

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: 824 7743 8471 Passcode: 685333

April 25, 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, March 28, 2024, April 9, 2024 **(3-13)**
 - b. Approval of Checks **(14)**
 - c. Report: Foundation **(15)**
 - d. Minutes: Finance Committee: March 26, 2024 **(16-18)**

- 4. Public Comment and Announcements**

- 5. Reports and Dashboards**
 - a. Quality – Mandee Olsen, Chief Quality Officer **(19-24)**
 - b. Chief Executive Officer – Julie Petersen **(25)**
 - i. Humans Resources & Staff Development – Manda Scott **(26-27)**
 - ii. Expansion Project Update – Ron Urlacher **(28-35)**
 - c. Operations
 - i. Dede Utley, Chief Nursing Officer **(36-37)**
 - ii. Rhonda Holden, Chief Ancillary Officer **(38-39)**
 - iii. Stacy Olea, Chief of Clinic Operations **(40-43)**
 - d. Support Services
 - i. Michele Wurl, Chief Public Relations Officer **(44-57)**
 - ii. Jeff Yamada, Chief Information Officer **(58-64)**
 - iii. Ron Urlacher, Chief of Facilities **(65-101)**
 - e. Medical Staff
 - i. Chief of Staff, Roberta Hoppe, MD
 1. MEC Recommendations for Appointment and Re-Appointment ** **(102)**
 - ii. Chief Medical Officer, Kevin Martin MD **(103-105)**
 - f. Finance – Chief Financial Officer – Jason Adler
 - i. Operations Report **(106-118)**
 - ii. Approval of Resolution No. 24-03: Surplus Property ** **(119-120)**

- 6. Education and Board Reports**
 - a. AHA Leadership Summit, July 21-23 in San Diego **(121-124)**

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7. Old Business

- a. Report out of Board Self-Evaluation

8. New Business

- a. Request for Special Board meeting the end of May for Expansion Project Phase 1 wind down and update

9. Executive Session

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

10. Adjournment

Future Meetings

May 23, 2024 Regular Meeting
TBD end of May Special Meeting
June 27, 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



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B & Via Zoom

March 28, 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, Michele Wurl, Dede Utley, Kara Henderson, Carolyn McCain, Cindy Kelly, Suzette Johnson, Evan Schnitzius

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 Bob Davis, the Board members unanimously approved the agenda as amended to discuss the Capital Expenditure Request for the Radio Hill Parking Expansion in executive session.

3. **Consent Agenda:**

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved the consent agenda after pulling the minutes from February 20, 2024, Board meeting to be approved at the April Board meeting.

4. **Public Comment/Announcements:**

None.

5. **Presentation:**

President Altman presented Safe Catch Awards for 2023, 4th quarter; Clinical Award to Christine Ward, ARNP, Pediatrics for speaking up to ensure timely and accurate patient care; and Non-Clinical Award to Jody Morse and Terra Quicksall of Engineering for recognizing inconsistencies and waste with BP cuffs.

Jake Milstein, Chief Revenue Officer and Public Speaker of Critical Insight, reviewed the current cyberattack landscape. With cyberattacks on hospitals and healthcare, you can't just shut down the network because patient lives can be at stake. Jeff Yamada reviewed what is already in place at KVH and things they will be working on

in the future. Milstein reviewed the AHA takeaways and how an organization could do a tabletop exercise. He commended the KVH IT staff for their extraordinary efforts to secure the network.

6. Reports and Dashboards:

The Board members reviewed the Quality report with Mandee Olsen. Olsen stated that this includes the new dashboard this month that has a new look to it as well as changed categorization.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that we have not received any additional information from the Attorney General's Office on the Reproductive Privacy Act Compliance. A group is preparing for Congresswoman Schrier's visit tomorrow.

Jeff Yamada stated we are now five weeks into the cyberattack on Change Healthcare. We recently transitioned our clearing house to a new vendor and have seen significant progress over the past week. Jason Adler stated that today we started seeing some of our electronic claim payments. Julie Petersen commented that KVH itself was never breached.

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

Ron Urlacher reviewed the expansion project cost and the timeline changes. Urlacher stated that Phase 1 has a scheduled completion date of June 12th.

Cindy Kelly reviewed the highlights of the annual compliance report out. Kelly stated that most of the 2024 Compliance Work Plan matches the 2023 plan with some additional items.

ACTION: On motion of Terry Clark and second of Erica Libenow, the Board members unanimously approved the 2024 Compliance Work Plan.

The Board members reviewed the operations report with Dede Utley, Rhonda Holden, and Stacy Olea. Utley stated that the nursing assistant program has received eleven applicants, and they will start the first round with five. Holden stated that the CT was delivered today.

Nassar Basmeh reviewed the Recall Process Policy. Basmeh stated that they make sure that no product will jeopardize patient safety. Basmeh reviewed the three categories of product recalls and stated that the policy is required by WAC.

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

ACTION: On motion of Jon Ward and second of Terry Clark, the Board members unanimously approved the initial appointments for Dr. James Chatham, Mary Kamai, ARNP, Annie Park, ARNP, Erin See, ARNP and the reappointments for Dr. Thomas Penoyar, Dr. Noureldin, Dr. Aaron Jun, Wendy Bridger, ARNP, and Jocelyn Judd, PA-C, as recommended by the Medical Executive Committee.

ACTION: On motion of Bob Davis and second of Erica Libenow, the Board members unanimously approved the Internal Medicine Delineation of Privileges.

ACTION: On motion of Terry Clark and second of Jon Ward, the Board members unanimously approved the Hospital Medicine Delineation of Privileges.

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

Jason Adler reported on KVH's financial performance for February. Adler stated that we are still reporting at an operating loss and total charges are coming in a little less than last year. Adler stated that nursing labor costs continue to decrease as we don't have as many agency staff, and clinic visits continue to be below budget but are higher than they have been.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved Resolution No. 24-02 for authorization of a line of credit.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved the Capital Expenditure request for the Cle Elum Therapy Service Building.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved the Capital Expenditure request for the Orthopedic/General Surgery Renovation.

The Board members reviewed the Community Relations report with Michele Wurl. Wurl reviewed the March Diamond Award winners.

President Altman announced a 3-minute break from 7:02 p.m. until 7:05 p.m.

7. Education and Board Reports:

None.

8. Old Business:

President Altman stated that the Board will have a special meeting on April 9th to conduct the Board self-evaluation.

Julie Petersen stated we are looking at holding a Strategic Planning Session at Red's in the Canyon in July, details to come.

9. New Business:

Julie Petersen stated that she recommended each commissioner decide if they would like to attend the 2024 AWPHD & WSHA Rural Leadership Conference in June as there will not be a group session this year.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board approved all Board members that would like to attend the 2024 AWPHD & WSHA Rural Leadership Conference in June to attend. The motion passed 4-1, with Ward abstaining.

Commissioner Clark stated that he thought it would be good to have the Kittitas County Public Health Champion Award on our agenda. After further discussion, Julie Petersen will work with staff to recommend Rapid Access and the 4th Trimester.

10. Executive Session:

At 7:15 p.m., President Altman announced that there would be a 3-minute recess followed by a 10-minute executive session regarding real estate and personnel. RCW 42.30.110(b). No Action was anticipated.

At 7:28 pm, the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 7:29 p.m.

CONCLUSIONS:

1. Motion passed to approve the board agenda as amended.
2. Motion passed to approve the consent agenda as amended.
3. Motion passed to approve the 2024 Compliance Work Plan.

4. Motion passed to approve the reappointments as recommended by the Medical Executive Committee.
5. Motion passed to approve the Internal Medicine Delineation of Privileges.
6. Motion passed to approve the Hospital Medicine Delineation of Privileges.
7. Motion passed to approve Resolution No. 24-02 for authorization of a line of credit.
8. Motion passed to approve the Capital Expenditure request for the Cle Elum Therapy Service Building.
9. Motion passed to approve the Capital Expenditure request for the Orthopedic/General Surgery Renovation.
10. Motion passed to approve Commissioner Compensation and Travel Policy.
11. Motion passed to approve all Board members that would like to attend the 2024 AWPHD & WSHA Rural Leadership Conference in June to attend.

Respectfully submitted,

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



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL MEETING
KVH Admin Room
April 9, 2024

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

The special meeting was called to order at 5:08 p.m. by President Altman. President Altman announced that the purpose of the special meeting was for a board self-evaluation.

At 5:08 p.m., President Altman announced that there would be a 1-hour and 40-minute executive session regarding personnel. RCW 42.30.110(g). No action was anticipated

At 6:48 p.m., the meeting was reconvened into open session.

With no further business, the meeting was adjourned at 6:51 p.m.

Respectfully submitted,

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

DATE OF BOARD MEETING: April 25, 2024

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>301853-302603</u>	NET AMOUNT:	<u>\$10,035,697.28</u>
		SUB-TOTAL:		<u>\$10,035,697.28</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>82206-82209</u>	NET AMOUNT:	<u>\$3,450.47</u>
#2	PAYROLL CHECK NUMBERS	<u>82210-82214</u>	NET AMOUNT:	<u>\$6,014.56</u>
#3	PAYROLL CHECK NUMBERS	<u>82215-82218</u>	NET AMOUNT:	<u>\$3,005.14</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,659,874.26</u>
#5	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,652,431.00</u>
#6	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,777,172.70</u>
		SUB-TOTAL:		<u>\$5,101,948.13</u>

TOTAL CHECKS & EFTs: \$15,137,645.41

Prepared by



 Sharoll Cummins
 Accountant



Recently Completed Funding Request to KVH:

- Solberg Leadership Fund - \$5,000 for Valor Leadership Program
- M/S Nursing Fund - \$1,090.45 requested for the American Organization of Nursing Leadership accreditation seminar for Jeff Holdeman/Director of the Medical Surgical Unit.
- Diabetic Education – \$989.69 requested for their nutrition/diabetes educational program
- Solberg Leadership Fund - \$750 sponsorship towards KVH provider event
- Solberg Leadership Fund – \$3,00 Senior leadership AHA Conference
- Family Birthing Place – \$1,031.40 Funding request for department materials in the works.
- Cancer Support – Funding requests for monthly support of cancer support meetings hosted by KVH.

New Board Member

The Foundation is pleased to announce that Andrew Morse, CWU Chief of Staff/VP of University Relations, has accepted a board position. Since arriving at CWU in September 2022, Andrew has led the university's efforts in government and community relations, strategic marketing, branding, communication, and economic development. Throughout his career, Andrew has applied his expertise in community, state, and federal government relations, executive-level strategic planning, presidential advising, and operational effectiveness to develop a comprehensive portfolio of federal policy priorities that are focused on economic development, higher education access, and student success.

Blooms and Bubbles 2024

Tickets are sold out for The Foundation's 20th Annual Fund-A-Need, **Blooms and Bubbles**. The event scheduled for April 20, 2024, at the Hotel Windrow features a dinner, 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.

