

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: 862 4690 5493 Passcode: 801017

March 28, 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: February 22, 2024 **(3-7)**
 - b. Approval of Checks **(8)**
 - c. Report: Foundation **(9)**
 - d. Minutes: Finance Committee: February 20, 2024 **(10-11)**

- 4. Public Comment and Announcements**

- 5. Presentations:**
 - a. Safe Catch Awards
 - b. Jake Milstein, Chief Revenue Officer & Public Speaker of Critical Insight: Cybersecurity

- 6. Reports and Dashboards**
 - a. Quality – Mandee Olsen, Chief Quality Officer **(12-22)**
 - b. Chief Executive Officer – Julie Petersen **(23-25)**
 - i. Change Optum Update – Jeff Yamada & Jason Adler **(26-27)**
 - ii. Humans Resources & Staff Development – Manda Scott **(28-39)**
 - iii. Expansion Project Update – Ron Urlacher **(40-48)**
 - iv. 2023 Annual Compliance Report Out – Cindy Kelly & Suzette Johnson **(49-52)**
 - v. 2024 Compliance Work Plan – Cindy Kelly & Suzette Johnson ** **(49-52)**
 - c. Operations
 - i. Dede Utley, Chief Nursing Officer **(53-55)**
 - ii. Rhonda Holden, Chief Ancillary Officer **(56-57)**
 1. Recall Process Policy – Nasser Basmeh **(58-59)**
 - iii. Stacy Olea, Chief of Clinic Operations **(60-61)**
 - d. Medical Staff
 - i. Chief of Staff, Roberta Hoppe, MD
 1. MEC Recommendations for Appointment and Re-Appointment ** **(62)**
 2. Internal Medicine Delineation of Privileges ** **(63-64)**
 3. Hospital Medicine Delineation of Privileges ** **(65-67)**
 - ii. Chief Medical Officer, Kevin Martin MD **(68-69)**

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- e. Finance – Chief Financial Officer – Jason Adler
 - i. Operations Report **(70-82)**
 - ii. Approval of Resolution No. 24-02: Authorization of Line of Credit **
 - iii. Capital Expenditure Request for Cle Elum Therapy Services Building Renovation ** **(83-86)**
 - iv. Capital Expenditure Request for Orthopedic/General Surgery Renovations ** **(87-89)**
 - v. Capital Expenditure Request for Radio Hill Parking Expansion ** **(90-94)**
- f. Community Relations Report – Michele Wurl, Chief Public Relations Officer **(95-100)**

7. Education and Board Reports

8. Old Business

- a. Board Self-Evaluation
- b. Strategic Planning Session

9. New Business

- a. 2024 AWP/PHD & WSHA Rural Hospital Leadership Conference June 23-26 in Chelan
- b. Kittitas County Public Health Champion Award **(101-102)**

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

April 25, 2024 Regular Meeting
May 23, 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

February 22, 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, James Sivonen, Scott Casey, Michele Wurl, Dede Utley, Auren O'Connell, Dr. Andrew Thomas

MEDICAL STAFF PRESENT: Dr. Roberta Hoppe

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

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Public Comment/Announcements:**

None.

5. **Presentation:**

Stephanie Bohman, Area Director of Kittitas County Habitat for Humanity, reviewed who Habitat is and what they do. Habitat homes are on the affordable home ownership spectrum and they are currently putting in a development of eighteen homes. Bohman discussed ways that KVH can help such as doing a Team Build.

Rich Elliott, Interim Director for Kittcom reviewed who Kittcom is and who they serve. Elliott stated that in the early 1990's an analog communication system was put in and they haven't updated the radio communication system in over 40 years. Elliott stated that a 2/10th of 1% sales tax is being proposed to maintain and upgrade the communication system. Elliott stated that it will roughly cost \$20 million for the upgrades that need to be made.

6. Reports and Dashboards:

Jeff Yamada stated we received a notice of a breach from one of our vendors named Optum last night. Yamada stated we were able to isolate the issue and shut off all connections with them. Optum has engaged with the both the FBI and the AHA. The group had further discussions regarding days of cash on hand as well as other assets and investments. Yamada stated that insurance verifications, storage of imaging, remittance, eligibility, and claims are all affected at this time. Commissioner Ward stated that at a recent conference he was at that cyberattacks were a hot topic and he met Jake Milstein who volunteered to come to KVH for a presentation. The Board approved inviting Jake Milstein to the March Board meeting as an educational presentation.

Mandee Olsen reviewed the summary from the last QI Council meeting and stated that the EMTALA investigation is now complete and as a result we now have 24-hour ultrasound coverage. The Board members reviewed the Quality report with Mandee Olsen.

The Board members reviewed the CEO report with Julie Petersen. Petersen described an JAMA article (shared with the Board) that talks about the number of OB's that have closed. In the article, KVH's Tricia Sinek discusses of the many services that are impacted when OB's close. Petersen also discussed the difference between what it means to be discharged versus trespassed from KVH when patients are aggressive or abusive. Petersen commented that all patients are still able to seek care in the Emergency Room for urgent care.

The Board members reviewed the Human Resources and Staff Development report with Manda Scott. Scott recognized the new Hearts and Hands volunteers. Scott stated that all managers are now tracking evaluations in a more comprehensive way, so she has removed that from her monthly report.

Ron Urlacher stated that there will be shutdowns in the OR on the weekend of the 29th after surgeries are complete on Friday and through the weekend for the expansion project.

The Board members reviewed the operations report with Dede Utley, Rhonda Holden, and Stacy Olea.

Chief of Staff Dr. Roberta Hoppe stated that MEC continues to make good progress with reviewing the bylaws and presented the MEC's recommendations for initial appointments and reappointments to the Board.

ACTION: On motion of Terry Clark and second of Bob Davis, the Board members unanimously approved the initial appointments for Ryan Ahr, PA-C, Nathan Eppich, CRNA, Dr. Dennis McDonal, Dr. Kenneth Leif Sjoren, and the reappointments for Dr. Shawn Rogers, Dr. Salman Mandhai, Dr. Rebecca Pfaff, Dr. Atul Patel, and Robert "Blake" Harding, PA-C, as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that they have had their initial meeting with the Rural Collaborative for credentialing and Dr. Stone has a signed contract for Home Based Care Director.

Jason Adler reported on KVH's financial performance for January. Adler stated that things are looking better than they have for the last few months but stats were a little below budget, and we had less providers out on leaves. Adler stated that our average length of stay was at 4.4 days and that we need to continue to share the importance of lowering the length of stay. Adler reviewed a number of Medicare Advantage Plan claims that are being fully or partially denied.

ACTION: On motion of Jon Ward and second of Bob Davis, the Board members unanimously approved the capital expenditure request for the six Glidescopes.

ACTION: On motion of Terry Clark and second of Erica Libenow, the Board members unanimously approved the capital expenditure request for the Pyxis Medication Dispensing System for Clinics (KVH IAM, ENT, PEDS).

The Board members reviewed the Community Relations report with Michele Wurl.

7. Education and Board Reports:

Commissioners Ward and Clark reported out on the AHA Rural Health Care Leadership Conference that they attended February 11-14, 2024. Commissioner Clark stated there was a lot of discussion related to cybersecurity and the Board's role with provider credentialing. Commissioner Ward reviewed some of the state of healthcare and trends. Commissioner Ward stated that more than 200 hospitals have stopped delivering babies, the decline of primary care providers was at 25%, and that Medicare Advantage Plans are now half of all Medicare Plans and many hospitals are dropping these plans for not paying claims.

9. Old Business:

President Altman stated that the Board has not been following the current Commissioner Compensation and Travel Policy. Having sent a draft revision of the policy to the Board members prior to the meeting, he introduced the draft policy for full-Board discussion at the public meeting. President Altman stated that the Board needs to weigh costs and benefits when it comes to travel, and that the Board needs to stay within its budget. Commissioner Ward stated that he thinks Board members should be able to decide individually how many and which conferences to attend, all of which should be reimbursed. Commissioner Clark stated that he thinks Board members should be able to decide individually what to count as a meeting for the purposes of compensation. Commissioner Davis stated that the Board should stay within its budget and that we should limit our expenditures like other employees have to do. Commissioner Libenow suggested having a periodic review of Board expenditures compared to its budget.

ACTION: On motion of Bob Davis and second of Erica Libenow, the Board approved the Commissioner Compensation and Travel Policy as presented. The motion passed 3-2, with Terry Clark and Jon Ward voting against.

10. New Business:

President Altman asked the Board for a special meeting for the Board Self-Evaluation. Board agreed to a special meeting. Commissioner Libenow will lead the sub-committee and Manda Scott will gather information from the senior leadership team.

President Altman stated that the AHA Annual Meeting is coming up in April and that he would like to attend, since it is an election year and they will have lobbying and hill visits. Commissioner Davis stated that he is also interested in attending.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board approved all Board members that would like to attend the AHA Annual Meeting in Washington DC in April to attend. The motion passed 3-2, with Terry Clark and Jon Ward abstaining.

Commissioners Ward and Clark stated that they may not follow the Commissioner Compensation and Travel Policy that was approved by the Board.

The Board and Julie Petersen discussed having a strategic planning session. It was decided to look for a date either around the Chelan meeting in June or an adjacent time.

11. Executive Session:

At 8:12 p.m., President Altman announced that there would be an 8-minute recess followed by a 20-minute executive session regarding real estate and personnel. RCW 42.30.110(b). No Action was anticipated.

At 8:40 pm, the meeting was reconvened into open session.

12. Adjournment:

With no further action and business, the meeting was adjourned at 8:41 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 the capital expenditure request for the six Glidescopes.
5. Motion passed to approve Pyxis Medication Dispensing System for Clinics.
6. Motion passed to approve Commissioner Compensation and Travel Policy.
7. Motion passed to approve all Board members that would like to attend the AHA Annual Meeting in Washington DC in April to attend.

Respectfully submitted,

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

DATE OF BOARD MEETING: March 28, 2024

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>301100-301852</u>	NET AMOUNT:	<u>\$10,516,997.62</u>
			SUB-TOTAL:	<u>\$10,516,997.62</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>82197-82199</u>	NET AMOUNT:	<u>\$2,552.82</u>
#2	PAYROLL CHECK NUMBERS	<u>82200-82205</u>	NET AMOUNT:	<u>\$8,957.25</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,977,995.58</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,668,534.65</u>
			SUB-TOTAL:	<u>\$3,658,040.30</u>

TOTAL CHECKS & EFTs: \$14,175,037.92

Prepared by



 Sharoll Cummins
 Accountant



Blooms and Bubbles 2024

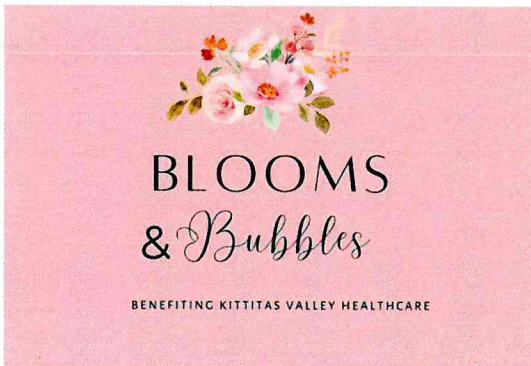
Tickets are available for The Foundation's 20th Annual Fund-A-Need, **Blooms and Bubbles**. Join us on Saturday, April 20, 2024, at the Hotel Windrow for dinner, and a silent auction, and raise the paddle to support Kittitas Valley Healthcare by purchasing medical equipment that caters to the community's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

Farmer's Market 2024

Look for The Foundation at the Ellensburg Farmer's Market this summer. We will be on hand distributing Foundation materials to the public.

Respectfully submitted,
Laura Bobovski, Assistant
The Foundation at KVH

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

March 26, 2024

Tuesday

7:30 A.M.

Join Zoom Meeting

<https://us06web.zoom.us/j/82375850174?pwd=PFKwLoL9c9jxta6jlamtN3wNsbakoN.1>

Meeting ID: 823 7585 0174

Passcode: 944834

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: February 20, 2024**
- **February Financial Highlights**
- **Capital Expenditure Requests**
 - **Cle Elum Therapy Building Renovation**
 - **Ortho/General Surgery Building Renovation**
 - **Radio Hill Parking Expansion**
- **Adjourn**

Next Meeting Scheduled: April 23, 2024 (Tuesday)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
February 20, 2024

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

Voting Members Excused:

Guests Present: James Sivonen, Scott Casey

Guests Excused:

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

Two motions were made. Jerry motioned to approve the agenda, seconded by Bob. Bob motioned to approve the January 23, 2024 minutes and second by Jerry. Both motions passed.

Jason presented the financial highlights for January 2024. January income statement was better compared to the previous 3 months. KVH experienced a \$258k operating loss. KVH has drawn down almost all of the LGIP funds for the expansion project. Inpatient average length of stay was 4.4 days in January. Day's cash on hand at the end of January was 185. AR days increased in January to 74.8 days, largely due to an increase Medicare because RCM lost their Medicare biller.

Jason reviewed the stats for January 2024. ER visits were below budget 8.9%, in January ER visits were down industry wide, not just at KVH. Clinic visits were down 7% and below budget by 10%.

Jason reviewed the January income statement noting revenue was below budget by \$1.5 million. Other deductions were over budget primarily due to "not medically necessary" denials. Expenses were below budget due to decreased operations.

James presented the capital requests which were Glidescopes with an approx. cost of \$101k and additional Pyxis machines for the clinics with an approx. cost of \$75k. Jerry motioned to bring these items to the board, Bob seconded, all approved.

Jason presented a future plan to expand the parking at the Radio Hill building. It would be a two-phased project, one phase would expand parking on the east while the second phase would expand parking on the west and south side of the building.

With no further business, the meeting was adjourned at 8:35 a.m.

QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ
March, 2024

CMS Promoting Interoperability for Hospitals and MIPS for Eligible Providers

Big thanks to Amy Diaz for coordinating submitting to CMS Promoting Interoperability for the hospital, and MIPS reporting (includes Promoting Interoperability, Quality Measures, and Quality Improvement) as a group for our eligible providers. This required reporting is a very complicated program and Amy ensures all the responsible groups (Health Information Management, Informatics, IT, Cybersecurity, hospital and clinic providers, Clinic Administration, Infection Control) are aware of their specific requirements, that we have required documentation, and analysis and selection of elements we will report gives us the greatest opportunity for penalty avoidance and positive payment adjustment. It will be several months before CMS notifies us of our final scores and any payment adjustments or penalties.

Employee Health

As noted on the dashboard, we have seen an increase in needlesticks or potential blood borne pathogen exposures in the last 12 months. In each instance, a root cause analysis is done, which has led to education and improvement.

Immuware is a platform for maintaining required employee health documentation. We are very excited that the system is now interfaced with the Washington state immunization registry. This means that upon hire, many of our employees will have required documentation provided without any additional work on their part. We are also now in the process of incorporating any additional records from our current and legacy systems (NextGen, Paragon, Cerner) and identifying any gaps in documentation. The goal is that Employee Health and employees will have consistent access to their records, and KVH will be able to quickly identify and follow-up on any compliance issues.

Quality Improvement Dashboard Data Summary – through January 2024

We have our new 2024 dashboard this month! A few changes this year:

- It is now four pages long.
- Ambulatory quality is at the beginning, followed by hospital quality, then community-based care. The last page groups together measures we are calling “Patient Safety Reporting”.
- We changed some graphs to bar graphs to better visualize distinct numbers of events.
- Reports of Incidents of Harm is a change to a previous measure. Please see the attached “data glossary” for additional data definitions.

Summary of Areas Meeting Goal or Showing Improvement

- Clinics are doing well with fall risk screenings and diabetic foot checks.
- There were 12 patients with sepsis in the month of January. Of these, 11 patients received all aspects of the sepsis care bundle. The twelfth patient also received all aspects of the bundle, but one component was on a visit the day before. This means the care was perfect, but shows as a “miss” essentially due to a technicality in the measure definition wording.



- Numbers are improving for home health improvement in the management of oral medications. This likely comes with staff becoming more comfortable using the new electronic health record system that was recently implemented for Home Health and Hospice.
- SAFE Board use and incident reporting were strong in January.

Summary of Improvement Opportunities

- The time to outbound referrals is much higher than goal at KVH Family Medicine – Ellensburg.
- We distributed a larger amount of blood in January than in prior months, including two patients who had massive transfusions with seven units transfused. Many of the documentation gaps occurred with these two encounters with massive transfusions.
- There were six patients with restraints in MedSurg or CCU during January. One patient had a missing care plan, one patient had a missing restraint re-order, and one patient had two hours of missing restraint documentation.
- There were two needlesticks and one other potential exposure. One needlestick came from an improper technique being used by staff, followed by just-in-time training for staff on proper technique.
- There were four patient falls in January. The fall with injury occurred when a patient with dementia was toileting alone on MedSurg.

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Medicare Wellness Visits	<p>Numerator: The number of traditional Medicare patients who have received a Medicare Wellness Visit within the previous 12 months</p> <p>Denominator: The total number of unique traditional Medicare patients who have been seen at KVH Family Medicine - Cle Elum, KVH Family Medicine - Ellensburg, or KVH Internal Medicine in the previous 12 months</p>	<p>Medicare Wellness Visits are an opportunity for patients with Medicare to develop or update a personalized prevention plan with their care team. This might include:</p> <ul style="list-style-type: none"> ▶ A review of medical and family history ▶ Developing or updating a list of current medications ▶ Height, weight, blood pressure, and other routine measurements ▶ Cognitive impairment screening ▶ Personalized health advice ▶ A screening schedule (checklist) for appropriate preventive services like cancer screenings 	<p>Visits can only cover preventive care. They cannot address current medical concerns. All traditional Medicare patients seen in these three clinics are included, even if they receive their primary care elsewhere.</p>
Fall Risk Screening	<p>The percentage of eligible patients who were due for and received a fall risk screening during their clinic visit</p>	<p>Patients age 65 or older are recommended to have a fall risk screening at least every 12 months</p>	
Diabetic Foot Checks	<p>The percentage of eligible patients who were due for and received a foot check during their clinic visit</p>	<p>Patients with diabetes are recommended to have a foot check at least every 12 months</p>	
Time to Outbound Referral Sent	<p>The number of calendar days to referral sent for KVH clinic patients</p>	<p>Based on month of referral order date. Only referrals that have been processed/sent are included in data.</p>	<p>ENT, General Surgery and Workplace Health are excluded due to small number of referrals</p>
Sepsis Bundle	<p>Percentage of inpatients with sepsis, severe sepsis, or septic shock who received all applicable components of the sepsis bundle</p>	<ol style="list-style-type: none"> 1. Received within three hours: initial lactate level measurement, broad spectrum or other antibiotics, blood cultures drawn prior to antibiotics; 2. Received within six hours: repeat lactate level measurement if initial lactate level was elevated; 3. Received within three hours: crystalloid fluid bolus if indicated; 4. Received within six hours: vasopressors if indicated 	

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Blood Product Documentation	Percentage of blood product units that have complete documentation in the patient's electronic health record	Items that must be documented to be considered complete include: start time, stop time, if the patient had a reaction to the transfusion, pre-transfusion vital signs, vital signs 15 minutes after transfusion started, post-transfusion vital signs, and documentation of a consent. Vital signs include temperature, blood pressure, respiration rate and pulse. Numerator is number of blood product units considered complete. Denominator is total number of blood product units given.	
Restraints Bundle	Numerator: Number of patients who met all possible measures for restraints Denominator: Total number of patients in restraints	Measures for restraint use include: ▶ Initial restraint order written ▶ Restraint problem added to care plan (MS/CCU only) ▶ Restraint orders continued/signed within appropriate timeframe ▶ Restraint charting/assessment done as frequently as appropriate for the reason for restraint	
Median Time to ECG (Chest Pain)	Median time from arrival to ECG for patients with chest pain who are admitted to KVH Hospital or transferred	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry. Time measured from when patient arrived to time ECG is charted as "signed" or "completed."	
Suicide Risk Assessment/ Intervention Bundle	Percentage of patients with mental health issues who have all appropriate components of a suicide risk assessment/intervention bundle included	Measures for suicide risk assessment/intervention bundle include: ▶ Columbia Suicide Severity Rating (CSSR) assessment completed ▶ CSSR charted ▶ Order created for suicide precautions (if moderate or high risk) ▶ If precautions order placed: Environment made safe/SI precautions in place AND frequency of documentation achieved per policy AND sitter documentation completed (if appropriate)	

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Pain Reassessment after Medication	Percentage of patients in certain hospital units who had a documented follow up assessment of their pain level after receiving pain medications	Patients should be followed up with to assess whether administered medications are reducing their pain. Follow-up should occur within 60 minutes of medication administration, <i>except</i> oral medications in the Emergency Department should be followed up within 90 minutes.	IV Tylenol is currently excluded from this measure, scheduled pain medications for FBP patients are excluded. Medications given close to discharge are excluded (within 60 minutes of discharge <i>except</i> oral medications in Emergency Department within 90 minutes of discharge)
Readmissions	Percentage of patients with a Rural Physicians Group admitting or discharging provider who are readmitted within 30 days of their discharge date	Intended to define rate for medical patients with RGP provider only. Surgical admissions, admission for complications following surgery or patients with RPG consult only are excluded.	Patients with multiple readmissions only count as one occurrence per month.
Hospital Mortality	Percentage of discharges from MS or CCU where the discharge disposition is expired	Excludes patients receiving hospice services or visits where admitting provider note states comfort measures only	Includes inpatient, observation, and swing bed encounters for MS and CCU units only
Timely Start for Home Health	Percentage of new home health patients who are seen within 48 hours of referral	Patients who have referrals for care should be assessed and have care started promptly	
Hospice Length of Stay ≤7 Days	The percentage of hospice patients who were on service for seven days or less prior to discharge due to death or service discontinuation	A greater length of service can provide better pain and symptom management for patients and emotional support for the patient and caregivers	Tracked by the month of patient discharge from service
Improvement in Management of Oral Medications (Home Health)	The percentage of patients who are discharged from home health services during the month who experienced an improvement in their management of oral medications.	Patients answer questions at the beginning and end of a home health care episode using a screening questionnaire known as OASIS (Outcome and Assessment Information Set)	Tracked by the month of patient discharge from service

