	Planning		
Phase 4 Energy Project OR 2 Surgery Suite Ducting Modifications 3/8-3/11							
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	3/8/2024	3/11/2024	Ready	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		
Drain fire suppression system in surgery as needed.	will need facilities support at night/weekend.	Trent			Planning		
Analyze impact to other systems	No impact to other systems.	Ron			Complete		
Submit and approve Infection control plan		Ron/Nicole			Complete		
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 3/15-3/18							
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	3/15/2024	3/18/2024	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			Ready		
Disable area smoke and heat detectors		Trent			Ready		
Analyze impact to other systems	No other systems impacted.	Ron			Complete		
Submit and approve Infection control plan		Ron/Nicole			Complete		
Do interim life safety assessment (ILSM)	No occupancy in suite with the work is going on. Fire alarm and fire suppression will only be down for a few hours at a time.	Trent			Planning		
Drain fire suppression system in surgery as needed.	will need facilities support at night/weekend.	Trent			Planning		
IT work needed	May need cables moved to R&R duct.	John			Complete		
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	Complete		
Radiology AHU demo and Reconnection to AHU4							

Remove all items stored in Radiology mechanical room		Trent	11/2/2023		Planning	Plans\Owner\VM2.6 roof HVAC.pdf	Plans\Owner\VM3.0 existing HVAC.pdf
Schedule AHU and control control demo, and reconnection to AHU4.	Walker has on schedule for 4/9 and 10. I have requested updates as this doesn't seem like enough time. Schedule line 180	Ron	4/9/2024	4/10/2024	Planning		
Drain glycol from heating and cooling coils. Before demo work.	plan system isolation and where to drain from ahead of time.	Trent	4/4/2024	4/5/2024	Ready		
Trial radiology room overheat potential with AHU down plan duration of down time	12/12 Kimme informed CT is the big issue. Air volume design for CT is 500 CFM. Ron calculated 1.25 tons of cooling for Scan room and .34 tons for control room.	Ron/Trent	11/2/2023		Planning		
Plan overhear mitigation if need be including down time.	Verify with walker 2 days is enough	Ron/Walker	11/2/2023		Planning		
Plan duct sealing at mains in penthouse during demo work	Will use portable AC units for CT and control room. Have on hand.	Ron	11/2/2023		Complete		
Get quantity and data of portable cooling units	Seal off for infection control. Should be contractor item. See if big enough for CT. Units we have will be big enough based on design air flow for CT and controls room.	Ron	11/2/2023		Planning		
Plan condensor ducting on portable AC units.	Will need temporary duct taps on exhaust duct in ceiling. 1/2 Trent getting asbuild info on exhaust duct.	Ron	11/2/2023		Planning		
Balance exhaust fan to get more exhaust to CT AC units.	Get initial air balance report before modifications. Confirm all areas served by exhaust fan. Readings taken and ready for balance at shut down.	Trent	11/2/2023		Ready	Plans\Owner\VM2.0 existing HVAC air requirement s.pdf	
Check amperage and and speed of exhaust fan and see if we can speed up for temp conditions.		Trent/Ron	12/15/2023		Planning		
Check power source for AC units.	CT unit draws 11.9 amps. Check existing load on receptacle. Circuits in room less than 2 amps so no issues.	Trent	1/2/2024		Complete		
Oxygen Tie Ins Tunnel and Boiler room							
Set date for O2 tie in and source valve installation		Ron	12/15/2023		Planning		
Determine temporary O2 sources and pressure regulation for O2 work	1/4 Met with Oxarc and reiewed plan and all ok. Oxarc rounding all supplies for temporary O2 connections.	Ron	12/15/2023		Complete	Plans\Owner\ED O2 temp supply.pdf	Plans\Owner\VP3.4 tunnel med gas.pdf
Determine affected areas for O2 tie in	Phase 1 affects the entire hospital but temporary O2 source will feed the entire hospital. Phase 2 will affect surgery and ED. ED will have O2 tanks tied into valve box to maintin service during phase 2. Surgery will be down. Estimated downtime is 2 hours.	Ron	12/15/2023				
Determine temporary tie in locations	ED valve boxes, Med surg tunnel, emergency O2 conectin.	Ron			Complete		
Determine affected areas for medical vacuum tie in	No medical vacuum disruption this tie in.	Ron			Complete		
Determine affected areas for medical air tie in	No medical air disruption this tie in.	Ron			Complete		
Get all tanks temporary equipment in place and connected	Do 1 day ahead of time so all in place.	Ron/Trent	1/4/2024		Ready		
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. 1/4 Met Oxarc and they are rounding up fittings and tank bracket for securing.	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	1/4 Oxarc is providing. Will need to install ahead of time.	Trent	11/21/2023		Planning		
Facilities to notify lab before tank changing.	Put on round sheet so all know.	Trent	1/4/2024		Planning		
Add 1/2" valve in air line going to old compressors	Put in contractors scope	Ron	1/4/2024		Ready		
Domestic Cold water Tie in							
Schedule date and time for water shut down.	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.	Ron	12/20/2023		Planning	Plans\Owner\Cold taps soft cold.pdf	Plans\Owner\Water main shut down details.pdf
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		

Add cold water valve to 2" line that used to feed mobile MRI.	This valve is need to eliminate a dead leg. 1/4 gave valve size to contractor. Will extend the water shut down by 15 minutes. This will shut off domestic cold to lab as well as industrial cold.	Ron	12/20/2023		Ready		
Review ramificaitons to Lab	1/3 Katy say analyzer run with its water storage for about 1/2 hour. Would be best after 8pm. Will find out from contractor shut down duration.	Ron	12/22/2023		Planning		
Domestic Hot water Tie in							
Schedule date and time for water shut down.	Ths 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.	Ron	12/20/2023		Planning		
Review ramificaitons to Lab	Shuts down industrial hot and domestic hot water.	Ron	12/22/2023		Planning		
Cordinate tie in with new hot line for Dialysis project	coordinate to eliminate a 2nd shut down. 1/4 dialysis cleaning room will not be in basement so no tiein.	Ron	12/22/2023		Complete	Plans\Owner\Cleaning station water connections..pdf	
Expansion Sewer Main Tie In							
Cordinate date and time of sewer tie in	likely to be in april. 1/2 we discovered that we will need the sewer tie in earlier to support the mechanical penthouse for the energy project.	Ron	1/4/2024		Complete		
Identify all areas affected by tie in	effects ED, radiology, 2nd floor, lab, surgical services. 2/13 review plan with group.	Ron	1/4/2024		Complete	Plans\Owner\Sewer shut down area plan.pdf	
Send out communication for shut down	put in announcements and email.	Ron	2/14/2024	2/15/2024	Complete		
Phase 1 Data Cabling							
West data room finishes in phase 2. Will Phase 1 areas on west side need temporary cabling	Yes	John	1/15/2024	1/23/2024	Complete		
Identify all areas that will temp cabling	Ron created plan highlighting areas needed data in phase 1 and discussed at meeting. John reviewed. Based on that temp data closet location picked. John and Randy doing box walk to detail out all changes.	Team	1/30/2024	2/6/2024	Planning	Schedule and Phasing\Phasing Plan\Phase 1 plan sheet.pdf	
West data room cant be completed until phase 2. this data room supports parts of phase 1.	Find temporary location for data equipment to support west end of phase 1. Discussed with John and we selected OPS small housekeeping closet.	John	1/30/2024	2/6/2024	Complete		
Detail out rack power location for temp rack	2/1/2024 emailed John for drawing.	John	2/1/2024	2/13/2024	Planning		
Get power to Temporary Rack in House keeping closet	Waiting for room layout	Ron	2/1/2024		Planning		
Vet out if backing is needed for wall cabinet	Waiting for room layout	John	2/1/2024		Planning		
Philips Wireless network							
Cordinate wirless devise locations with Ron	Gave plans to Philips to mark up.	Jeff	1/15/2024	2/21/2024	Planning		
East Date Room door locaiton change							
the door is shown coming off of the waiting room and that is a 3 hours wall. We want to chagne door location to west wall or the south wall to avoid this extensive disruptive work.	Review room and advise if this presents significant issues.	John	1/16/2024	1/23/2024	Complete		
chose new door location	Door on west wall best. Approved by John.	John	1/16/2024	1/23/2024	Complete		
Provide room layout so power can be roughed in.	Need by 2/6. 2/13 Jeff said John will have tomorrow	John	2/1/2024	2/6/2024	Planning		
West Date Room							
Provide room layout so power can be roughed in.		John	2/1/2024	2/9/2024	Planning		
Panel XL1 Shut Down							
Breakers need to be added to for tunnel lighting	Investigate what is effected with panel shut down	Ron	2/6/2024	Not set	Planning	Electrical shut downs.xlsx	
Set date and time		Ron	2/6/2024		Planning		
ZDP1 Second Shut down							
						Electrical shut downs.xlsx	
ZDP2 Second Shut down							
						Electrical shut downs.xlsx	

MM Doors and HVAC Hole Cut Ins CMU Wall							
Prep for concrete cutting doors and duct openings		Randy/Bonnie	2/12/2024	2/12/2024	Ready	ICRA-PICRA Plans\PICRA-ICRA Movement Plan 02-12-24 (002).pdf	
Cut in openings		Randy/Bonnie	2/13/2024	2/13/2024	Ready		
Interior Signage							
Start signage order	Get floor plan to Kristl. Get budget to Kristl and Michele	Ron	2/1/2024		Complete		
Review signage with all departments affected in expansion and create list		Kristl	2/1/2024	1/16/1900	Planning		
Order signage	Need signs by Mid April	Kristl	2/1/2024		Planning		
Find out if signage is owner installed.		Ron	2/13/2024		Planning		
Get exact name for soiled rooms		Ron	2/13/2024	2/19/2024	Planning		
Install Conversion Kits in Endo Cabinets							
Install Conversion Kits in Endo Cabinets	Coordinate with Endo schedule. Amy has date with no endos in february	Trent	2/8/2024	3/15/2024	Planning		
Test Operation	Get with Dave for testing	Trent	3/15/2024	4/1/2024	Planning		

Patient Care Services Report – Dede Utley February 2024

Medical/Surgical & CCU-Jeff Holdeman

- Utilization Review and Social Work will be transitioning to Jeff Holdeman in early March.
- Dede, Jeff, and Tricia Sinek visited Virginia Mason/Franciscan Health's Virtual Hospital, St. Anthony Hospital, and Mission Control for a tour. We learned about the various remote/virtual services they provide and their transfer center.
- Med/Surg/CCU conducted a Code Blue Drill on 2/15/24. This drill focused on education for our newer staff members to help them identify clues to look for to prevent a patient from heading into a code blue situation.

Surgical Services-Amy Krogstadt

- As we prepare for the opening of our new expansion, we have made the decision to change the name of Central Sterile Processing to the Sterile Processing Department (SPD). The team is working with Marketing to update resources.
- The Surgical Services team continues to work hard during all of the construction. The closures are related to the energy project that is happening at the same time as expansion. They are replacing all the ductwork that leads to the ORs, closures will be:
 - Feb 29-March 4
 - March 8-March 11
 - March 15-March 18
- We will be down to just one travel RN in the OR beginning of March! This is amazing! We have had a steady stream of travel RNs for the past two years, I still have two open positions but the staff is so excited to have some stability and permanent members on their team.