Foundation Pint Night

Save the date! The Foundation will hold 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, The Foundation at KVH

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

April 23, 2024
Tuesday

7:30 A.M.
Join Zoom Meeting

<https://us06web.zoom.us/j/84672119099?pwd=DA6su6blmlbPltRbtsNaPZnAfZ3dn.1>

Meeting ID: 846 7211 9099
Passcode: 606137

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: March 26, 2024**
- **March Financial Highlights**
- **Surplus Resolution**
- **Adjourn**

Next Meeting Scheduled: May 21, 2024 (Tuesday)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
March 26, 2024

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

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 Jon. Jerry motioned to approve the February 20, 2024 minutes and second by Julie. Both motions passed.

Jason presented the financial highlights for February 2024. February income statement was better compared to the previous 3 months. KVH experienced a \$215k operating loss and \$185k net loss. Investment income has been decreasing due to drawing down investments to fund expansion project. Average length of stay in February was 3.4, YTD length of stay is 3.9. Overall expenses are below budget due to decreased volumes. Claims processing has been negatively impacted due to cyber-attack against Optum.

Jason reviewed the stats for February 2024. ER visits were below budget 10.8%. Clinic visits were below budget by 3%. Surgery procedures were over budget by 10.7% for inpatient and 11.0% for outpatient.

Jason reviewed the January income statement. Rents and leases were over budget for the MRI lease that will end in June, once the lease ends the expense will be under budget for the rest of the year. Non-operating income is down due to decrease investment income. Benefits expenses increase is due to average increase in medical benefits of 7%.

The committee discussed AR days and AR aging. AR days at the end of February was 80.6. The committee discussed the outstanding balances in Paragon and Nextgen noting these balances do not collect any interest and are primarily outstanding accounts with employees. Committee discussed potential strategies for dealing with these accounts such as offering the patients a steep discount, writing off the amounts, or selling the debt at a steep discount.

The committee discussed a capital request for improvements to 506 Power street for Cle Elum Therapy services. The improvements would allow for expansion of Family Medicine Cle Elum, as well

as Physical Therapy. The total amount of the improvements would cost approx. \$311k. Jerry motioned to bring the request to the board, Jason seconded, all approved.

The committee discussed a capital request for KVH Orthopedics, General Surgery, and Vascular renovation. The renovation to surgical services complex is to accommodate the growing provider practices. The total cost of the renovation would be approx. \$6.2 million. Jerry motioned to bring the capital request to the board for further discussion, planning, and possible approval to move forward, Julie seconded, all approved.

The committee discussed a capital request for expansion of parking at Radio Hill. The project would take place in two phases. The first phase is to expand parking on the west and south sides of the building, phase two would expand parking on the east side of the building. Total cost both phases would be approx. \$1.1 million. Jerry motioned to take this item to executive session at the board meeting, Julie seconded, all approved.

With no further business, the meeting was adjourned at 8:48 a.m.

QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

April 2024

DNV Preparedness

DNV will be arriving to complete their third unannounced CAH Conditions of Participation survey with KVH sometime before May 23rd. Although we work to be continually “survey ready”, KVH staff and leaders have been reviewing our policies and procedures, re-familiarizing ourselves with standards, and shining up our work areas!

Risk Management

Risk Manager Holly Purrazzo has been busy coordinating with our liability insurer, Physicians Insurance, for risk assessment and risk mitigation. May 14th-16th Holly will join experts from Physicians Insurance to provide education to providers and nursing about defensible documentation, and to survey our practices in KVH Family Medicine – Ellensburg and KVH Pediatrics.

Quality Improvement Council Summary

QI Council was held April 8th. Topics discussed include:

- Infection Control and Employee Health, Infection Control Committee report – infection control practices and surveillance, hospital-acquired infection cases and prevention, antimicrobial stewardship, employee flu vaccine for the 2023-2024 season, needlesticks and other potential blood borne pathogen exposure reviews, and improvements to the employee health program.
- Surgery/Anesthesia Committee data report, including measures: procedure rates, pathologic review of specimens removed during surgical or invasive procedure, pre-/post-procedure diagnosis discrepancy, anesthesia/moderate sedation adverse events, unplanned return to surgery, and wrong site, patient, or procedure events.
- Expansion Optimization QAPI project outcomes review and reporting.
- Completion of the 2023 Critical Access Hospital Annual Program evaluation.
- Utilization Committee report.
- Quality Improvement Dashboard review (see below and following pages)
- DNV Survey Preparedness.
- Dr. Martin and Dede reviewed the results of contracted services evaluations for Evergreen Anesthesia, EPICC Vascular of Eastern Washington, and Incyte.
- The KVH policy related to the CAH annual program evaluation was reviewed and approved.
- 1st quarter 2024 SAFE Catch nominations were reviewed and winners selected.

Quality Improvement Dashboard Data Summary – through February 2024

Summary of Areas Meeting Goal or Showing Improvement

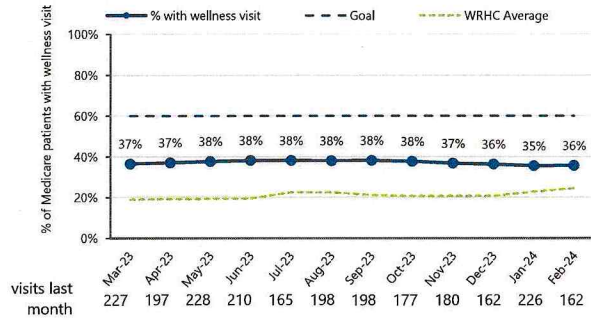
- Medicare wellness visit rates continue to be much higher than statewide averages.
- Fall risk screenings in clinics were very strong in the month of February.
- Diabetic foot screening rates were 90% or higher at KVH Family Medicine – Cle Elum and KVH Internal and Adult Medicine.
- The median time to ECG for patients with chest pain was 10.5 minutes. This was just slightly above goal of 10 minutes.
- There were fewer workplace violence events in February than in previous months. Two of the reports were verbal staff-on-staff violence; the third event was verbal patient/visitor-on-staff.

Summary of Improvement Opportunities

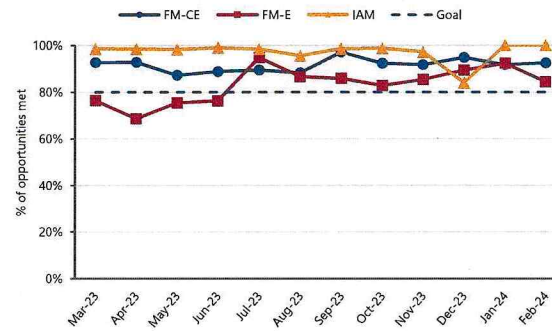
- There is a vacancy for a referral coordinator position at KVH Family Medicine – Ellensburg. Lack of staffing has caused slight delays and a higher average time to outbound referrals for this clinic in particular.
- All blood product documentation missed opportunities were due to missed temperatures.
- Timely starts in home health have been less than goal due to staffing shortages and higher patient volumes.
- There was one surgical site infection following a hip surgery. The infection occurred almost 90 days after the surgical procedure.
- There was one potential exposure event with a scalpel during a biopsy by a student. There was one needlestick when a patient had a near-syncopal event and staff attempted to quickly withdraw the needle.
- There were four patient falls in February; none resulted in injury. In two cases, patients tried to ambulate unattended. There was one fall of a patient dressing after a conscious patient procedure in Surgical Outpatient. There was also one fall in the ED when a pediatric patient was left briefly unattended by a parent after a medication administration.

Ambulatory Services Quality

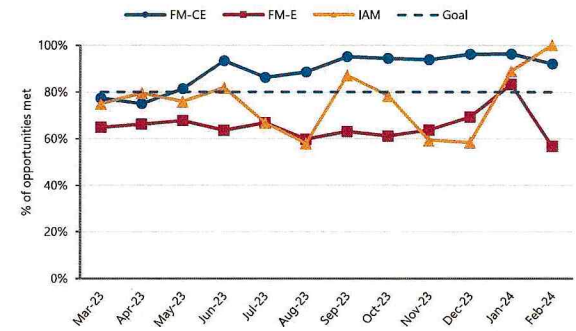
Medicare Wellness Visits ↑
rolling 12 month