KVH Quality Improvement Council Dashboard Glossary

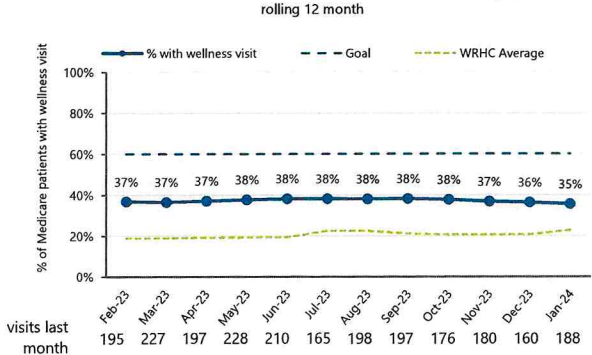
KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Hospital Acquired Infections	<p>Red line (squares): Total number of infections contracted by an inpatient as a result of care or treatment provided during their hospital stay. Includes CAUTIs, CLABSIs, VAEs, and SSIs.</p> <p>Blue line (circles): The subset of the total infections that were SSIs</p>	<p>Inpatient infections from urinary catheters, certain types of intravascular devices, ventilators or surgeries. Based on criteria from the National Health and Safety Network (a division of the Centers for Disease Control and Prevention). Includes superficial surgical site infections, which are not included in Washington State Hospital Association comparison reports.</p>	<p>CAUTI: Catheter-associated urinary tract infection</p> <p>CLABSI: Central line-associated bloodstream infection</p> <p>VAE: Ventilator-associated event</p> <p>SSI: Surgical site infection</p>
Falls	<p>Blue line (circles): The total number of patient falls anywhere in the organization</p> <p>Red line (squares): The number of patient falls that result in any injury</p>	<p>Injuries are defined as anything that requires the application of a dressing or bandage, ice, cleaning of a wound, limb elevation, or topical medication</p>	<p>Non-patient falls are not included (employee falls, visitor falls, parking lot falls); near misses are not included</p>
Care and Service Reports	<p>The number of care and service patient reports submitted to the Quality Department, separated by concerns and compliments</p>	<p>CMS' conditions of participation in the Medicare program include certain policies and procedures regarding the receipt of and response to grievances</p>	
Potential Bloodborne Pathogen Exposures	<p>Red line (squares): Number of potential staff exposures to bloodborne pathogens by any route</p> <p>Blue line (circles): The subset of the total exposures that were needlesticks/sharps injuries</p>	<p>Total potential exposures: All reported potential exposures, including needlesticks, splashes,</p> <p>Needlesticks: Total number of staff who experience a sharps injury during the month</p>	<p>Dependent on reporting by staff</p>
Adverse Medication Events	<p>The number of medication events that are Category D or greater, separated by setting of clinics or hospital</p>	<p>A Category D event is an event that reaches the patient and requires monitoring to confirm that it did not result in harm to the patient and/or required intervention to preclude harm</p>	<p>Unanticipated medication allergies can be included because the categorization applies to any type of adverse event, whether or not the result or an error</p>
Employee/Incident Reports	<p>The number of employee reports submitted through Verge or on department SAFE Boards</p>	<p>Verge is the electronic occurrence reporting system used at KVH. SAFE Boards are also used for reporting, but typically contain items of lower severity.</p>	

KVH Quality Improvement Council Dashboard Glossary

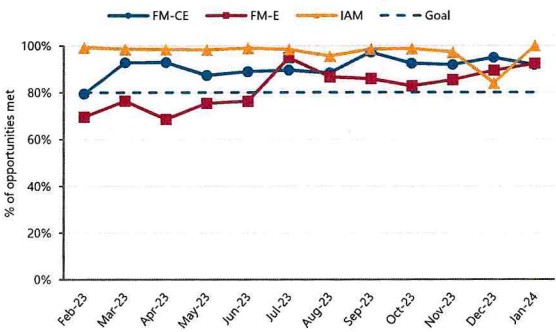
KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Workplace Violence Events	Number of harm events related to workplace violence per 100 FTEs	As defined by the Occupational Safety and Health Administration, workplace violence includes any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site.	Threats and verbal abuse are included as events.
Reports of Incidents with Harm	Percentage of employee reports of a Category E or higher	A Category E event caused, at minimum, temporary harm to the patient and required intervention	The categorization applies to any type of adverse event, whether or not the result of an error

Ambulatory Services Quality

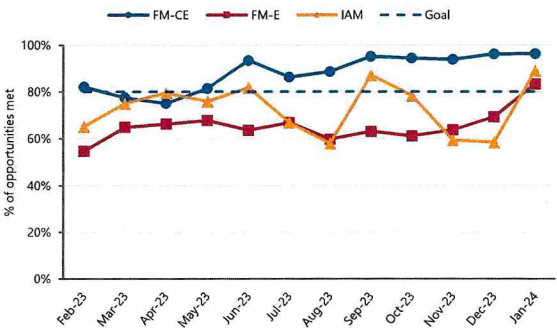
Medicare Wellness Visits ↑



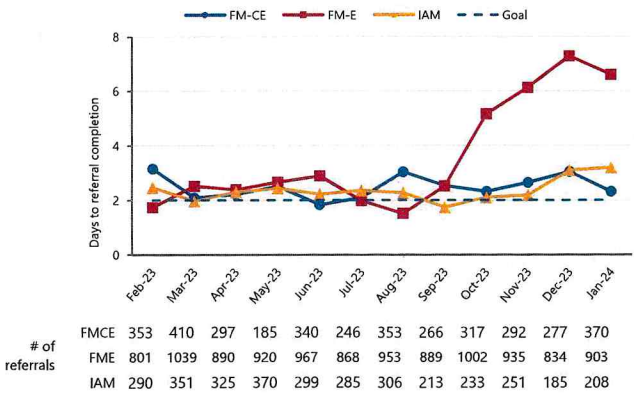
Fall Risk Screening ↑



Diabetic Foot Checks ↑

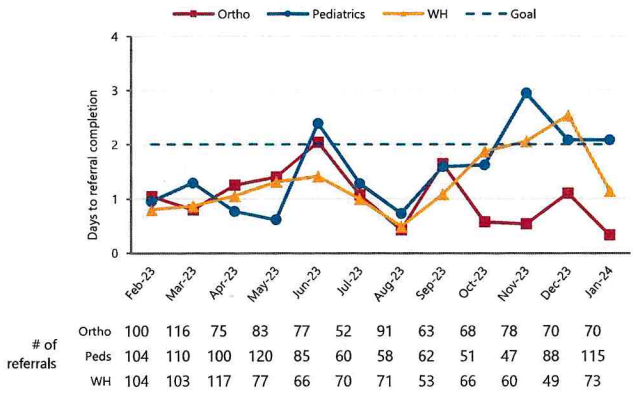


Time to Outbound Referral Sent ↓



# of referrals	FMCE	FME	IAM
Feb-23	353	801	290
Mar-23	410	1039	351
Apr-23	297	890	325
May-23	185	920	370
Jun-23	340	967	299
Jul-23	246	868	285
Aug-23	353	953	306
Sep-23	266	889	213
Oct-23	317	1002	233
Nov-23	292	935	251
Dec-23	277	834	185
Jan-24	370	903	208

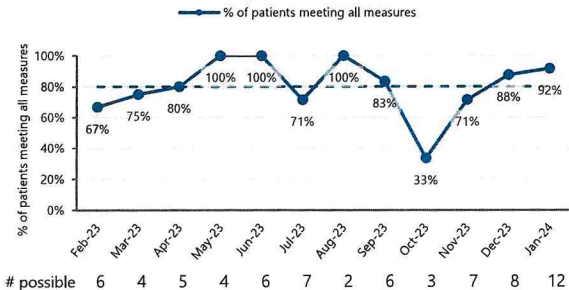
Time to Outbound Referral Sent ↓



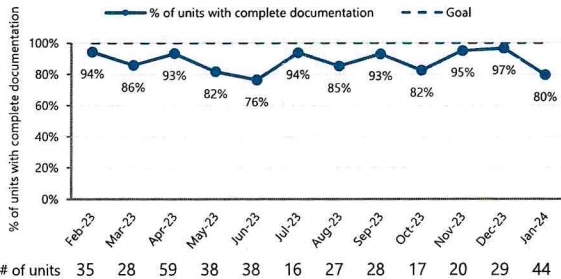
# of referrals	Ortho	Peds	WH
Feb-23	100	104	104
Mar-23	116	110	103
Apr-23	75	100	117
May-23	83	120	77
Jun-23	77	85	66
Jul-23	52	60	70
Aug-23	91	58	71
Sep-23	63	62	53
Oct-23	68	51	66
Nov-23	78	47	60
Dec-23	70	88	49
Jan-24	70	115	73

Hospital Quality

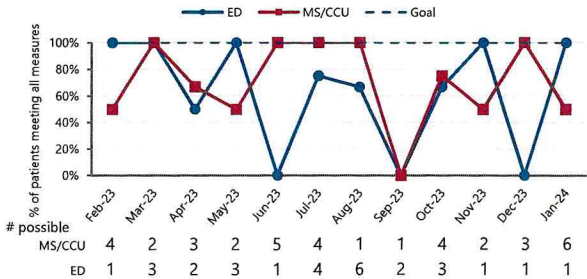
Sepsis Bundle ↑



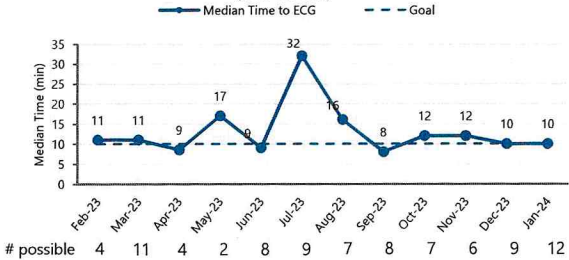
Blood Product Documentation ↑



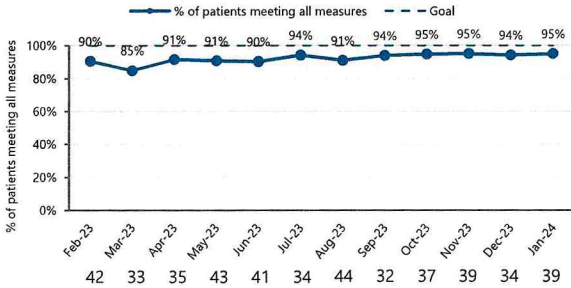
Restraints Bundle ↑



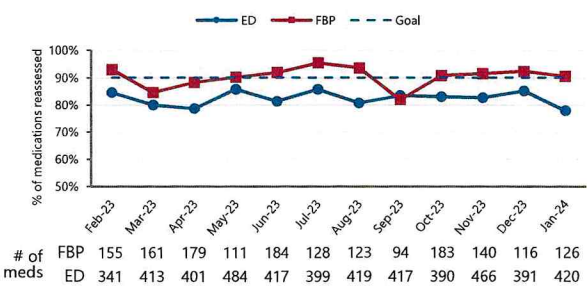
Median Time to ECG (Chest Pain) ↓



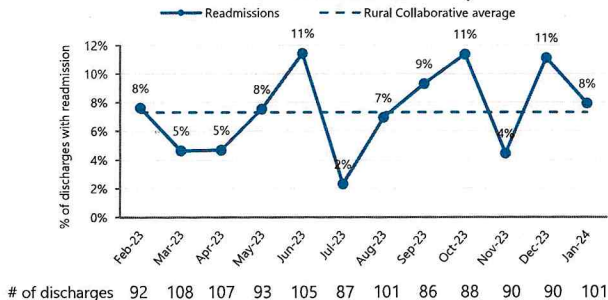
Suicide Risk Assessment/Intervention Bundle ↑



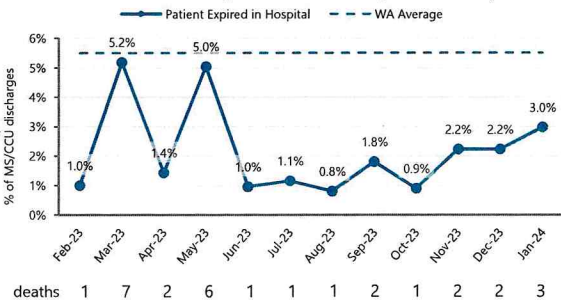
Pain Reassessment after Medication ↑



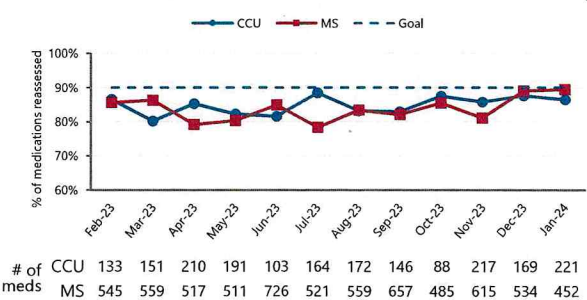
Readmissions ↓



Hospital Mortality ↓

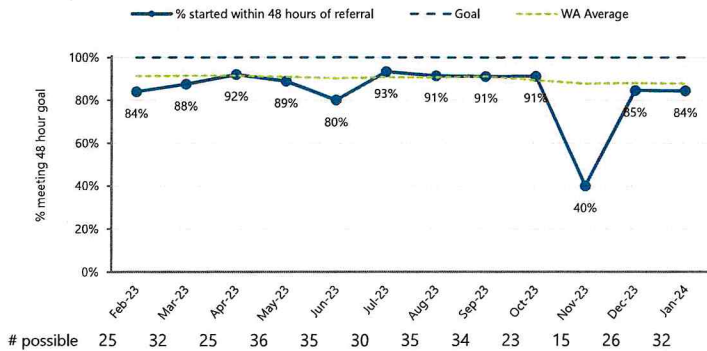


Pain Reassessment after Medication ↑

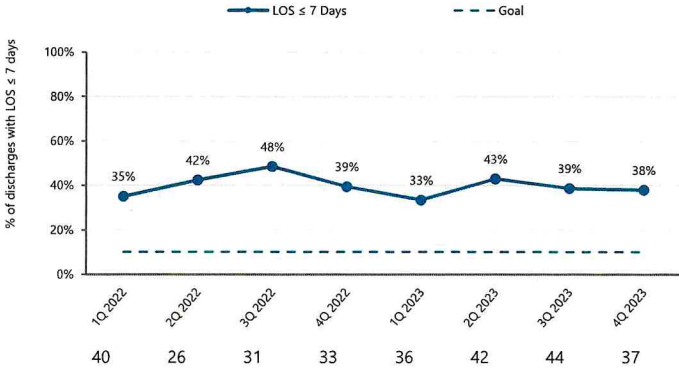


Community Care Quality

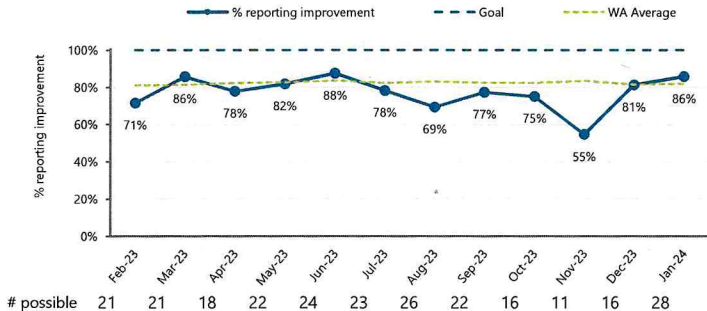
Timely Start for Home Health ↑



Hospice Length of Stay ≤ 7 Days ↓



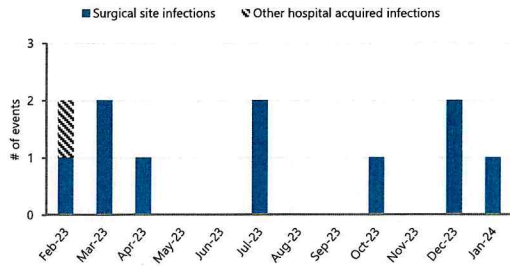
Improvement in Management of Oral Meds (Home Health) ↑



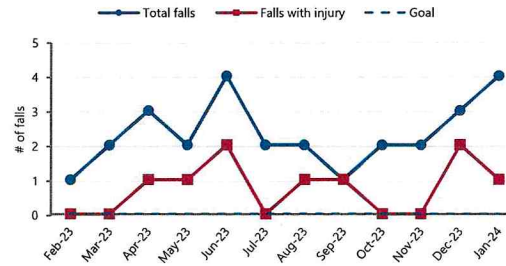
future Primary Care at Home measure

Patient Safety Reporting

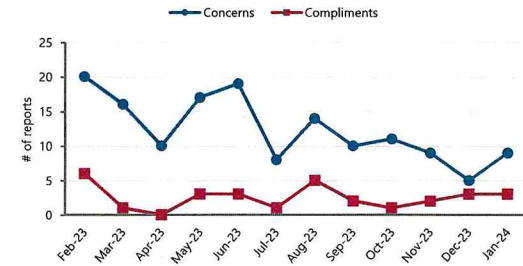
Hospital Acquired Infections



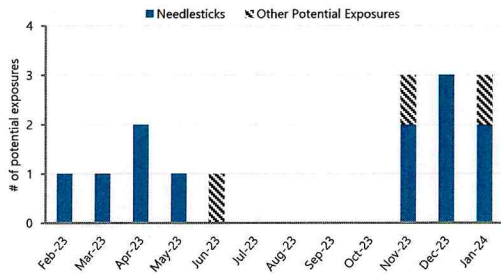
Falls



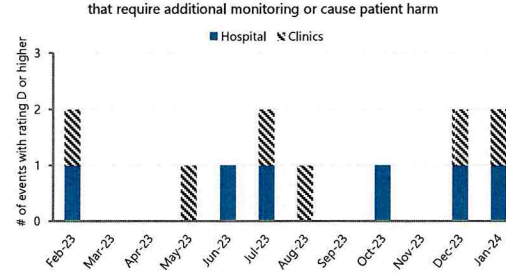
Care and Service Reports



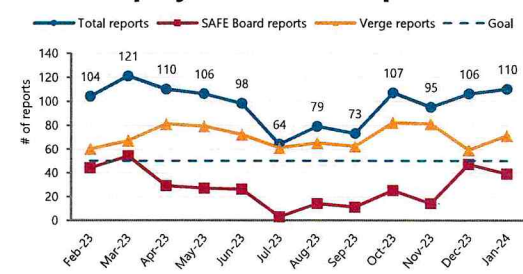
Potential Bloodborne Pathogen Exposures



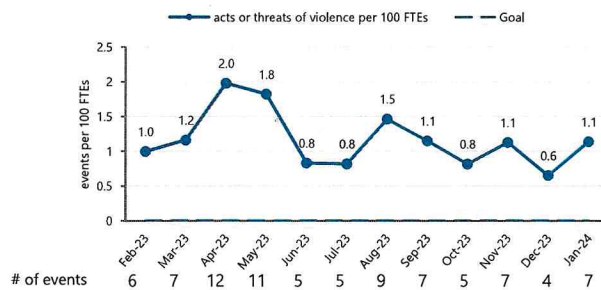
Adverse Medication Events



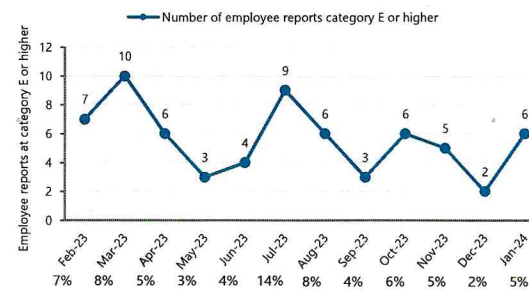
Employee/Incident Reports



Workplace Violence Events



Reports of Incidents with Harm



Chief Executive Report – Julie Petersen March 2024

Safety Net Assessment Program (SNAP)

SNAP is a complicated state/federal program that imposes a state hospital bed tax on the front end the proceeds of which are used to apply for federal matching+ funds that flow to the state on the back end. Negotiating the SNAP program with the state is a nightmare for WSHA. WSHA first has to ensure that the money coming back from the federal government will be used for healthcare.

Generally, the state wants to take some percentage of the total funds available for the general fund or K-12. The second hurdle is to convince the hospitals that the state will abide by the agreement that they negotiated. Several years ago the state imposed the agreed upon bed tax but then raided the funds returned by the federal government for K-12. The hospitals were left holding the bag and some members were unhappy with WSHA.

The seed money that makes the SNAP program possible is the hospital contributed tax. The assessment (tax) for KVH is anticipated to be about \$1.3Million paid quarterly. We would then receive roughly twice that amount back from the SNAP program.

The program hurdle relevant to 2024 is a federal requirement that there be both losers and winners in the program. The amount of SNAP funding received by each hospital is driven mostly by relative revenue size and payor mix. The federal government requires that the distribution agreement negotiated between the hospitals and the state results in at least one hospital paying more in tax than they receive in SNAP funds.

We are closing in on the end of the first quarter and staff at the Department of Health are wringing their hands about how they will prove to CMS that there are no individual contracts or handshake deals to make “losers” whole. DOH is in danger of losing access to the first quarter of proceeds from the program.

WSHA will be passing a board resolution stipulating that there are no “hold harmless” agreements. If this resolution does not suffice, each hospital may need to pass an individual resolution. I expect to know more by the Board meeting on March 28th.

Change/Optum Update

One month and counting. Change, the United Healthcare owned claims clearinghouse, seems no closer to resolving their issues than they were when they were first breached. We have moved on and are now working with a new clearinghouse, Trizetto.

At the Board meeting Jason and Jeff will provide updates on the progress we are making towards getting claims out the door, the back log of claims, the impact on cash, steps we are taking to preserve cash, resolution to imaging issues and the overall relationship with Cerner/Oracle (Change is their third party vendor).

Washington Reproductive Privacy Act

Attached is our updated reproductive services policy which is also posted on our website. We have heard nothing more from the Attorney General's office.

Construction Updates:

Ron will provide an update on the expansion projects and we will be asking to move ahead with the upper county physical therapy (church) project. I will update the Board on our search for a replacement Chief of Facilities.

Congressional Visit March 29

Congresswoman Schrier will be at KVH for a brief visit on Friday, March 29th. Staff will update her on the Change/Optum situation (Jeff), payor compliance issues (Jason), workforce and rural obstetrics (Dede & Tricia) and 340b and site neutral (Julie)

Hospital District #2

Resolution 03-18-24-02 instructs the Kittitas County Auditor to place before the citizens of Hospital District #2 a ballot measure restoring the EMS levy rate to the 25 cents originally approved by the voters in 2016. The measure will go before the voters on August 6, 2024. Those associated with HD2 will be educating the public about the critical need for this additional funding to support Medic One.

We will be reminding the voters that:

- There are **only two ambulance districts** in Kittitas County. KVFR serves the Ellensburg area and Medic One serves upper county.
- Medic One provides advanced life support ambulance service (ALS) to **all of upper county**.
- Medic One has been providing ALS services consistently, professionally to upper county for **more than 40 years**.
- **Seven fire agencies exist within the Medic One EMS district**. Medic One has a decades long history of collaborating with the firefighters, volunteer and paid, to provide seamless emergency medical care.
- Upper county voters approved a 25 cent tax in 2016. The rate has since eroded to just 11.7 cents.
- The ballot measure seeks to restore the levy to 25 cents.

Just Reflecting

You are well aware that your KVH staff does extraordinary work and that the work they do takes a toll. Our Emergency Department in particular weathered a difficult week of new events and events remembered. Our best to them as they deal with the stresses of the duties that they perform for their patients and our community. I am grateful every day for the opportunity to be a part of this team.

Ambitious Agenda

In addition to the standing reports and dashboards, the agenda this month includes, a presentation on cyber security, presentation of safe catch awards, the 2023 compliance report, the 2024 compliance work plan, a review of our pharmacy recall policy, discussion about Change/Optum, three capital project discussions, three action items from the Chief of Staff and a discussion about the Kittitas County Public Health Champion Award.



Reproductive Health Services

Administration

Policy: As a Public Hospital District providing maternity services, Kittitas Valley Healthcare (KVH) complies with the Reproductive Privacy Act. This state law requires a public hospital district that provides maternity care benefits, services or information through any program administered or funded by the public hospital district, to also provide substantially equivalent benefits, services or information to voluntarily terminate pregnancies. KVH recognizes the patient’s right to make informed decisions regarding reproductive health issues. KVH respects each individual’s right to refuse to participate in termination of pregnancy if it violates his or her personal beliefs, as outlined in the Reproductive Privacy Act.