Emergency Department/Urgent Care-Cody Staub

Emergency Department

- Slight drop in volume in January, which is an historical norm for the ED that typically continues into February. Volume up 11.3% from last January. The ED also saw an increase in acuity, with our combined admit/transfer rate at 13% vs 9.6% this time last year.
- Saw increased lengths of stay - especially for transfers out to other facilities, which was the longest we have seen in the past year. This translated to longer door-to-provider times (wait times) as beds are occupied, waiting for these admits and transfers.
- Have started a new onboarding process with new hires that includes dedicated preceptors and more formalized checklists and milestones. Thanks to Kara Henderson for helping with this process.
- One of our PCTs, Amelia Vanicek, is transitioning to an ED LPN this month. The ED LPN program has been a successful stepping-stone to help grow our PCTs in nursing school on their way to becoming an RN.
- We have successfully navigated the EMTALA investigation from DOH/CMS with lots of help from Quality and Diagnostic Imaging. We believe we are in a much stronger place

now and appreciate the process that has given us some fantastic opportunities to improve.

- We have also instituted more formalized responsibilities for Charge Nurses in the ED to maintain "survey readiness".

Urgent Care

- Large drop in volume in January compared to December. A drop in January is also an historic norm for the Urgent Care, and we actually saw less of a drop December to January than in previous years. Despite closures from frozen pipes and redirecting patients due to equipment failures (x-ray and EKG machines), Urgent Care volumes were still up 10.8% compared to last January.
- A theme that continues is taking a hard look at supplies and ordering processes to try to lean up and streamline.

Family Birth Place-Stacey Botten

- FBP staff continue to prepare for onboarding of the OBHG providers. We appreciate those that we have been working with and look forward to an increase in volume.

Food Nutrition Service-Jim Gallagher

- Food Service: Staffing – One full time cook is on leave. She is expected back at the end of February. Otherwise, the department is staffed well at this time. Staff have stepped up to new roles to help ensure we have food prepared.
- Clinical: Virtual dietitian – KVH is contracting with three other hospitals. We are in process with a fourth contract to provide services to Klickitat Valley Hospital. The virtual dietitian is staffed with a 0.4 FTE who works remotely (Maria-Ximena Williams). We may possibly need to increase FTE when fourth contract is in place.
- Outpatient Diabetes and Nutrition Education: Nothing new to report this month. Nicole Norton continues to see consistent referrals from KVH and CHCW providers.

Clinical Education-Babbi, Deb & Amy

- Nursing Assistant Training Program: Amy has been working to get our program up and running. She is in final preparations of completing our application to be submitted to the Department of Health for approval. We hope to hear within the next month if we are approved to begin. We are working with HR on details of the application process. CWU has been a wonderful partner to collaborate with for our skills space.
- The Clinical Educators are preparing for the Feb 28-29 Clinical Education Days. These scheduled mandatory education sessions are for nurses and nursing assistants. Topics this year include Lucidoc, chest tubes, vascular access (including new IV catheters), and enteral feedings and dysphagia screenings.

WSHA Hospital Advocacy Day- I had a great experience at my first Hospital Advocacy Day in Olympia on Jan. 30. Thank you to Commissioners Matt Altman and Jon Ward for attending with me and helping to tell our rural healthcare stories with are partners in the 13th Legislative District.

Ancillary Services Report – Rhonda Holden February 2024

Imaging

Our MRI safe gurney has arrived and we are able to provide MRI services to patients needing gurney transport. Kimme is actively involved in the 2024 Expansion QAPI and planning every step needed to move into our new space at the end of April. Our ultrasound after hours call has been expanded related to our EMTALA policy changes. To date, this has not been overly burdensome to our staff but we are monitoring it closely.

Home Health & Hospice

We have had a kick off with Forcura, a document management software that is integrated with our EMR. This project will go-live on March 14 and will allow documents to flow into the EMR into the correct file in a patient's chart instead of being faxed and scanned. It also allows for AI assisted wound measurement and documentation of communications between providers to be stored in the EMR. We are hopeful this will eliminate the use of Tiger Text, which is secure communication between providers that is not stored in the EMR. Kyle West and Ashley Minyard have been very helpful in recruitment of Hospice volunteers and developing the orientation and training of the volunteers. We hosted a welcome & open house on February 5th with 4 volunteers attending and one more has signed up to join our program.

Lab

The Beckman Chemistry Analyzers will be live by the end of February. Our new microbiology equipment is up and running and the lab is fully staffed.

Cardiopulmonary

Timing has been everything, with two of our EKG machines needing repair at the same time, one in Urgent Care and the other at FMC. Departments have been sharing EKG machines in order to send replacements to Upper County. We did receive our newly purchased EKG machines, but these needed set up by IT and Bio-Med. Previously, many EKG machine repairs were handled by Jim Allen and our new Director doesn't have the experience with that type of repair. A big thank you to everyone for their patience and teamwork as we did our best to ensure EKG availability in every department as best we could.

Wound Care

Our PSR will be completing her orientation and able to support the department by the end of February. We are hopeful that once staffing is stable, we will be able to be open and seeing patients 5 days per week, 8AM-5PM. Our current (and only) RN works 24 hours a week, so we will need additional staff to increase the hours of operation.

Geriatric Nurse Practitioner Program- Home Based Primary Care

Rhonda Ramm has extended her locums contract through April to allow for orientation time with our new hire. We have interviewed a candidate for the Medical Director of Home Based Primary Care and should have an updated status report on the candidate by the Board meeting.

Ground Ambulance Patient Billing

The federal committee is reviewing version three of a draft report to legislature. I am hoping my participation in this committee will be completed by the end of March.

Clinic Operations Report – Stacy Olea February 2024

Staffing

Open positions:

- Behavioral Health Care Manager (Integrated Behavioral Health): Pediatrics, Family Medicine Ellensburg
- Nursing: Family Medicine Ellensburg per diem
- Medical Assistants: General & Vascular Surgery per diem, Family Medicine Ellensburg, Dermatology, Women’s Health
- MA Apprentice: 3 openings for an April start

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

- Pediatrics: Still using Dr. Bredin to support this clinic. She is picking up to four ½ days a week and sees on average 10 patients a day.
- Women’s Health: GYN appointments are limited to when we have a locum provider who is also willing to work in the clinic when they are on call for deliveries. For the month of February this is limited to 2 days and for the months of March and April this is limited to 10 days each month.

Clinic All Staff and Education Monthly Meetings

- During the first quarter of 2024, all KVH clinics will participate in emergency preparedness activities and mock codes. The goal is to ensure all clinics have appropriate emergency equipment available and clinical staff know where the equipment is located and how to use it. Pictured here is a mock code in action and the Engineering Department demonstrating to use the chair device to evacuate patients when the elevator cannot be used.



Cardiology

- Amy Claussen PA-C last day has been change to February 23 from March 29. We are working on rescheduling patients to see Dr. Hoppe and Dr. Hoppe to supervise Stress Echo testing.

- Aldrin, the device tech, has stepped down to a per diem position and we have opened a posting for an experienced device tech.

Internal and Adult Medicine

- Finally filled the open RN position.
- Extended our locum, Dr. George, through May. He is now working 4 days a week.

Family Medicine Ellensburg

- We have ordered supplies to identify the Care Teams. These include Team colored lanyards, badge identifiers, and name boards to go outside the exam room.



Family Medicine Cle Elum

- Successfully completed their first REMS audit.
- Three exam rooms were impacted by frozen pipes. Ben, with Engineering, kept an eye on these and we did not have any pipes burst.

Rapid Access

- Jose Diaz, PA-C, had his first day covering in Rapid Access on February 14th and our new provider Michele Love-Wells, ARNP, had her first day as Rapid Access sole provider on February 15th.
- Our current schedule is 1 scheduled appointment per hour and the remainder of the time is for walk-ins.

Women's Health

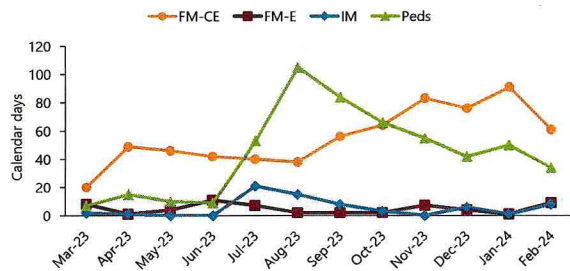
- PA-C, is on leave and Emilie Torretta, CNM has increased her FTE to 3.5 days per week to help with access during this time. We do have a few locums who are willing to work in the clinic while take delivery call.

Pediatrics

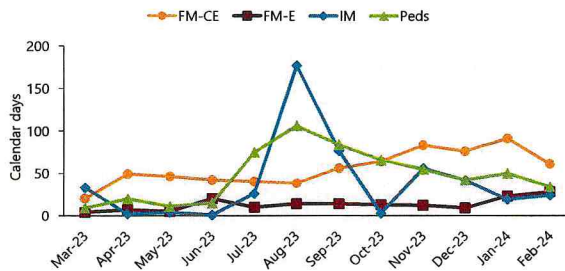
- Tiffini Hawkins, our KCHN Pediatric Care Coordinator has been in the clinic for a little over a month. She has 15 clients in her care and has been able to help families get access to doing laundry, getting kids into sports, helping facilitate psychiatry care, and dealing with transportation problems. Tiffin's services are available to all our pediatric patients. This position is currently grant funded until 4th quarter this year.

Clinic Operations Dashboard

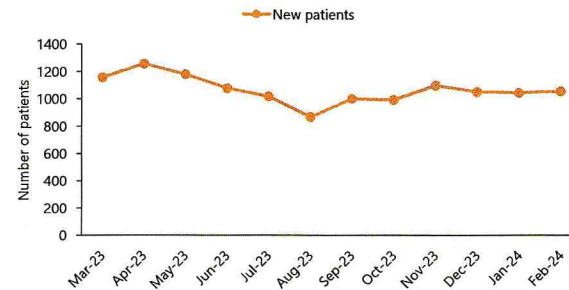
Third available appointment for established patients



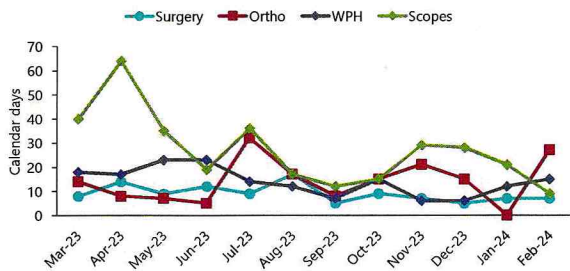
Third available appointment for new patients



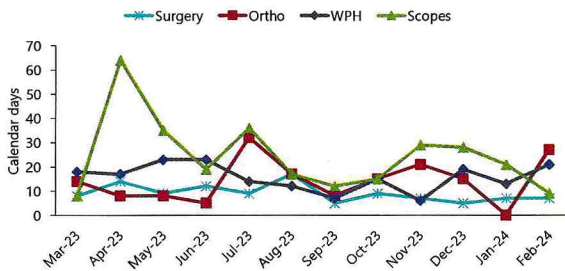
New patients



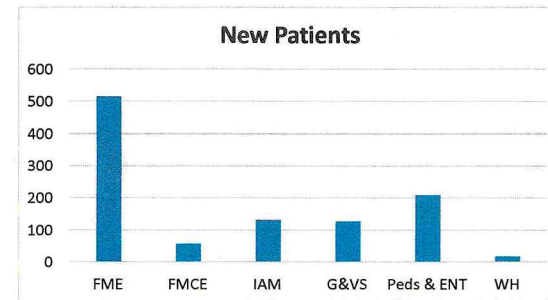
Third available appointment for established patients