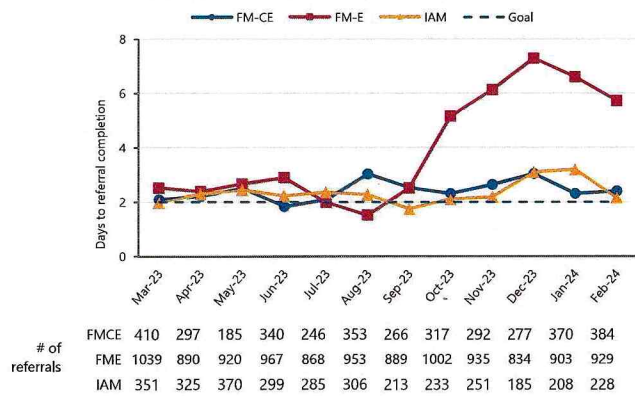
Fall Risk Screening ↑



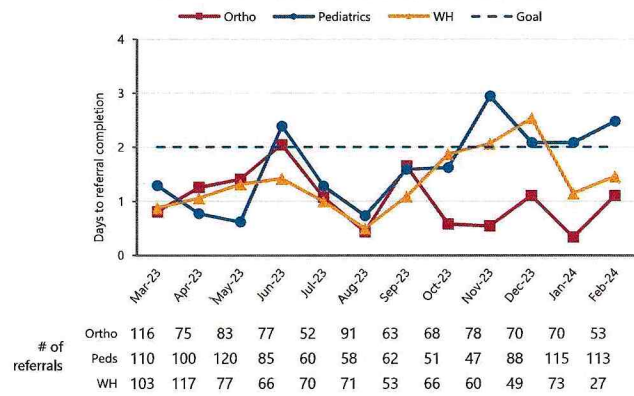
Diabetic Foot Checks ↑



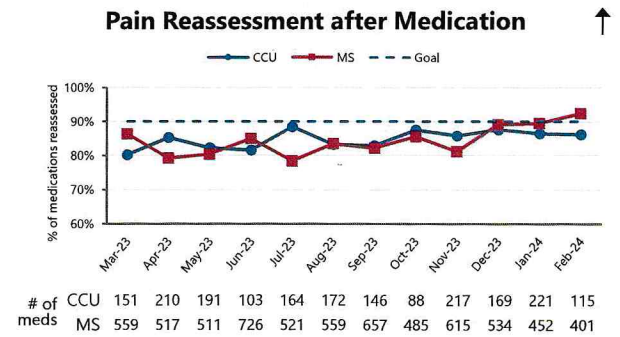
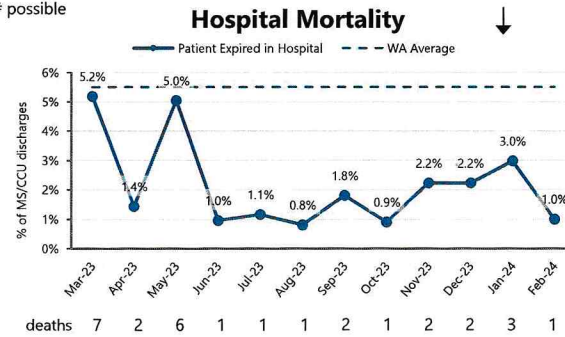
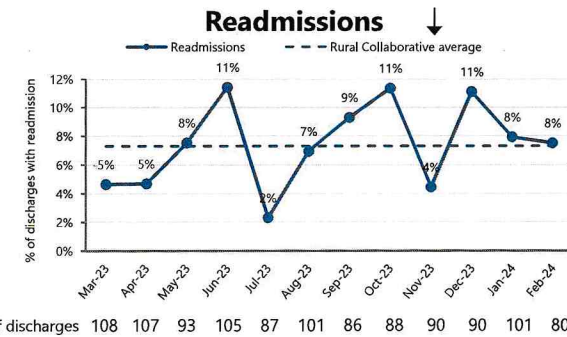
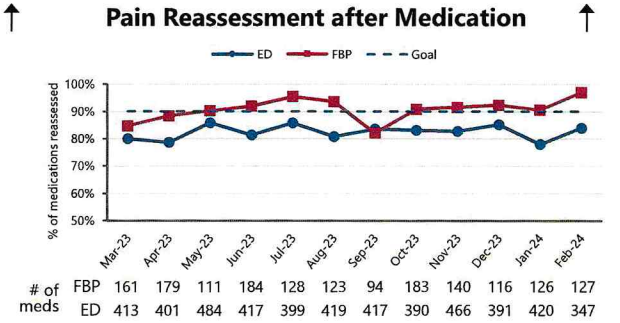
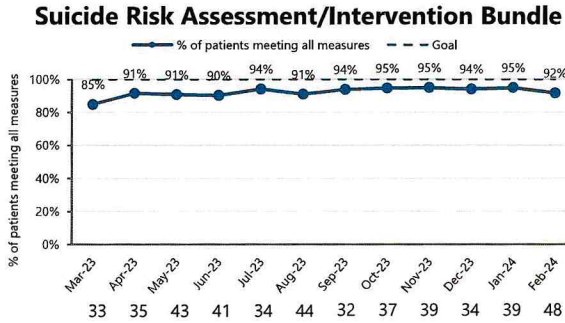
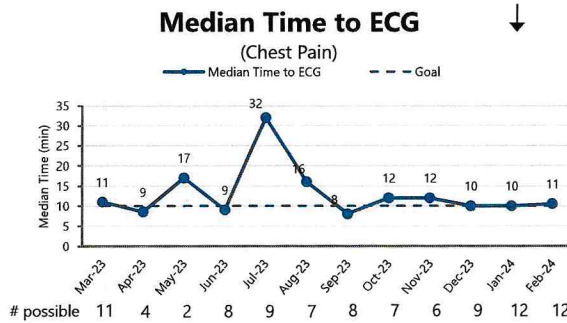
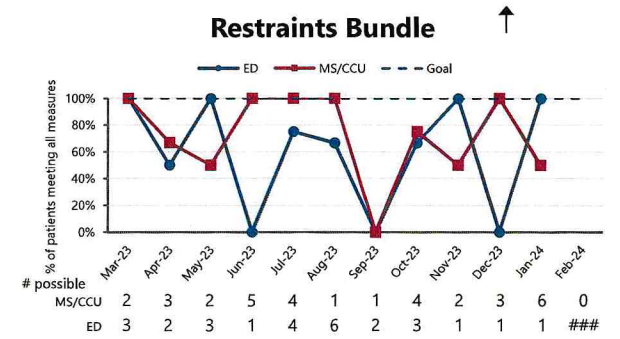
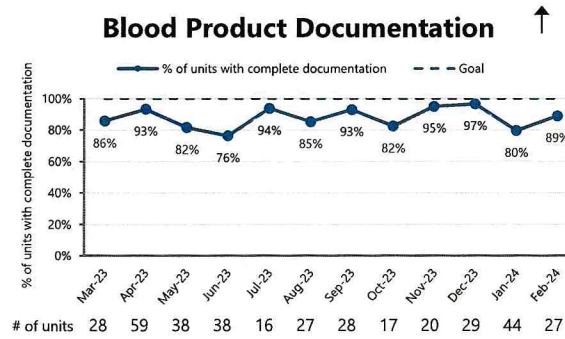
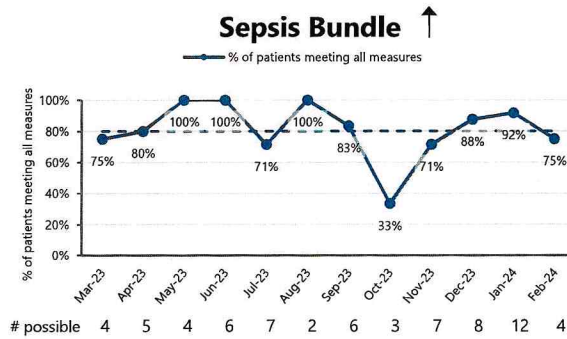
Time to Outbound Referral Sent ↓



Time to Outbound Referral Sent ↓

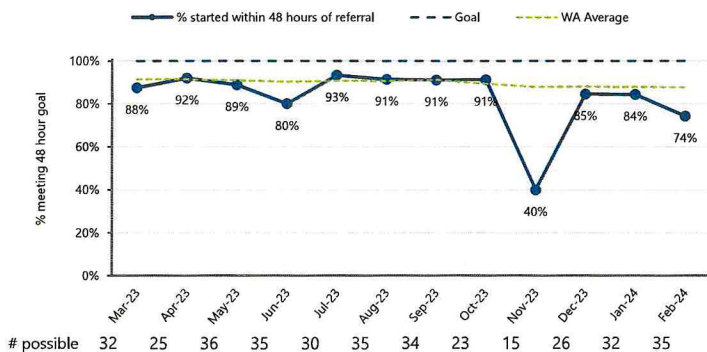


Hospital Quality

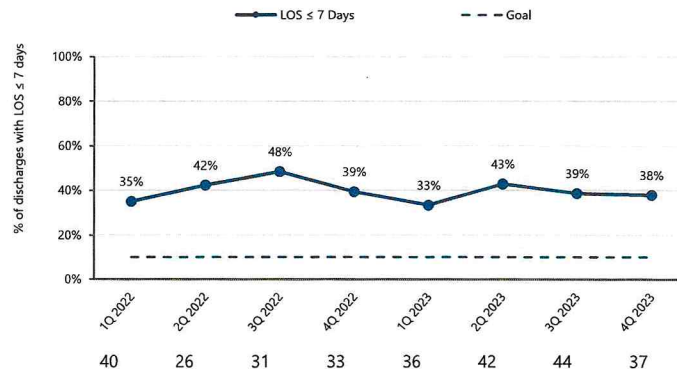


Community Care Quality

Timely Start for Home Health ↑



Hospice Length of Stay ≤ 7 Days ↓



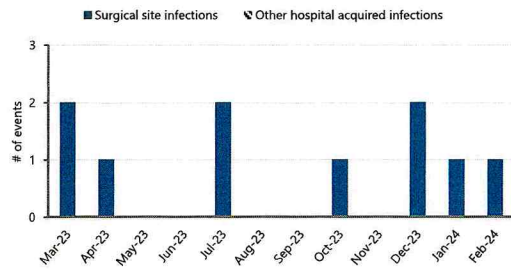
Improvement in Management of Oral Meds (Home Health) ↑



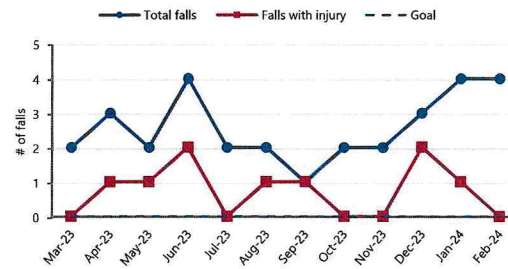
future Primary Care at Home measure

Patient Safety Reporting

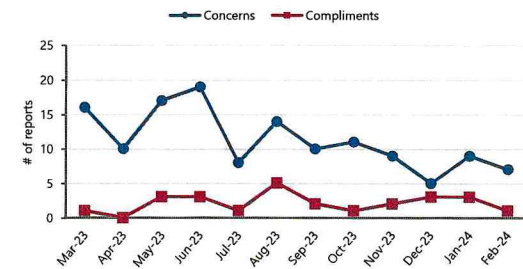
Hospital Acquired Infections



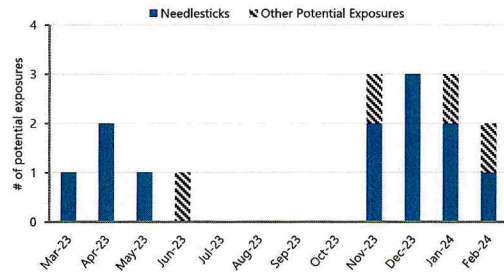
Falls



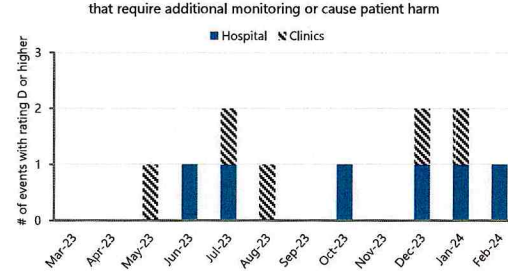
Care and Service Reports



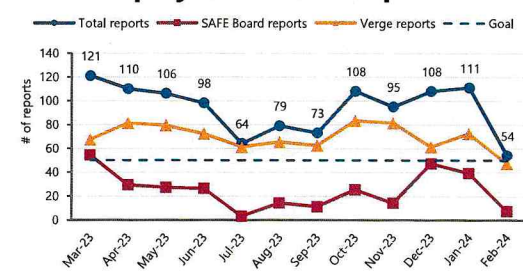
Potential Bloodborne Pathogen Exposures



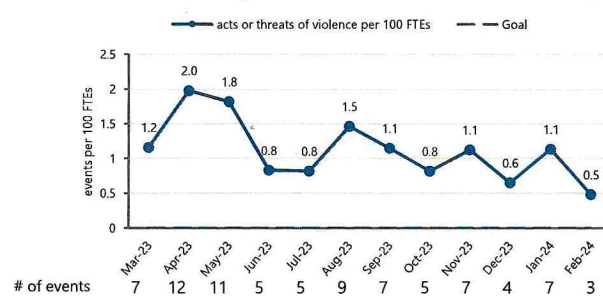
Adverse Medication Events



Employee/Incident Reports



Workplace Violence Events



Reports of Incidents with Harm





Chief Executive Report – Julie Petersen April 2024

No written report, will give verbal report at meeting.