KVH staff will treat all patients receiving services from or participating in other programs of KVH with equality in a welcoming manner that is free from discrimination based on the patient’s expressed preferences related to women’s and reproductive healthcare services or previous participation in elected services.

KVH also complies with its responsibilities under the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. §1395dd

KVH also complies with RCW 70.41.350, Emergency Care Provided to Victims of Sexual Assault.

Education Plan:

Healthcare providers will be informed through departmental meetings and/or new employee/agency staff orientation.

References:

RCW 9.02

Effective Date:	4/8/14	Dept: of Record:	Administration		
		Policy Owner:	Julie Petersen, CEO		
Print Date:		Revision By:	Dede Utley, CNO	Revision Date:	2/22/2024
		Reviewed By:		Review Date:	2/22/2024
		Committee Review:		Date Approved:	
		Committee Review:		Date Approved:	

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is on the KVH Intranet.

This policy is also posted on the external KVH website. Please notify Community Relations of any changes to the policy and specifically request that the policy webpage be updated to ensure the public has access to the most current version.

Human Resources & Staff Development Report – Manda Scott March 2024

February 2024 Metrics

<i>Employee Population</i>				
	<i>24-Feb</i>	<i>24-Jan</i>	<i>23-Dec</i>	<i>23-Nov</i>
Full-time	518	525	515	524
Part-time	124	119	120	115
Per Diem	136	135	133	133
Total Employees	778	779	768	772

<i>Turnover</i>			
	<i>YTD</i>	<i>24-Feb</i>	<i>2023 Year End</i>
Turnover (People)	16	16	190
Turnover (Percentage)	3.5%	1.4%	25.25%
Voluntary	26	10	176
Involuntary	1	1	14

<i>General Recruitment</i>				
	<i>24-Feb</i>	<i>23-Jan</i>	<i>23-Dec</i>	<i>23-Nov</i>
Open Postings	15	14	16	22
Unique Applications Received	250	259	249	249
Employees Hired	21	18	7	21
Time to Fill (Median)	55	70	76	48
Time to Fill (Average)	100	149.33	90	129.3

Recruitment: KVH filled a Senior Financial Analyst position in February, along with a PSR in Wound Care. We also attended a Nursing Career Fair at PNWU for WSU. We plan on attending a Perry Tech Career Fair for Medical Assistants in April as well. Our next round of MA Apprentice cohorts will start in April and we will have three starting at that time. Year-to-date, we have paid \$3,000 in employee referrals which we received from 10 different staff members.

Student and Volunteer Services: Currently we have a total of 55 Job Shadows, Students and Resident Physicians on-site from the following groups: 1 Pharmacy student, 2 Nursing students, 9 EMT students, 20 Paramedic students, 8 Imaging Tech students, 1 Vascular Ultrasound student, 6 Job Shadow students, 3 Nurse Practitioner students, 2 Physician Assistant students, 2 Medical

students, and 1 Family Medicine Resident Physician. We attended the WSU nursing school career fair on March 7th. It was great to meet the WSU nursing students who live in Kittitas County and discuss the career opportunities.

For our volunteer program we have been working to get the new hospice volunteers trained and volunteering with patients. We now have 7 hospice volunteers. There are more hospice patients requesting volunteers than we have volunteers so we are focusing on volunteer recruitment.

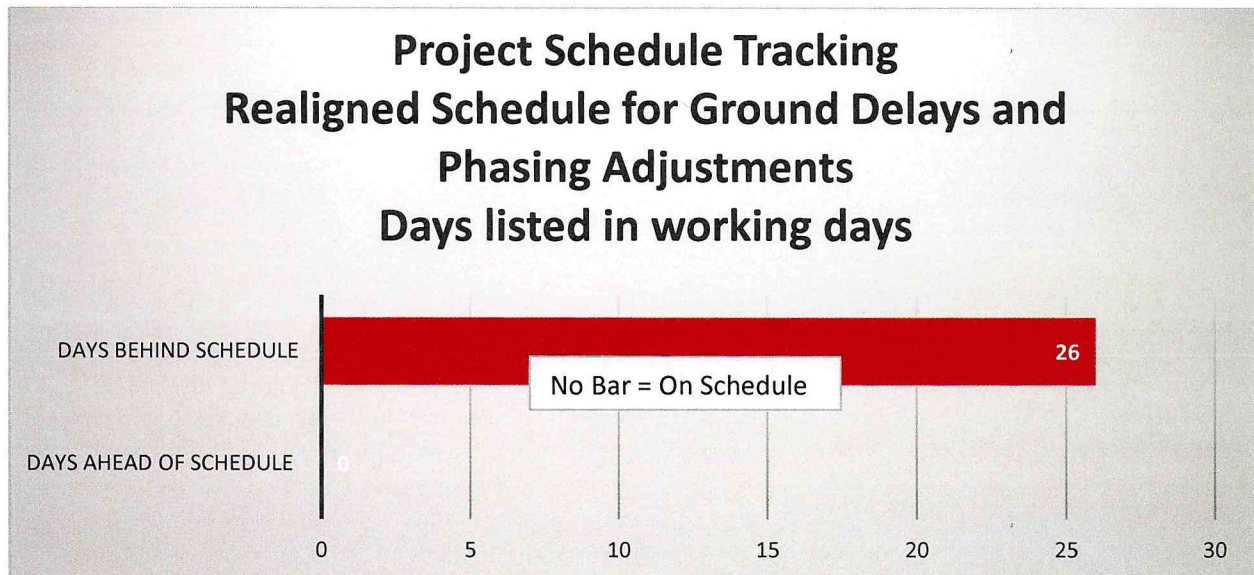
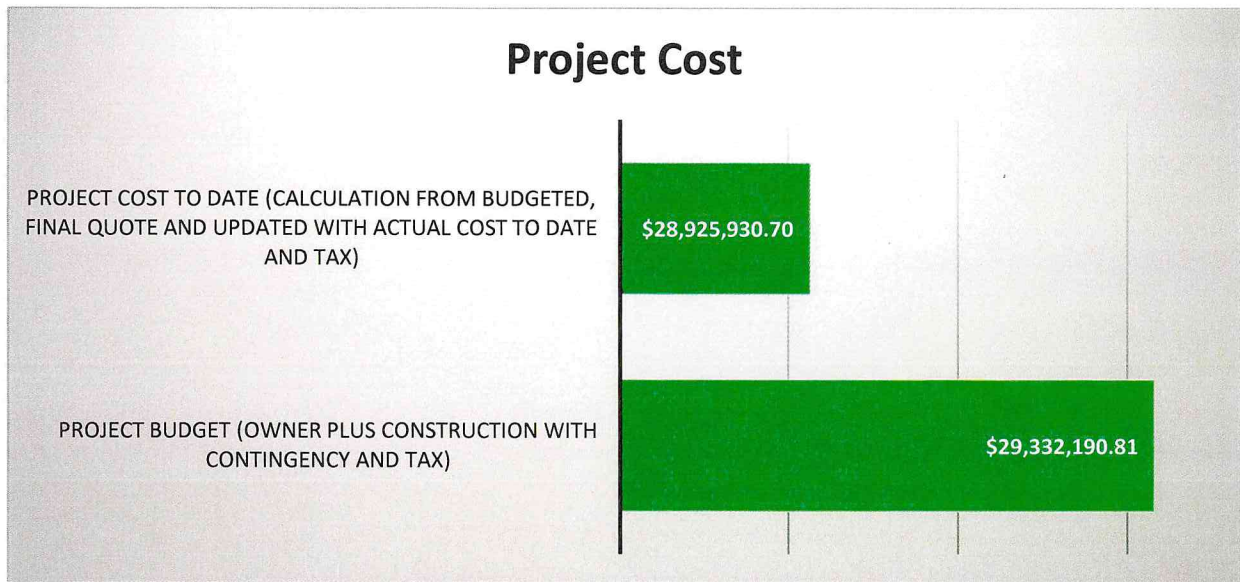
Staff Development: During the month of February, we successfully created and launched the hospice volunteer training program and have also created a comprehensive plan for annual compliance. Significant time has been spent working on our annual learning initiative in Biz Library for all staff, which we plan to launch in 2nd quarter. We believe we are reducing time spent on this annual learning initiative by about 40-50% for each staff member without sacrificing quality, compliance, and focus for key training components. Thank you to Ashley Minyard, Staff Development Specialist, and the leaders involved on this effort. We also met to discuss changes to our new employee orientation (NEO) program to ensure it is capturing key elements of our strategy and culture. Our staff development efforts have been focused, productive, and aligned with our organizational goals.

Leadership Development: New: Valor- Provider Leadership Coaching Program: KVH is excited to announce we have launched a Provider coaching program through the organization Valor. Valor specializes in virtual coaching and has an impressive list of credentialed, highly credible, leadership coaches. We know it is difficult for providers to take time away from patient care for their own development. This flexible program allows them to get support, resources, and development at their own time. KVH had two goals with this program: Support our providers through our strategic changes in the clinics and give our provider leadership team high quality leadership resources. So far, we have heard positive feedback and we believe we are accomplishing these goals. A big thank you to the KVH foundation board who contributed to our implementation costs for this program through the Don Solberg leadership fund.

Benefits/Wellness: The Wellness committee has not slowed down their efforts to offer unique benefits and opportunities to staff. We have continued offering fitness classes through garage studio fitness, league opportunities with volleyball and softball, and art classes for employees. We are looking at new opportunities for 2024. This is a highly engaged and productive committee.

HR Operations: Unfortunately, one of our HR Business Partners, Serena, had to take a position back in Yakima. The HRBP is a challenging position, and a big portion of what HR does is not possible to be visible. Serena supported our employees across the organization and is already missed.

KVH Surgical Services, Materials Management and Radiology Expansion Project



Calendar day extension = 49 days

Project Milestone Dates

- Phase one temporary occupancy = June 12th
- Phase two temporary occupancy = September 3rd
- Phase three temporary occupancy = December 4th
- Phase 4 Substantial completion entire project February 13th

Equipment Delivery Status

- At this point there are no known equipment delivery issues.
- At this point Bonnie is making final equipment orders for shorter lead time items.

Current Challenges

- There are multiple factors that have resulted in a schedule extension. Some of these factors were in last month's board report. Please see the list of items in this board report that account for the schedule adjustment. The project cost has been update with the associated costs.
- MRI trailer lease will need to extend through June.
- Expansion extension will push out construction of Dialysis cleaning room that is currently MRI dressing room. Consideration is being given to a temp location for cleaning.
- 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.
- Entire hospital Oxygen system shut down and tie in. Date 3/27/24.
- All med gas tie in surgery corridor to support OR4. Date TBD.

- Shut down of FBP OR to add medical air to room and added other med gas outlets. Date First week of April.
- Panel NH1 shut down. Serves MRI trailer. Adding new MRI equipment panel Date 3/26/24.
- Panel ZLD shut down. Serves central sterile. Date TBD.
- Panel DPB3 shut down. Adding 2 new panels to this distribution panel.
- Panel YLB shut down. Adding new panels for ORs. Panel serves surgical services.
- Panel ZLD shut down. Adding breaker for new CS washer decontaminator.
- Panel ZH5 shut down. Adding breakers for new CS sterilizer and RO/DI water system.
- Panel NH3 shut down. Adding breaker for CS sterilizer.

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 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.
- 3/8 fire alarm was triggered due to smoke detector not taken off line for energy project duct work in surgery. Facilities missed this detector for this work.

- 3/19 excavator cut irrigation wires and fire alarm wire tied to PIV valve. Irrigation system not up yet for season. The PIV valve was taken off line and the rest of the fire alarm system stayed active. Fire alarm was initiated.

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/Factor	Explanation	Days Added	Causal Factor
Concrete pour RFI76, 77, 78,, 79, 81. Existing staff break room and Materials break out room did not have fire spray on structure. RFI97 PR41 ED staff room and addition of ED storage room	Elements in RFI package pushed concrete pour to week of 10/30. next scheduled pour date was rained out.. Elensburg concrete vendor could not shedule until following week. Spray held up framing of walls while spray contractor was mobed back in and dry time for spray. Cold weather slowed the process. owner added ED storage room demo and constructon to scope. This changes caused some changes in the ED break room.	4 7 5	Unforeseen weather, witnr pouring do to previous delays. Unforeseen Owner Request
Penthouse Steel add RFI83, 90, 91, ASI24, ASI28	Discrepancies/omissions in steel design for support at penthouse and roof equipment had to be mitigated. RODI system has several pieces of equipment associate with it and not all electrical circuits were identified. .	3	Error and Omission
Overhe, and Wall Rough in, RFI93, 100, 108, 115	AHU4 feeder wire chagned as load chagned in submitted AHU4 equipment. Overhead rain leaders were planed to go over MRI room. The copper shielding box was to tall to allow pipe slope. They had to be engineerd and installed in different location.	2	Error and Omission
Overhead rain leaders RFI 117, 120, 125			Unforeseen/Error and Omission
Neptune backflow location and added fire damper RFI,126, 127	The neptune water back flow preventer and other plumbing componnts would not fit in housekeeping room. Was moved to tunnel to avoid conflicts with other items. Had to order and install a fire damper that was not desinged in but needed.	2	Error and Omission
CT overhead paths and equipment celing support. RFI137/PR44	CT injector was not part of GE package and provided by owner through Bayer. No design was in plans for cable pathway and ceiling structure to hold to injector.	1	Owner Request
Overhead and wall rough in, domestic cold water line S140, S130, PR46, PR57,ASI31, PR57	3 domestic cold water lines were tied to the domestic raw water. The intent was to tie to domestic soft water. The plans were incorrrect. Sterilizer room S140 was framed and roughed in and then determined we needed to make it bigger to accommodate the cart wash transformer and disconect. These components were missed on the plan. Electrical disconects for the large sterizers could not be located as planed due to code clearance issues. Had to move them. washer decontam electricla disconects conflicted with plumbing rough in. Had be redesigned disconects moved. Added receptacles and data box for changes in equipment furnature layout. These panels were designed in the energy project and the expansion project added breakers to them. There were conflicts with the loads added. Some med gas locations were chagned to accommodate a columns in the wall.	14	Unforeseen/Error and Omission/Owner request
Panels MEZZH and MEZZL rework, and med gas location changes PR60, ASI35		2	Error and Omission

Reframe walls in room S126	Wall type not noted correctly and did not accommodate plumbing in wall. Had to reframe wall.	2 Error and Omission
Steel lintel at doors and Duct. PR50	1 door and 3 duct penetrations through CMU wall required steel to span the opening due to width and located in control joint. Not engineered in. Had to wait for steel and install.	Unforeseen/Error and 4 Omission
Fur out hopper sinks PR62	The wall type would not accommodate the sink drain carriers. There are 3 each.	1 Error and Omission
Total calendar days added		49

Item	Follow up	Point Person	Item Start Date	Item Due Date	Status	Links	Links
Phase 1 Owner Planning Details							
OPS North Rooms Move							
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		
55 existing storage room and ED equipment	cody started week of 12/4 Will remove this item from expansion project. Tracked by Lean.	Cody/Leann	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 2/29-3/4							
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	Complete		
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	Complete		
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	Complete	Plans\Energy	Plans\Owner \Energy project OR all phase work area.pdf
Surgical Services phase work flow/shut down planning segment 1	Fan will be shut down this phase for all OR's, PACU, endoscopy, and SOP.	Amy	10/24/2023	12/5/2023	Complete		
Disable area smoke and heat detectors	Do at start of phase construction.	Trent	10/24/2023	2/16/2024	Complete		
Enable area smoke and heat detectors	Do at end of phase construction	Trent	10/24/2023	2/20/2024	Complete		
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	Complete		
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	Complete		
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	Complete		
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.	John	2/16/2024	2/20/2024	Complete		
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 of 3/4 before surgery. Terminal clean now scheduled to start 6PM on 3/3.	Rick	10/24/2023	12/5/2023	Complete		
Move Plan	Will only be moving items around for access to ceiling and then back. 2/20 Trent to provide support for moving and cordinate with ASG.	All	2/16/2024	2/20/2024	Complete		
Reivew moving needs with ASG	Get with Chris and walk the project to formulate plan	Trent	2/20/2024	2/29/2024	Complete		
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	Complete	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	Complete		
Disable area smoke and heat detectors		Trent			Complete		
Drain fire suppression system in surgery as needed.	will need facilities support at night/weekend.	Trent			Complete		
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			Complete		
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	Complete		
Move Plan					Complete		
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	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
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			Complete		
Disable area smoke and heat detectors		Trent			Complete		
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			Complete		
Drain fire suppression system in surgery as needed.	will need facilities support at night/weekend.	Trent			Complete		
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			Complete		
Move Plan					Complete		
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		

Electrical Shut Down for Panel ZDP1							
Perform arc flash study	Needed to plan all electrical work. Have contract with Coffman Engineers to perform calculations. Have contract with Paramount Electric to gather needed data. Work started 12/5. 12/14 data submitted to electrical engineer for calculating.	Ron	11/16/2023	12/31/2023	Complete	Electrical shut downs.xlsx	
Medical air compressor	Measure air compressor cycle rate during evening hours. Will plan to reenergize panel as needed to keep storage levels up. Air storage will last approx 30 minutes so this is a viable solution for this equipment.	Trent	10/31/2023	12/1/2023	Complete		
Medical vacuum pump	Measure vacuum pump cycle rate during evening hours. Will plan to reenergize panel as needed to keep storage levels up. Vacuum pump has very fast cycle so this strategy wont work. Will need to formulate other plan. I identified adjacent power panel that will be used for temporary power. Even with this it will take longer to move power source then the cycle rate so short term interim planning needed.	Ron	10/31/2023	12/1/2023	Complete		
Look into temporary power for medical vacuum pump during electrical shut down	Will still need to deploy portable vacuum pumps for change over to temp power. 12/15 found panel NH3 with spare breakers and is adjacent to ZDP1. Med air could also be powered from this panel. Will need to disable stage 2 compressor as breakers are smaller. Sent info to Electrician for review.	Ron	12/11/2023	12/31/2023	Complete		
Test run medical vacuum pump with one disconnect off and make sure it does not shut down controls for both compressor and will restart online pump each time.		Trent	1/8/2024	1/12/2024	Complete		
Pharmacy hood	Email Nasser for hours of operation. Nasser is ok with 6:30 shut down as well.	Ron	10/31/2023	12/1/2023	Complete		
Kitchen hood	Email Jim for hours of operation. Kitch hood shuts off at 6:30.	Ron	10/31/2023	12/1/2023	Complete		
FBP Fire dampers	Some Fire dampers will close. Determine if this affects both AHU's in FBP. Plan AHU shut down accordingly.	Trent	10/31/2023	12/1/2023	Complete		
Find out how to keep ATS-5 from starting generator during shut down.	Have Berg Electric plan	Ron/Berg	10/31/2023	12/1/2023	Complete		
Determine shut down date		Ron	10/31/2023	12/31/2023	Complete		
Determine shut down start time.	Shut down start time is 6:30	Ron	10/31/2023	12/1/2023	Complete		
Determine shut down duration	1.5 hours on the outside.	Ron	10/31/2023	12/1/2023	Complete		
Determine what breakers to be shut off for shut down.	See ZDP1 shut down sheet.	Ron	10/31/2023	12/1/2023	Complete		
Schedule 2 engineers for duration of shut down	one engineer to be posted at compressors for continuous pressure monitoring and one at ZDP1 for communications. Come in early to shut down equipment other then medical air and vacuum.	Trent	10/31/2023	12/31/2023	Complete		
plan and spread out medial air cylinders and regulators as well as portable vacuum pumps as emergency back up.		Trent	10/31/2023	TBD	Complete		
test portable vacuum pumps		Trent	10/31/2023	12/1/2023	Complete		
Radiology AHU demo and Reconnection to AHU4							
Remove all items stored in Radiology mechanical room		Trent	11/2/2023		Planning	Plans\Owner \M2.6 roof HVAC.pdf	Plans\Owner \M3.0 existing HVAC.pdf
Schedule AHU 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	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 duration of down time	Verify with walker 2 days is enough	Ron/Walker	11/2/2023		Planning		
Plan overheat mitigation if need be including down time.	Will use portable AC units for CT and control room.	Ron	11/2/2023		Complete		
Plan duct sealing at mains in penthouse during demo work	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.	Ron	11/2/2023		Planning		
Plan condensor ducting on portable AC units.	See if big enough for CT. Units we have will be big enough based on design air flow for CT and controls room.	Trent	11/2/2023		Complete		
	Will need temporary duct taps on exhaust duct in ceiling. 1/2 Trent getting asbuild info on exhaust duct.	Ron	11/2/2023		Planning		

Plans\Owner
 \M2.0
 existing.
 HVAC air
 requirement
 Plans\Owner's.pdf

Balance exhaust fan to get more exhaust to CT AC units. Check amperage and speed of exhaust fan and see if we can speed up for temp conditions.	Get initial air balance report before modifications. Confirm all areas served by exhaust fan. Re readings taken and ready for balance at shut down.	Trent	11/2/2023		Ready		
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	O2 shut down set for 3/27. time to TBD	Ron	12/15/2023	3/27/2024	Planning		
Determine temporary O2 sources and pressure regulation for O2 work	1/4 Met with Oxarc and reviewed plan and all ok. Oxarc rounding all supplies for temporary O2 connections. Oxarc has all parts now. Ron to schedule date with contractor now.	Ron	12/15/2023		Complete	Plans\Owner\ED O2 temp supply.pdf	Plans\Owner\P3.4 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 maintain 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 connectin.	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\P2.3 boiler room air and O2.pdf	Plans\Owner\P2.1 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. Oxarc has all parts now.	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		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 need 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\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. Paramount has mounting board in place. Electrical can be moved now.	John	2/1/2024	2/13/2024	Complete		
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		Complete		
Philips Wireless network							
Coordinate wireless device locations with Ron	Gave plans to Philips to mark up.	Jeff	1/15/2024	2/21/2024	Planning		
Set date for network wire install	Set same as data cabling schedule in expansion project. 2/6 not part of expansion project and not needed. IT project and they will track.	Ron			Complete		
Set date for wireless hardware install	Need date for hardware delivery from Philips. 2/6 not part of expansion project and not needed. IT project and they will track.	Jeff	1/15/2024		Planning		
West Date Room							
Provide room layout so power can be roughed in.		John	2/1/2024	2/9/2024	Planning		
Panel NH1 Shut Down							