Third available appointment for new patients

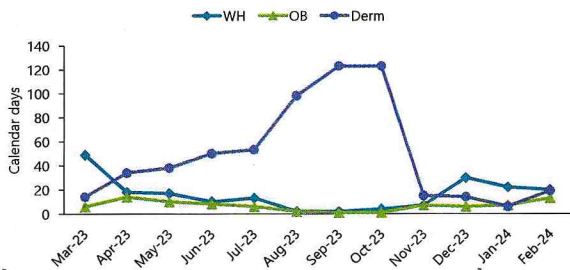


New Patients

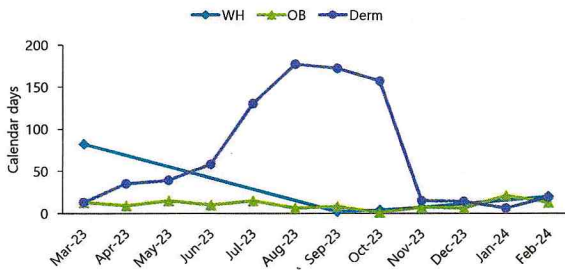


FME includes FME, Dermatology, and Orthopedics
IAM includes IAM, Cardiology, and Neurology

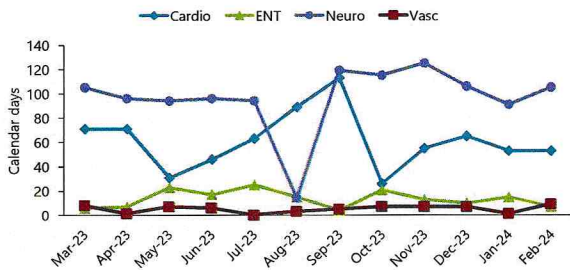
Third available appointment for established patients



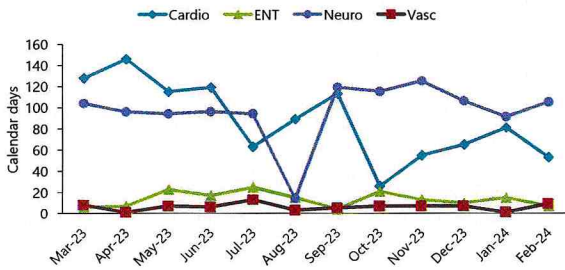
Third available appointment for new patients



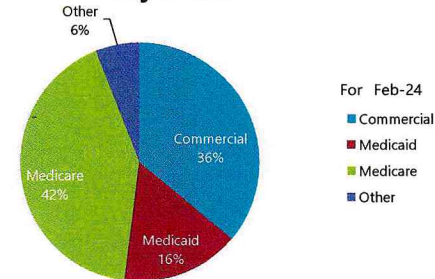
Third available appointment for established patients



Third available appointment for new patients



Payor Mix



For Feb-24
Commercial 36%
Medicaid 16%
Medicare 42%
Other 6%

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date February 14, 2024

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>
Ahr, Ryan, PA-C	Provisional	Initial Appointment	KVH FME
Eppich, Nathan, CRNA	Provisional	Initial Appointment	Evergreen Anes.
McDonald, Dennis, MD	Provisional	Initial Appointment	OnRad
Reiner, David, MD	Provisional	Initial Appointment	OnRad
Sjoren, Kenneth Leif, DO	Provisional	Initial Appointment	OB/GYN Locum
Rogers, Shawn, MD	Active	Re-Appointment	KVH ENT
Mandhai, Salman, DO	Associate	Re-Appointment	Eagle TeleCard
Pfaff, Rebecca, MD	Associate	Re-Appointment	Contract FPOB
Patel, Atul, MD	Associate	Re-Appointment	OnRad
Harding, Robert "Blake", PA-C	AHP	Re-Appointment	KVH FME

Chief Medical Officer Report – Dr. Kevin Martin February 2024

I am pleased to offer the following report:

Incoming Providers

- 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 –April 12, 2024
- Family Practice Physician – August 2024 start – Signed contract with FMCE
- Internal & Adult Medicine APC – Letter of Intent Signed -- April 2024
- Family Medicine Ellensburg APC – Ryan Ahr, PA-C -- April 1, 2024
- Per Diem APC – Jose Diaz, PA-C – Start date February 1, 2024
- Medical Director – Community-Based Care Services – see below

Providers in Progress

- Orthopedics APC – Letter of Intent
- Home Based Primary Care Locum – 1 APC – through at least April 19, 2024 – Trying to recruit to stay with KVH permanently
- OBGYN locums – moving target – at least 4 pending full staffing through OBHG
- Internal & Adult Medicine locums – 1
- Pediatrics – searching for acute newborn call support again

Posted Positions

Physician

- Dermatology
- Pediatrics
- Cardiology
- Vascular
- Pulmonology
- Family Medicine – Ellensburg
- Medical Director – Home Based Primary Care
- Podiatry
- Urology

APC

- Home Based Primary Care
- Internal & Adult Medicine
- Family Medicine – Ellensburg
- Family Medicine – Cle Elum
- Orthopedics
- Neurology
- Rapid Access (per diem)

Medical Staff

- This month we have 5 providers being considered for initial appointment and 5 for reappointment. There are 8 pending applications.
- Due to an emergency, Amy Claussen moved her departure up to mid-February. She has been instrumental in building our cardiology program. We wish her well at a tough time, and hope to hear from her again.
- Chris Bentley has resigned from Rapid Access. This, too, is a novel service that she helped build and is still growing.

CMO Activities

- Staffing:
We currently have 50 clinic providers, including surgeons. As of this writing, we have 3 providers whom we are considering to be on leave (one each from Women's Health, Pediatrics, and FME), and the departures mentioned above.
- Credentialing:
We are moving credentialing with most payers to The Rural Enterprise (TRE), an extension of The Rural Collaborative. Currently, we submit each provider to each payer and wait for their approval. This can take 90 days or longer and we are at the mercy of each payer. We build this lead time into our onboarding, which can be a significant barrier in recruiting. Working with TRE, we can have formal approval in 30 days or less.
- Contract oversight:
Our DNV accreditation requires annual review of our contracted services that involve patient contact, or what are called Tier I services. These reviews are being set up on a quarterly calendar and presented to our medical directors group, QI Council, and MEC. In the first quarter, we reviewed the contracts of Rural Physicians Group, Rehab Visions, and the American Red Cross (ARC). We recommended continuing all three, although in the case of ARC, this is mainly due to a lack of viable alternatives.
- Dialysis:
We are expecting to go live with inpatient dialysis services by the end of second quarter. As has been discussed this will allow us to care for patients who need dialysis as part of their care. Currently, if a patient needs to be admitted for, say, pneumonia happens to be on dialysis services, that is an automatic transfer. This will allow us to give that care here.
- Medical Director – Community-Based Care Services:
I am delighted to announce that Dr. Annaliese Stone has accepted our offer to serve as MD-CBCS, effective May 1. When she was a resident, I hoped we would hire her and when we did, I hoped that she would eventually be my successor in this role. She will continue at FME with a reduced schedule while we finalize what her primary care clinical work will look like.

Chief Financial Officer Report – Jason Adler February 2024

Summary

- January experienced a \$258K operating loss / \$55K net loss.
- Ambulatory clinic visits were below budget by 7% and below January 2023 by 10%, these decreased are in FME, Pediatrics, Internal Medicine, and Woman’s Health.
- Inpatient average length of stay was 4.4 days for the month.
- AR Days increased to 74.8 days.
- Overall expense is below budget due to overall volumes and revenue below budget.
- Day’s cash on hand decreased to 185.1 days due to expansion project expenses, December debt service payments, and light collections. It is planned and expected for day’s cash on hand to decrease throughout 2024 related to capital spending on the expansion project.

Financial Highlights

- Financials for the month are negative due to being under budget on charges, lighter collections experience, and increased expenses
- Throughout 2023 KVH has been investing in more robust models of employment for professional 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, Home Based Primary Care, 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 remains significant in each of the nursing units, cardiopulmonary, and ultrasound. We have had good recruiting success in surgical services and anticipate agency labor to continue to decrease.
- Supplies are under budget. This is due to most volumes at or below budget as well as an over accrual in December, reversing in January, for implantable supplies.
- The mix of observation patient status respective to inpatient returned to a more normal and expected state in November 2023 and continues through January.

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

- The two open positions for Accountant and Analyst have been filled and started in January and February. Training with the new accountant is going very well.
- Began collaboration with DZA to start 2023 Audit for KVH and Cost Report completion. Worked with DZA as well to implement the new GASB 96 accounting rules for subscription based software assets
- KCHN Audit completed with DZA, no findings
- Participated in the “End Month End” assessment with Multiview GL software to optimize all of the features of the accounting system to streamline accounting processes. From this, the department began using a feature to streamline the pre-paid tracking and amortization process. This is in test but will go live soon and will result in a positive adjustment to workflow among the staff.

- A few ongoing initiatives in the department include optimization of general ledger software, reducing paper processes, implementing new right of use accounting principles, and Accounting/payroll/AP process cross training. These efforts are aimed to improve collaboration, cohesion, and efficiency among the team.

Materials Management (Director – Bonnie Vidonne)

- No open positions.
- The general buyer position has been cross trained with the OR buyer position so they are able to confidently support each other and cover leaves. This has increased department strength, teamwork, and business continuity.
- Medline invited the materials team to visit their Lacy distribution center. They intend to make this visit in the spring. Medline is our largest distributor.
- Lab supply disposables are going to transition to Medline products with a kick-off call in February. This move is to take advantage of cost savings for the same or better products.
- Expansion project spent for equipment is currently at \$4,942,309 with estimated remaining spend of \$1,609,410. Large ticket items left to purchase are the imaging ultrasound, surgery case carts, OR tables, and Information systems items.
- Materials techs have switched out stationary racks to make the storeroom mobile for upcoming moves related to the expansion project. Permanent racking will be installed July 19th 2024.
- Our GPO has went after some very aggressive contracts giving us access to more competitive agreements. One agreement we are looking into is Staples for office supplies & printing vs. Office Depot. We currently are sharing paper purchases with Jerrols in our effort to support local business.
- Value Analysis Committee (VAC) is being re-vamped after being on pause due to COVID. All new items requested run through this committee.
- Materials team remained involved in various QAPI work and the Emergency Department 5s project to improve utilization of space.

Sr. Director of Revenue Cycle Operations – Scott Olander

Revenue Cycle Management (Director – Lisa Gott)

- No open positions
- New Director Lisa Gott is working closely to train staff, is focusing on high dollar accounts and looking for opportunities for efficiencies. Her two most experienced billers are working on the Medicare AR.
- Point of Service collections and front end next day insurance validation PSR training and performance monitoring efforts continue. RCM has been rounding with the Patient Service Representatives regularly to improve the registration process and ensure accurate insurance information is on file.
- January A/R grew by over \$3.2 million. \$2.2 million of the growth was in the 0-30 A/R bucket. Revenue Cycle and HIM staff were all back working in January. January cash receipts were nearly \$700K better than December's and February receipts are trending at

- about \$10.1M which would be a further \$350K improvement over January.
- KVH has some large adjustment for timely billing and no prior authorization mostly related to Medicare Advantage accounts that hit in January. The adjustments are being formally challenged.
 - Molina Healthcare/Optum (Optum is a third party contractor) began requesting to perform detailed pre-payment audits of surgery encounters, ER encounters, and hospital admissions in late December and January. Hundreds of pages of records for each encounter are being sent to Optum. In addition to HIM and Revenue Cycle staff time, KVH has had to use experienced nurses to review the records to make sure that the medical records being submitted are complete. This is an intentional effort by the health plan to create administrative burdens to processing claims. In February, Molina agreed to pause the pre-payment audits to KVH.
 - Attendance and education with Utilization Review team has resulted in correctly establishing inpatient/observation patient status. This gets back to the appropriate mix as would be expected. The team has also been educating Hospitalist team on the CAH requirement to be at or below 4 days average length of stay.