Human Resources & Staff Development Report – Manda Scott

April 2024

March 2024 Metrics

<i>Employee Population</i>				
	<i>24-Mar</i>	<i>24-Feb</i>	<i>23-Jan</i>	<i>23-Dec</i>
Full-time	524	518	525	515
Part-time	127	124	119	120
Per Diem	132	136	135	133
Total Employees	783	778	779	768

<i>Turnover</i>			
	<i>YTD</i>	<i>24-Mar</i>	<i>2023 Year End</i>
Turnover (People)	43	11	190
Turnover (Percentage)	5.5%	1.4%	24.73%*
Voluntary	42	11	176
Involuntary	1	0	14

<i>General Recruitment</i>				
	<i>24-Mar</i>	<i>23-Feb</i>	<i>23-Jan</i>	<i>23-Dec</i>
Open Postings	10	15	14	16
Unique Applications Received	206	250	259	249
Employees Hired	16	21	18	7
Time to Fill (Median)	61	55	70	76
Time to Fill (Average)	103	100	149.33	90

Recruitment

The NAC-In-Training program recruitment kicked off in March and we had an amazing turnout. We received over 20 applications and many more inquiries for future programs. We were able to select 6 amazing candidates and the program will start in May. We filled a new position for KVH in March, a Telecommunications Technician. We started recruiting for the new Chief of Facilities, to backfill Ron's upcoming retirement. We hope to have the new hire start in May to allow cross-over. Our next cohort of MA Apprentices will start this week for HR Orientation and the MA Kick-Off, prior to starting with their departments. Staff from HR will be attending the Perry Tech Employee Expo on April 24th.

Student and Volunteer Services

Currently we have a total of 71 Job Shadows, Students and Resident Physicians on-site from the following groups: 1 Pharmacy student, 12 Nursing students, 5 MLS students, 9 EMT students, 20 Paramedic students, 8 Imaging Tech students, 1 Vascular Ultrasound student, 1 Phlebotomy Student, 1 Surgery Tech student, 7 Job Shadow students, 3 Nurse Practitioner students, 1 Physician Assistant student, and 2 Family Medicine Resident Physicians. We are meeting with Tacoma Community College about having their Respiratory Therapy Students rotate with us in the future. We also want to recognize KVH Imaging Technician Erin Marshall who was selected by Yakima Valley College Radiologic Sciences Program as the Clinical Instructor of the Year. Erin does a wonderful job with the Radiology Technician students and the many job shadows who want to learn about the Radiology Technician career. Congratulations Erin!

April is Volunteer Appreciation Month and the week of April 21 – April 27 is National Volunteer Appreciation Week. Community Relations has included our volunteers in the Diamond Award Nominations for April. The staff in each department with a volunteer have been signing thank you cards and Home Health and Hospice is holding a volunteer appreciation potluck. We are grateful to have so 17 wonderful volunteers helping us to serve our patients. We currently have volunteers at the Courtesy Desk, Hospice, Family Birth Place, Food and Nutrition Services, Pediatrics, Fiscal Services, KVH Family Medicine Cle Elum, Community Relations, and the Caring Canines Animal Therapy Program.

Staff Development

We are working on finalizing the KVH-preceptorship training program. We hope to launch that in the next few months. March was a big planning month for initiatives as we work on several upcoming trainings and launch our annual learning in Biz Library. More to report out in April.

Labor Relations

We have a new representative from WSNA who has been attending our meetings. We have partnered with Teamsters in March regarding employee support and representation.

Benefits/Wellness/Recognition

Total compensation reports were sent out at the beginning of March. We continue to modify the form, based on feedback from staff, and have developed a set of Frequently Asked Questions to send out.

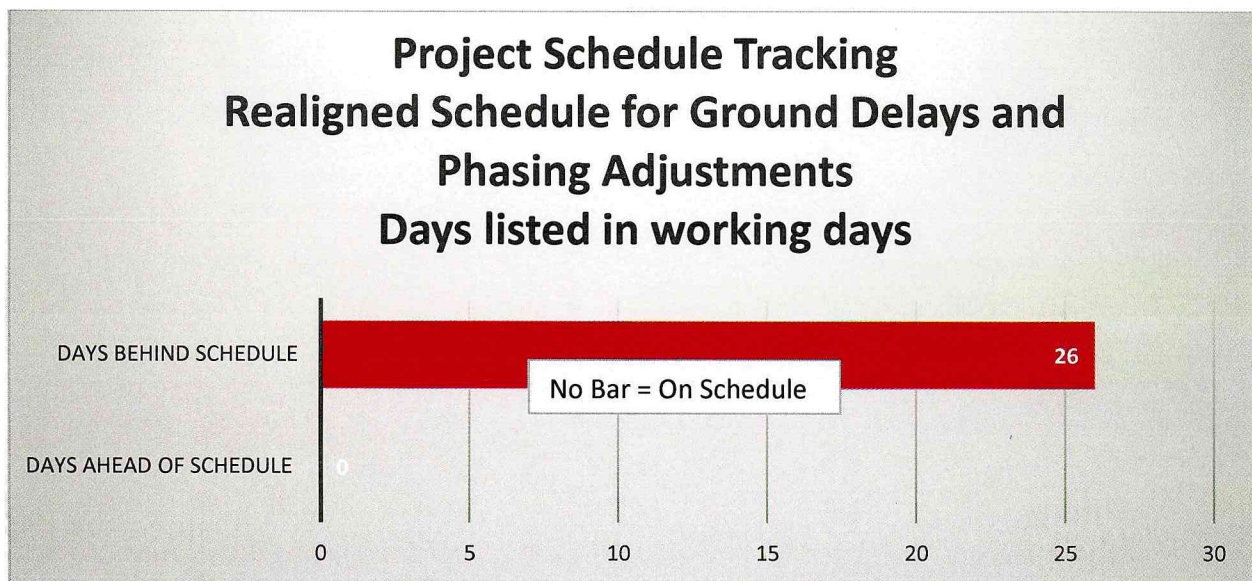
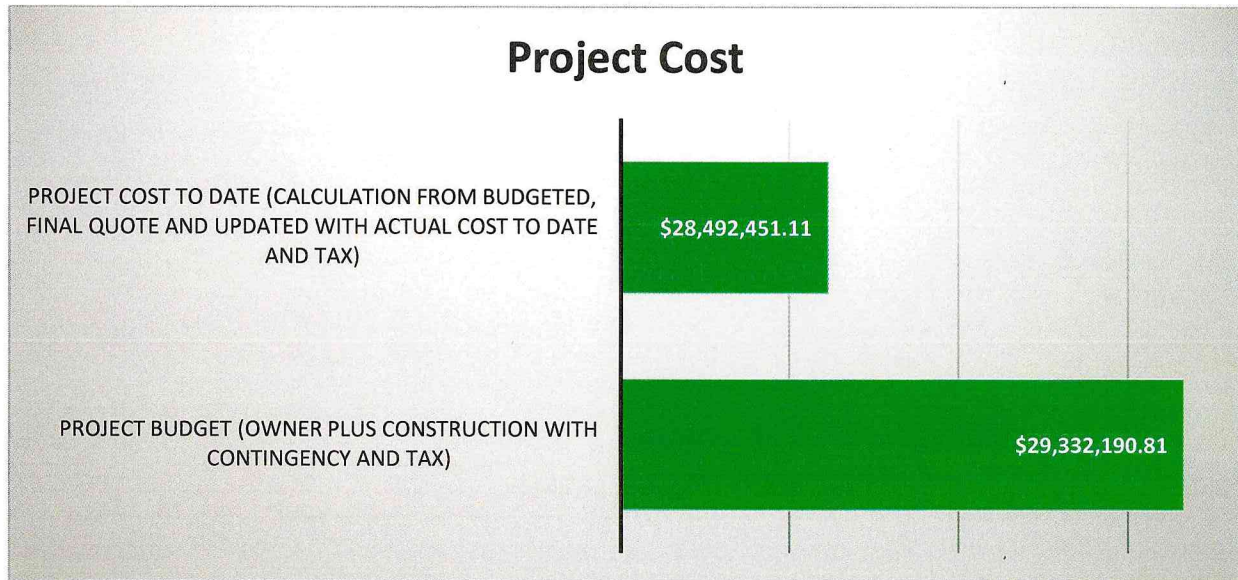
The wellness committee continues to be active. Central Washington Axe Throwing opened in Ellensburg and are offering a discount for KVH employees, and our spring sports activities are in progress with volleyball league and planning for softball.

HR Operations

New policy: We implemented a new Auto and driver safety policy for employees who drive on behalf of KVH as part of their regular job duties. We have partnered with finance and risk management. HR is now collecting and tracking new information related to this policy.

Manda is planning the annual retreat for the WSHA Rural collaborative HR committee coming up in May, and HR is also hosting the South Central Washington Healthcare Human Resources Association meeting in May.

KVH Surgical Services, Materials Management and Radiology Expansion Project



Calendar day extension = 49 days

Project Milestone Dates

- Materials Management temporary occupancy = May 3rd
- Phase one temporary occupancy = June 12th
- Phase two temporary occupancy = September 3rd
- Phase three temporary occupancy = December 4th
- Phase four 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

- 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/Dialysis TI under way with additional contractors.
- Having 4 projects at the same time requires many resources from Facilities.
- We are in the process of modifying the phasing plans through the end of the project. Our goals are best KVH work flow during construction, safest workflow for KVH and construction, and meet or reduce time line. Key changes are early occupancy for Materials to allow OR equipment storage to vacate future OR4. Earlier construction of OR4 due to extensive infection control issues constructing after phase 1 is open. Move surgery clean prep earlier to allow contractors to take control of existing clean prep space.
- 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

- Shut down of FBP OR to add medical air to room and added other med gas outlets. Date 4/15/24
- Panel NH3 shut down. Adding breaker for CS sterilizer. Date TBD
- Domestic water tie in OPS. Date TBD
- Medical gas tie in OPS. Date TBD
- Compressed air for Lab to install new compressor serving surgical services, MRI, and Lab. Date 4/16/24

Completed Planned Outages since Last Report

- Panel shut down ZDP2 for breaker installs. ZDP2 serves surgery AHU, east elevator, panels AH1, ZH2, ZLC, ZL, ZL4, and ZL5.
- Entire hospital Oxygen system shut down and tie in. Date 3/27/24
- All med gas tie in surgery corridor to support OR4.
- Panel ZLD shut down. Serves central sterile.
- Panel DPB3 shut down. Adding 2 new panels to this distribution panel. Panel serves surgical services, ED, Lab, 2nd floor and Pharmacy.
- Panel DPB2 shut down. Adding breakers to this distribution panel. Panel serves radiology, ED and 2nd floor.
- Panel YLB shut down. Adding new panels for ORs. Panel serves surgical services, ED, Lab, 2nd floor.
- 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 XL1 serves life safety circuits in ED.