Shut down panel NH1 to install new MRI, NH5, panel breakers and Cart washer breaker. Identify all that is affected.	This panel powers the mobile MRI and will need to be shut down for this work.	Ron	2/20/2024		Complete	Electrical shut downs.xlsx	
See if Heritage Imaging will be need on site for shutdown and start up of MRI and or on Board Generator	Kimme noted that Heritage will be on site.	Kimme	2/20/2024		Complete		
Set date and time for Panel shut down and work. Will need to be after scheduled MRI are done for the day and coordinated with Heritage.	only one shut down. If Cart wash breaker is delay we may have to plan 2 shut downs. 3/19 Still don't have breaker for cart wash. Set for 3/26	Ron	2/20/2024		Ready		
ZDP2 Second Shut down							
Panel shut down to install AHU4 breakers	This panel was shut down before so we have plan in place. Will need to be after hours.	Ron	2/20/2024		Planning	Electrical shut downs.xlsx	
Set date and time	Waiting for contractor to get breaker.	Ron	2/20/2024		Planning		
DPB2 Shut down							
Panel shut down to install new panel NL13 breaker	Investigate what is effected with panel shut down	Ron	2/20/2024		Planning	Electrical shut downs.xlsx	
Set date and time		Ron	2/20/2024				
DPB3 Shut down							
Panel shut down to install new panel YOR and Y11 breakers	Investigate what is effected with panel shut down	Ron	2/20/2024		Planning	Electrical shut downs.xlsx	
Set date and time		Ron	2/20/2024				
YLB Shut down							
Panel shut down to install MRI equipment breaker breaker	Investigate what is effected with panel shut down	Ron	2/20/2024		Planning	Electrical shut downs.xlsx	
Set date and time		Ron	2/20/2024				
		Ron	2/20/2024				
ZLD Shut Down							
Add breaker for D1 washer decontam		Ron	3/18/2024		Planning		
MEZH Shut Down							
Add breaker for CT Humidifier H2, and HRV-1		Ron	3/18/2024		Planning		
ZH5 Shut Down							
Add breaker for C6 Sterilizer and RODI systems		Ron	3/18/2024		Planning		
NH3 Shut Down							
Add breaker for C6A sterilizer		Ron	3/18/2024		Planning		
All Med gas tie in For OR4							
Make connections into existing med gas piping in surgery corridor to support new OR4	Work will be at night but will cause rooms to be unavailable for emergency surgeries. Duration about 3 hours	Ron	3/18/2024		Planning		
Determine what all gets effected in shut down		Ron	3/18/2024		Planning		
Terminal Clean		Rick	3/18/2024		Planning		
Develop ICRA plan		Ron/Nicole			Planning		
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	Complete		
Order signage	Need signs by Mid April	Kristl	2/1/2024		Complete		
Find out if signage is owner installed.	Kristl had factor in for vendor install and we accepted that option.	Ron	2/13/2024		Complete		
Get exact name for soiled rooms	Sent to Kristl.	Ron	2/13/2024	2/19/2024	Complete		
Schedule sign install	Ron to get dates to Michele for vendor.	Michele			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 will do 2/30 when system is down.	Trent	2/8/2024	3/15/2024	Complete		
Test Operation	Get with Dave for testing. Dave tested 3/4.	Trent	3/15/2024	4/1/2024	Complete		
Echo room Temp Move For Fire Wall Construction							
Set up dates and duration of work	Dates set for March with Kimmie and Randy. 3/11-3/19	Randy			Complete		
Find out what moves to temp location from ECHO room	Meeting was set for 3/6 with Kimme, Randy, Trent and I.	Randy			Complete		
Identify location for items not used during this time.	Meeting was set for 3/6 with Kimme, Randy, Trent and I.	Randy			Complete		
Terminal Clean	3/5 emailed Rick to terminal clean on Saturday.	Rick		3/19/2024	Complete		
Move equipment back to Echo room.	Reviewed with Rick to clean evening of 3/19	Trent					
Materials Management Move to Phase 1 area							
Will use partial MM store room and partial OR equipment store room. Contractors will leave opening in wall between the rooms. MM office space will be finished except floor and used for pathway.	Awaiting Schedule update				Planning		
Surgery Clean Storage Move to Phase 1 area							
Will move to phase one partial Clean storage area. Get room dimension from KDA.		Ron			Planning		

Find Temp Location for Tissue Freezer							
Tissue freezere located in phase 2 OR equipment area. Will need access during phase 2	Will move further down the wall to get it inside phase one area unitl phase 2.	Ron	2/15/2024	2/28/2024	Complete		
Move Medivator to Temp Location							
Move at the end of phase one on off hours so ready for use at move in to new CS.	Waiting for schedule update.	Ron/Dave			Planning		
Assess and Move Storage into Cody old Office							
Planning on using space for storage of equipment/supplies.	Need to see if room is fire rated as needed for storage application.	Cody/Ron	2/15/2024		Planning		
Review Equipment and Layout at Phase 1 OPS Nurse Station							
review equipment layout for work flow. Part of Quapi	Will need ot assess on plans as nurse station is case work that is not in place.	Leann			Planning		
Need Mock layout for MM Storage Area							
Get room dimension from KDA to assist in room layout		Ron			Planning		
Bonnie to layout temp racking during phase 2		Bonnie			Planning		
Surgery Clean Room Pyxis Temporary Location Phase 2							
Pyxis will not be accessible during phase 2 in the current location. Assign temporary location	Will locate on temp wall directly west of where they are now.	Amy/Ron			Complete		

Healthcare Compliance Work Plan

23 Review and 2024 Forecast



Presented by:

Cynthia Kelly

ckelly@kvhealthcare.org

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Introduction

The DOJ states that a hallmark of an effective Compliance Program is its capacity to improve and evolve. This includes an ongoing assessment of new risks and utilization of resources to ensure reasonable actions were taken to support Compliance and Ethics programs.

As part of this ongoing assessment, the Compliance Department developed a 2023 Work Plan. The Work Plan includes the yearly objectives and the year-end status of the Compliance Programs elements. In addition, there is data on Privacy Investigations and Compliance concerns included with the 2023 Work Plan Review. The 2024 Work Plan Review has been developed to provide yearly objectives for 2024 and the Goals for each of those objectives identified.

The KVH Performance of the seven Elements are reviewed as part of the ongoing assessment. The components of each element are:

- Development and distribution of written standards of conduct, as well as written policies and procedures that promote KVH's commitment to compliance.
- Compliance Officer and the Compliance Committee
- Proper education and training of KVH Board of Commissioners, Officers, Administrators, Managers, Employees, Physicians and other health care professionals, and the continual retraining of current personnel at all levels
- The maintenance of a process, such as a hotline, to receive complaints, to protect the anonymity of complainants, and to protect whistleblowers from retaliation.
- Systems in place to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or Federal Health Care Program requirements.
- Use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem area.
- Investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.

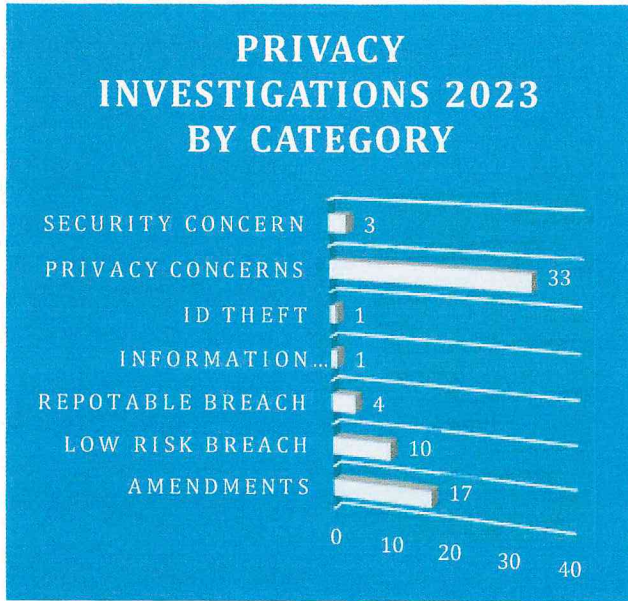
An overall study of the Compliance Program has been conducted through a Compliance Effectiveness Assessment. The tools utilized for the assessment were the OIG Program Assessment suggestions manual, the KVH Patient Safety Survey, and Compliance Week comments from all Staff.

Below you will find a summary of the ongoing assessment to provide an effective Compliance Program at KVH.

2023 Work plan Review

Objective / Action - Regulatory Reference	Year End Status
<p><u>Policies & Procedures</u> Compliance policies, procedures and supporting documents provide up to date guidance to staff and leaders.</p>	Rollout date Mar 2024
<p><u>Compliance Officer and a Compliance Committee</u> Compliance Officer updates Hospital District #1 Board of Commissioners on Compliance Program activities</p>	Work plan completed in December
<p><u>Conducting Effective Training and Education</u> Annual system-wide healthcare compliance training to support staff knowledge of compliance standards and KVH Code of Conduct</p>	Current for the year
<p><u>Staff response to phishing tests- Phish Prone percentage</u> Staff will be equipped with the knowledge to stop phishing cyber-security attacks before they affect patient care and facility operations.</p>	IT set a goal and exceeded that goal for the year, currently at 1.3%, benchmark is 5.3%
<p><u>New employees, leaders and providers</u> Receive compliance education during new employee orientation</p>	Continue to meet with new leaders as needed and provide online options for challenging schedules
<p><u>Developing Effective Lines of Communication</u> Respond, investigate, and follow up on all Compliance Hotline calls/complaints</p>	One call to the hotline for the year
<p><u>Compliance internal investigations</u> Results are shared with leadership and relevant departments</p>	All Investigation statistics were shared during Compliance Committee meetings in 2023. 21 investigations. Out of the 21, 3 still in progress. 6 were substantiated.
<p><u>Auditing and Monitoring</u> Ensure contract commitments are delivered and regulatory compliance is met through an efficient and effective contract review process.</p>	Contract review process has begun. Currently focusing on Tier 1 Patient Service Contracts and BAA Contracts.
<p><u>Internal 340B audits</u></p>	Met monthly to discuss audit findings. HRSA Audit closed in January 2024
<p><u>Detected Offenses and Developing Corrective Action Initiatives</u> Respond, investigate, and report to Federal authorities as required for HIPAA and other Privacy compliance issues.</p>	Total of 4 reportable breaches for the year.
<p><u>QA Data Share</u></p>	Sent Army 4th Qtr data
<p><u>Coding Audit</u></p>	Current for the year
<p><u>Sanctions</u> Medical Staff HR Background Checks Vendors</p>	Verified the Sanction processes in place and any identifiable issues were addressed.
<p><u>Equipment Recalls Report from Materials Manager bi-annually</u></p>	Current for the year
<p><u>Compliance Effectiveness Assessment</u></p>	Completed Compliance Effectiveness Assessment

2023 Privacy Investigations



Privacy Investigations 2023

Category	Count
Amendments	17
Low Risk Breach	10
Reportable Breach	4
Information Blocking	1
ID Theft	1
Privacy Concerns	33
Security Concern	3
Total	71

2023 Compliance Concerns



Compliance Concerns 2023

Month	Total Compliance Concerns	Total Substantiated
Jan	0	0
Feb	4	0
Mar	4	2
Apr	1	0
May	0	0
Jun	0	0
Jul	4	2
Aug	2	1
Sep	2	1
Oct	2	0
Nov	2	0
Dec	0	0
Total	21	6

KVH Performance of the Elements in 2023

Element 1-Written Policies and Procedures- *Development and distribution of written standards of conduct, as well as written policies and procedures that promote KVH's commitment to compliance*

1. Implementation of a Documentation management solution software
 - a. Lucidoc Implemented 3/19/24
2. Contracts Committee developed
 - a. Members include Mandee Olsen, Jason Adler, Bonnie Vidonne, Mandy Weed, Mitchell Rhodes, Ron Urlacher, Manda Scott, Jeff Yamada, Pamela Lutz, Cynthia Kelly, LeAnn Bolding, Kim Mackay, Madison Lendy, Pamela Lutz, Justin Becker, and Suzette Johnson,
3. Policies and Procedures Committee developed
 - a. Members include Pamela Lutz, Jonika Mattsen, Mandee Olsen, Jonathan Hibbs, Cody Staub, Ron Urlacher, Cynthia Kelly, Rhonda Holden, Kristl Densley, Brenda Hilligoss, Ellen Hanson, LeAnn Bolding, Nasser Basmeh, Kim Mackay, Jaime Georgeson, Shelly Contreras, Jeff Yamada, Justin Becker, and Suzette Johnson,
4. Records Specialist hired-Justin Becker

Element 2-Compliance Officer and a Compliance Committee - *Compliance officer, and other appropriate committees, charged with the responsibility of operating and monitoring the Compliance Program, and who report directly to the CEO and the governing body.*

1. Compliance Committee
 - a. Members are Chief Executive Officer Julie Petersen, Chief Ancillary Officer Rhonda Holden, Board Representative Terry Clark, Compliance Officer/Privacy Officer/Health Information Management Director Cindy Kelly, Chief Quality Officer, Mandee Olsen, Chief Information Officer Jeff Yamada, Chief Financial Officer Jason Adler, Revenue Cycle Management Director Lisa Gott, Chief Nursing Officer Dede Utley, Director of Pharmacy Services, Nasser Basmeh, Director of Human Resources Manda Scott, and Compliance Specialist Suzette Johnson
 - b. Compliance Committee meets monthly to support timely updates on improvement activities and reporting of newly identified risks. Standing agenda items included updates from our Privacy Officer, Revenue Cycle Management, Quality and Risk Management, Pharmacy 340B program and the Information Security Officer.
2. Privacy and Security Team

- a. Members are Privacy Officer and Compliance Officer Cynthia Kelly, HIM Applications Analyst Tiffany Stepanoff, Information Security Officer Jeff Yamada, and Compliance Specialist Suzette Johnson
3. 340B Oversight Committee
- a. Member are Director of Pharmacy Services Nasser Basmeh, Pharmacist and Pharmacy Technician representatives Salvador Camargo, Donelle Sears, and Amanda Reyes, Privacy Officer and Compliance Officer, Cynthia Kelly, Chief Ancillary Officer Rhonda Holden, Information Systems-Application Analyst Hanna Doolin, Chief Financial Officer, Jason Adler, and Compliance Specialist Suzette Johnson.
4. Highlights
- a. **100%** of Compliance Work Plan action items were initiated and monitored for ongoing improvement.

Element 3-Conducting Effective Education and Training Proper education and training of KVH Board of Commissioners, officers, administrators, managers, employees, physicians and other health care professionals, and the continual retraining of current personnel at all levels, are significant elements of an effective compliance program. As part of a compliance program, KVH requires personnel to attend specific training on a periodic basis, including appropriate training in federal and state statutes, regulations and guidelines, and the policies of private payers, and training in corporate ethics, which emphasizes commitment to compliance with these legal requirements and policies.

1. Targeted education related to privacy, security and price transparency regulations through Announcements, Cross-Functional Huddles, Daily Huddles, Director and Provider Meetings
2. Annual education - Compliance and HIPAA/Privacy education
3. New employee/leader education
4. Compliance Officer and Compliance Specialist education
5. Lucidoc training
6. Compliance Officer Cynthia Kelly certified in Healthcare Compliance
7. Compliance Specialist Suzette Johnson tested in February for certification in Healthcare Compliance
8. Compliance Flyer – how to report a Compliance concern
9. Compliance and Security Officer/Investigations

10. Highlights

- a. Leaders received Compliance/HIPAA/Privacy education
- b. 61% KVH staff completed a Code of Conduct review
- c. 61% of staff, who completed the Bizlibrary training, acknowledged being aware that every employee is required to report any known or suspected violation of the KVH Code of Conduct
- d. 61% staff, who completed the Bizlibrary training, acknowledged being aware of multiple options for reporting a compliance concern
- e. **100%** of staff assigned completed a review of the Fraud, Waste, & Abuse Prevention Program Policy

- f. Information Security assignments: 73% completed knowbe4 and 63% completed the IS on Biz
- g. 88% Privacy education completed in Bizlibrary
- h. Washington Rural Health Collaborative Compliance Committee meetings attended via remote access.
- i. KVH hosted the annual in-person meeting in October.

Element 4-Developing Effective Lines of Communication *The maintenance of a process, such as a hotline, to receive complaints, to protect the anonymity of complainants, and to protect whistleblowers from retaliation.*

- 1. Reducing barriers to reporting compliance concerns
 - a. Annual education
 - b. Visual reminders
 - c. Hotline calls signal an email
 - d. Compliance dashboard metric is reported quarterly
- 2. Non-Retaliation and Non-Retribution for Reporting Policy
- 3. Highlights
 - a. **100%** Reporters whose identity is known received feedback related to their concern.
 - b. 29% of all reports were substantiated

Element 5- Enforcing Standards through Well-Publicized Disciplinary Guidelines *System to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or Federal Health Care Program requirements*

- 1. Standards enforcement through the following activities
 - a. Conflict of Interest Disclosure Statement
 - b. Human Resources provides leaders with education and resource tools to ensure consistency in discipline for any investigations that lead to employee corrective actions
- 2. Highlights
 - a. **100%** newly employed providers completed a Conflict of Interest Disclosure Statement.
 - b. Board of Commissioners and KVH Administration completed annual Conflict of Interest Disclosure Statement

Element 6- Auditing and Monitoring *Use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem area.*

- 1. Revenue Cycle Management (RCM)
 - a. Revenue Integrity- RCM daily work has many checks and balances in place to ensure compliant billing to our payers.
 - b. Medicaid Audit
- 2. HIM coding

- a. 2023 Audit focused on new E&M guidelines for ED, Inpatient, and Observation encounters
 - b. CTP accuracy rate was 99%, E&M 87%, Modifiers 98%, and Diagnosis 97%
 - c. Training was provided to improve accuracy of E&M coding
 - d. E&M levels due to over-coding by one level
3. Human Resources
- a. Exit interview data can provide a wealth of information including potential areas of risk that former employees are willing to share after they leave employment. Monitoring metrics includes mailing of exit interview questionnaire to all discharged employees and CEO review of all returned questionnaires.
 - i. Exit Interviews Sent in the year 2023 = 122
 - ii. Exit Interviews Returned in the year 2023 = 20
 - b. GSA/OIG check on all employees
4. 340B Program audits
- a. HRSA accepted closure
 - b. Script-Pro 48 audits
 - c. Completed 989 audits on the mixed use claims
 - d. Super1 added as an additional 340B Pharmacy
5. Security
- a. Phishing tests - Below our goal of 5% for 4th Qtr 2023. Black Friday test - 1.6%. Only 12 people clicked on email. Continuing education for clickers.
 - b. Annual PEN (Penetration) testing. 6 weeks trying to hack our system and they were unsuccessful

Element 7-Responding to Detected Offenses and Developing Corrective Action Initiatives *Investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals*

- 1. Sanction screening
 - a. All new providers are screened to avoid employing individuals who are excluded or sanctioned from participating in federal healthcare programs. All privileged providers are screened through the Office of Inspector General excluded individuals or entities for federally funded healthcare programs online monitoring site.
- 2. Vendor screenings
 - a. KVH badges are created for routine surgery vendors. Other vendors receive a guest badge when they check in to materials or the OR. Accounting runs a check against the OIG list at least one time per quarter.

2024 Work Plan Development

Compliance Effectiveness Assessment

Reviewed OIG Program Assessment suggestions, Patient Safety Survey with monitoring findings, and Compliance Week comments from Staff

Objective / Action - Regulatory Reference	GOAL
<u>Management Accountability for Compliance</u> Requests for follow up and transparency	Quality is working on an improvement process to provide feedback to employees that will promote transparency
<u>Drive Compliance Culture</u> Increase presence, improve communication, close the loop	Implement in person ongoing Compliance checklist rounds to increase presence. First rounds scheduled 01/29/2024
<u>Two-way Communication</u> Adequate communication between the Compliance Departments staff and all employees	Build a KVH Intranet Compliance Page when the new Intranet has been implemented
<u>Rewarding and Recognizing Employees</u> Established methods for rewarding and recognizing Compliance activities	Secure a hallway board that will be dedicated to Compliance for regular posts and recognitions.
<u>Compliance Training</u> Requirements for volunteers	Update Policies to ensure inclusion of volunteers (Currently in progress)

2024 Work Plan
KVH Board Approval needed

Objective / Action - Regulatory Reference	GOAL
<u>Policies & Procedures</u> Compliance policies, procedures and supporting documents provide up to date guidance to staff and leaders.	Compliance policy, procedures, and supporting documents are reviewed annually. KVH policies updated every 2 years per DNV
<u>Compliance Officer and a Compliance Committee</u> Compliance Officer updates Hospital District #1 Board of Commissioners on Compliance Program activities	Annual Compliance Program Report and a bi-annual Compliance Work Plan update
<u>Conducting Effective Training and Education</u> Annual system-wide healthcare compliance training to support staff know ledge of compliance standards and KVH Code of Conduct	All staff complete annual Compliance education bundle through Bizlibrary
<u>Staff response to phishing tests- Phish Prone percentage</u> Staff will be equipped with the know ledge to stop phishing cyber-security attacks before they affect patient care and facility operations.	Maintain <5% phish-prone rate
<u>New employees, leaders and providers</u> Receive compliance education during new employee orientation	All new employees, leaders and providers receive education on Fraud, Waste & Abuse, HIPAA/Privacy and Information Security education
<u>Developing Effective Lines of Communication</u> Respond, investigate, and follow up on all Compliance Hotline calls/complaints	Hotline calls and compliance concerns are logged and investigations initiated within 2 business days.
<u>Compliance internal investigations</u> Results are shared with leadership and relevant departments	Compliance Officer attends Department Director monthly meetings & as needed Senior Leadership meetings. Ongoing
<u>Auditing and Monitoring</u> Ensure contract commitments are delivered and regulatory compliance is met through an efficient and effective contract review process.	Develop scope of work for contract management
<u>Internal 340B audits</u>	Monthly 340B audits meet audit targets
<u>Detected Offenses and Developing Corrective Action Initiatives</u> Respond, investigate, and report to Federal authorities as required for HIPAA and other Privacy compliance issues.	Any privacy breach that is more than low risk to the patient, will be reported to HHS by March 1st of the following year, or sooner if indicated
<u>QA Data Share</u>	Submit Data to Amy Diaz
<u>Coding Audit</u>	Annually
<u>SANCTIONS</u> Medical Staff HR Background Checks Vendors	Quarterly
<u>NEW REGULATIONS</u> RHC/Skip Houser LEGAL UPDATES	Ongoing
<u>Equipment Recalls Report from Materials Manager</u> bi-annually	Ongoing
<u>Compliance Effectiveness Assessment</u>	Address findings from the Compliance Program Assessment

Conclusion

The Compliance Department developed a 2023 Work Plan. 100% of the Compliance Work Plan action items were initiated and monitored for ongoing improvement.

KVH had an Implementation of a Documentation Management solution software called Lucidoc. The contracts Committee and the Policies and Procedures committees were established. A new staff member, Records Specialist Justin Becker, joined the Compliance Team. Training for 2023 proved effective with 100% of staff assigned completed a review of the Fraud, Waste, & Abuse Prevention Program Policy. The Compliance Program developed effective lines of communication with 100% of Reporters whose identity is known received feedback related to their concern. A Conflict of Interest Review led to the Conflict of Interest Disclosure Statements resting at a current status. Audits have been performed timely and accurately. Sanction and Vendor screening monitoring was completed throughout the year.

Looking ahead, 2024 will be a year that the KVH Compliance Program improves and evolves.

Patient Care Services Report – Dede Utley

March 2024

Medical/Surgical & CCU-Jeff Holdeman

- Utilization Review and Social Work has transitioned to Jeff Holdeman.
- Census has been steady with 10-12 patients on MS and 2-4 patients in CCU. We have also been using our Swing Bed program as appropriate.
- Staffing remains a priority. Recent new hires include two Registered Nurses and three Patient Care Technicians.
- Flooring and ceiling work has been completed in CCU rooms 1-4. Rooms 5 and 6 will be completed soon. That work will coordinate with infrastructure requirements for Dialysis.