Health Information Management (Director – Cindy Kelly)

- One coder position open. HIM hired and filled the two full time open position for HIM Specialist in January.
- HIM has historically employed coders throughout the United States. Through attrition HIM is aiming to build up some local presence of coding with a more hybrid model. This may result in KVH developing and training staff to become certified coders.
- Completed 92 privacy and compliance investigations over the past year
- Contracted with Synergistics to take over professional fee coding for Emergency Services and went live January 22, 2024. The transition has went well.
- Ongoing department initiatives include implementation of Lucidoc, contract management, compliance program effectiveness and risk evaluation assessment, clinical documentation improvement, and preparing for ICD-11.

Kittitas Valley Healthcare
January 2024 - 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	91	85	7.4%	91	85	7.4%	80	13.8%	01
02 Patient Days - W/O Newborn	396	316	25.3%	396	316	25.3%	395	0.2%	02
03 Patient Days - Swingbed	-	2	-100.0%	-	2	-100.0%	-	0.0%	03
04 Avg Daily IP Census w/Swingbed	12.8	10.3	24.4%	12.8	10.3	24.4%	12.8	0.2%	04
05 Average Length of Stay	4.4	3.7	16.7%	4.4	3.7	16.7%	4.9	-11.9%	05
06 Average Length of Stay w/Swingbed	4.4	3.8	15.9%	4.4	3.8	15.9%	4.9	-11.9%	06
07 Deliveries	16	19	-17.1%	16	19	-17.1%	19	-15.8%	07
08 Case Mix Inpatient	1.16	1.00	15.7%	1.16	1.00	15.7%	1.35	-14.3%	08
09 Surgery Minutes - Inpatient	2,280	1,886	20.9%	2,280	1,886	20.9%	3,078	-25.9%	09
10 Surgery Minutes - Outpatient	8,911	9,737	-8.5%	8,911	9,737	-8.5%	11,442	-22.1%	10
11 Surgery Procedures - Inpatient	18	19	-3.8%	18	19	-3.8%	29	-37.9%	11
12 Surgery Procedures - Outpatient	175	176	-0.5%	175	176	-0.5%	165	6.1%	12
13 Gastrointestinal Procedures	138	160	-13.6%	138	160	-13.6%	148	-6.8%	13
14 ER Visits	1,416	1,554	-8.9%	1,416	1,554	-8.9%	1,255	12.8%	14
15 Urgent Care Cle Elum Visits	452	488	-7.3%	452	488	-7.3%	403	12.2%	15
16 Laboratory	24,248	24,775	-2.1%	24,248	24,775	-2.1%	23,722	2.2%	16
17 Radiology Exams	3,189	3,558	-10.4%	3,189	3,558	-10.4%	3,303	-3.5%	17
18 Rehab Visit	1,461	1,669	-12.4%	1,461	1,669	-12.4%	1,705	-14.3%	18
19 Outpatient Percent of Total Revenue	87.5%	89.6%	-2.4%	87.5%	89.6%	-2.4%	86.0%	1.7%	19
20 Adjusted Patient Days	3,160	3,033	4.2%	3,160	3,033	4.2%	2,822	12.0%	20
21 Equivalent Observation Days	113	134	-15.6%	113	134	-15.6%	124	-9.1%	21
22 Avg Daily Obs Census	3.6	4.3	-15.6%	3.6	4.3	-15.6%	4.0	-9.1%	22
23 Home Care Visits	710	547	29.8%	710	547	29.8%	465	52.7%	23
24 Hospice Days	367	763	-51.9%	367	763.2	-51.9%	760	-51.7%	24
25 Primary Clinic Visits	4,826	5,172	-6.7%	4,826	5,172	-6.7%	5,590	-13.7%	25
26 Specialty Clinic Visits	2,286	2,514	-9.1%	2,286	2,514	-9.1%	2,336	-2.1%	26
27 Telehealth Visits	106	75	40.7%	106	75	40.7%	105	1.0%	27
28 Total Clinic Visits	7,218	7,761	-7.0%	7,218	7,761	-7.0%	8,031	-10.1%	27
Financial Measures									
29 Salaries as % of Operating Revenue	50.9%	46.6%	-9.2%	50.9%	46.6%	-9.2%	49.4%	2.9%	29
30 Total Labor as % of Operating Revenue	63.6%	58.3%	-9.0%	63.6%	58.3%	-9.0%	61.9%	2.6%	30
31 Revenue Deduction %	48.5%	47.7%	-1.7%	48.5%	47.7%	-1.7%	47.7%	1.7%	31
32 Operating Margin	-2.4%	2.4%		-2.4%	2.4%		-3.6%		32
Operating Measures									
33 Productive FTE's	551.8	581.0	5.0%	551.8	581.0	5.0%	540.1	2.2%	33
34 Non-Productive FTE's	66.3	77.4	14.3%	66.3	77.4	14.3%	71.5	-7.3%	34
35 Paid FTE's	618.1	658.4	6.1%	618.1	658.4	6.1%	611.6	1.1%	35
36 Operating Expense per Adj Pat Day	\$ 3,485	\$ 3,772	7.6%	\$ 3,485	\$ 3,772	7.6%	\$ 3,990	-12.7%	36
37 Operating Revenue per Adj Pat Day	\$ 3,403	\$ 3,864	-11.9%	\$ 3,403	\$ 3,864	-11.9%	\$ 3,851	-11.6%	37
38 A/R Days	74.8	60.0	-24.7%	74.8	60.0	-24.7%	68.7	8.9%	38
39 Days Cash on Hand	185.1	155.3	19.2%	185.1	155.3	19.2%	203.3	-8.9%	39

Kittitas Valley Healthcare

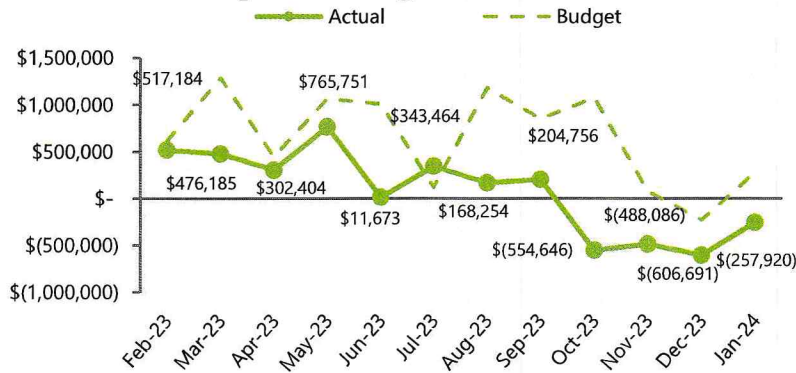
Year over Year Financial and Operating Indicator Trends

January 2024 - Key Statistics and Indicators

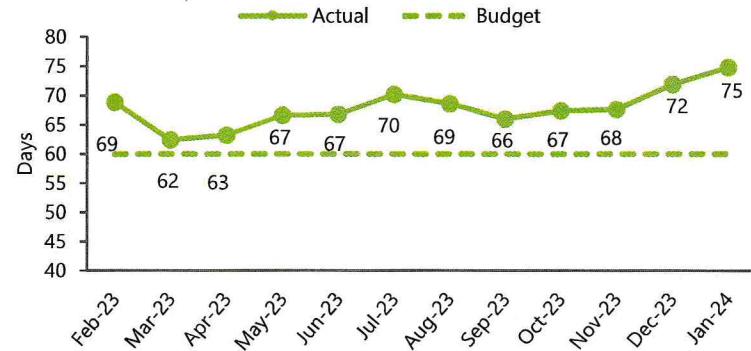
L	Measure	2024 YTD	2024 Budget	2024 Annualize	2023	2022	2021	2020	2019	2018	2017
1	Total Charges	20,556,112	256,962,000	242,031,636	239,179,921	213,492,081	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388
2	Net Revenue	10,754,510	136,527,545	126,625,682	128,778,199	120,219,085	114,372,961	89,905,245	83,527,969	78,753,810	71,490,964
3	Operating Income	(257,920)	2,900,000	(3,036,800)	746,661	6,074,001	14,127,110	620,732	2,901,869	474,120	885,655
4	Operating Margin %	-2.4%	2.1%	-2.4%	0.6%	5.1%	12.4%	0.7%	3.5%	0.6%	1.2%
5	Net Income	(54,650)	5,057,600	(643,465)	4,239,891	4,079,789	18,470,881	6,420,388	3,690,537	2,526,547	2,648,415
6	Net Margin %	-0.5%	3.7%	-0.5%	3.3%	3.4%	16.1%	7.1%	4.4%	3.2%	3.7%
7	Cash	62,170,451	53,959,473	NA	63,626,586	73,241,408	61,914,502	40,852,244	29,218,516	27,408,625	33,213,447
8	Days Cash on Hand	185.1	155.3	NA	192.2	246.4	235.8	175.8	138.6	133.5	178.7
9	Surgeries	193	2,270	2,272	2,282	1,922	1,788	1,354	1,305	1,461	1,396
10	Gastrointestinal Procedures	138	1,865	1,625	1,886	1,404	1,321	1,211	1,416	1,250	1,383
11	Emergency Visits	1,416	18,158	16,672	17,212	15,643	13,988	12,207	13,861	13,930	13,162
12	% ED visits To Bed	7.7%	7.8%	7.7%	7.6%	7.7%	9.2%	10.1%	9.5%	n/a	n/a
13	Laboratory Tests	24,248	289,292	285,501	279,343	277,627	288,552	237,710	209,144	207,040	190,587
14	Radiology Exams	3,189	41,576	37,548	39,544	35,222	32,016	29,338	30,397	30,843	33,836
15	Rehab Visits	1,461	19,479	17,202	18,965	17,060	21,390	16,724	18,718	16,359	
16	IP & Obs Days (no swing)	509	5,253	5,994	5,132	5,470	4,820	3,717	3,805	3,999	3,440
17	Deliveries	16	228	188	226	318	280	284	309	342	322
18	Admits w/Swing	91	991	1,071	873	1,066	949	860	941	984	899
19	Primary Clinic Visits	4,826	59,930	56,822	59,181	58,013	60,229	53,270	60,871		
20	Specialty Clinic Visits	2,286	29,448	26,916	26,134	22,778	19,865	13,135	11,840		
21	Telehealth Visits	106	880	1,248	827	1,263	1,391	3,793	-		
22	Total Clinic Visits	7,218	90,258	84,986	86,142	82,054	81,485	70,198	72,711	59,241	50,917
23											
24	FTEs	618.1	658.4	NA	611.6	583.4	529.9	499.0	477.4	469.4	457.6
25	AR Days	74.8	60.0	NA	71.9	63.7	63.9	73.5	88.1	92.0	50.8
Normalize charges by adjusting for charge master increases:											
26	Normalized Charges to 2024		256,962,000	242,031,636	248,747,118	232,023,194	226,664,757	186,585,133	181,262,255	171,876,399	167,441,473
27	Operations Growth		3.30%	-2.70%	7.21%	2.36%	21.48%	2.94%	5.46%	2.65%	1.16%
28	Operations Growth Exclude COVID Testing			-2.37%	8.57%	6.29%	19.23%	-0.61%			