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.
- 3/23 we had major rain storm and had water intrusion in 2nd floor data room. Found pump on roof had tripped GFCI breaker and allowed water pooling on roof. Also had water leak in from a parapet wall that was not complete.
- 4/10 During the DBP2, DPB3 and YLB panel shut downs 2 data closets in the tunnel that were not identified to lose power. Cords were used to move them to a different power source.
- 4/10 Cords were used in ED work stations to move to alternate power source but the receptacles were mislabeled so computers went down for a short time while we moved cords again.
- 4/10 after shutting down DPB2 and removing the panel face it was discovered that the panel didn't have a slot for the new breaker. We were able to move an existing load to a spare smaller slot to make room for the new breaker.
- 4/10 while operating the electrical disconnect for the radiology air handler the handle broke off. We were able to get it back on but it is destroyed.
- 4/10 IT had work station UPS fail. IT installed new UPS.
- 4/10 when operating the 2-1/2" medical vacuum isolation valve for the medical gas tie in work, it would not close all the way and seized up. I knew of a second valve in the tunnel and went to close it and it did the same thing. Flow was restricted enough to get the tie in work completed but we had to vent the pipe during the tie in. We were able to reopen the valves but the valve stems are destroyed.

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 Family Birthing Place medical gasses, and new surgical lights and boom arms in the existing OR's, and Dialysis rooms in CCU. **See Phase 1 Owner Planning Details action decision log.** Only energy project and expansion project are tracked on this sheet. Note that the energy project is at substantial completion. **Also see updated phasing plan.**
- There is a second team that will focus on the operational continuity side during construction. That started 2/13/24.

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		
Discard 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	Move in date set for May 8th.	Ron	1/2/2024	5/8/2024	Planning		
Terminal clean	Evening of May 7th.	Rick	1/2/2024	5/7/2024	Ready		
Plan Layout and Move to new ED Storage Room							
Define and order shelving/racks	12/5 Cody working on with Bonnie cody started week of 12/4 Will remove this item from expansion project. Tracked by Lean.	Cody/Dede	10/31/2023	12/1/2023	Complete		
SS existing storage room and ED equipment	This only applies to owner equipment and shelving. 12/5 Cody working on.	Cody/Leann	10/31/2023	12/1/2023	Complete		
Make plan for new layout	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		
Identify where equipment will go during existing storage room demo work and finish upgrade	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		
Provide update for functional program for storage room	Evening of May 7th	Rick	1/2/2023	5/7/2024	Ready		
Terminal clean	review demoed walls in storage room and existing sleeping room demo cable. Due 4/5	John	10/31/2023	4/5/2024	Ready		
IT work needed	Will Facilities be needed. Not needed.	Cody	10/31/2023	5/8/2024	Complete		
Move Plan 5/8/24							
Radiology AHU demo and Reconnection to AHU4							
Remove all items stored in Radiology mechanical room	Will move after new penthouse is not being used for duct storage and assembly.	Trent	11/2/2023		Ready	Plans\Owner\M2.6 roof HVAC.pdf	Plans\Owner\M3.0 existing HVAC.pdf
Schedule AHU and control control demo, and reconection 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. Scheduled for 5/8 through the 11th.	Ron	4/9/2024	4/10/2024	Complete		
Drain glycol from heating and cooling coils. Before demo work.	plan system isolation and where to drain from ahead of time. Do heat coil now. Do cool coil May 7th	Trent	4/4/2024	5/13/2024	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		Ready		
Install duct taps for temp AC units and cap.	Apollo will install and cap until we are shut down time.	Trent	4/2/2024		Ready		
plan duration of down time	Verify with walker 2 days is enough. Yes 2 days.	Ron/Walker	11/2/2023		Complete		
Plan overheat mitigation if need be including down time.	Will use portable AC units for CT and control room. Have on hand. Set up week of 5/6 and duct to exhaust. Line out contractor to intall duct taps and caps.	Ron	11/2/2023		Complete		
Plan duct sealing at mains in penthouse during demo work	Seal off for infection control. Should be contractor item. Set to review with contractor 4/22.	Ron	11/2/2023		Planning		
Get quantity and data of portable cooling 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		
Plan condensor ducting on portable AC units.	get initial air balance report before modifications. Confirm all areas served by exhaust fan. Rereadings taken and ready for balance at shut down.	Ron	11/2/2023		Complete		

Balance exhaust fan to get more exhaust to CT AC units.	Get initial air balance report before modifications. Confirm all areas served by exhaust fan. Readings taken and ready for balance at shut down.	Trent	11/2/2023		Complete	Plans\Owner\M2.0 existing HVAC air requirement Plans\Owner's.pdf
Check amperage and and speed of exhaust fan and see if we can speed up for temp conditions.	Exhaust fan is being demoed void this measure.	Trent/Ron	12/15/2023		Complete	
Have Apollo put in temporary duct tap in old exhaust ducting in radiology penthouse.	Negative air machine will tie into this tap.	Ron	4/13/2024	5/8/2024	Planning	
Install negative air machine in radiology penthouse and tie into old exhasut duct conection.	Old exhaust fan gets demoed so this will vent exhaust duct that the temp AC's will tie into.	Trent	4/13/2024	5/8/2024	Planning	
Check power source for AC units.	CT unit draws 11.9 amps. Check existing load on receptacle. Circuits in room less than 2 amps so no issues.	Trent	1/2/2024		Complete	
Alternate air source for lab During Compressor Demo and install						
Lab centrifuge is the only piece of equipment on the existing air compressor. Find alternate source for new compressor install process.	Will use compressed gas H cylinder and regulator. Cylinder to be located in boiler room north wall. Use air hose tee to connect cylinder to system	Ron	10/1/2023		Complete	Plans\Owner\VP2.3 boiler room air and O2.pdf Plans\Owner\VP2.1 tunnel air notes.pdf
Find date for compressor change out,	Looks like it will be at the very end of the phase 1 due to long lead time. THIS WILL TRIGGER DATES FOR BALANCE OF TASKS. Date set for 4/16.	Ron	10/1/2023		Ready	
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. 4/1 asked Trent to complete that day. 4/2 Reminded Trent.	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		Complete	
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. Walk with John and Randy again on 3/27 to identify all needed and where they are going.	Team	1/30/2024	2/6/2024	Complete	Schedule and Phasing\Phasing Plan\Phase 1 plan sheet.pdf
West data room cant be completed until phase 2. this data room supports parts of phase 1.	Find temporary location for data equipment to support west end of phase 1. Discussed with John and we selected OPS small housekeeping closet.	John	1/30/2024	2/6/2024	Complete	
Detail out rack power location for temp rack	2/1/2024 emailed John for drawing. 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		Complete	
Vet out if backing is needed for wall cabinet	Waiting for room layout	John	2/1/2024		Complete	
Get data ports live for CT and MRI	Needed by 4/16 MRI delivery.	John	2/1/2024	4/16/2024	Ready	
Philips Wireless network						
Coordinate wireless devise locations with Ron	Gave plans to Philips to mark up. Received plans week of 4/3.	Jeff	1/15/2024	2/21/2024	Complete	
Set date for network wire install	Set same as data cabling shedule 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	
DPB2 Shut down						
Panel shut down to install new panel NL13 breaker	Investigate what is effected with panel shut down	Ron	2/20/2024		Complete	Electrical shut downs.xlsx
Set date and time	Set for 4/10	Ron	2/20/2024		Complete	
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		Complete	Electrical shut downs.xlsx
Set date and time	Set for 4/10	Ron	2/20/2024		Complete	
YLB Shut down						
Panel shut down to install MRI equipment breaker breaker	Investigate what is effected with panel shut down	Ron	2/20/2024	4/10/2024	Complete	Electrical shut downs.xlsx

Set date and time	Set for 4/10	Ron	2/20/2024		Complete		
NH3 Shut Down							
Add breaker for CGA sterilizer	Waiting for breaker.	Ron	3/18/2024		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	Scheduled for week of 6/3.	Michele			Ready		
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.	Looking to get early temp occupancy for MM in May to accommodate phasing movement. City was good with plan. Planned for May 3rd. Contingent on city granting temp occupancy	Bonnie	4/9/2024		Planning		
Determined team needed for move		Bonnie	4/9/2024		Planning		
Terminal Clean	Clean after furniture move in set for May 13th.	Rick	4/9/2024		Planning		
Surgery Clean Storage Move to Phase 1 area							
Will move to phase one partial Clean storage area. Get room dimension from KDA.	New phase plans have them staying in existing space so we can have construction corridor behind Clean Storage. The pyxis will stay in this room during this time.	Ron			Planning		
new phase plan may change room dimension. On hold until we have final layout.		Amy/Ron			Planning		
Set final date for pre-terminal clean	After June 12th occupancy.	Rick			Planning		
Set final date for final terminal clean	Set for directly after move in.	Rick			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 until phase 2. need to see if the temp location picked will still work in updated phasing plan.	Ron	2/15/2024	2/28/2024	Complete		
New phase plan may change location of freezer. On hold until final plan completed.		Ron/Amy	4/2/2024		Planning		
Move Medivator and Ultra Sonic 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. Will likely be in July to accommodate construction of OR4. We will have occupancy certificate but hold moving.	Ron/Dave			Planning		
Review Equipment and Layout at Phase 1 OPS Nurse Station							
review equipment layout for work flow. Part of Quapi	Will need to assess on plans as nurse station is case work that is not in place. Tracked in QUAPI	Leann			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		
New phase plan may leave Pyxis where it is. Freezer also needs to be relooked at after final phasing is settled.	With new plan will need to move to new partial clean storage space slated for July.	Ron/Amy	4/2/2024		Planning		
Equipment disposition							
create list of all CS and other area equipment going away.		Dave			Complete		
Send disposition sheets to accounting to go to board	Bonnie sent CS sheets to accounting 3/25.	Bonnie			Complete		
After capital review make plans for disposing or shipping equipment directly after phase 1 move into Clean prep.	limited storage on site and heavy equipment requires special handling. Have all lined out to move fast.	Trent	4/2/2024		Planning		
OPS North Water Tie In							
this will be domestic cold and hot serving new OPS area. Set Date	Date TBD. Will be after hours.	Ron	4/2/2024		Planning		
Define areas affected.	Will affect all of OPS and Endo rooms	Ron	4/2/2024	4/2/2024	Ready		
Submit ICRA plan	work is in limited space and no demo work. Terminal clean after should be sufficient.	Ron	4/2/2024		Planning		
terminal clean	Will need to be around 10pm. House keepers will need to check on progress and clean directly after.	Ron			Ready		
OPS Med Gas Tie In							
Tie in new zone valve for O2 and Vacuum. Will be after hours. Need date		Ron	4/2/2024		Planning		
terminal clean		Ron	4/2/2024		Planning		
AHU4 and HRV factory Training							

Set for Wednesday 4/17	Set for 8am and 10am. Trent to assign groups for time slots.	Trent	4/1/2024	4/16/2024	Ready		
Furniture Delivery and Stowing							
Furniture set to deliver and get set up 5/13 and 14		Ron	4/1/2024	5/13/2024	Ready		
Identify furniture that will need to be stowed until later date		Bonnie	4/4/2024	5/1/2024	Planning		
Identify area that we can stow furniture until it gets set.		Trent	4/4/2024	5/1/2024	Planning		
Plan Move of later phase furniture on the 13th and 14		Trent	4/4/2024	5/1/2024	Planning		
Move CS to new space							
Set for July in new phase plan. Need actual date		Dave/Amy/Team	4/9/2024		Planning		
Determine what can be set up between June 12th occupancy date and move date.	Tracking in Quapi	Dave	4/9/2024		Planning		
Set team needed for final move date in July		Team	4/9/2024		Planning		
Set final date for pre-terminal clean	After June 12th occupancy.	Rick	4/9/2024		Planning		
Set final date for final terminal clean	Set for directly after move in.	Rick	4/9/2024		Planning		
					Planning		
Prep Old Reading Room for Kimme Office							
Move equipment out of reading room during phase 1 radiology move.		kimme/Trent	4/9/2024		Planning		
Determine scope of office freshen			4/9/2024		Planning		
Procure small works contract with VKP	Work to start after June 12th. Procure ahead so contractor can get materials coming.	Trent	4/9/2024		Planning		
Set date for Kimme Move	Hinges on remodel time line	kimme/Trent	4/9/2024		Planning		
Terminal clean		Rick	4/9/2024		Planning		
					Planning		

Patient Care Services Report – Dede Utley

April 2024

Medical/Surgical & CCU-Jeff Holdeman

- New full-time Social Worker started 4/16/24
- Patient volumes are steady
- Dialysis is progressing slowly. Working with DOH on logistics for storage and patient rooms. Working with Engineering on timeline for space occupancy to complete the needed work.