Surgical Services-Amy Krogstadt

- We are down to just ONE travel RN in the OR. The team is feeling hopeful about having solid staffing with folks are invested in KVH ☺
- We successfully survived three weekends of planned closure in the OR. As always-huge thank you to the engineering team who have supported us through all the madness!
- SOP staff have been participating in QAPI work to begin planning a temporary PACU space for the next phase of construction. The perspective and ideas of front line staff are invaluable in this process.

Emergency Department/Urgent Care-Cody Staub

- **Emergency Department**
 - Small drop in both volume and acuity for February, as was expected. Averaged 45 patients/day with 11.3% of patients admitted or transferred. This is a 2.7% decrease from last year. The median time to transfer a patient continues to be over 7 hours.
 - Nearing full staffing, only two FTE positions currently open.
 - Opened conversations with Kittitas County Jail and its medical providers this past month to work on medical clearances for jail patients and initiating treatment for substance use disorder. Very good dialog and working on improving the process in caring for these patients collaboratively.
 - Two long-time providers are leaving us this month for retirement: Dr. Frank Cruz and Susan Penick, RN. They have been staples of the KVH Emergency Department for many years, and we will miss them!
- **Urgent Care**
 - Urgent Care saw an increase in patient volume for February, up 3% from last month despite fewer days and up 16% from this time last year.
 - A full internet outage required an early closure on March 6th. We are working through after action items and improving contingency plans.
 - This team deserves recognition for their constant desire to improve. We are currently working through a de-cluttering process.

Family Birth Place-Stacey Botten

- FBP is halfway through their MedGas upgrade.
 - VK Powell and their subcontractors have been great to work with, they have provided clear, concise, and timely communication.
- 3 KVH RN's are training to become Fetal Monitor instructors.
 - Will allow KVH to provide this mandatory training for staff.
 - KVH will open this to neighboring communities and charge a registration fee.
- Lab, ED and FBP planning a Postpartum Hemorrhage/Mass Transfusion drill, in addition to multiple other drills: Acute Newborn, Maternal, and FBP OR Escape Rooms.
- Working with ED, EMS and Women's Health Clinic to refresh education on Blue Band
- 4th Trimester has partnered with Valley Psychological Services to provide exclusive pro bono space for selected clients.

Food Nutrition Service-Jim Gallagher

- Food Service: No open positions!
- Clinical: Currently have four contracted hospitals under service (Skyline in White Salmon, Klickitat Health in Goldendale, Lincoln Hospital in Davenport, and Snoqualmie Valley Hospital in North Bend). In addition, we are working with Cascade Hospital in Leavenworth to provide services for six months while their registered dietitian is on leave. Per diem dietitian, Lauren Hedlund, has been trained and is able to fill in for both Jim and Nicole Norton.
- Outpatient Diabetes and Nutrition Education: Thanks to the KVH Foundation, we have purchased a quantity of two different recipe books for patients: Diabetes Meals by the Plate, and The Mediterranean DASH Diet Cookbook. These are great resources for patients working to improve diabetes management.

Clinical Education-Babbi, Debra & Amy

- **Baxter Pump Inventory:** Babbi worked with Pharmacy to inventory the IV Pumps Housewide as to determine how many more are needed in patient care areas.
- **Clinical Education Days:** Mandatory Clinical Education Days were coordinated by Babbi and held on Feb 28 & 29. These were sit down/lecture and demonstration sessions and topics included: Lucidoc, Immuware, International Dysphagia Diet Standardization Initiative (IDDSI) and Enteral Feedings, Chest Tubes, and BBraun Introcan Safety 2 IV Catheters.
- **WSNA Nursing Staff Development Committee:** Meets monthly and the ongoing focus has been to update and revise the Hospital Wide Orientation Checklist. The group will be deciding to standardization the individual and annual Department Orientation Checklists.
- **Housewide Drills:** Debra is working with Department Directors to develop and hold Emergency/Code Blue Drills for their staff. The first one was held on MedSurg and was successful with staff giving positive feedback. The drills include a prebrief and debrief session.
- **Critical Care/Transitions to Care for New to CCU RNs:** Debra developed a specialized orientation curriculum with input from Becky Cortese, CCU RN, and Jeff Holdeman, RN, MedSurg/CCU Director.

- **IV Mastery:** SOP and Home Health Nurses are working on completing on-line training videos regarding aspects of IV Care. Five RNs from SOP, MedSurg and one House Supervisor were then given hands on and at the bedside training on how to use Ultrasound Guidance to start a difficult IV.
- **Nursing Assistant Certification Program:** Amy Morse, RN, has been working on developing this new program for KVH. Last week the program was approved by the state and she is working on the curriculum and room set up. She will be teaching the course, and the goal is to have at least five students for the first class.

Ancillary Services Report – Rhonda Holden February 2024

Lab

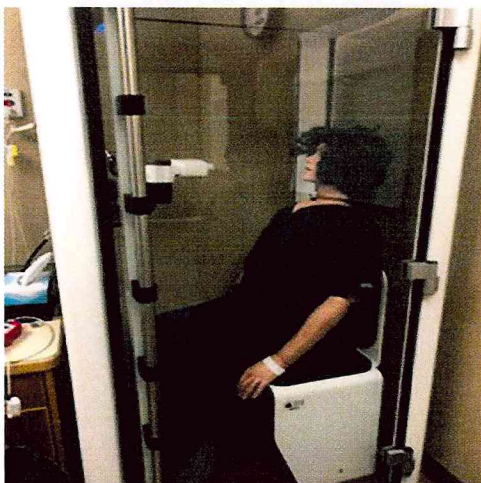
We have been live with 3 components of the new Beckman analyzers for 3 weeks now (two chemistry analyzers and one Immunoassay analyzer). The staff have completed training and are getting comfortable using the new equipment. The chemistry analyzers perform tests that tell how well your kidneys, liver, and pancreas are functioning as well as electrolytes. The immunoassay systems detects Troponin, HCG, thyroid, and drug levels. New tests that were added with the go live of these analyzers include fentanyl to detect drug use, transferrin to detect anemia, beta hydroxybutyrate for detection of diabetic ketosis and rheumatoid factor to detect autoimmune disease/arthritis. We have already utilized the fentanyl testing multiple times to allow us to rapidly diagnose and treat overdoses in the ED.

The target date for the removal of our old chemistry analyzers and their exhaust system will be the end of March. Our next steps will be the installation, validation testing, and interfacing of the second and larger component of the immunoassay analyzer, which should arrive in May. We anticipate it taking 2-3 months to obtain validation samples and to establish reference ranges for our geographic location, giving us an estimated go live of July.

The last 2 components of the Beckman system for us to implement are the sample handling unit and the track that links all the analyzers together. These units will arrive from Germany in the fall and Katy has asked Beckman to escalate the arrival time.

Cardiopulmonary

Cardiopulmonary staff participated in Family Birthing's "C-Section Escape Room" drill on 3/19/24 to practice their skills in neonatal resuscitation. With the assistance of Staff Development, they also conducted a mock code blue in the Pulmonary Function Testing (PFT) lab on 3/20/24. Director Carolyn McCain has been working hard to ensure staff are ready to assist with emergency airway management anywhere in the hospital.



Imaging

Phase One of the expansion project now has a target date of occupancy for June 17. Kimme has worked with the vendors to update the equipment warranty so that we don't lose a full year of warranty coverage. We will use the additional time to streamline the imaging department supplies and design processes to improve patient access and experience.

Kimme has worked with GE to keep our service contracts at the current rate until 2029. This represents approximately \$300,000 in savings to KVH. Kimme leveraged a purchase of a GE Echo Ultrasound machine for the expansion project to assist with contract negotiations. We are still unable to recruit ultrasound technologists and have 2.35 FTE to cover scheduled patients and on call time. We will begin taking students from Spokane Falls in hopes to find a student who will like to remain at KVH as an employee. The ultrasound techs are being called in an average of twice per weekend related to changes in our EMTALA policy.

With the hire of a per diem echo tech from UW, our echo tech coverage is the best it has ever been. We also have 2 travelers available to us on a per diem basis, so that we don't have to cancel patients when staff are on PTO, FMLA or call out due to illness. This is also true for MRI, as we have 3 full time and 2 per diem MRI technologists.

All of the KVH CT technologists have passed the CT registry boards to become certified in CT.

Home Health & Hospice

Dr. Mathew Panattoni is our Hospice Chaplain and he is currently earning a certificate in spiritual counseling and will be starting a grief counselor certification program in April. His continued learning will enhance services to our hospice patients and families.

We had a large home health unduplicated census of 104 for February. We have been receiving a lot of hospice referrals, but unfortunately 38% of our hospice patients are on service for 7 days or less. As of March 20, we've had 12 deaths out of 27 patients.

Cle Elum Rehab

We have approval from HD2 Board to move ahead with the remodel of 506 Power utilizing KVH Foundation funds that were donated back at the time of purchase. We will be bringing this request to the Foundation Board and HD 1 Board so that we can move ahead with the project. Moving Cle Elum therapy services to this building will allow FMC to have more space for providers to see patients.

Ground Ambulance Patient Billing

My final GAPB committee meeting was held on March 20. I am honored to have represented rural ambulance services and hospitals on this federal committee.



Recall Process

Quality/Pharmacy

PURPOSE

To insure patient and employee safety by promptly identifying and removing from use products that have been recalled.

Definition

Product recall: A product recall is a request to return a product after the discovery of safety issues or product defects that might endanger the consumer or put the maker/seller at risk of legal action.

POLICY

- I. Product recalls are divided into three classifications according to the probability of adverse health consequences as a result of exposure to that product or medical device.

Class I recall: There is a reasonable probability that the use, or exposure, to a volatile product will cause serious adverse health consequences.

Class II recall: There is a remote probability that the use or exposure to the volatile product may cause serious adverse health consequences.

Class III recall: The use or exposure to a volatile product is not likely to cause adverse health consequences. All products subject to recall will be handled and resolved in a timely manner by the Department responsible for the equipment or product maintenance and or purchasing.

- II. KVH receives product recall alerts through multiple communication channels (email, fax, mail) directly from wholesalers, GPOs, pharmaceutical companies, manufacturers, distributors or the FDA or representative

- a. The Director of Pharmacy is responsible for oversight of the Medication Recall process for KVH. This includes the processing of all Medication (Rx) Recall Notifications stocked at KVH pharmacy, clinics and Automated Dispensing Cabinets (ADC), reviewing Medications stocked at KVH (Pharmacy, clinics and Automated Dispensing Cabinets (ADC) ADC, Removal and Sequestering of said Medications, processing of recalled medications by a reverse Distributor, and notification of KVH Medical staff of medication recalls affecting KVH.

III. FOR RECORD KEEPING AND DOCUMENTATION

- a. The Department Director is responsible for maintaining files of recall notices. These files should be clearly identified as product/medical device recalls
- b. Included in the file will be a copy of any communication received by this facility concerning the recall and action taken.
- c. Documentation of KVH actions in response to recall notices will be maintained in the recall folder located in Common Folder drive and archived for 6 years

IV. EDUCATION AND TRAINING

- a. Education should be provided annually through Bizlibrary.
- b. Education should be provided to new employees during new employee orientation.

References:

Washington State-WAC 246-873-080(8) Pharmacy

Related documents:

Standard Work- Product/Medical Device Recall Process

Effective Date:	8/10/18	Dept: of Record:	Quality/Pharmacy		
		Policy Owner:	Linda Navarre & Nasser Basmeh		
Print Date:		Revision By:	Safety Committee	Revision Date:	7/28/22
		Reviewed By:	Linda Navarre Nasser Basmeh	Review Date:	3/18/1907/26/2023
		Committee Review:		Date Approved:	
		Committee Review:		Date Approved:	

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is on the KVH Intranet.

Clinic Operations Report – Stacy Olea March 2024

Staffing

Open positions:

- Behavioral Health Care Manager (Integrated Behavioral Health): Pediatrics, Family Medicine Ellensburg
- Nursing: Family Medicine Ellensburg per diem
- Medical Assistants: Dermatology, Family Medicine Ellensburg fulltime and per diem, General & Vascular Surgery per diem
- Patient Service Representative: Family Medicine Ellensburg (dedicated to phones), Orthopedics

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

- Pediatrics: Still using Dr. Bredin to support this clinic.
- 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 months of March and April this is limited to 10 days each month.
- Internal and Adult Medicine: Word is spreading that we have a permanent provider and patients are coming back! We are seeing an increase in wait time to schedule new patients but we do have another provider starting in April.

Clinic System Support Coordinator

- I converted the Clinic Administrative Assistant role in to the Clinic System Support Coordinator. This role will be trained to fill in for Clinic Managers when they are out on extended leaves and will still provide administrative support to the clinics.
- Sydney Davis, Referral Coordinator from Orthopedics has accepted this position and started this month.

QAPI – Oracle Optimization in the Clinics

- We have worked with Oracle and identified 36 providers who will have 2 1:1 sessions with the Adoption Consultants in April. The Adoption Consultants will be here to observe how our providers use Oracle in the day-to-day environment.

Family Medicine Cle Elum

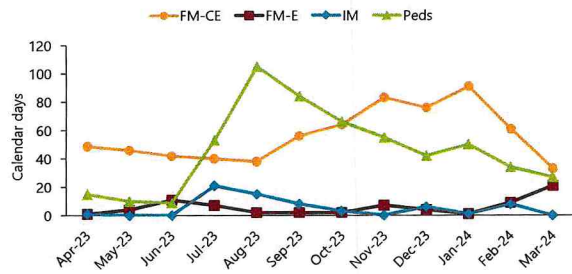
- Looking at bringing Podiatry to the clinic twice a month starting July or August this year.

Women’s Health

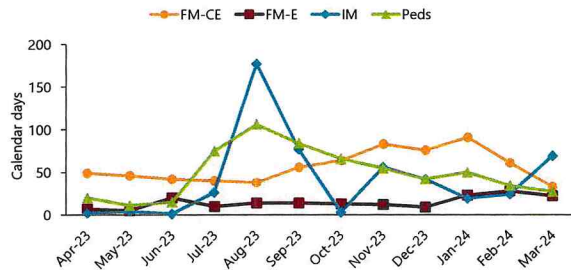
- We have signed a new OB/GYN locum who will work 2 weeks a month from May through December. This will help with keeping consistent GYN services available in this clinic.

Clinic Operations Dashboard

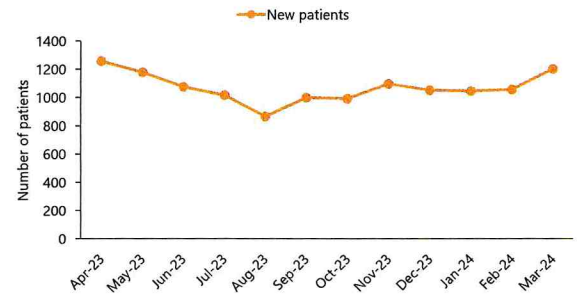
Third available appointment for established patients



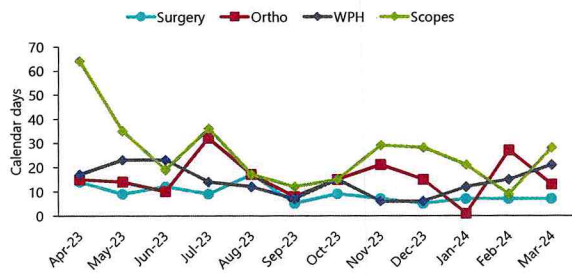
Third available appointment for new patients



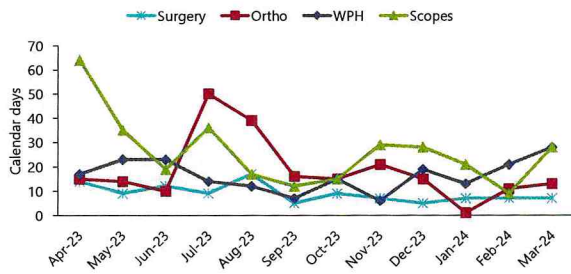
New patients



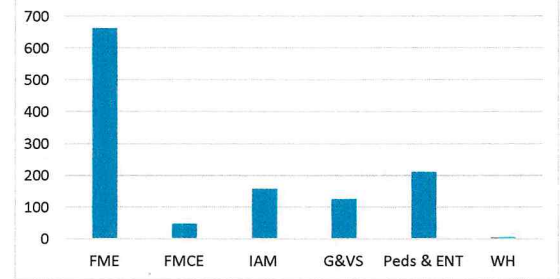
Third available appointment for established patients



Third available appointment for new patients

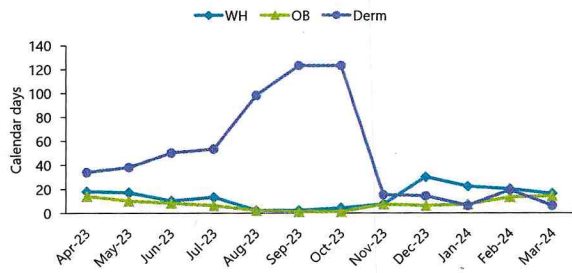


New Patients by Clinic

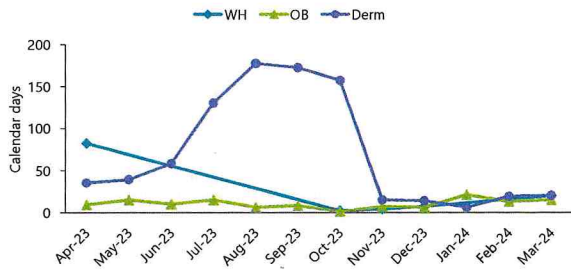


FME includes FME, Dermatology, and Orthopedics
IAM includes IAM, Cardiology, and Neurology

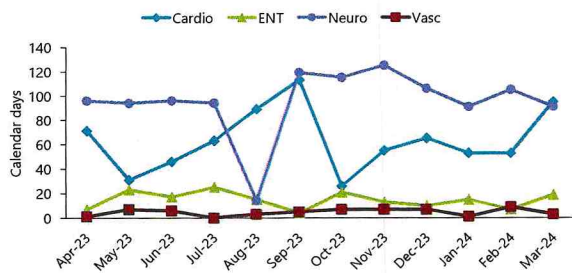
Third available appointment for established patients



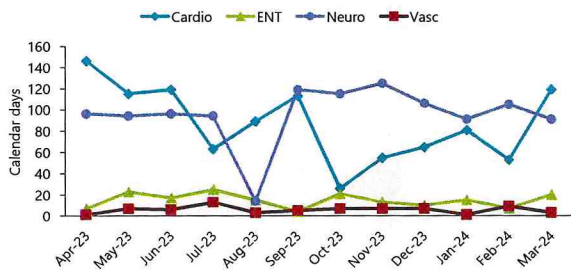
Third available appointment for new patients



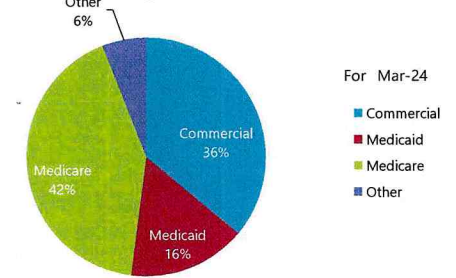
Third available appointment for established patients



Third available appointment for new patients



Payor Mix



For Mar-24
 Commercial
 Medicaid
 Medicare
 Other

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date March 15, 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>
Chatham, James, MD	Provisional	Initial Appointment	OnRad
Kamai, Mary, ARNP	Provisional	Initial Appointment	KVH GNP
Park, Annie, ARNP	Provisional	Initial Appointment	Compass Direct
See, Erin, ARNP	Provisional	Initial Appointment	KVHIM
Penoyar, Thomas MD	Active	Re-Appointment	KVH Surgery
Abdelhamid, Nouredin, MD	Associate	Re-Appointment	VM Telestroke
Jun, Aaron, MD	Associate	Re-Appointment	OnRad
Bridger, Wendy, ARNP	AHP	Re-Appointment	KVH FME
Judd, Jocelyn, PA-C	AHP	Re-Appointment	KVH ED

KITTITAS VALLEY HEALTHCARE

APPLICATION FOR CLINICAL PRIVILEGES FOR INTERNAL MEDICINE

NAME: _____

BOARD CERTIFIED (name and date) _____

CORE ACTIVITIES –Privileges that may be granted to those practitioners who have met the Training/Education criteria outlined in Internal Medicine Criteria.

REQUESTED

- Internal medicine privileges include evaluation, preventive care and outpatient medical management of patients 16 years of age older in need of care to treat general medical problems and for health screening. Simple procedures such as: arthrocentesis, punch biopsy of skin, incision and drainage of abscess, and pulmonary function test interpretation are included. Privileges for care of hospitalized patients are evaluated separately. These privileges do not include any of the following special requests.

ADVANCED PRACTICE ACTIVITIES – Privileges for which additional documentation of training and experience will be required. **A minimum number of cases to be proctored may be specified on initial application prior to independent practice.** Those procedures marked with a * will be subject to additional orientation to hospital specific equipment. Privileges in any of the services within the hospital may be increased or advanced beyond the below listed privileges by application to the appropriate department with documentation of training and experience.

REQUESTED

- *Treadmill electrocardiography (stress testing) (Must have completed a minimum of 25 prior to application and have 3 proctored). This will include supervision of treadmill stress testing with an imaging component, but does *not* include interpretation of imaging studies, nor does it include pharmacologically induced stress testing.
- Thoracentesis (Recommend familiarity ultrasound guidance, must have completed a minimum of 10 prior to application and have 2 proctored)
- Paracentesis (Recommend familiarity ultrasound guidance, must have completed a minimum of 5 prior to application and have 1 proctored)
- Final Interpretation of electrocardiograms and event monitor reports
- *Upper Endoscopy (Must have completed a minimum of 50 prior to application AND have 2 proctored)
- *Colonoscopy (Must have completed a minimum of 125 (40 procedures with polypectomy) prior to application AND have 2 proctored)
- Bronchoscopy (must have a minimum of 25 prior to application AND have 2 proctored OR have fellowship or equivalent training)
- ~~Chest Tube Placement (must have a minimum of 20 prior to application AND have 2 proctored)~~

SPECIAL REQUEST:

_____ Conscious Sedation: Must meet **one** of the three following criteria:

1. Demonstrated successful completion of a residency or fellowship training program (within the last 5 years) with at least four (4) weeks exposure to anesthesia (including IV conscious sedation, indications, contraindications, pre-anesthesia assessment, intra-operative care, procedure monitoring and post-anesthesia care); OR
2. Previous experience with sufficient evidence of satisfactory outcomes that the applicant has performed IV conscious sedation for at least 10 patients over the past 12 months; OR
3. Satisfactory completion of a continuing medical education program devoted to conscious sedation within the last 3 years (course certificate to be on file).