Financial Dashboard

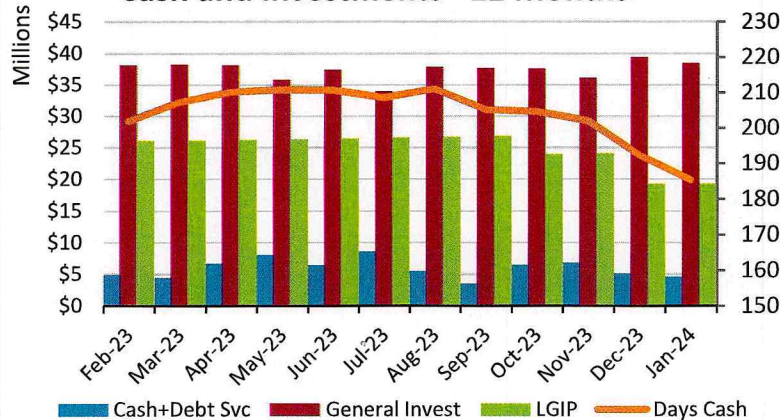
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2021	CY 2022	CY 2023	CY 2024
Medicare	40.24%	42.31%	43.88%	47.72%
Medicaid	19.08%	18.64%	18.14%	17.34%
Commercial	35.29%	33.66%	32.40%	30.21%
Self Pay	2.38%	2.10%	1.93%	2.19%
Other	3.01%	3.29%	3.66%	2.54%

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	2,577,760	2,299,351	278,408	2,577,760	2,299,351	278,408	2,874,630
OUTPATIENT REVENUE	14,179,496	15,771,795	(1,592,299)	14,179,496	15,771,795	(1,592,299)	14,109,138
PROF FEE REVENUE	3,798,856	3,974,555	(175,699)	3,798,856	3,974,555	(175,699)	3,533,102
REVENUE	20,556,112	22,045,702	(1,489,590)	20,556,112	22,045,702	(1,489,590)	20,516,870
CONTRACTUALS	8,856,042	9,487,998	(631,957)	8,856,042	9,487,998	(631,957)	8,931,439
PROVISION FOR BAD DEBTS	325,429	516,448	(191,019)	325,429	516,448	(191,019)	477,576
FINANCIAL ASSISTANCE	96,995	183,122	(86,127)	96,995	183,122	(86,127)	129,440
OTHER DEDUCTIONS	691,248	330,432	360,816	691,248	330,432	360,816	242,879
DEDUCTIONS FROM REVENUE	9,969,714	10,518,000	(548,286)	9,969,714	10,518,000	(548,286)	9,781,335
NET PATIENT SERVICE REVENUE	10,586,397	11,527,702	(941,304)	10,586,397	11,527,702	(941,304)	10,735,535
OTHER OPERATING REVENUE	168,113	192,614	(24,501)	168,113	192,614	(24,501)	129,955
TOTAL OPERATING REVENUE	10,754,510	11,720,315	(965,805)	10,754,510	11,720,315	(965,805)	10,865,490
SALARIES	5,470,038	5,457,349	12,690	5,470,038	5,457,349	12,690	5,372,451
TEMPORARY LABOR	251,514	309,026	(57,512)	251,514	309,026	(57,512)	481,365
BENEFITS	1,366,116	1,377,600	(11,484)	1,366,116	1,377,600	(11,484)	1,356,618
PROFESSIONAL FEES	533,698	600,498	(66,801)	533,698	600,498	(66,801)	330,881
SUPPLIES	1,025,161	1,293,303	(268,142)	1,025,161	1,293,303	(268,142)	1,619,854
UTILITIES	111,859	127,188	(15,329)	111,859	127,188	(15,329)	102,781
PURCHASED SERVICES	1,096,547	1,037,923	58,624	1,096,547	1,037,923	58,624	1,017,633
DEPRECIATION	602,913	696,220	(93,307)	602,913	696,220	(93,307)	554,115
RENTS AND LEASES	65,494	28,975	36,519	65,494	28,975	36,519	(2,864)
INSURANCE	191,964	186,058	5,906	191,964	186,058	5,906	111,102
LICENSES & TAXES	71,726	101,565	(29,839)	71,726	101,565	(29,839)	100,079
INTEREST	118,254	109,702	8,552	118,254	109,702	8,552	112,058
TRAVEL & EDUCATION	18,569	49,613	(31,044)	18,569	49,613	(31,044)	39,968
OTHER DIRECT	88,577	66,677	21,900	88,577	66,677	21,900	63,036
EXPENSES	11,012,430	11,441,697	(429,267)	11,012,430	11,441,697	(429,267)	11,259,078
OPERATING INCOME (LOSS)	(257,920)	278,618	(536,538)	(257,920)	278,618	(536,538)	(393,588)
OPERATING MARGIN	-2.40%	2.38%	55.55%	-2.40%	2.38%	55.55%	-3.62%
NON-OPERATING REV/EXP	203,270	179,966	23,303	203,270	179,966	23,303	322,248
NET INCOME (LOSS)	(54,650)	458,584	(513,235)	(54,650)	458,584	(513,235)	(71,341)
UNIT OPERATING INCOME							
HOSPITAL	110,112	529,331	(419,218)	110,112	529,331	(419,218)	106,953
URGENT CARE	34,725	4,992	29,733	34,725	4,992	29,733	(17,675)
CLINICS	(358,311)	(216,710)	(141,601)	(358,311)	(216,710)	(141,601)	(448,032)
HOME CARE COMBINED	(44,446)	(38,995)	(5,452)	(44,446)	(38,995)	(5,452)	(34,834)
OPERATING INCOME	(257,920)	278,618	(536,538)	(257,920)	278,618	(536,538)	(393,588)

Kittitas Valley Healthcare Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	4,269,587	4,083,276	186,311
ACCOUNTS RECEIVABLE	50,074,697	46,932,469	3,142,228
ALLOWANCE FOR CONTRACTUAL	(32,135,665)	(30,169,446)	(1,966,220)
THIRD PARTY RECEIVABLE	697,000	697,000	0
OTHER RECEIVABLES	1,060,672	1,274,748	(214,076)
INVENTORY	2,784,074	2,824,139	(40,065)
PREPAIDS	1,640,104	2,096,089	(455,985)
INVESTMENT FOR DEBT SVC	317,912	1,014,666	(696,754)
CURRENT ASSETS	28,708,381	28,752,941	(44,560)
INVESTMENTS	57,582,952	58,528,645	(945,694)
PLANT PROPERTY EQUIPMENT & ROU ASSET	125,502,962	125,407,273	95,689
ACCUMULATED DEPRECIATION & ROU AMORT	(59,865,174)	(59,274,015)	(591,159)
NET PROPERTY, PLANT, & EQUIP	65,637,788	66,133,258	(495,470)
OTHER ASSETS	0	0	0
NONCURRENT ASSETS	65,637,788	66,133,258	(495,470)
ASSETS	151,929,120	153,414,844	(1,485,723)
ACCOUNTS PAYABLE	2,450,379	3,892,522	(1,442,143)
ACCRUED PAYROLL	2,668,996	2,258,166	410,830
ACCRUED BENEFITS	1,327,273	1,000,212	327,061
ACCRUED VACATION PAYABLE	2,319,512	2,095,171	224,341
THIRD PARTY PAYABLES	1,084,899	1,084,899	0
CURRENT PORTION OF LONG TERM DEBT	1,668,971	1,668,971	0
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	11,520,029	11,999,941	(479,912)
ACCRUED INTEREST	118,764	286,510	(167,746)
DEFERRED TAX COLLECTIONS	9,686	0	9,686
DEFERRED REVENUE HOME HEALTH	54,379	46,970	7,410
DEFERRED INFLOW RIGHT OF USE	545,297	551,712	(6,415)
DEFERRED OTHER	65,000	65,000	0
DEFERRED LIABILITIES	793,126	950,192	(157,065)
LTD RIGHT OF USE ASSETS	8,017,208	8,143,215	(126,007)
LTD - 2017 REVENUE BONDS	10,706,006	11,194,095	(488,089)
LTD - 2018 REVENUE BOND	4,920,000	5,100,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	455,800	455,800	0
LTD - 2022 REVENUE BOND	14,780,000	14,780,000	0
CURRENT PORTION OF LONG TERM DEBT CONT	(1,668,971)	(1,668,971)	0
LONG TERM DEBT	37,210,043	38,004,139	(794,096)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	3,885,811	3,885,811	0
NONCURRENT LIABILITIES	41,888,981	42,840,142	(951,161)
LIABILITIES	53,409,010	54,840,083	(1,431,073)
FUND BALANCE	98,574,761	98,574,761	0
NET REVENUE OVER EXPENSES	(54,650)	0	(54,650)
FUND BALANCE	98,520,110	98,574,761	(54,650)
TOTAL LIABILITIES & FUND BALANCE	151,929,120	153,414,844	(1,485,723)

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

Statement of Cash Flow

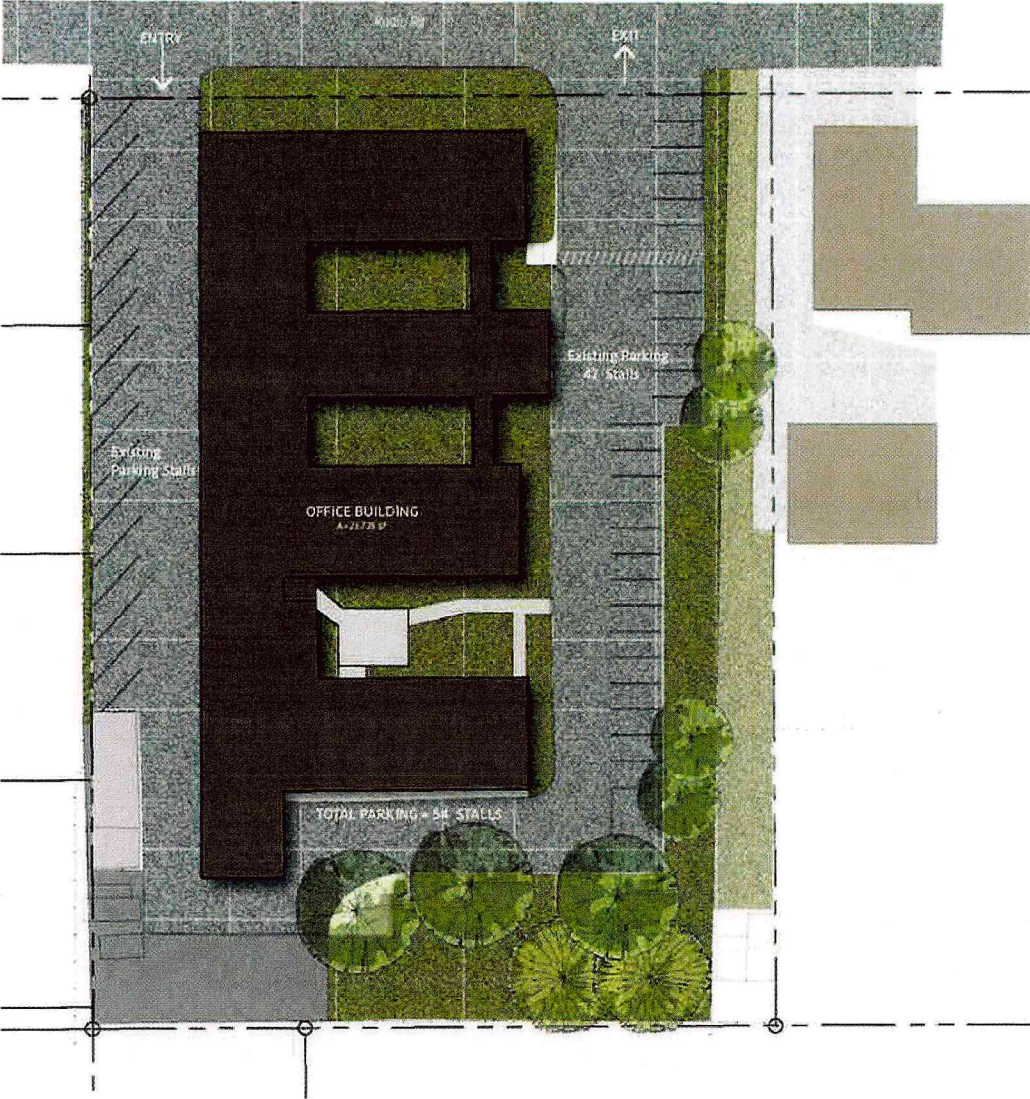
	CASH
NET BOOK INCOME	(54,650)
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	591,159
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	536,508
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(1,176,009)
OTHER RECEIVABLES	214,076
INVENTORIES	40,065
PREPAID EXPENSES & DEPOSITS	455,985
INVESTMENT FOR DEBT SVC	696,754
TOTAL CURRENT ASSETS	230,871
INVESTMENTS	945,694
PROPERTY, PLANT, & EQUIP.	(95,689)
OTHER ASSETS	0
TOTAL ASSETS	1,617,384
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(1,442,143)
ACCRUED SALARIES	410,830
ACCRUED EMPLOYEE BENEFITS	327,061
ACCRUED VACATIONS	224,341
COST REIMBURSEMENT PAYABLE	0
CURRENT MATURITIES OF LONG-TERM DEBT	0
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(479,912)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(167,746)
DEFERRED TAX COLLECTIONS	9,686
DEFERRED REVENUE - HOME HEALTH	7,410
DEFERRED INFLOW RIGHT OF USE	(6,415)
DEFERRED OTHER	0
TOTAL OTHER LIABILITIES	(157,065)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD RIGHT OF USE ASSETS	(126,007)
LTD - 2017 REVENUE BONDS	(488,089)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
LTD - 2022 REVENUE BOND	0
CURRENT PORTION OF LONG TERM DEBT	0
TOTAL LONG-TERM DEBT & LEASES	(794,096)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	0
TOTAL LIABILITIES	(1,431,073)
NET CHANGE IN CASH	186,311
BEGINNING CASH ON HAND	4,083,276
ENDING CASH ON HAND	4,269,587