Surgical Services-Amy Krogstadt

- Congratulations to Annette Titus who is transitioning from the GI Lab to Sterile Processing Department. Annette started here in the ED as a PCT in 2019. It is exciting to see staff take an interest in other departments, take risk, and learn something new. Annette will do great as she acquires specialized knowledge and skills.
- Construction remains ongoing as we move closer to Phase 1 move-in. The team continues to meet regularly and plan accordingly. In addition, they continue to maintain surgical services volumes during the construction work.

Emergency Department/Urgent Care-Cody Staub

- Staff from the ED, Family Birth Place and Lab participated in a postpartum hemorrhage/mass transfusion drill on 4/16/24. The drill consisted of education along with a mock code. During the code, staff also were taught on the use of specialized equipment, which would assist in stopping bleeding. Participants included providers, advanced practice clinicians, nursing and lab staff.
- Cody was able to participate in the Emergency Nurses Association Day on the Hill in Washington D.C. last week. ED nurses from across the country spoke of the challenges faced in our hospital's EDs.

Family Birth Place-Stacey Botten

- FBP OR construction during the week of 4/15/24. C-sections will be performed in Main OR.

Food Nutrition Service-Jim Gallagher

- Food Service: working on open positions, cafeteria has been busy!
- Finalizing remote dietitian services with Klickitat Valley Health.

Clinical Education- Amy Morse

- Our Nursing Assistant Course will begin on May 6th with six students!
- Interest in this program has been overwhelming and we look forward to future classes.
- We look forward to the launch of another "Grow Your Own" program for KVH!

New Employees & Students!

- All areas of PCS have been supporting orientation of new employees and students in various programs -Medical Students, Nursing Students, and Paramedic Students have been spending time learning at the bedside and we thank all those who are Precepting students and new staff.
- Thank you to HR for all the great work onboarding staff and to the departments who are welcoming new employees and adding to our KVH family.

Stroke Education Event

- KVH hosted members from the Virginia Mason Franciscan Health Stroke Team for staff education on April 12th. The event was well attended by clinical staff.
- Topics included *Acute Stroke Prevention and Management, Technology Advances in Neurosurgery and Stroke Care: Improving Communication and Speed of Treatment, Management of Carotid Stenosis, and Stroke Physical and Occupational Therapy Updates. The education concluded with a Mock Code Stroke Drill.*
- The sessions were videotaped and will be available for staff who could not attend to view soon.

April is Donate Life Month

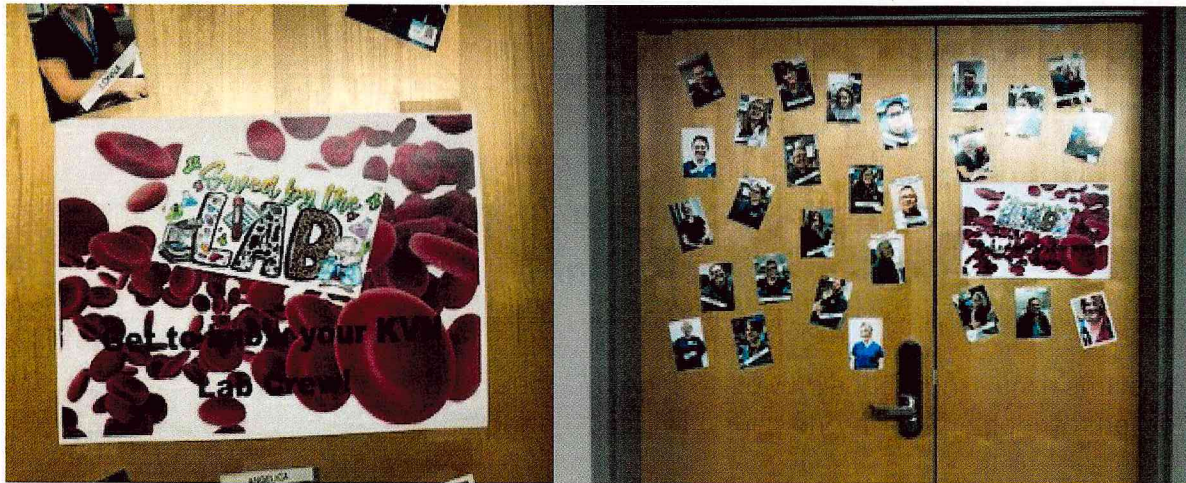
- KVH participated in Donate Life Month by raising a flag to bring awareness to this topic. The flag will remain flying through the month and will become an annual event for us. Staff from LifeCenter Northwest and LifeNet Health attended to thank staff for their participation in these important programs.



Ancillary Services Report – Rhonda Holden April 2024

Lab

Medical Lab Professionals Week was celebrated April 14-20 with educational lunch and learns and special recognition of our laboratory professionals with their photos on the door to the lab.



On April 16 lab staff participated with the Emergency Department and Family Birthing staff in a mass transfusion drill to ensure we are ready to handle a massive blood transfusion need.

Cardiopulmonary

We have been approached by Kittitas Valley Fire and Rescue to partner with them on providing more reliable and safer ventilators to utilize during a ground ambulance transport of a ventilated patient. Director Carolyn McCain has already implemented safety checklists to utilize prior to transporting a ventilated patient. We will be looking for ways to fund the cost of 4 transport ventilators in partnership with KVFR.

Pharmacy

Pharmacy staffing has been a challenge due to multiple leaves, especially on the nightshift. Nasser's team has been picking up extra shifts to avoid having to utilize a traveler.

Wound Care

With our LPN and PSR fully trained, we are increasing our patient visits from 10 per day to 16 per day to improve patient access. This will be a mix of nurse visits and provider visits. The team is really working well together.

HHH

This month we say goodbye to Dr. Martin as our Medical Director and extend a huge thank you for being such a great physician partner to our team. Dr. Martin has served the community well in this role. We are also saying goodbye to RN Elena James, who plans to continue her nursing education but will remain per diem for us. We are welcoming Dr. Stone as the new Medical Director for Community Based Medicine.

Home Based Primary Care

On April 15 Mary Kamai, ARNP joined our team. She is new to Washington State, having moved from Texas where she ran her own Home Based Primary Care program. She is a lovely addition to our staff.

Imaging

Our new MRI was uncrated and brought into the newly constructed MRI suite. If you haven't toured the expansion area, please request a tour on a Friday when the construction crew has the day off. It's really coming together.



Clinic Operations Report – Stacy Olea April 2024

Staffing

Open positions:

- Behavioral Health Care Manager (Integrated Behavioral Health): Pediatrics, Family Medicine Ellensburg
- Nursing: Family Medicine Ellensburg
- Medical Assistants: Dermatology, Family Medicine Ellensburg (2)
- Referrals Coordinator: Family Medicine Ellensburg, Internal & Adult Medicine
- WorkPlace Health Technician: per diem
- Patient Service Representative: General & Vascular Surgery, Family Medicine Cle Elum per diem and 1 Fulltime, Internal & Adult Medicine

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

- FMCE: Dr. Thomas is picking up some shifts at Pediatrics in the mornings. Made some scheduling changes to include more same day appointments and timed holds on schedules to have room for ED and short term follow up appointments. Also had a provider on LOA and a provider on vacation.
- Peds: Dr. Bredin and Dr. Thomas continue to pick up shifts.
- Cardiology and Neurology: Both are single physician clinics without APCs.

Pediatrics

- Dr. Bredin is continuing to work 1 full day and 2 half days a week.
- Dr. Thomas, Pediatric Lead, is working some half day morning shifts. This is helping with access and allows him time to interact as the lead.

Women's Health

- Anna Phillips will return from leave in mid-June. Once she returns Emilie Torretta will return to working 2 ½ days a week. Until then she will continue to work 3 ½ days a week.
- Dr. De'smond Henry will be working 2 weeks a month in the clinic through December and be on OB call. This will allow the clinic to start taking on GYN and GYN surgical cases.
- Dr. Williams, another locum currently covering call, had a trial run in the clinic while on OB call. At this time, it is still undetermined if he will continue working in the clinic while taking OB call.

Cardiology

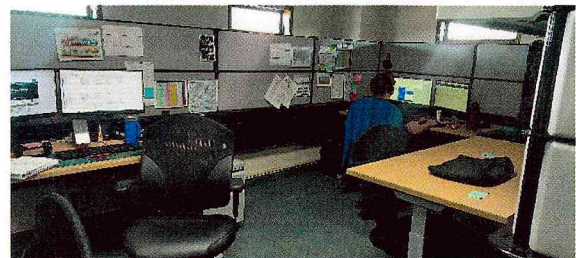
- Dr. Hoppe is now working at the hospital on Tuesday and Thursday mornings while Echo Stress testing is being performed. She is using this time to interpret all KVH Echo studies. This has allowed the clinic to open up blocks in the schedule and she is now capable of seeing up to 11 patients on a full clinic day.
- We had an experience Device Monitoring tech start at the end of March.

QAPI - Oracle Optimization in the Clinics

- Oracle Adoption Consults have been onsite since April 2nd with a focus mainly on provider workflows. They will continue to be onsite working with staff through April 26th.

MAC Annex 2nd Floor Furniture

- Furniture arrived and was installed for the FME PSRs that answer the phones, respond to voice mails, process referrals, submit prior authorizations, scan documents into the Medical Record, and handle all Medical Record Requests. This leaves in clinic only the PSRs that are checking in patients and scheduling appointments as the patient leaves.
- Increases the number of workstations from 7 to 12.
- Previously they were using the conference tables as desks. Now all are sit-to-stand desks that are larger and we added a small drawer and file cabinet system to each workstation.