REAPPOINTMENT APPLICATION:

PLEASE REVIEW YOUR PREVIOUS PRIVILEGES AND INDICATE IF YOU WISH TO ADD OR DELETE A PRIVILEGE ON THE CURRENT CHECKLIST or state NO CHANGE

_____ Add/Delete

_____ No Change

I understand that in making this request I am bound by the applicable bylaws and policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

Signature

Date

APPROVED:

Medicine Department Chair

Date

Chief of Staff, Executive Committee

Date

President, Board of Commissioners

Date

KITTITAS VALLEY HEALTHCARE

APPLICATION FOR CLINICAL PRIVILEGES IN HOSPITAL MEDICINE

NAME: _____

BOARD CERTIFIED (name and date) _____

CORE ACTIVITIES –Privileges that may be granted to those practitioners who have met the Training/Education criteria outlined in Internal Medicine Criteria.

REQUESTED

- Privileges include evaluation, admission, diagnosis, and provision of non-surgical treatment including consultation for patients 16 years of age or older seen in the Emergency Department, admitted to the hospital or in need of care to treat general medical problems. Simple procedures such as: Arthrocentesis, Punch Skin Biopsy, Incision and Drainage of Abscess, Pulmonary Function Test are included. Must maintain current Advanced Cardiac Life Support (ACLS) certification. *Emergent* intubation is included as a core privilege, in the absence of a more experienced provider with elective intubation privileges (see below). These core privileges do not include any of the special requests listed below under “Advanced Practice Activities”.

- Ventilator management is a *requirement* for these privileges. Applicant must state that they are able to manage mechanically ventilated patients, supporting this statement with a letter of recommendation from a physician who has supervised them in learning or performing this skill set, OR demonstrated adequate training and experience for initial appointment AND 2 proctored.

ADVANCED PRACTICE ACTIVITIES – Privileges for which additional documentation of training and experience will be required. **A minimum # of cases to be proctored may be specified on initial application prior to independent practice.** Those procedures marked with a * will be subject to additional orientation to hospital specific equipment. Privileges in any of the services within the hospital may be increased or advanced beyond the below listed privileges by application to the appropriate department with documentation of training and experience.

REQUESTED

- Urgent or elective endotracheal intubation. Must have 50 successful endotracheal intubations, with at least three proctored at Kittitas Valley Hospital. (In the absence of a privileged provider, emergency intubation during *imminent or actual cardiorespiratory arrest* is allowed and encouraged for *any* provider with current ACLS training and certification. Intubation which is urgent, but can be delayed until arrival of a more experienced provider, should be deferred to or supervised by the more experienced provider with these intubation privileges).

- Arterial lines. Must have a letter of recommendation from physician who has supervised privileges OR demonstrated adequate training and experience for initial appointment AND 2 proctored.

- Central venous lines. Must have a letter of recommendation from physician who has supervised privileges OR demonstrated adequate training and experience for initial appointment AND 2 proctored.

- Treadmill ECG (Must have completed a minimum of 25 prior to application AND have 3 proctored). This will include supervision of treadmill stress testing with an imaging component, but does *not* include interpretation of imaging studies, nor does it include pharmacologically induced stress testing.
- Thoracentesis (Recommend familiarity ultrasound guidance, must have completed a minimum of 10 prior to application AND have 2 proctored)
- Paracentesis (Recommend familiarity ultrasound guidance, must have completed a minimum of 5 prior to application AND have 1 proctored)
- Electrocardiography final interpretation
- ~~*Upper Endoscopy (Must have completed a minimum of 50 20 prior to application AND have 2 proctored)~~
- Bone Marrow Biopsy — Iliac Crest (must have completed a minimum of 5 prior to application AND must have 2 proctored)
- Bronchoscopy (must have a minimum of 25 10 prior to application AND have 2 proctored OR have fellowship or equivalent training)
- Chest Tube Placement (must have a minimum of 20 prior to application AND have 2 proctored)

SPECIAL REQUEST:

_____ Conscious Sedation: Must meet **one** of the three following criteria:

1. ~~Demonstrated successful completion of a residency or fellowship training program (within the last 5 years) with at least four (4) weeks exposure to anesthesia (including IV conscious sedation, indications, contraindications, pre-anesthesia assessment, intra-operative care, procedure monitoring and post-anesthesia care); OR~~
2. ~~Previous experience with sufficient evidence of satisfactory outcomes that the applicant has performed IV conscious sedation for at least 10 patients over the past 12 months; OR~~
3. ~~Satisfactory completion of a continuing medical education program devoted to conscious sedation within the last 3 years (course certificate to be on file).~~

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_____ Add/Delete

_____ No Change

I understand that in making this request I am bound by the applicable bylaws and policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

Signature

Date

APPROVED:

Medicine Department Chair

Date

Chief of Staff, Executive Committee

Date

President, Board of Commissioners

Date

DRAFT

Chief Medical Officer Report – Dr. Kevin Martin March 2024

I am pleased to offer the following report:

Incoming Providers

- Internal & Adult Medicine APC – Erin See, ARNP -- April 1, 2024
- Family Medicine Ellensburg APC – Ryan Ahr, PA-C -- April 8, 2024
- Home Based Primary Care APC – Mary Kamai, ARNP – April 12, 2024
- Medical Director – Home Based Primary Care – Annaliese Stone, DO – Start Date 05/01/2024
- Family Practice Physician – Ashley Folkers, DO August 2024 start with FMCE
- Providers who have started year to date: 4

Providers in Progress

- Orthopedics APC – Letter of Intent Signed
- Internal & Adult Medicine APC – Letter of Intent signed
- KVH Family Medicine Ellensburg – Letter of Intent signed
- OBGYN – Interview March 25
- Internal & Adult Medicine APC – Interview April 2
- Internal & Adult Medicine APC – Interview April 8
- Pediatrician Interview – April 19
- Orthopedics APC -- Negotiations
- OBGYN locums – moving target – at least 4 in the mix
- Internal & Adult Medicine locums – 1
- Home Based Primary Care Locum – 1 APC – through at least April 19, 2024 – Trying to recruit to stay with KVH permanently

Posted Positions

Physician (10)

- Dermatology
- Pediatrics
- Cardiology
- Vascular
- Pulmonology
- Family Medicine – Ellensburg (2)
- Urology
- Osteopathic Manipulative Treatment (2)

APC (15)

- Home Based Primary Care (1)
- Internal & Adult Medicine (3)

- Family Medicine – Ellensburg (6)
- Family Medicine – Cle Elum (1)
- Orthopedics (1-2)
- Neurology
- Rapid Access (per diem)

Medical Staff

- This month we have 4 providers being considered for initial appointment and 5 for reappointment. There are 11 pending applications.

CMO Activities

- Doctors' Day.
 - While Physicians Assistants' Day is 10/6, PA Week 10/6-12, and Nurse Practitioners' Week 11/10-16, we will have celebrated all of our providers and their work 3/27 in anticipation of Doctors' Day on 3/30.
- Credentialing.
 - We have submitted our first files to The Rural Enterprise, an extension of The Rural Collaborative. Again, this does not replace our privileging processes but streamlines payor credentialing.
- 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.
- Emergency Department
 - Unfortunately, we once again had a bright light on the incredible work done every day in the Emergency Department. It is an opportunity to call out work that seems extraordinary to those of us who don't do it or see it every day, but is for the most part taken in stride by those doing it.

Chief Financial Officer Report – Jason Adler March 2024

Summary

- January experienced a \$215K operating loss / \$185K net loss.
- Ambulatory clinic visits were below budget by 3%. This variance is most significantly driven by FME, Pediatrics, and Woman's Health below budget and below prior year.
- Inpatient average length of stay was 3.4 days for the month, 3.9 days year to date. KVH had 2 swing bed patients in February.
- Overall expense is below budget due to overall volumes and revenue below budget.
- KVH claims processing services have been significantly impacted by the Optum Cyber Attack. KVH uses Optum's Change Healthcare service for claims clearing house. KVH has not been able to submit claims electronically to insurances since February 21st. This will result in increased accounts receivable and decreased cash on hand.
 - AR Days increased to 80.6 days.
 - Day's cash on hand decreased to 168.8 days due to expansion project expenses, lighter collections, running in loss position since October 2023, and now Optum cyber-attack.
 - 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 and inflation.
- 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 and anticipate these locum contracts to not renew by first half of 2024.
- 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 emergency services, it is anticipated that agency labor will 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 Materials Management team has been pushing cost savings initiatives through all levels of services.

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

- The two open positions for Accountant and Senior Analyst have been filled and started in January and February. Training with the new Accountant and Senior Analyst are very productive.
- Began collaboration with DZA to for the 2023 Audit and Medicare Cost Report.
- 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.
 - Department began using a feature to streamline the accounting for pre-paid expense tracking and amortization. Using this feature has improved accountant/AP team workflow experience and makes for easier cross training because it eliminates a manual process.
- 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.
- The department is partnering with Lab purchasing for cost savings and process improvement. 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. Materials and Lab have contracted with Acumen, a professional group that specialized in lab supply cost negotiation and contracting. This resource came out of The Rural Collaborative. There is no cost to KVH.
- Materials techs have switched out all 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 Max. To support local business, KVH changed to sourcing paper from Jerrols, with potential for further expanded relationship.
- Value Analysis Committee (VAC) has been re-vamped after being on pause due to COVID. All new items requested run through this committee.
- Materials team remains 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
- The Revenue Cycle Team has been significantly impacted by Optum cyber-attack. Their team has been fluid to adjust workflows and take any steps we can to manage the impact. This includes but not limited to:
 - Manually creating and filing paper claims with insurances via USPS mail.
 - Manually posting all remittances back to patient accounts.
 - Constant work with IT, Oracle Cerner, Change Healthcare, Trizzeto, insurance companies, and various others to implement a new clearing house for a more permanent solution to the attack.
- 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.
- February AR grew by over \$3.4 million. This is due to the cyber-attack. It is anticipated to grow significantly further in March and with hope to see it get back under control by April. This is still ongoing significant issue being worked every day to create a sustainable workaround
- 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 the Hospitalist team on the CAH requirement to be at or below 4 days average length of stay.

Health Information Management (Director – Cindy Kelly)

- Two coder positions open.
- 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 and/or contracting for the service.

- 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, coding services evaluation, compliance and risk program evaluation assessment, clinical documentation improvement, and preparing for ICD-11.

Kittitas Valley Healthcare
February 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	71	78	-8.9%	162	163	-0.4%	154	5.2%	01
02 Patient Days - W/O Newborn	242	290	-16.5%	639	607	5.3%	757	-15.7%	02
03 Patient Days - Swingbed	23	2	1061.6%	23	4	455.6%	-	0.0%	03
04 Avg Daily IP Census w/Swingbed	9.2	10.1	-9.2%	11.0	10.2	8.3%	12.8	-14.1%	04
05 Average Length of Stay	3.4	3.7	-8.4%	3.9	3.7	5.7%	4.9	-19.8%	05
06 Average Length of Stay w/Swingbed	3.7	3.8	-0.4%	4.1	3.8	8.7%	4.9	-16.9%	06
07 Deliveries	21	18	16.2%	37	37	-1.0%	39	-5.1%	07
08 Case Mix Inpatient	1.50	1.00	50.2%	1.37	1.00	36.8%	1.23	11.2%	08
09 Surgery Minutes - Inpatient	1,840	1,729	6.4%	4,120	3,614	14.0%	5,506	-25.2%	09
10 Surgery Minutes - Outpatient	8,515	8,926	-4.6%	17,426	18,663	-6.6%	22,153	-21.3%	10
11 Surgery Procedures - Inpatient	19	17	10.7%	37	36	3.1%	52	-28.8%	11
12 Surgery Procedures - Outpatient	179	161	11.0%	354	337	5.0%	343	3.2%	12
13 Gastrointestinal Procedures	135	147	-7.9%	273	306	-10.9%	301	-9.3%	13
14 ER Visits	1,272	1,426	-10.8%	2,688	2,980	-9.8%	2,568	4.7%	14
15 Urgent Care Cle Elum Visits	468	448	4.5%	920	936	-1.7%	798	15.3%	15
16 Laboratory	22,329	22,731	-1.8%	46,577	47,506	-2.0%	45,288	2.8%	16
17 Radiology Exams	3,008	3,266	-7.9%	6,197	6,824	-9.2%	6,405	-3.2%	17
18 Rehab Visit	1,564	1,531	2.2%	3,025	3,200	-5.5%	3,135	-3.5%	18
19 Outpatient Percent of Total Revenue	90.6%	89.5%	1.2%	89.0%	89.6%	-0.6%	87.1%	2.1%	19
20 Adjusted Patient Days	2,573	2,779	-7.4%	5,795	5,812	-0.3%	5,876	-1.4%	20
21 Equivalent Observation Days	78	122	-36.3%	191	256	-25.5%	241	-20.9%	21
22 Avg Daily Obs Census	2.7	4.2	-36.3%	3.2	4.3	-25.5%	4.0	-20.9%	22
23 Home Care Visits	709	502	41.4%	1,419	1,048	35.3%	936	51.6%	23
24 Hospice Days	503	714	-29.5%	870	1,477.2	-41.1%	1,483	-41.3%	24
25 Primary Clinic Visits	4,295	4,686	-8.4%	9,121	9,858	-7.5%	10,306	-11.5%	25
26 Specialty Clinic Visits	2,528	2,310	9.4%	4,814	4,824	-0.2%	4,661	3.3%	26
27 Telehealth Visits	34	69	-50.8%	140	144	-3.1%	169	-17.2%	27
28 Total Clinic Visits	6,857	7,066	-3.0%	14,075	14,827	-5.1%	15,136	-7.0%	27
Financial Measures									
29 Salaries as % of Operating Revenue	49.2%	45.0%	-9.2%	50.0%	45.8%	-9.2%	47.1%	6.3%	29
30 Total Labor as % of Operating Revenue	62.1%	57.5%	-8.1%	62.9%	57.9%	-8.5%	59.1%	6.3%	30
31 Revenue Deduction %	48.5%	47.8%	-1.4%	48.5%	47.8%	-1.6%	47.7%	1.8%	31
32 Operating Margin	-2.1%	1.8%		-2.3%	2.1%		0.6%		32
Operating Measures									
33 Productive FTE's	572.5	581.0	1.5%	562.2	581.0	3.2%	540.1	4.1%	33
34 Non-Productive FTE's	54.8	77.4	29.2%	60.6	77.4	21.7%	71.7	-15.5%	34
35 Paid FTE's	627.3	658.4	4.7%	622.7	658.4	5.4%	611.8	1.8%	35
36 Operating Expense per Adj Pat Day	\$ 4,056	\$ 3,785	-7.2%	\$ 3,702	\$ 3,778	2.0%	\$ 3,613	2.5%	36
37 Operating Revenue per Adj Pat Day	\$ 3,973	\$ 3,854	3.1%	\$ 3,620	\$ 3,859	-6.2%	\$ 3,634	-0.4%	37
38 A/R Days	80.6	60.0	-34.3%	80.6	60.0	-34.3%	68.9	17.0%	38
39 Days Cash on Hand	168.8	155.3	8.7%	168.8	155.3	8.7%	201.8	-16.4%	39

Kittitas Valley Healthcare

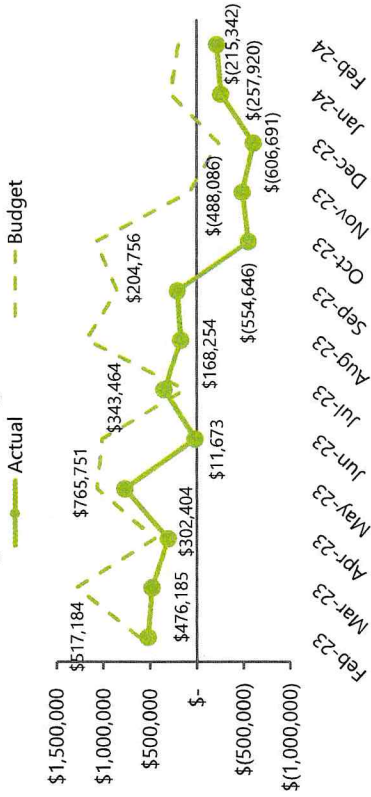
Year over Year Financial and Operating Indicator Trends

February 2024 - Key Statistics and Indicators

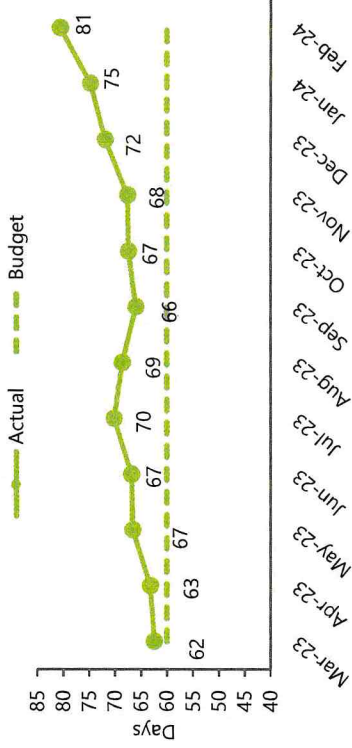
L	Measure	2024 YTD	2024 Budget	2024 Annualize	2023	2022	2021	2020	2019	2018	2017
1	Total Charges	40,046,808	256,962,000	244,285,527	239,179,921	213,492,081	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388
2	Net Revenue	20,976,143	136,527,545	127,954,469	128,778,199	120,219,085	114,372,961	89,905,245	83,527,969	78,753,810	71,490,964
3	Operating Income	(473,262)	2,900,000	(2,886,901)	746,661	6,074,001	14,127,110	620,732	2,901,869	474,120	885,655
4	Operating Margin %	-2.3%	2.1%	-2.3%	0.6%	5.1%	12.4%	0.7%	3.5%	0.6%	1.2%
5	Net Income	(239,577)	5,057,600	(1,461,421)	4,239,891	4,079,789	18,470,881	6,420,388	3,690,537	2,526,547	2,648,415
6	Net Margin %	-1.1%	3.7%	-1.1%	3.3%	3.4%	16.1%	7.1%	4.4%	3.2%	3.7%
7	Cash	56,986,648	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	168.8	155.3	NA	192.2	246.4	235.8	175.8	138.6	133.5	178.7
9	Surgeries	391	2,270	2,385	2,282	1,922	1,788	1,354	1,305	1,461	1,396
10	Gastrointestinal Procedures	273	1,865	1,665	1,886	1,404	1,321	1,211	1,416	1,250	1,383
11	Emergency Visits	2,688	18,158	16,397	17,212	15,643	13,988	12,207	13,861	13,930	13,162
12	% ED visits To Bed	7.9%	7.8%	7.9%	7.6%	7.7%	9.2%	10.1%	9.5%	n/a	n/a
13	Laboratory Tests	46,577	289,292	284,120	279,343	277,627	288,552	237,710	209,144	207,040	190,587
14	Radiology Exams	6,197	41,576	37,802	39,544	35,222	32,016	29,338	30,397	30,843	33,836
15	Rehab Visits	3,025	19,479	18,453	18,965	17,060	21,390	16,724	18,718	16,359	
16	IP & Obs Days (no swing)	829	5,253	5,060	5,132	5,470	4,820	3,717	3,805	3,999	3,440
17	Deliveries	37	228	226	226	318	280	284	309	342	322
18	Admits w/Swing	162	991	988	873	1,066	949	860	941	984	899
19	Primary Clinic Visits	9,121	59,930	55,638	59,181	58,013	60,229	53,270	60,871		
20	Specialty Clinic Visits	4,814	29,448	29,365	26,134	22,778	19,865	13,135	11,840		
21	Telehealth Visits	140	880	854	827	1,263	1,391	3,793	-		
22	Total Clinic Visits	14,075	90,258	85,858	86,142	82,054	81,485	70,198	72,711	59,241	50,917
23											
24	FTEs	622.7	658.4	NA	611.6	583.4	529.9	499.0	477.4	469.4	457.6
25	AR Days	80.6	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	244,285,527	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%	-1.79%	7.21%	2.36%	21.48%	2.94%	5.46%	2.65%	1.16%
28	Operations Growth Exclude COVID Testing			-1.47%	8.57%	6.29%	19.23%	-0.61%			

Financial Dashboard

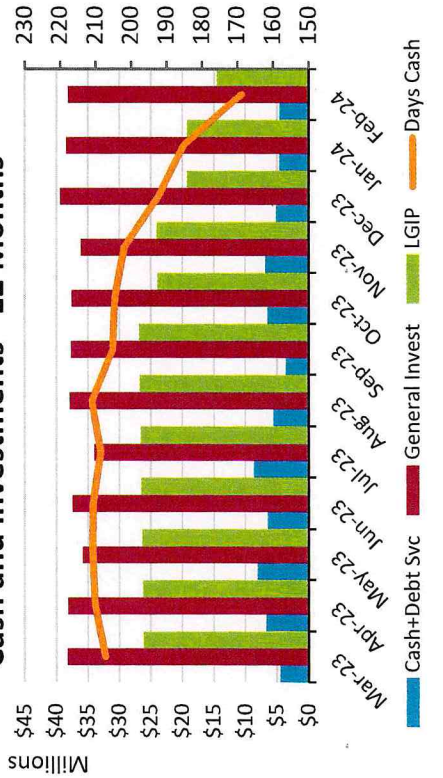
Operating Income



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%	44.27%
Medicaid	19.08%	18.64%	18.14%	18.20%
Commercial	35.29%	33.66%	32.40%	32.13%
Self Pay	2.38%	2.10%	1.93%	1.87%
Other	3.01%	3.29%	3.66%	3.52%

Kittitas Valley Healthcare
Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	1,836,317	2,109,036	(272,719)	4,414,077	4,408,387	5,689	5,185,485
OUTPATIENT REVENUE	13,939,571	14,465,475	(525,904)	28,119,067	30,237,270	(2,118,203)	28,084,471
PROF FEE REVENUE	3,714,808	3,603,490	111,319	7,513,664	7,578,045	(64,381)	6,972,159
REVENUE	19,490,696	20,178,001	(687,304)	40,046,808	42,223,702	(2,176,895)	40,242,115
CONTRACTUALS	8,849,587	8,708,923	140,664	17,705,629	18,196,921	(491,293)	17,399,716
PROVISION FOR BAD DEBTS	363,542	471,600	(108,058)	688,971	988,048	(299,077)	985,538
FINANCIAL ASSISTANCE	85,307	166,474	(81,168)	182,302	349,596	(167,295)	251,865
OTHER DEDUCTIONS	154,552	300,032	(145,479)	845,801	630,464	215,337	541,303
DEDUCTIONS FROM REVENUE	9,452,987	9,647,029	(194,041)	19,422,702	20,165,029	(742,327)	19,178,423
NET PATIENT SERVICE REVENUE	10,037,709	10,530,972	(493,263)	20,624,106	22,058,674	(1,434,568)	21,063,692
OTHER OPERATING REVENUE	183,924	178,913	5,010	352,036	371,527	(19,491)	290,449
TOTAL OPERATING REVENUE	10,221,633	10,709,885	(488,253)	20,976,143	22,430,201	(1,454,058)	21,354,141
SALARIES	5,026,366	4,824,622	201,744	10,496,404	10,281,971	214,434	10,051,421
TEMPORARY LABOR	314,280	290,824	23,456	565,794	599,850	(34,056)	940,254
BENEFITS	1,323,047	1,330,250	(7,202)	2,689,163	2,707,850	(18,687)	2,570,839
PROFESSIONAL FEES	793,310	555,903	237,407	1,327,008	1,156,401	170,607	709,449
SUPPLIES	792,121	1,190,789	(398,667)	1,817,282	2,484,092	(666,809)	2,825,066
UTILITIES	141,013	141,320	(307)	252,872	268,508	(15,636)	227,173
PURCHASED SERVICES	950,550	974,490	(23,940)	2,047,097	2,012,413	34,684	1,945,772
DEPRECIATION	587,515	683,982	(96,467)	1,190,428	1,380,202	(189,774)	1,093,846
RENTS AND LEASES	54,798	28,975	25,823	120,292	57,950	62,342	(1,260)
INSURANCE	185,627	186,058	(432)	377,590	372,117	5,474	220,294
LICENSES & TAXES	76,487	93,307	(16,820)	148,213	194,872	(46,659)	163,227
INTEREST	117,861	108,951	8,910	236,115	218,653	17,462	223,810
TRAVEL & EDUCATION	41,838	45,213	(3,375)	60,407	94,827	(34,420)	87,399
OTHER DIRECT	32,162	62,846	(30,683)	120,739	129,522	(8,783)	173,253
EXPENSES	10,436,975	10,517,530	(80,555)	21,449,405	21,959,227	(509,822)	21,230,545
OPERATING INCOME (LOSS)	(215,342)	192,356	(407,698)	(473,262)	470,974	(944,236)	123,596
OPERATING MARGIN	-2.11%	1.80%	83.50%	-2.26%	2.10%	64.94%	0.58%
NON-OPERATING REV/EXP	30,416	179,318	(148,902)	233,685	359,284	(125,599)	329,312
NET INCOME (LOSS)	(184,927)	371,673	(556,600)	(239,577)	830,258	(1,069,835)	452,909
UNIT OPERATING INCOME							
HOSPITAL	123,344	422,131	(298,787)	233,456	951,462	(718,006)	855,007
URGENT CARE	(219,057)	5,652	(224,709)	(184,332)	10,644	(194,976)	(13,184)
CLINICS	(112,419)	(204,241)	91,822	(470,730)	(420,950)	(49,779)	(680,531)
HOME CARE COMBINED	(7,211)	(31,187)	23,976	(51,657)	(70,182)	18,525	(37,696)
OPERATING INCOME	(215,342)	192,356	(407,698)	(473,262)	470,974	(944,236)	123,596