Kittitas Valley Healthcare
AR Days
January 2024

Accounts Receivable	Unbilled	0-30	31-60	61-90	91-180	181-365	366+	Total	Days
Hospital Total	9,389,061	8,071,999	5,668,425	3,848,875	6,420,993	4,808,639	4,809,153	43,017,145	80
Family Medicine Ellensburg	500,345	649,765	240,141	139,816	116,897	65,635	24,650	1,737,249	44
Family Medicine Cle Elum	111,210	204,458	50,441	29,249	59,095	18,818	15,388	488,658	46
Pediatrics	56,048	111,802	58,573	25,541	29,241	2,486	5,148	288,838	38
Adult Medicine	101,854	143,251	132,766	46,084	36,187	24,548	(1,455)	483,234	30
Womens Health	57,728	65,724	18,576	11,438	8,841	6,156	(732)	167,731	31
ENT	23,890	60,936	16,183	12,890	24,753	22,901	14,143	175,696	46
Orthopedics	-	-	-	260	-	10,506	1,900	12,666	3
General Surgery	79,029	34,261	9,921	7,777	18,513	8,403	2,367	160,271	17
Hospitalist	3,253	11,487	3,323	4,532	4,120	5,348	470	32,532	(1,750)
Workplace Health	2,173	14,397	9,529	4,331	6,254	7,231	135	44,051	47
Home Care and Hospice	177,283	261,269	132,602	98,088	22,195	121,438	-	812,874	110
Paragon	-	-	-	-	-	-	422,456	422,456	
NextGen	-	-	-	-	-	-	116,546	116,546	
Total	10,501,874	9,629,349	6,340,479	4,228,879	6,747,088	5,102,109	5,410,168	47,959,947	74.8
							Total AR Days	74.8	
							AR Days (less 366+)	66.4	

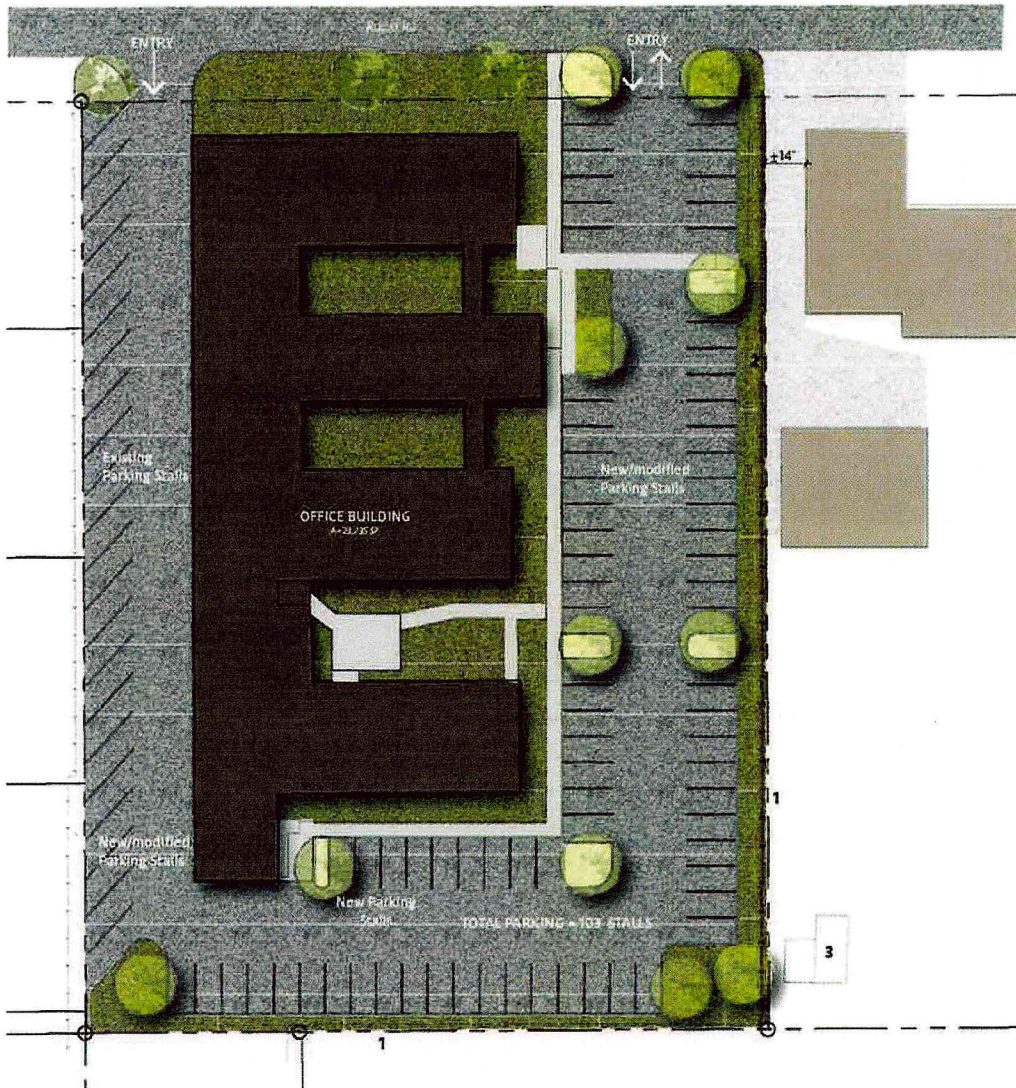
KITTITAS VALLEY HEALTHCARE
US BANCORP INVESTMENTS
JANUARY 2024

INVESTMENT TYPE	CUSIP	INVESTMENT DATE	MATURITY DATE	YTM %	MATURITY AMOUNT	INVESTMENT AMOUNT	MARKET VALUE	UNREALIZED GAIN/(LOSS)
US TREASURY NOTES	91282CBV2	06/01/2023	04/15/2024	5.120%	2,080,000.00	1,996,893.60	2,059,118.76	62,225.16
FHLB	3130AMKX9	06/07/2021	06/07/2024	0.140%	2,000,000.00	2,002,598.00	1,965,125.42	(37,472.58)
FNMA	3136G4Z71	08/28/2020	08/26/2024	0.370%	1,000,000.00	1,001,588.00	973,568.87	(28,019.13)
FHLMC	3134GW3W4	10/28/2020	10/28/2024	0.350%	3,562,000.00	3,566,235.22	3,437,796.55	(128,438.67)
US TREASURY NOTES	912828YV6	06/15/2023	11/30/2024	4.751%	2,187,000.00	2,087,901.56	2,126,259.49	38,357.93
FHLB	3130ALB52	02/25/2021	02/25/2025	0.236%	2,800,000.00	2,803,892.00	2,681,470.54	(122,421.46)
FHLMC	3134GWK88	09/17/2020	03/17/2025	0.350%	4,500,000.00	4,510,089.00	4,279,290.35	(230,798.65)
US TREASURY NOTES	912828ZW3	12/09/2021	06/30/2025	1.000%	1,500,000.00	1,460,742.00	1,412,285.16	(48,456.84)
FHLB	3130ANZ29	09/30/2021	09/30/2025	0.383%	3,000,000.00	3,009,468.00	2,814,128.10	(195,339.90)
FNMA	3135G06B4	07/27/2021	10/22/2025	0.570%	1,500,000.00	1,499,371.50	1,398,970.76	(100,400.74)
FHLB	3130ALDB7	02/25/2021	02/25/2026	0.413%	1,800,000.00	1,804,426.20	1,665,762.34	(138,663.86)
US TREASURY NOTES	91282CCF6	08/01/2023	05/31/2026	4.400%	1,380,000.00	1,247,282.81	1,273,535.15	26,252.34
US TREASURY NOTES	91282CCW9	08/01/2023	08/31/2026	4.317%	1,385,000.00	1,243,868.50	1,269,168.56	25,300.06
US TREASURY NOTES	91282CAY7	11/29/2023	11/30/2027	4.252%	2,969,000.00	2,576,498.20	2,610,516.44	34,018.24
US TREASURY NOTES	91282CAY7	12/19/2023	11/30/2027	3.903%	4,529,000.00	3,990,683.06	3,982,158.62	(8,524.44)
US TREASURY NOTES	91282CFY2	01/16/2024	11/30/2029	3.930%	4,675,000.00	4,661,442.50	4,636,833.02	(24,609.48)
TOTAL					40,867,000.00	39,462,980.15	38,585,988.13	(876,992.02)



PARKING

- a. Parking Required = 23,735 SF/300 = 80 stalls
- b. Existing Parking = 42 stalls



PARKING:

- a. Parking Required = 23,735 SF/300 = 80 stalls
- b. Proposed Parking = 103 stalls
(Existing + New)

NOTES:

1. Build retaining wall (approximately 10 feet high) at the south and partial east perimeter of the site.
2. Locate new fence on the property line.
3. Adjacent property owner to move shed to east side of property line.



KITTITAS VALLEY HEALTHCARE

Capital Expenditure Board Narrative

Requesting Department: Surgical Services, ED, CCU and FBP

Capital Item Requested: Glidescopes

Function of Equipment: The GlideScope is a type of video laryngoscope, which employs a small camera and display screen to provide a clear view of the patient's airway. This enhanced visibility improves the accuracy and safety of the intubation process, making it easier for healthcare professionals to position the endotracheal tube correctly.

Reason Requested: Current GlideScopes are at end of life and will no longer be serviced by vendor.

Purchase will support replacements for OR, ED, CCU, FBP as well as additional units for increased volumes in the Operating Room.

GlideScope Core system offers a full HD intuitive touchscreen display with immediate access to a broad range of tools to visualize the airway and tracheobronchial tree. Live simultaneous video laryngoscopy and bronchoscopy views help navigate and secure difficult airways.

The same system used by multiple departments keeps equipment and disposable supplies consistent throughout the organization.