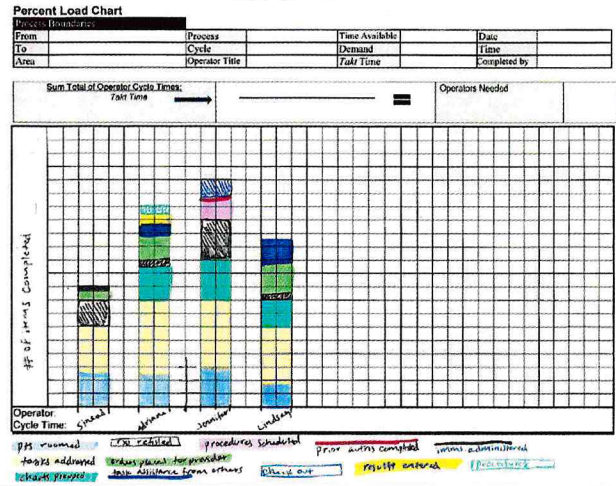
Level Loading the Work at the Clinics

- Last year we worked with LeAnn Bolding, our Process Improvement Coordinator, to come up with a way to look at the amount of work PSRs and MAs were doing.
- Our first attempt was with the MAs at Internal & Adult medicine. MAs were required to manually track the number of tasks they completed.

Tasks include:

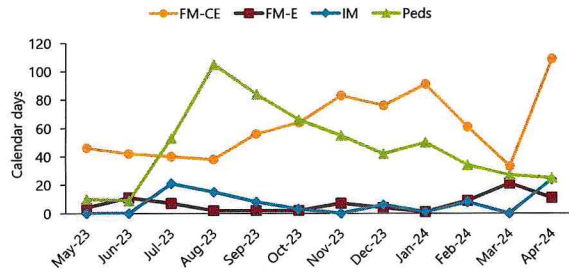
- Rooming patients
- Tasks addressed
- Charts prepped
- Charts abstracted
- POC tests performed & documented
- Immunizations administered
- Prior Authorizations completed
- Prescriptions refilled
- Orders placed for providers
- Incyte specimens & orders processed
- Results entered for PHQ-9, GAD-7
- Printed reports

IAM Thursday Comparison

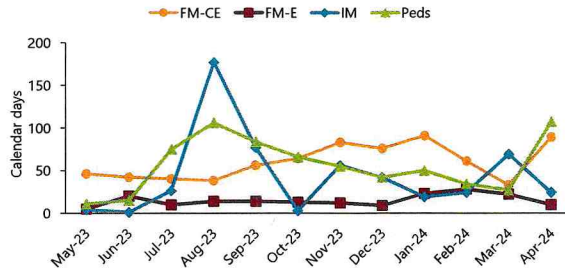


Clinic Operations Dashboard

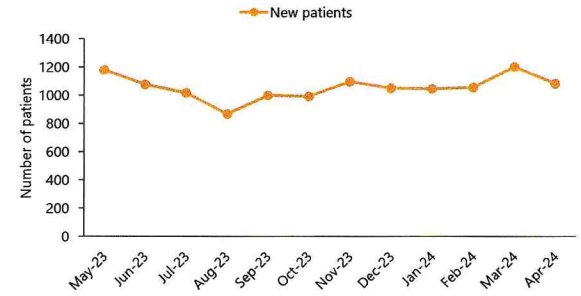
Third available appointment for established patients



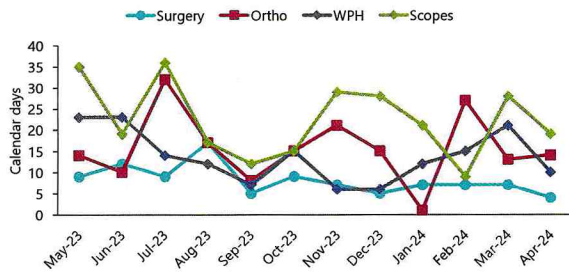
Third available appointment for new patients



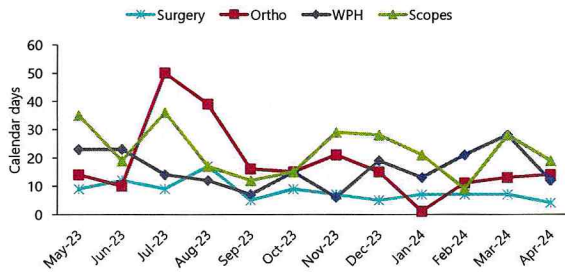
New patients



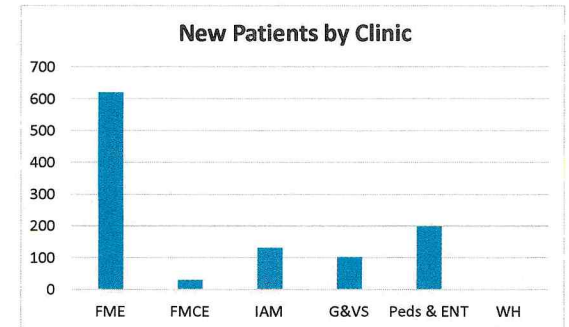
Third available appointment for established patients



Third available appointment for new patients

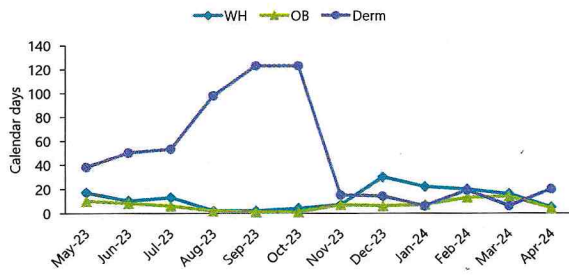


New Patients by Clinic

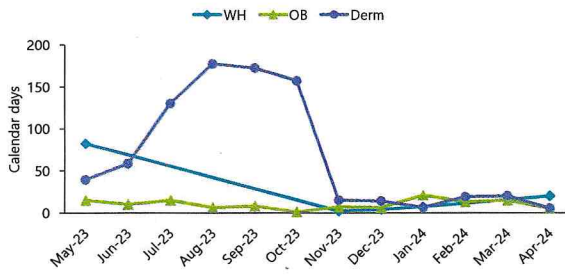


FME includes FME, Dermatology, and Orthopedics
IAM includes IAM, Cardiology, and Neurology

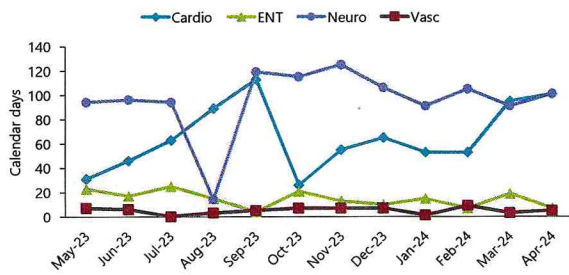
Third available appointment for established patients



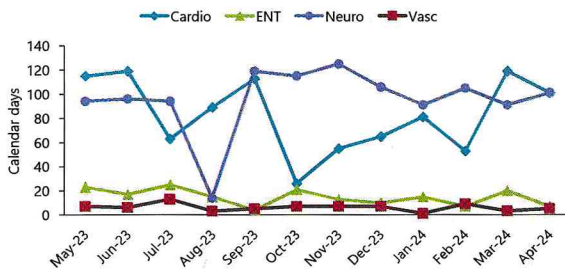
Third available appointment for new patients



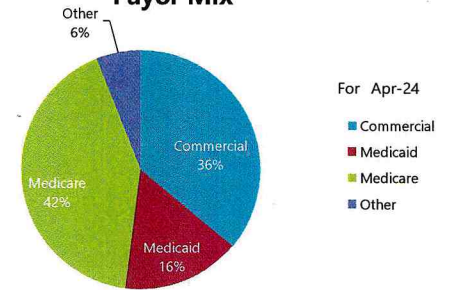
Third available appointment for established patients



Third available appointment for new patients



Payor Mix



For Apr-24

- Commercial
- Medicaid
- Medicare
- Other

Community Relations April 25, 2024 Quarterly Board Report

Customer Experience Strategy

Fostering diversity, equity, and inclusion in our workforce and care delivery system – Over the last year our focus for this strategy has been the development of the tools and procedures to collect REaL, SO/GI, and SDoH data throughout the KVH care delivery system. In October 2023, the majority of “system” work was completed and data collection began. As we continue to monitor these collection efforts, we are moving in to goal setting and are starting to look at the data to see what we can learn. (see the graphs at the end of this report).

Our next step in this strategy is to identify and act upon opportunities to welcome diversity in our workforce. Manda and I are just beginning to scope this work and you can expect updates in the coming months.

Diamond Awards

We had 319 Diamond Award nominations in March and the winners are listed below, along with comments from their nominators. In April, we are featuring Materials Management, FM-E and Rapid Access, and Case Management and Social Services.

Jeanie Jennings, CardioPulmonary – She's one impressive person. Not only is she smart and hardworking, but she is unbelievably kind. She's such a beautiful human, inside and out. Jeanie is always helpful and knowledgeable. Able to do a multitude of things and take care of everyone and everything and keep everyone happy. Always willing to help anyone. Treats everyone with compassion and respect.

Katy Belotti, Laboratory - From working the bench together to having her as director. Dedicated and friendly. Willing to glove up with her staff and put hands on work. Katy has been a rockstar since taking over as Director of Lab. She has taken her team through many changes in both surroundings, technology and processes.

Kimme Greenwood, Imaging - Kimme is not only a complete joy to work with as someone outside of her department, but she goes out of her way to compliment others on their accomplishments. That kind of uplifting is so rare. She wants to make sure that others know their value. She is also so fast at completing requests even though I know how swamped she is with her own work. She is always focused on how we can improve the patient experience. She is the embodiment of all of the values combined. She is a true gem.

Erin Olander, ENT & Allergy - Erin has been a respectful and energetic team player since before she was hired by KVH as a volunteer at the COVID Vaccine Clinic. I have seen Erin jump in and volunteer to get things accomplished as needed and to ensure that those around her, both patients and staff, are supported. Erin is a great listener and teacher. She is always willing to help- from process improvement work to drawing up medications- and she makes staff feel valued. Erin embodies ALL KVH values.