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	3,972,886	4,083,276	(110,390)
ACCOUNTS RECEIVABLE	53,425,343	46,932,469	6,492,874
ALLOWANCE FOR CONTRACTUAL	(34,202,054)	(30,169,446)	(4,032,608)
THIRD PARTY RECEIVABLE	697,000	697,000	0
OTHER RECEIVABLES	1,083,302	1,274,748	(191,446)
INVENTORY	2,808,682	2,824,139	(15,456)
PREPAIDS	1,599,684	2,096,089	(496,406)
INVESTMENT FOR DEBT SVC	549,661	1,014,666	(465,005)
CURRENT ASSETS	29,934,504	28,752,941	1,181,564
INVESTMENTS	52,464,101	58,528,645	(6,064,544)
PLANT PROPERTY EQUIPMENT & ROU ASSET	130,429,668	125,407,273	5,022,395
ACCUMULATED DEPRECIATION & ROU AMORT	(60,483,901)	(59,274,015)	(1,209,886)
NET PROPERTY, PLANT, & EQUIP	69,945,767	66,133,258	3,812,509
OTHER ASSETS	0	0	0
NONCURRENT ASSETS	69,945,767	66,133,258	3,812,509
ASSETS	152,344,373	153,414,844	(1,070,471)
ACCOUNTS PAYABLE	3,826,313	3,892,522	(66,209)
ACCRUED PAYROLL	2,619,803	2,258,166	361,637
ACCRUED BENEFITS	467,820	1,000,212	(532,392)
ACCRUED VACATION PAYABLE	2,470,786	2,095,171	375,615
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	12,138,592	11,999,941	138,651
ACCRUED INTEREST	211,432	286,510	(75,078)
DEFERRED TAX COLLECTIONS	8,805	0	8,805
DEFERRED REVENUE HOME HEALTH	106,504	46,970	59,535
DEFERRED INFLOW RIGHT OF USE	538,882	551,712	(12,831)
DEFERRED OTHER	65,000	65,000	0
DEFERRED LIABILITIES	930,624	950,192	(19,568)
LTD RIGHT OF USE ASSETS	7,861,328	8,143,215	(281,888)
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	37,054,163	38,004,139	(949,977)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	3,885,811	3,885,811	0
NONCURRENT LIABILITIES	41,870,598	42,840,142	(969,545)
LIABILITIES	54,009,189	54,840,083	(830,894)
FUND BALANCE	98,574,761	98,574,761	0
NET REVENUE OVER EXPENSES	(239,577)	0	(239,577)
FUND BALANCE	98,335,183	98,574,761	(239,577)
TOTAL LIABILITIES & FUND BALANCE	152,344,373	153,414,844	(1,070,471)

02/29/2024

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

Kittitas Valley Healthcare
Statement of Cash Flow

	CASH
NET BOOK INCOME	(239,577)
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	1,209,886
NET CASH FROM OPERATIONS	970,309
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(2,460,266)
OTHER RECEIVABLES	191,446
INVENTORIES	15,456
PREPAID EXPENSES & DEPOSITS	496,406
INVESTMENT FOR DEBT SVC	465,005
TOTAL CURRENT ASSETS	(1,291,954)
INVESTMENTS	6,064,544
PROPERTY, PLANT, & EQUIP.	(5,022,395)
TOTAL ASSETS	720,504
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(66,209)
ACCRUED SALARIES	361,637
ACCRUED EMPLOYEE BENEFITS	(532,392)
ACCRUED VACATIONS	375,615
COST REIMBURSEMENT PAYABLE	0
CURRENT MATURITIES OF LONG-TERM DEBT	0
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	138,651
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(75,078)
DEFERRED TAX COLLECTIONS	8,805
DEFERRED REVENUE - HOME HEALTH	59,535
DEFERRED INFLOW RIGHT OF USE	(12,831)
DEFERRED OTHER	0
TOTAL OTHER LIABILITIES	(19,568)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD RIGHT OF USE ASSETS	(281,888)
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	(949,977)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	0
TOTAL LIABILITIES	(830,894)
NET CHANGE IN CASH	(110,390)
BEGINNING CASH ON HAND	4,083,276
ENDING CASH ON HAND	3,972,886

KITTITAS VALLEY HEALTHCARE
US BANCORP INVESTMENTS
FEBRUARY 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	2,066,954.72	70,061.12
FHLB	3130AMKX9	06/07/2021	06/07/2024	0.140%	2,000,000.00	2,002,598.00	1,973,363.00	(29,235.00)
FNMA	3136G4Z71	08/28/2020	08/26/2024	0.370%	1,000,000.00	1,001,588.00	976,435.65	(25,152.35)
FHLMC	3134GW3W4	10/28/2020	10/28/2024	0.350%	3,562,000.00	3,566,235.22	3,451,031.66	(115,203.56)
US TREASURY NOTES	912828YV6	06/15/2023	11/30/2024	4.751%	2,187,000.00	2,087,901.56	2,128,309.80	40,408.24
FHLB	3130ALB52	02/25/2021	02/25/2025	0.236%	2,800,000.00	2,803,892.00	2,667,896.62	(135,995.38)
FHLMC	3134GWK88	09/17/2020	03/17/2025	0.350%	4,500,000.00	4,510,089.00	4,295,407.59	(214,681.41)
US TREASURY NOTES	912828ZW3	12/09/2021	06/30/2025	1.000%	1,500,000.00	1,460,742.00	1,411,347.66	(49,394.34)
FHLB	3130ANZ29	09/30/2021	09/30/2025	0.383%	3,000,000.00	3,009,468.00	2,810,618.64	(198,849.36)
FNMA	3135G06B4	07/27/2021	10/22/2025	0.570%	1,500,000.00	1,499,371.50	1,396,140.57	(103,230.93)
FHLB	3130ALDB7	02/25/2021	02/25/2026	0.413%	1,800,000.00	1,804,426.20	1,660,497.64	(143,928.56)
US TREASURY NOTES	91282CCF6	08/01/2023	05/31/2026	4.400%	1,380,000.00	1,247,282.81	1,268,036.72	20,753.91
US TREASURY NOTES	91282CCW9	08/01/2023	08/31/2026	4.317%	1,385,000.00	1,243,868.50	1,262,622.26	18,753.76
US TREASURY NOTES	91282CAY7	11/29/2023	11/30/2027	4.252%	2,969,000.00	2,576,498.20	2,588,017.00	11,518.80
US TREASURY NOTES	91282CAY7	12/19/2023	11/30/2027	3.903%	4,529,000.00	3,990,683.06	3,947,837.32	(42,845.74)
US TREASURY NOTES	91282CFY2	01/16/2024	11/30/2029	3.930%	4,675,000.00	4,661,442.50	4,573,464.84	(87,977.66)
TOTAL					40,867,000.00	39,462,980.15	38,477,981.69	(984,998.46)

KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative

Requesting Department: Cle Elum Therapy Services

Capital Item Requested: Tenant Improvements to 506 Power St. Cle Elum WA.

Function of Request: Operation of KVH Therapy services in Cle Elum, to include physical therapy and speech therapy.

Reason Requested: Currently, KVH operates Cle Elum physical therapy services out of the Family Medicine Cle Elum RHC Clinic. The clinic is at capacity for primary care space. By relocating therapy services out of the RHC clinic it will allow for further expansion of primary care and specially care services from this location, under the RHC license. The City of Cle Elum has granted KVH a 2 year temporary occupancy permit, in which time, KVH will be working with the city on a long term plan and solution for the services. This will likely result in an extension of the occupancy permit while working toward long term solution that may result in further improvements to the property or a new location.

Construction Bid:	\$273,459
5% Contingency:	\$13,673
Sub Total:	\$287,132
Taxes at 8.4%:	\$24,119
Grand Total:	\$311,251

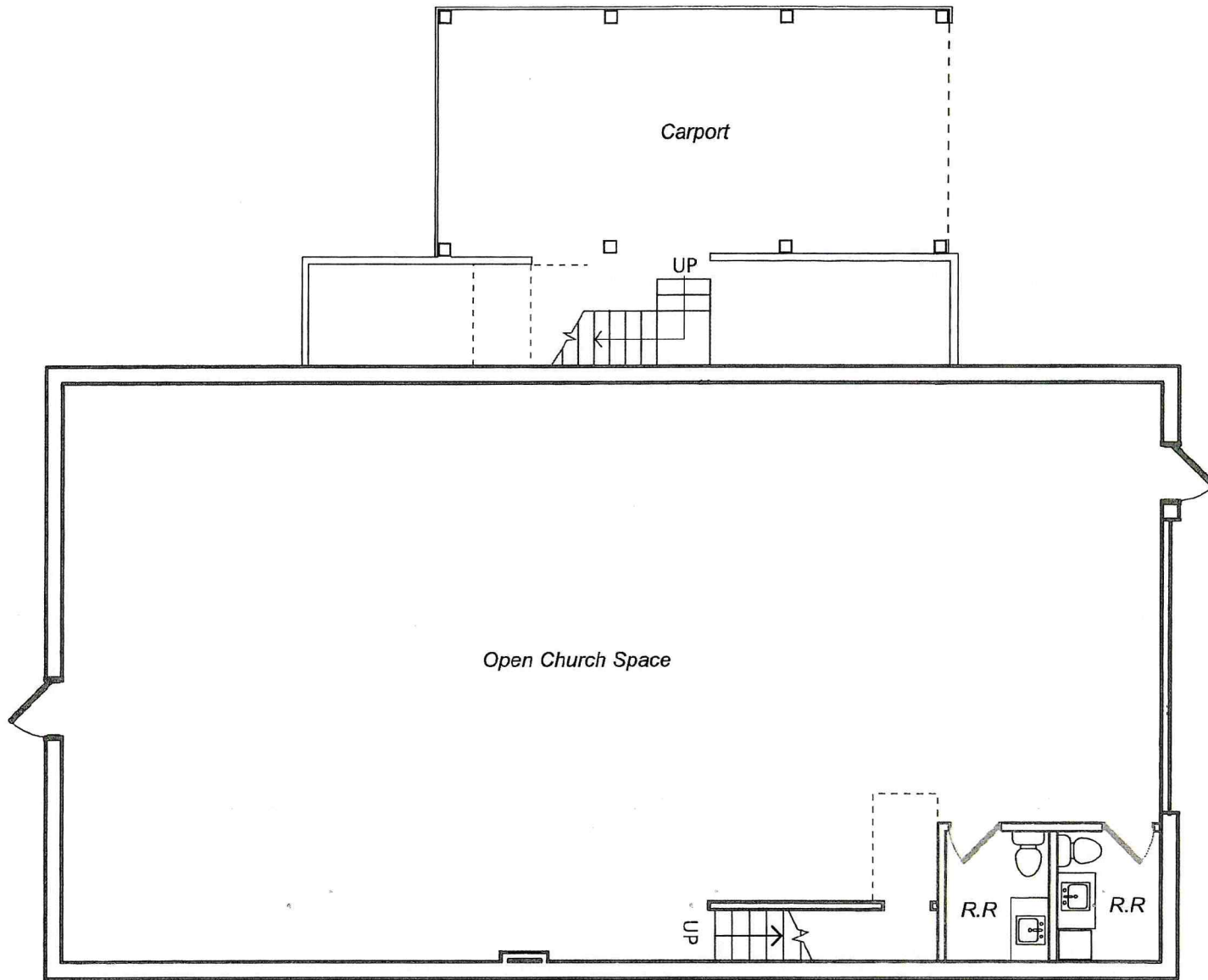
Foundation Contribution: \$200,000

Submitted By: Ron Urlacher, Rhonda Holden, Jason Adler, and Julie Petersen

Date: 03/28/2024

Kittitas Valley Healthcare
Cle Elum Therapy Services

	2020	2021	2022	2023	2023 w/Lease	
PT Visits	2,170	3,183	2,606	2,573	2,573	
PT Revenue	550,800	864,320	744,999	769,429	769,429	
Deduction Est	254,588	399,502	344,350	355,642	313,492	
Net Revenue	296,212	464,818	400,649	413,787	455,937	
Direct Expense	231,477	260,172	258,496	239,195	239,195	
Allocated Expense (MCR)	144,540	162,458	161,412	149,359	149,359	
Lease	-	-	-	-	38,157	
Leasehold Imprv.	-	-	-	-	62,200	\$311K over 5 yrs
Leasehold Imprv. Donation	-	-	-	-	(40,000)	Offset 200k over 5 years
Total Allocated Expense	376,017	422,630	419,908	388,554	448,911	
Operating Income	(79,805)	42,188	(19,259)	25,233	7,026	

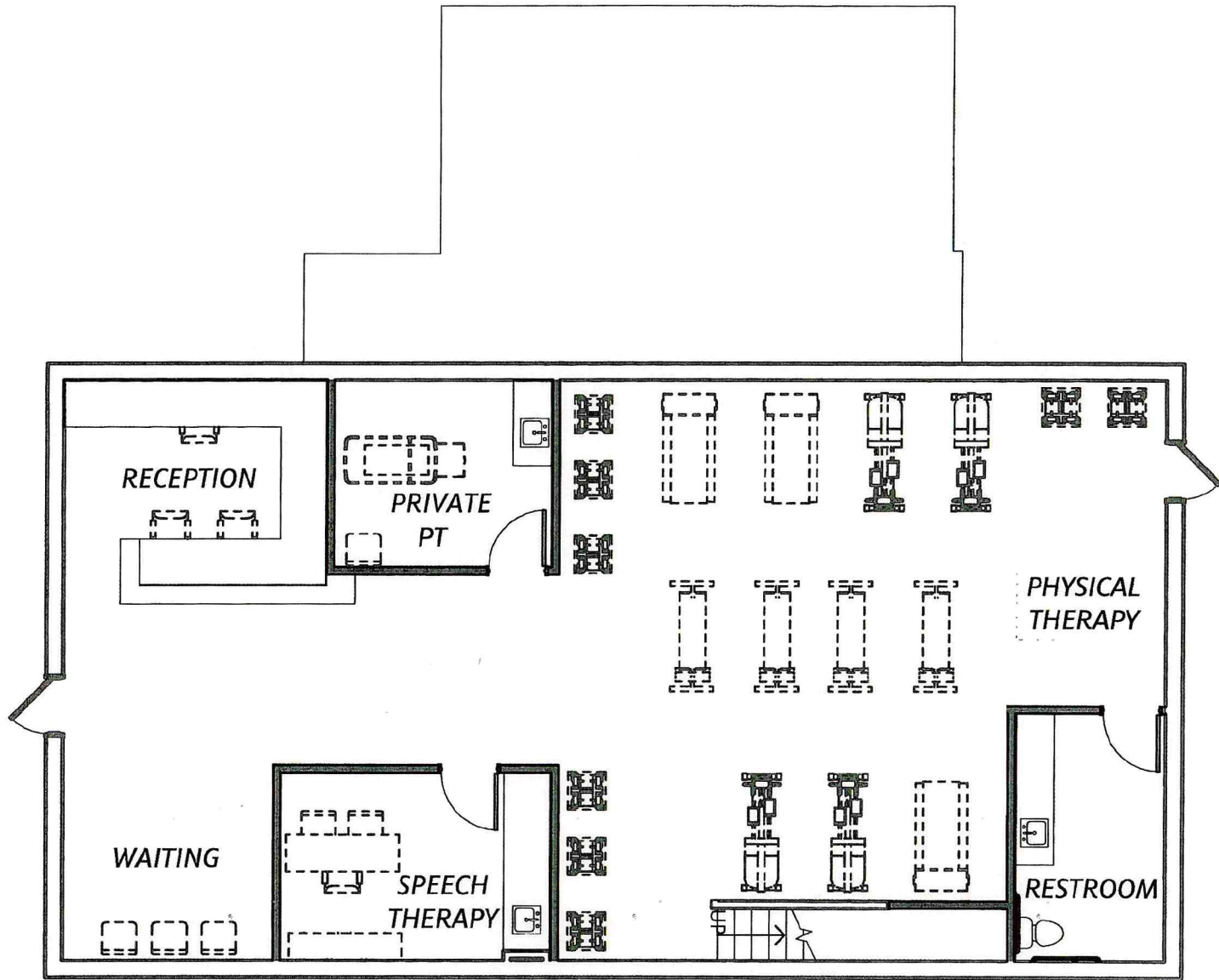


Existing First Floor Plan
 Temporary PT - Cle Elum Family Health Clinic Campus

09/20/2023

Scale: 1/8" = 1'-0"





Main Floor Plan Renovations

Temporary PT - Cle Elum Family Health Clinic Campus

10/11/2023

Scale: 1/8" = 1'-0"



KITTITAS VALLEY HEALTHCARE

Capital Expenditure Board Narrative

Requesting Department: KVH Orthopedics, General Surgery, and Vascular

Capital Item Requested: Request to take project to public bid. Renovate the Surgical Services Complex space to accommodate the growing provider practices, align with modern practice workflows, and replace end-of-life mechanical HVAC equipment.

Function of Request: Surgical Services Clinic Operations

Reason Requested: There are two primary needs that this project will address 1) Orthopedics renovation and 2) General Surgery renovation and HVAC. The project will completely renovate two of the Surgical Services Complex suites to make one large orthopedics practice, including on-site X-ray. The project will also encompass the General Surgery and Vascular suite. Improvements here will replace mechanical HVAC that is at end-of-life, and add two exams rooms.

This project will bring both clinics up to provider based specifications and increase the number of exams rooms which will allow for increased operations growth. Orthopedics will increase from 5 to 11 exams rooms. General Surgery & Vascular will increase from 5 to 7 exams rooms.

Construction Est. Ortho:	\$4,529,000
Construction Est. GS&V:	\$1,203,000
Total:	\$5,732,000

<u>Owner Equipment Ortho:</u>	<u>\$543,000</u>
<u>Owner Equipment GS&V:</u>	<u>\$8,000</u>
Total:	\$551,000