Budget: \$65,000

Actual Cost: \$101,064

Submitted By: Amy Krogstadt, Surgical Services - Director

Date: 02/22/2024

KITTITAS VALLEY HEALTHCARE

Capital Expenditure Board Narrative

Requesting Department: Pharmacy

Capital Item Requested: Pyxis Medication Dispensing System for Clinics (KVH IAM, ENT, PEDS)

Function of Equipment: Pharmacy stores and dispenses medications from various hospital and clinic locations using Pyxis machines.

Reason Requested: This request is a continuation of the Pyxis upgrade project that started at the beginning of 2023. Due to the successful upgrade and expanded capabilities of the system, we are seeking additional units for expansion into clinics (KVH IM, ENT, and PEDS).

Benefits include patient safety, streamline workflow/workload, revenue capture, and inventory management.

Budget: \$150,000

Actual Cost: \$74,559

Submitted By: Nasser Basmeh, Director - Pharmacy

Date: 02/22/2024

Community Relations Report – Michele Wurl

February 2024

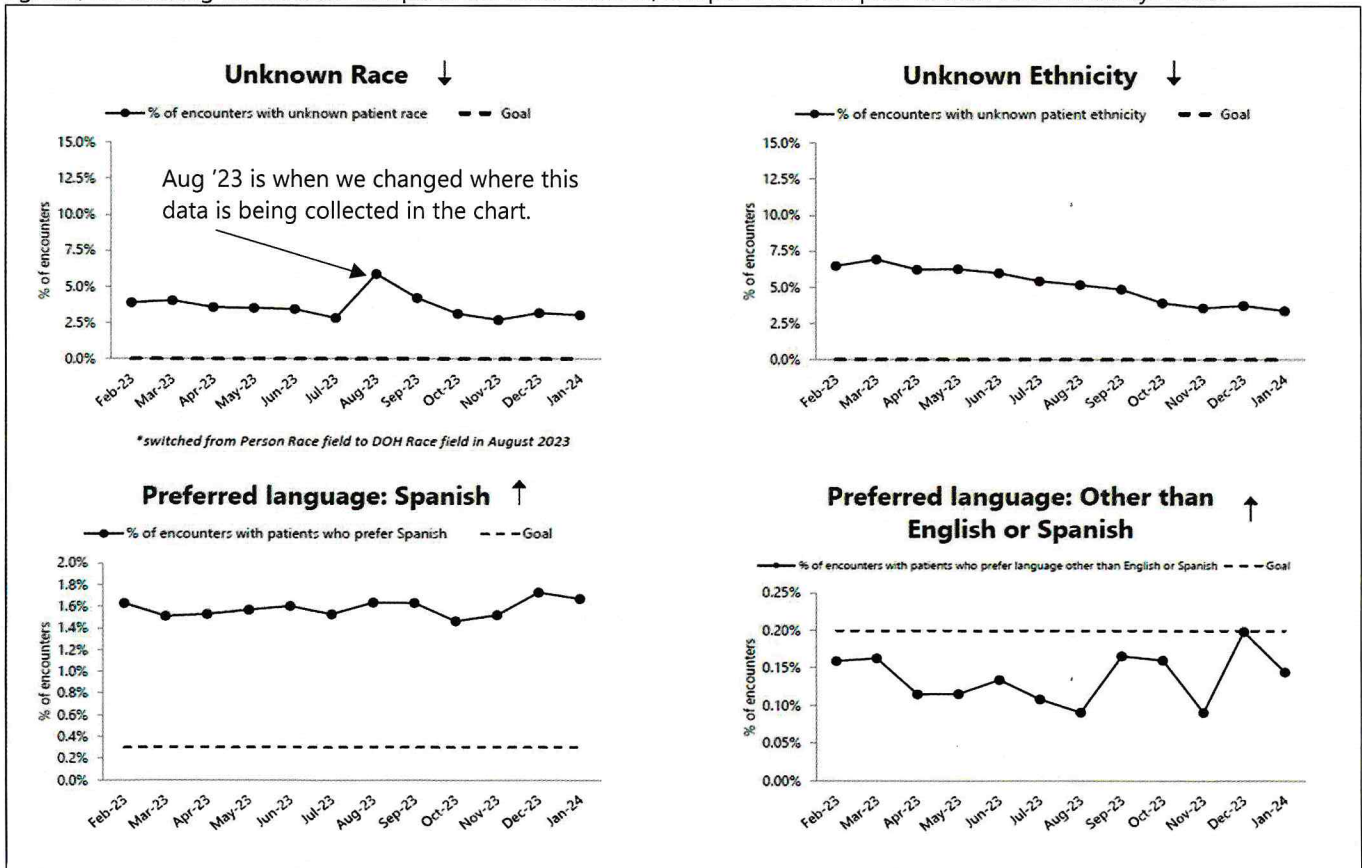
Diversity, Equity, and Inclusion Work

REaL, SO/GI, and SDoH data collection began in full force October 1, 2023. The DEI charter team meets monthly to monitor progress and address any obstacles that may arise. Amy Diaz has created the Diversity, Equity, and Inclusion tracking metrics below to keep the team apprised of the progress.

January 2024 -

Month	Unit	Encounters	Unknown sex ↓	Unknown birth sex ↓	Unknown DOH race ↓	Unknown ethnicity ↓	English ↓	Spanish ↑	Other language ↑	Missing orientation ↓	Missing gender identity ↓
Jan-24	ED	1424	0.1%	65.7%	2.0%	2.7%	97.9%	1.9%	0.1%	88.7%	93.8%
Jan-24	ENT	605	0.0%	77.0%	5.6%	5.5%	97.9%	1.8%	0.2%	86.4%	95.9%
Jan-24	FMCE	1625	0.0%	79.3%	4.1%	4.7%	99.4%	0.4%	0.1%	77.1%	89.7%
Jan-24	FME	5027	0.1%	67.1%	3.9%	3.7%	97.9%	1.6%	0.2%	84.6%	94.6%
Jan-24	GS	323	0.0%	32.8%	4.6%	4.6%	92.9%	5.6%	0.0%	86.1%	95.7%
Jan-24	Hospital	1905	0.1%	27.0%	1.6%	2.4%	97.4%	2.2%	0.1%	78.2%	89.1%
Jan-24	IAM	1202	0.0%	54.6%	4.3%	2.7%	98.3%	1.4%	0.1%	92.0%	97.3%
Jan-24	Nursery	20	0.0%	85.0%	20.0%	35.0%	100.0%	0.0%	0.0%	100.0%	100.0%
Jan-24	Ortho	1	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	100.0%
Jan-24	Peds	732	0.0%	91.5%	3.7%	3.1%	96.6%	3.3%	0.1%	99.9%	100.0%
Jan-24	UC	452	0.0%	91.4%	3.3%	11.3%	99.8%	0.2%	0.0%	89.4%	94.7%
Jan-24	WomensH	678	0.0%	54.7%	1.3%	1.2%	97.2%	2.8%	0.0%	36.3%	51.2%
Jan-24	Total	17289	0.0%	61.2%	3.0%	3.4%	98.0%	1.7%	0.1%	82.2%	91.5%

The green/red shading on the table compares the same location/component to the prior month. Green is always better



Missing ethnicity continues to come down and missing race in the new DOH race field is continuing to improve!

Community Relations Activity

- Medical Arts Center Open House – The MAC Open House will be taking place on Tuesday, February 20 from 6-8pm. There are many thanks to go around to people who are making this possible. Alisha Liedke and Kristl Densley from Community Relations have been creating the program, re-designing the public stairwell and coordinating its new look (go check it out). The Engineering and EVS personnel have spent countless hours doing extra patching, painting, fixing, scrubbing, dusting, etc. The staff at the MAC are putting on all the special touches that you would expect as they prepare to welcome the community to their workplace. I hope you have a chance to come and revisit the MAC and celebrate its 4-year anniversary.
- Provider Huddle – In response to the Survey of Patient Safety Culture, the first Provider Huddle was distributed on February 8. This publication will help keep our current and retired providers apprised of significant happenings around organization. Topics for the first issue included, medical staff updates, KVH volume trends and financials, the new CT coming with the expansion phase 1 completion in late April, provider profiles, QAPI updates, and educational and event opportunities.
- New platforms for Policies, Procedures, Forms and the KVH Intranet – On March 19 KVH will transition to a new platform (i.e., Lucidoc) for policies, procedures, and forms. Kristl has been working with Implementation team and leading the marketing work to prepare our staff.

Once Lucidoc is up and running, we will be moving to a new Intranet platform (i.e., Axero). Our current platform (HospitalPortal) is not meeting the needs of our staff, and is no longer supported by its developer. Kirsten is leading this work and continues to build out the necessary pages. When we launch the new Intranet (aiming for late April), it will be referred to as the KVH Employee Network, or KEN. This naming is done to alleviate some of the confusion when communicating about the Intranet versus the Internet.

- CWU Countywide MCI– KVH is participating in a full-scale, countywide mass casualty training exercise on June 12 from 8-12. These exercises are a requirement of CMS and assist agencies and staff in preparing for major events and significant disruptions to operations. We are currently finalizing our objectives for the event and working with community partners in preparation for the event. If you would like to observe any part of this exercise, please let me know.

February Diamond Awards

Our first Diamond Award nominations took place in the month of February. Winners will be announced at the Board meeting. A KVH diamond is someone who promotes excellence in all they do. They are steadfast in their commitment to excellence in their job. They have a habit of lifting all those around them. They hold the KVH values as serious benchmarks of success; they truly are a diamond.

Respect - They recognize the dignity of patients and staff, and treat them with compassion.

Quality - They provide excellent, safe care for members of our community in a healing environment.

Service - They promote a culture where patients come first in all we do.

Transparency - They are principled, accountable, and do the right thing with openness and honesty.

Collaboration - They work as a team, in partnership with the broader medical community, to ensure patients receive the best care.

February diamond awards are focusing on the departments below. At the time of writing this report, we have received over 800 nominations.

- Cardiology (106)
- Dermatology (109)
- Engineering (127)
- Environmental Services (121)
- Neurology (94)
- Rapid Access (105)
- Surgical Services & Sterile Processing (138)

Below are some excerpts from the nominations.

"hard worker, great attention to detail, takes pride in her work and expects the same from her peers."
- EVS

"It is nice to have another co-worker that I can reach out to at another clinic. She is willing to listen and help others." – Rapid Access

"She gets here early and is one of the last to leave. Jacqui always has a smile on her face and when you are in a long case she has a glass of ice water waiting for you:)." – Jacqui, Surgical Services

"Sara is a ray of sunshine. She works so hard and is so friendly to everyone. She exemplifies KVH values on a daily basis" – Sara, EVS

"Trent consistently gives 100+%. He is great to work with, always has a smile on his face and gets the job done!" – Trent, Engineering

Upcoming events

- MAC Open House – February 20 from 6-8p.m.
- Mountain High KVH Appreciation Event – March 6 in the evening (stay tuned for more details)
- KVH Huddle release – February 28
- Provider Huddle release – March 7
- Kittitas County Chamber Awards – March 21, 6pm
- Provider Appreciation Dinner – March 27
- Doctor's Day – March 30
- 3rd Annual Employee Appreciation Banquet – December 7

Grant Report – Mitchell Rhodes February 2024

I was given the opportunity by the Washington State Department of Health to attend the BRI Network Population Health Congress Conference in Tempe, AZ at the end of January. Presentations varied from the current state of population health in the United States, to health equity, to the use of technology to manage complex patient care, to community initiatives to address population health. Some highlights from my learning experience:

- Addressing social determinants of health (SDoH) increases health equity
- Care coordination is vital to addressing SDoH needs for patients
- Developing care bundles or algorithms in EMR can assist in increasing positive patient outcomes and provides equitable care across health systems
- “There is no quality in healthcare without equity”
- Alignment of mission, vision, and strategies with population health work improves patient outcomes and increases buy-in for staff
- Technology in health care has significant benefit for improving patients quality of life, decreases hospital readmissions, increases follow-up adherence, and has significant positive patient outcomes
- Large health systems are beginning to implement Integrated Behavioral Health Models in their primary care settings which KVH has been doing this for four years – we deserve a pat on the back!

I came back to KVH from this conference with a wide range of thoughts and ideas of how we can implement in our rural health system what large institutions presented.

Pending Applications					
<i>Grantor</i>	<i>Program</i>	<i>Applicant Organization</i>	<i>Purpose</i>	<i>Amount</i>	<i>Start Date</i>
Washington State Legislature	Capital Funding	KVH	Funding for the renovation of Surgical Services Clinics at 25% of the total construction budget. Funding would include the renovation of KVH Orthopedics and KVH General and Vascular Surgery.	\$564,036	June 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.
SAMHSA	KCHN	Strategic Prevention Framework program provides \$1,875,000 over five years to develop a strategy for preventing Substance Use Disorder. Efforts will focus on children and youth including mentoring, youth mental health first aid, and early detection and prevention.
The Rita and Alex Hillman Foundation	KVH	\$600,000 over three years for the 4 th trimester program to expand services to address maternal mental health and prevent maternal suicide. With this proposal, we will be focusing on staffing including an additional RN who will work to connect pregnant women with identified risk factors to 4 th trimester program – focusing on early detection. Additional staffing will focus on implementing the Integrated Behavioral

		Health Model within Women’s Health, with access to the 4 th Trimester patients.
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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 Social Worker, and Care Coordination from KCHN.	\$200,000	September 2023
WA State Department of Health	Rural Health Clinic Innovative Programs	KVH	Funding to for innovative programs in Rural Health Clinics – focus is on the	\$6,500	October 2023

			KVH Med Refill Project within Pharmacy and the clinics		
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Total Current Grant Awards: \$5,594,677

Total Awarded Grants: \$8,493,263

(<https://www.aha.org>)

2024 ANNUAL MEMBERSHIP MEETING

(/)

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Sunday, April 14, 2024

7:00 a.m. - 5:00 p.m.

Registration (/registration-0)

8:30 a.m. - 9:30 a.m.

Trustee Networking Breakfast

Connect with fellow trustees in a relaxed and informal setting.

9:30 a.m. - 10:30 a.m.

Trustee Insights Session #1: Age-Friendly Care: How Trustees Can Enhance Patient Safety

Learn strategies that help trustees drive age-friendly care initiatives to keep older patients safe and supported.

Speakers:

Terry Fulmer, PhD, RN, FAAN

President of the John A. Hartford Foundation

Maulik Joshi, Dr.P.H.

President and CEO of Meritus Health

10:45 a.m. - 11:45 a.m.

Trustee Insights Session #2: What Governing Board's Need to Know about Cybersecurity Threats

Join John Riggi, AHA's national advisor for cybersecurity and risk, to hear the latest cyber threats targeting health care and key takeaways from HHS proposed cybersecurity strategy for the health care sector. This interactive session will equip you with questions to ask that can help your board assess risk programs and plan for when a breach occurs. Submit questions ahead of time to Sue Ellen Wagner at swagner@aha.org (swagner@aha.org).

Speakers:

John Riggi

AHA's National Advisor for Cybersecurity and Risk

12:00 p.m. - 1:30 p.m.

AHAPAC Luncheon

Join Washington insiders and political commentators Dana Perino and Harold Ford Jr. as they provide insight on today's political climate. The former White House Press Secretary and five-term congressman, now co-hosts of The Five on FOX News, will showcase their shared commitment to robust and productive debate as they dive into the headlines and the issues that cut across the aisle. *By invitation only. For more information on AHAPAC, contact Shari Dexter at (202) 626-2338.*

Dana Perino

Former White House Press Secretary, Co-host of The Five on Fox News

Harold Ford, Jr

Former five-term congressman (D-TN), Co-host of The Five on Fox News

1:30 p.m. - 2:30 p.m.

Welcoming First Time Attendees and New Members

Meet new colleagues and maximize your Annual Meeting experience through this special welcome.

1:45 p.m. – 3:15 p.m.

ACHE Education Session: Cracking the Healthcare Leadership Code

Join this session to learn more about how leadership priorities need to adapt to an evolving workforce, and how power gradients influence safety, engagement, retention, and culture. Participants will gain insights into how leading an organization with purpose can improve culture, burnout, and clinical and nonclinical outcomes, and uncover opportunities to strengthen culture through various communication and relationship-building tactics. This session will include featured speaker Kevin Joseph, MD, FACHE, chief clinical officer at Ascension Healthcare. Attendees of the Sunday ACHE Education Session will receive 1.5 hours of ACHE Face-to-Face Education credits. Additional registration fee is required.

Speakers:

Kevin Joseph, MD, FACHE

Chief Clinical Officer, Ascension Health

2:00 p.m. – 3:00 p.m.

Rural Washington Update

Ensuring policies better support care access in rural areas is essential to maintaining our nation's health. This update will feature candid discussion from rural health policy experts.

2:00 p.m. – 3:00 p.m.

Post-Acute Care Update

Consumer demands and the rapid pace of changes in care delivery continue to accelerate and evolve hospital and post-acute care relationships. Join leaders in the field for this roundtable conversation.

3:15 p.m. – 4:00 p.m.

Risk & Resilience: Evolving Threats in Cybersecurity

Cybersecurity is top of mind for hospitals and health systems as they work to manage and reduce risk and ensure secure and resilient systems. This session, moderated by John Riggi, AHA's national advisor for cybersecurity and risk, features Nitin Natarajan, deputy director for the Cybersecurity and Infrastructure Security Agency, and J. Stephen Jones, MD, FACS, president and CEO of Inova Health System, discussing how to work with government partners to protect the safety of patients and communities.

Speakers:

Nitin Natarajan

Deputy Director for the Cybersecurity and Infrastructure Security Agency (CISA)

Stephen Jones, MD, FACS

president and CEO of Inova Health System

John Riggi

AHA's National Advisor for Cybersecurity and Risk

4:15 p.m. – 5:00 p.m.

The Promise and Challenge of AI

Artificial Intelligence promises a new frontier of innovation and opportunity in healthcare – revolutionizing diagnostics, treatment plans, and patient care yet presents considerable challenges in developing adequate oversight and overcoming potential risks. This panel, moderated by Stephen Hughes, AHA's director of health IT policy, will include Michael Schlosser, MD, MBA, FAANS, senior vice president of care transformation and innovation at HCA Healthcare, as they discuss the policy implications and regulatory challenges for fostering innovation while ensuring patient safety.

Speakers

Michael Schlosser, MD, MBA, FAANS

Senior Vice President, Care Transformation and Innovation, HCA Healthcare

Stephen Hughes

AHA's Director of Health IT Policy

6:00 p.m. – 7:30 p.m.

AHA Leadership Celebration

Hosted by AHA Board Immediate Past Chair John Hauptert, president and CEO of Grady Health System, this reception honors AHA's 2024 Board Chair Joanne Conroy, president and CEO of Dartmouth Health, and all hospital and health system leaders.

John Hauptert

President and CEO of Grady Health System, Immediate past chair of the American Hospital Association Board of Trustees

Joanne Conroy

President and CEO of Dartmouth Health, Chair of the American Hospital Association Board of Trustees

Monday, April 15, 2024

6:30 a.m. - 4:00 p.m.

Registration

7:00 a.m. - 8:15 a.m

Health Care Leadership Breakfast

Join General Lori Robinson, the most senior military woman to serve in the United States Department of Defense, in a candid discussion on leadership, overcoming obstacles, and the state of U.S. national security. Joanne Conroy, and Gen. Robinson will honor recipients of the AHA's 2024 federal awards. *Additional registration fee is required.*

Gen. Lori Robinson

Commander, NORAD; commander; U.S. Northern Command (May 2016-May 2018); commander, Pacific Air Forces (October 2014-May 2016)

7:00 a.m. – 8:15 a.m.

ACHE Breakfast Meeting

Enjoy coffee and conversation with ACHE colleagues and gain perspective on health care and leadership from ACHE Chair William Santulli, FACHE, President, Advocate Health – Midwest Region. *Additional registration fee is required.*

8:30 a.m. – 10:30 a.m.

Federal Forum Opening Plenary

Join AHA President and CEO Rick Pollack as he welcomes attendees. Stacey Hughes, AHA executive vice president of government relations and public policy, will discuss key issues affecting hospitals and health systems on Capitol Hill and AHA's advocacy agenda. Additional speakers to be announced.

10:45 a.m. - 12:15 p.m.

Health Plan Accountability

Additional information on this session coming soon.

12:30 p.m. - 2:00 p.m.

AHA Recognition Luncheon

The AHA Recognition Luncheon will feature Dr. Sanjay Gupta, Chief Medical Correspondent for CNN, award-winning journalist, author, and neurosurgeon. We will honor recipients of AHA's 2024 leadership awards.

Speakers:

Dr. Sanjay Gupta

Chief Medical Correspondent, CNN

12:30 p.m. - 2:00 p.m.

Government Relations Officers Network Luncheon

Don't miss this conversation with Anna Palmer and Jake Sherman, founders of Punchbowl News, as they cover congressional leadership and the White House. These New York Times best-selling authors have been writing about Congress and the politics of governing

for more than a decade with incomparable access to the highest offices in Washington and unmatched insights on the policies, players, and personalities driving politics today. *By invitation only.*

Jake Sherman

Founder, Punchbowl News Former co-author, POLITICO's Playbook

Anna Palmer

Founder and CEO, Punchbowl News Former co-author, POLITICO Playbook

2:30 p.m. - 4:00 p.m.

Federal Forum Plenary

Hear from lawmakers and policy experts on issues that matter to hospital and health system leaders. We'll also honor the 2023 Distinguished Service Award winner. Speakers to be announced.

4:00 p.m. - 6:00 p.m.

Reception for AHAPAC's Top Contributors

By invitation only. For more information on AHAPAC, contact Shari Dexter at (202) 626-2338.

5:00 p.m. - 6:00 p.m.

Associates and Sponsors Appreciation Reception

Associate members and annual meeting sponsors are invited to this special gathering.

Tuesday, April 16, 2024

6:30 a.m. - 9:00 a.m.

Registration

8:00 a.m. - 10:00 am

Federal Forum Closing Plenary

Hear directly from Capitol Hill leaders and the Administration on health care priorities in Congress. Speakers to be announced.

RELATED TOPICS: [AHA Annual Membership Meeting \(/topics/aha-annual-membership-meeting\)](#)

(/)

PROGRAM (/SCHEDULE)

SPONSORSHIP ([HTTPS://SPONSORS.AHA.ORG/HFC-SPONSOR-11683-ANNUAL-MEETING-2024_HFC-SPONSOR-ANNUAL-MEETING-2024.HTML](https://sponsors.aha.org/hfc-sponsor-11683-annual-meeting-2024_hfc-sponsor-annual-meeting-2024.html))

HOTEL & TRAVEL (/HOTEL-TRAVEL-0)

RESOURCES (/QUESTIONS)

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ALSO OF INTEREST

[Multidisciplinary CAUTI Prevention Team \(https://www.aha.org/websites/2016-02-29-cauti-prevention-team\)](https://www.aha.org/websites/2016-02-29-cauti-prevention-team)

[Health Care for the Homeless \(https://www.aha.org/websites/2016-02-29-health-care-homeless\)](https://www.aha.org/websites/2016-02-29-health-care-homeless)

[Workforce \(https://www.aha.org/workforce-home\)](https://www.aha.org/workforce-home)

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