Legislative Grant: \$-100,000

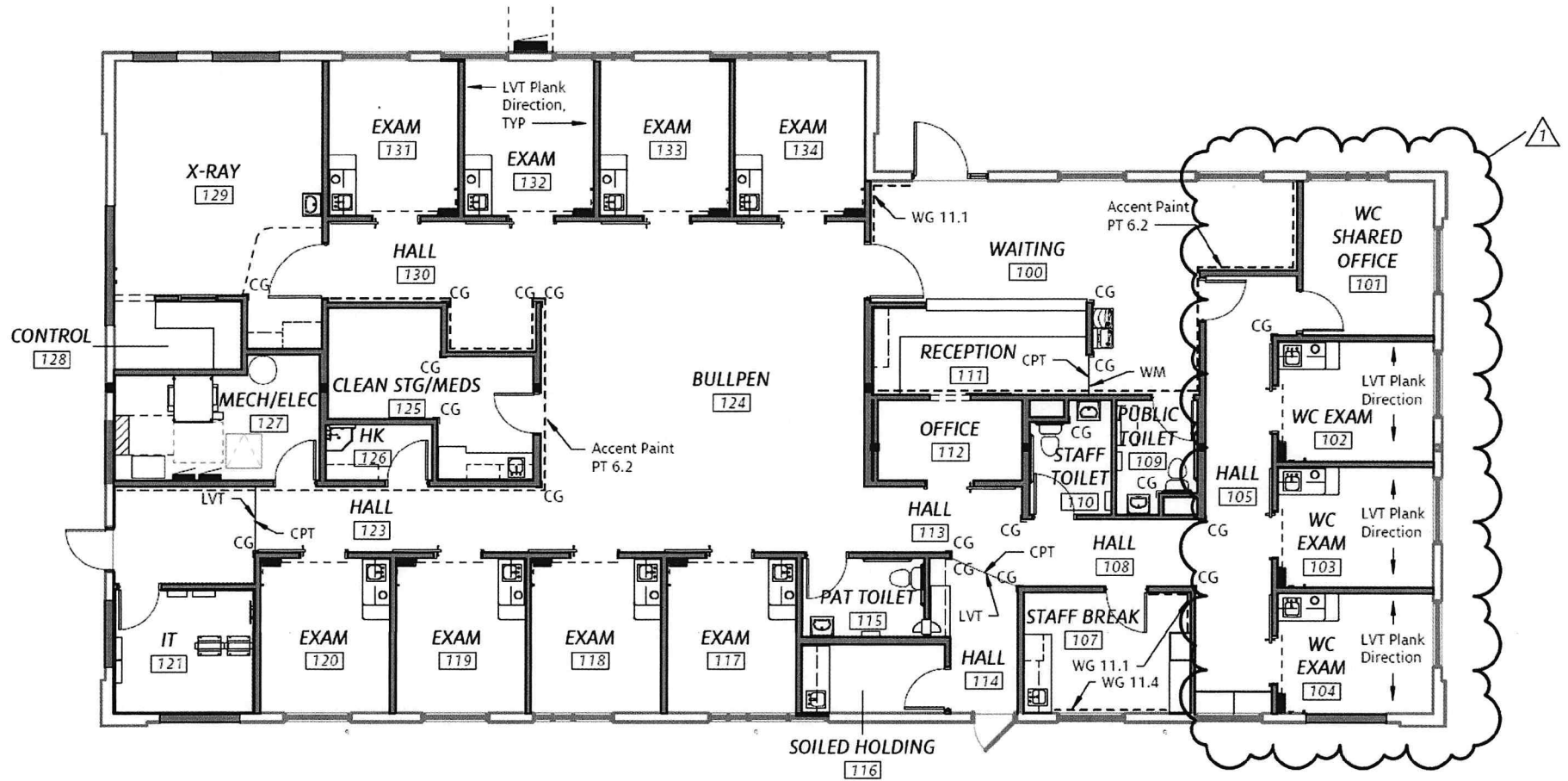
Grand Total: **\$6,183,000**

Submitted By: Ron Urlacher, Stacey Olea, and Jonika Mattsen

Date: 03/28/2024

Orthopedics Proposal

Total Square Feet: 4,475

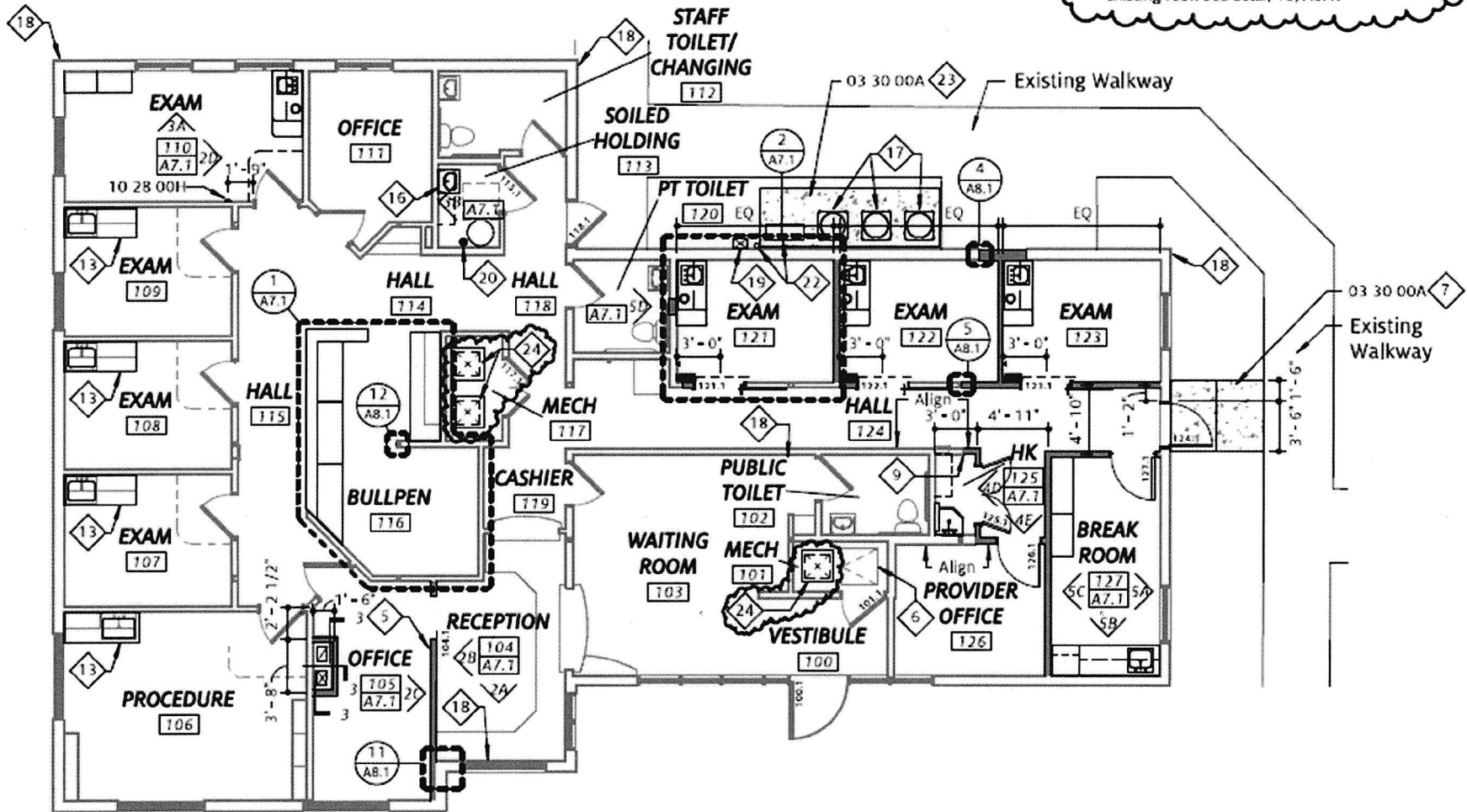


General Surgery & Vascular Proposal

Total Square Feet: 2,960

SHEET KEYNOTES

- 24 New furnace. See Mechanical drawings for more information.
- 25 Ductwork for new exhaust fan to route up through existing roof. See detail 13/A8.1.



KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative

Requesting Department: Expand Parking at Radio Hill

Capital Item Requested: Request to take the project to public bid. The bid would be brought back to the board for approval.

Function of Request: Expand parking at the Radio Hill administrative office location. This will allow for future expanded use of the office space.

Reason Requested: The administrative building currently has 42 parking stalls available. Only 50% of the building is occupied and utilized. Parking is already a common issue at the location, especially when trainings are hosted at the site. Expanded parking will allow KVH to bring forward a further proposal to renovate the unoccupied half of the office building in the future. This will allow KVH accommodate more staff and services as KVH continues to grow.

The site currently has 42 existing parking stalls. Phase I will add 34 stalls while phase 2 has the potential to add 24 additional stalls. Both phases would create a total of 100 stalls. Parking required for the building size is 80 stalls, when fully occupied.

Estimate:

Phase 1 (34 stalls):	\$591,320
Phase 2 (24 Stalls):	\$487,771
Sub Total:	\$1,079,091

Capital Planning Budget: \$1,000,000

Submitted By: Ron Urlacher, Jason Adler, Rhonda Holden, and Julie Petersen

Date: 03/28/2024



PARKING

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

Site Plan - Existing

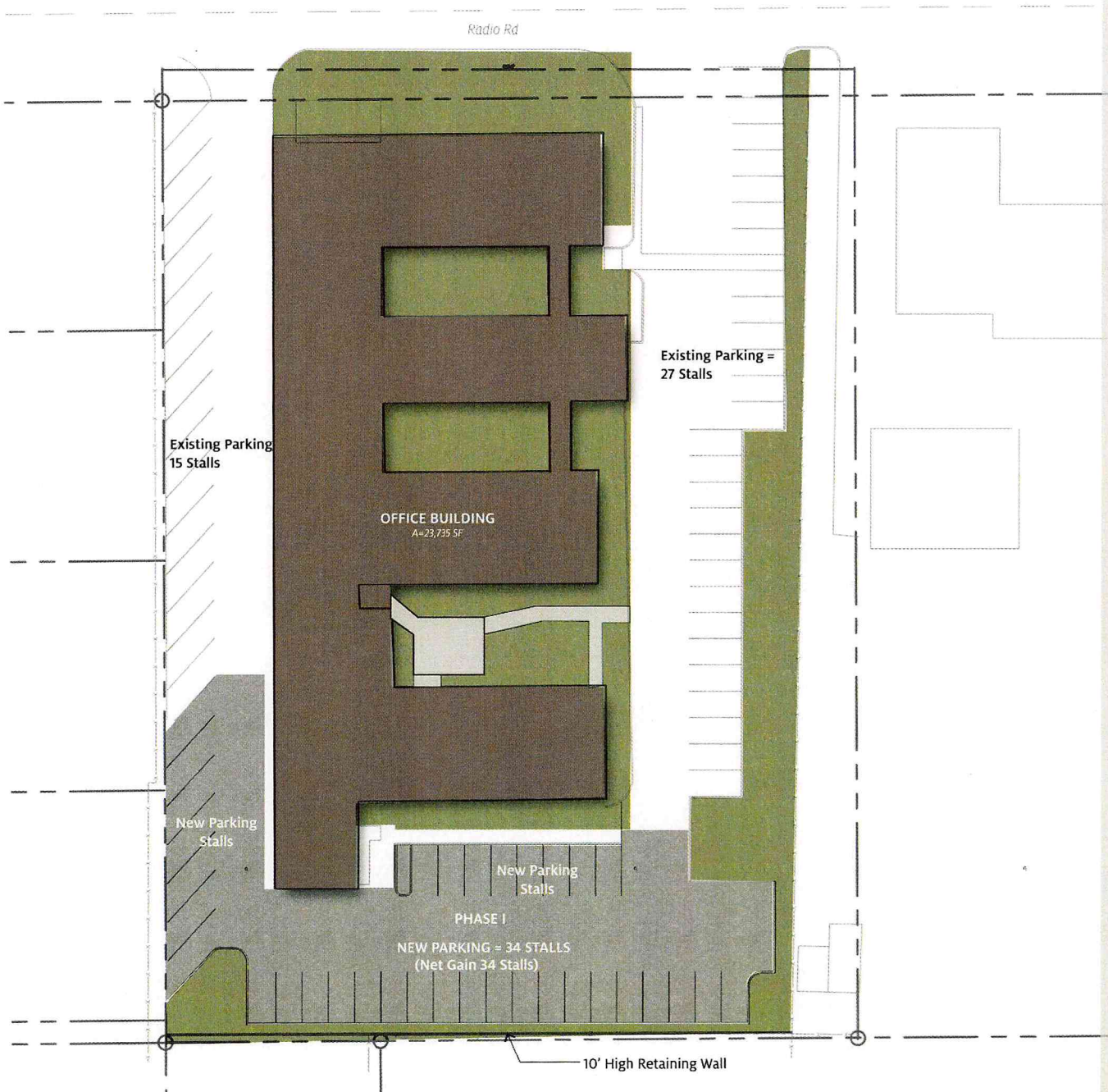
KVH Radio Hill Parking Expansion

1/32"=1'-0"



KDA ARCHITECTURE

03/21/24



PARKING:

- a. Parking Required = 23,735 SF/300 = 80 stalls
- b. Existing Parking = 42 stalls
- c. New Parking = 34 stalls
- c. Proposed Parking = 76 stalls
(Existing + New)

NOTES:

- 1. Build retaining wall (approximately 10 feet high) at the south perimeter of the site.

Site Plan - Phase I

KVH Radio Hill Parking Expansion

1/32"=1'-0"



KDA ARCHITECTURE

03/21/24



PARKING:

- a. Parking Required = 23,735 SF/300 = 80 stalls
- b. Existing Parking = 49 stalls
- c. New Parking = 51 stalls
- c. Proposed Parking = 100 stalls
(Existing + New)

NOTES:

- 1. Build retaining wall (approximately 10 feet high) at the east perimeter of the site.

Site Plan - Phase II

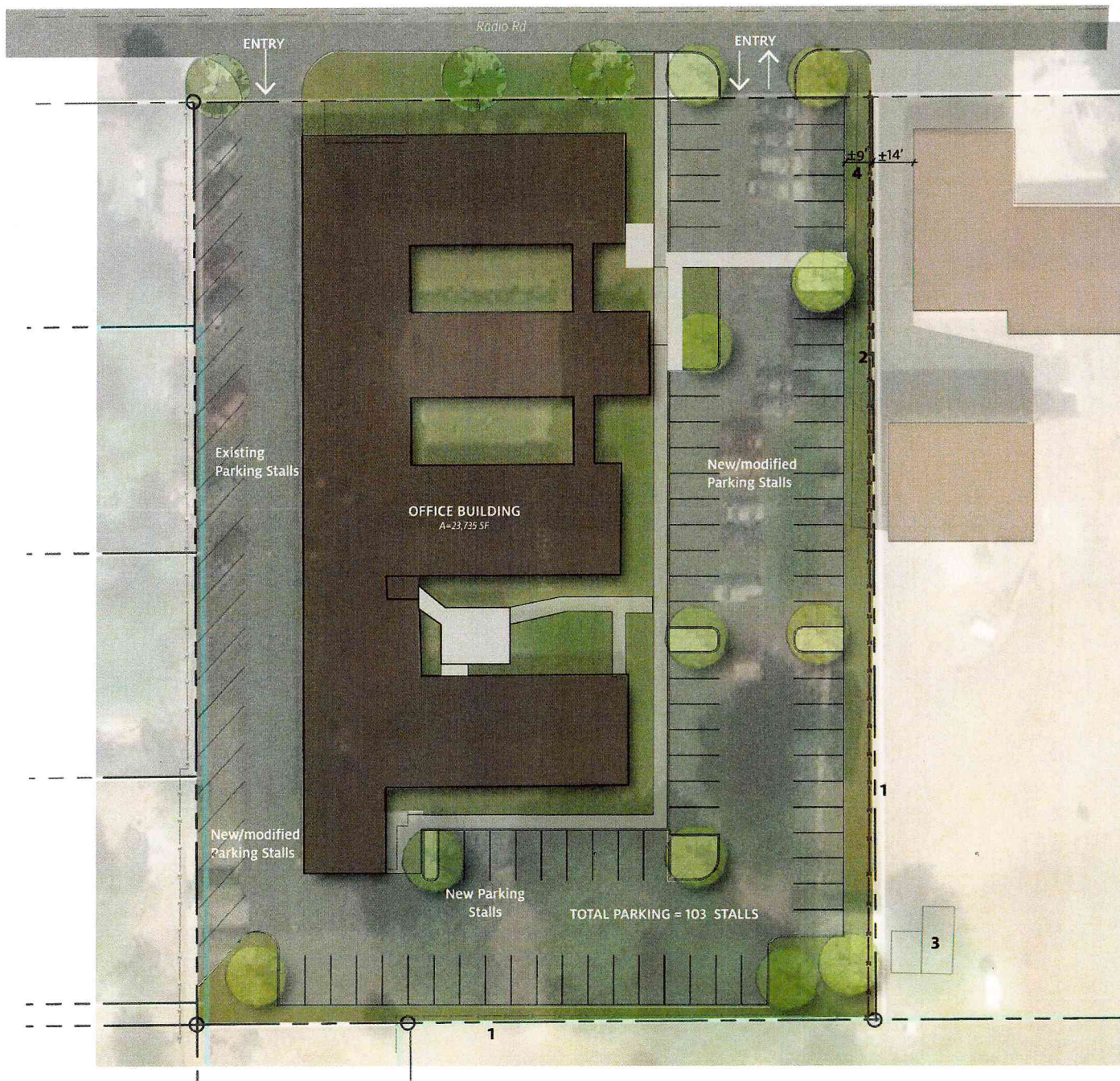
KVH Radio Hill Parking Expansion

1/32"=1'-0"



KDA ARCHITECTURE

03/21/24



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.
4. Required width dependent on COE code interpretation.

Site Plan - Proposed

KVH Radio Hill Parking Expansion

1/32"=1'-0"



Community Relations Report – Michele Wurl

March 2024

Community Relations

- DR Editorials – The Daily Record has resumed accepting editorials for placement in Saturday papers. Submissions from KVH will be featured on the 3rd Saturday of each month, with the first submission coming from Dr. Martin on March 23. We will be covering a wide range of topics, including the impact of the United Healthcare cyberattack, rural workforce issues, the fragility of rural OB, and the uniqueness and purpose of rural hospital districts. If you have a topic you would like addressed or would like to contribute to this series, please reach out to me.
- Outreach activities – This time of year our outreach planning and activities ramp up. Our fourth Provider Appreciation Dinner will be taking place on Wednesday, March 27 and hope you will join us. We will also be celebrating Doctor’s Day with our providers on March 30. Alisha is working with Kyle on high school career days and the preceptor event in the month of May. We are developing themes and materials for the 2024 Farmer’s Market Season. We are also planning our second Senior Health Fitness event on May 29.
- HD2 planning session and support – I have been working closely with HD2 over the last few months on clarifying their branding and messaging. This last month we have been reviewing the strategic plan and goals. We are moving in to a time of educating the community on their services and struggles.
- Community Benefit Reports – Over the next 4-6 weeks we will be pulling together the 2023 Community Benefit Reports for HD1 and HD2. These reports demonstrate how the districts are investing in and improving the health of its community. The goal is to publish these by the end of April.

Diamond Awards

We had 1,019 Diamond Award nominations in February and the winners are listed below, along with comments from their nominators. In March, we are featuring Lab, Imaging, CardioPulmonary, and ENT. Winners from these areas will be announced at the March Board meeting.

DeeAnna Bellotti, Cardiology – DeeAnna is always willing to help and brings so much knowledge and experience. She is a talented Medical Assistant and is always willing to help others.

Julia Riel, Dermatology - Julia is very professional, friendly and welcoming with her patients. Julia is well respected by all members of the clinic team. She provides high quality care in all her patient interactions. She has shown exemplary service, modeling strong work ethic and commitment to the dermatology patients and clinic.

Jessica Hammer, Neurology - Jessica has really been a fantastic addition to the Neurology team. She is knowledgeable, and eager to learn everything she can about neurology to ensure that the patients have the best care possible. She is kind, knowledgeable, and always willing to help. She always has the best interest of the patient in mind and is a team player.

Sara May, Environmental Services - There are not enough wonderful things to say about this woman. It is the highlight of my day to see her make her rounds. She is prompt and kind with everyone and remembers details about you to make sure you feel connected. She goes above and

beyond by noticing things that others don't and taking care of them without being asked, just because she wants to help you. She is quality in all she does.

Mary Dowling, Rapid Access - Mary is responsive and kind as a colleague and even more thoughtful as a provider. She called after I had brought a sick kiddo into Rapid Access just to make sure she was recovering ok. It was an extra step that I am sure was an inconvenience in her very busy days at Rapid Access. In the craziness of life, it was a moment of kindness that was needed.

Amy Krogstadt, Surgical Services & Sterile Processing - Amy is a great leader who strives to make our department the best it can be. She has what is best for the patients and staff in mind. Is transparent and is respectful to all she talks to. When I think of diamonds I think of Amy-strength, resilience and committed! A treasure to all she works with, a great leader, mentor and representative of KVH. She has done phenomenal work as her department grows and is prepared to get them through this tough year. Tough as a Diamond...Amy will ensure KVH sparkles through the construction phase and as we move into our new space! Such an honor to work with her!

Emergency Preparedness

Over the last month there has been no shortage of Emergency Preparedness response and planning. We have responded to the Change Healthcare cyber-attack, an Upper County fiber outage that resulted in the early closure of KVH Urgent Care and the rescheduling of patients at FM-CE, and the shooting at Jack-in-the-Box on March 15th. After-action reviews are either in process or have been completed for all of these events. We continue our planning for the June 12 full-scale county. I am extremely grateful to have Mitchell Rhodes assisting me in the oversight of this work.

Upcoming events

- Kittitas County Chamber Awards – March 21, 6pm
- Provider Appreciation Dinner – March 27
- Doctor's Day – March 30
- Becker's Hospital Review 14th Annual Meeting – April 8-10
- Kittitas County PIO & Media meet and greet – April 11
- Open Door Clinic Open House at FMCE – April 13
- [The Foundation at KVH's Annual Gala](#) – April 20
- Election Day, don't forget to vote – April 23
- Hospital Week – May 12 thru 18
- Senior Health Fitness Day – May 29
- 3rd Annual Employee Appreciation Banquet – December 7

Grant Report – Mitchell Rhodes March 2024

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.	\$100,000	June 2024

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
Rita and Alex Hillman Foundation	Innovations in Care Grant	KVH	Support to expand 4 th Trimester Resource Center 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.	\$600,000	Sept 2024
SAMHSA	Strategic Prevention Framework	KCHN	Five years to develop a strategy for preventing Substance Use Disorder. Efforts will focus on children and youth including mentoring, youth	\$1,875,000	Sept 2024

			mental health first aid, and early detection and prevention.		
US Senate and Congress	Senatorial and Congressional Appropriations	KCHN	Applications for Representative Schrier, Senator Cantwell, and Senator Murray for support and expansion of the Network including operational support and support for Community Health Workers. Funding would support two years of KCHN Operations	\$762,826	June 2025

Researching and Works in Progress		
<i>Grantor</i>	<i>Applicant Organization</i>	<i>Notes</i>
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.

HRSA	KCHN	RCORP Impact Grant provides \$750,000 to improve access to integrated and coordinated treatment and recovery services for substance use disorder.
City of Ellensburg	KCHN	Direct application for support of the Network.
AstraZeneca	KCHN	Community Solutions Challenge Grant would provide \$30,000 in support for KCHN's Community Health Workers Program.

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 KVH Med Refill Project within Pharmacy and the clinics	\$6,500	October 2023

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

Total Awarded Grants: \$8,493,263

MEDIA RELEASE

Date: March 20, 2024

Contact: Kasey Knutson, Public Information Officer, 509-962-7515

Kittitas County Public Health Champion Award

The Kittitas County Board of Health Advisory Committee (BOHAC) is sponsoring the tenth annual Kittitas County Public Health Champion award. The award is intended to honor and recognize individuals, groups, or organizations that have made significant contributions to the health of Kittitas County. This award is made possible by a generous donation from former Kittitas County Health Officer Jim Gale.

Any individual, group, or organization that has positively influenced the health of Kittitas County and its residents may be nominated. Anyone can submit a nomination for the award, including self-nomination.

Nomination forms are available online at <http://www.co.kittitas.wa.us/health> or at the Kittitas County Public Health Department (KCPHD). Nominations should be sent to KCPHD by April 26, 2024. Nominations can be mailed to 507 N. Nanum St., Suite 102, Ellensburg, WA, 98926, or emailed to publichealth@co.kittitas.wa.us.

BOHAC will review the applications and choose a recipient. An award in the amount of \$500.00 will be presented for current or future projects that contribute to the health of Kittitas County. The recipient will be notified by May 17, 2024 and will receive the award on June 20, 2024 at the Kittitas County Board of Health monthly meeting.

Examples of previous Public Health Champion Awards are as follows:

- 2015 City of Ellensburg Parks and Recreation for noteworthy work regarding the breadth of programming for residents across the lifespan.
- 2016 Dr. Paul Schmitt for his years of service as a health care provider and his dedication to the health of his community.
- 2017 Kittitas County Early Learning Coalition for the coalition's work to improve the health and success of young children and their families.
- 2018 Open Door Health Clinic for the clinic's mission to provide basic medical care for people living on low incomes without insurance or readily accessible healthcare.
- 2019 APOYO in recognition of their work to provide food, recycled clothing, and furniture to the community.
- 2020 Rolf Williams and 2021 COVID-19 Vaccination Clinic (recognized in 2021 due to COVID-19) for their work and commitment to Kittitas County and the community.
- 2022 Kittitas County Health Network (KCHN) Care Coordination Program for their work to connect vulnerable people with health and other social services.

To Protect and Promote the Health and the Environment of the People of Kittitas County

- 2023 Kittitas County Fire Protection District #6 for the agency's work with vulnerable people in our community and their goal of understanding people holistically and addressing all their needs.

The mission of BOHAC is to provide advisory feedback and formal recommendations to both the Board of Health and the Kittitas County Public Health Department, related to policy, funding, initiatives, and emergent needs, in support of the goals and mission of the Kittitas County Public Health Department. If you are interested in donating to the Annual Kittitas County Public Health Champion Award fund, please contact Heather Burfeind, BOHAC Treasurer, at heatherswimburfeing@gmail.com

For more information regarding BOHAC or the Public Health Champion Award, please contact the Kittitas County Public Health Department at (509) 962-7515.

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