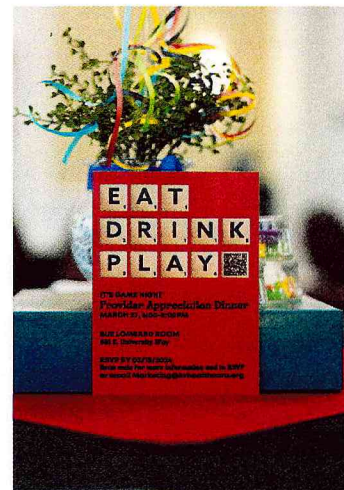


Figure 1: Provider Appreciation Dinner
3.27.24

Upcoming events

- Election Day, don't forget to vote – April 23
- Active Aging Seniors in Cle Elum – April 24
- Upper Kittitas Co. Bicycle Safety Rodeo – May 5
- Ellensburg Farmer's Market – May 5 – KVH as a health system
- CWU Athletic Hall of Fame Banquet – May 5
- Hospital Week – May 12 thru 18
- Cle-Elum Roslyn School District Resource Fair – May 23
- Ellensburg Farmer's Market – May 25 – Senior Health Fitness Day
- Senior Health Fitness Day – May 29
- Imaging expansion Open House for KVH providers & staff – TBD in June
- County-wide full scale MCI activity – June 12
- Touch a Truck and Bike Rodeo – June 18
- Phase 1 Expansion opening – June 24
- 3rd Annual Employee Appreciation Banquet – December 7



Figure 2: Congresswoman Schrier 03.29.24 visit



Figure 3: Annual AHA Conference 2024



Figure 4: MRI is unloaded at KVH 4.16.24



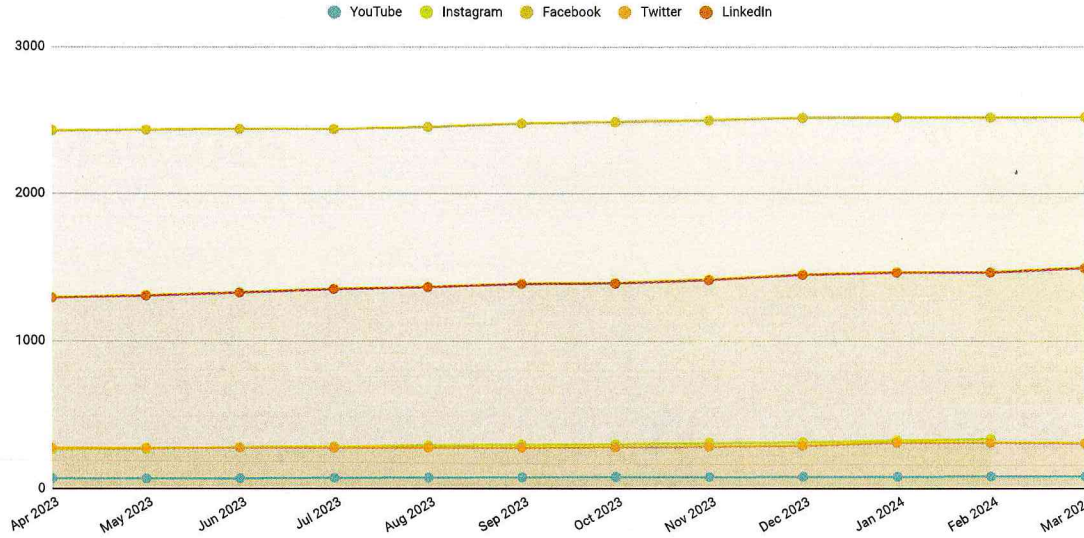
Figure 5: MRI arrives 4.16.24

Mar 2024

KVH SOCIAL METRICS OVERVIEW

	YouTube	Instagram	Facebook	Twitter	LinkedIn	
Followers	79	331	2,516	304	1,491	▲
New Followers	1	5	3	-3	29	▲
Impressions	2,335	816	17,569	144	3,879	▲
Engagement Rate	18.24%	3.25%	4.88%	7.02%	4.91%	▲

Follower Growth

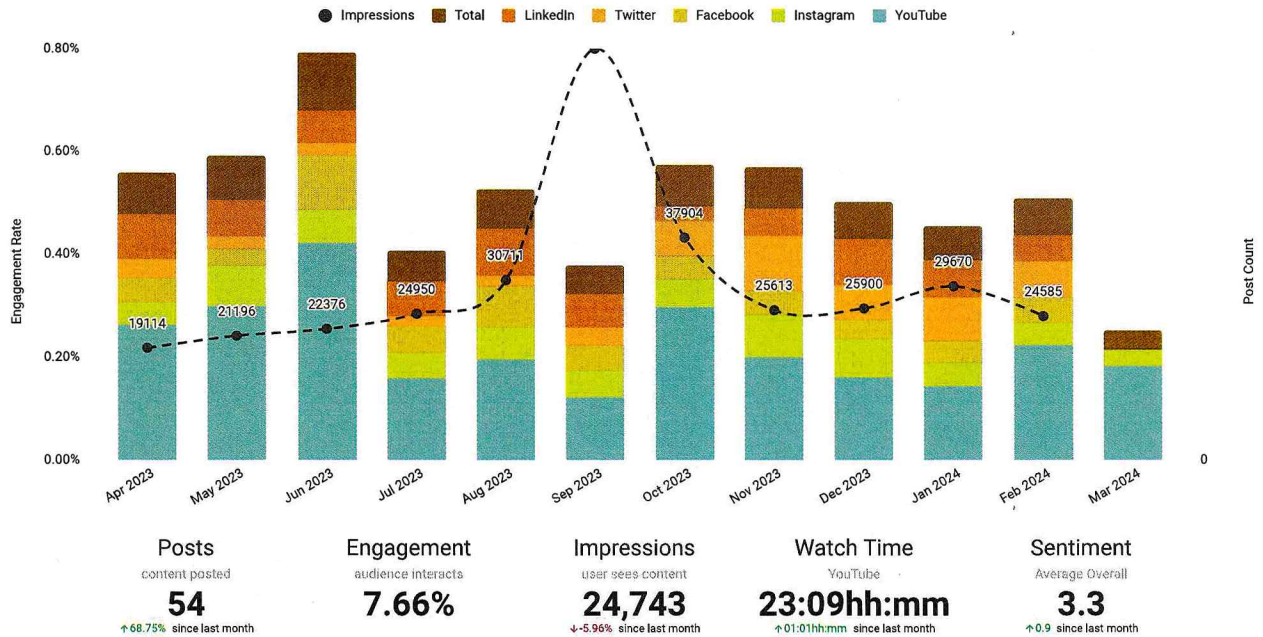


New Followers
35

Total Followers
4,721
▲28 since last month

Growth
Since Last Year
10.12%

Engagement



Posts
content posted
54
▲68.75% since last month

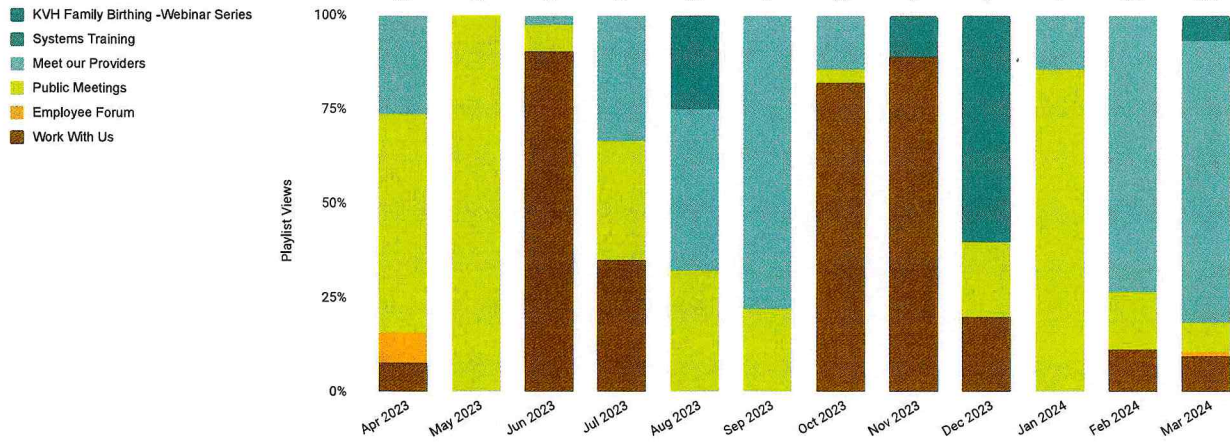
Engagement
audience interacts
7.66%

Impressions
user sees content
24,743
↓-5.96% since last month

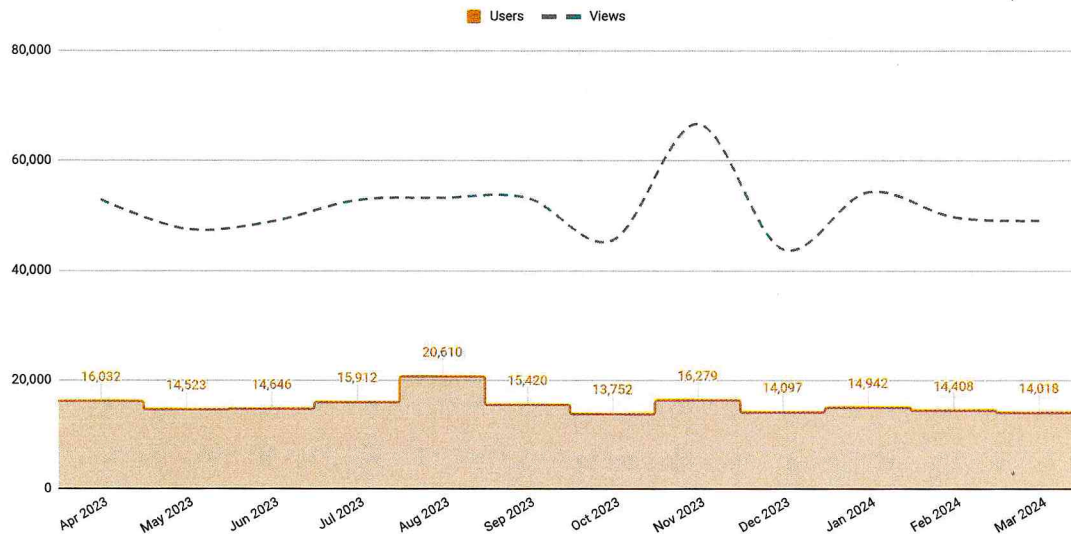
Watch Time
YouTube
23:09hh:mm
↑01:01hh:mm since last month

Sentiment
Average Overall
3.3
↑0.9 since last month

YouTube Playlist Views



KVHealthcare.org / Overview



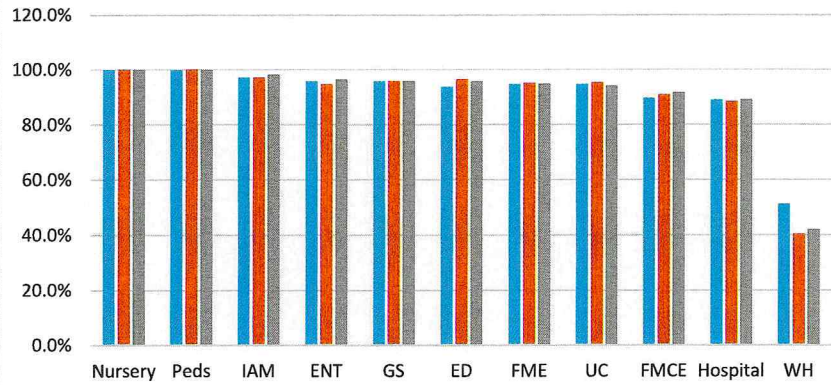
Users
14,018
↓-2.71% since last month

Engagement
01:08
↓-1.45% Average (mm:ss)

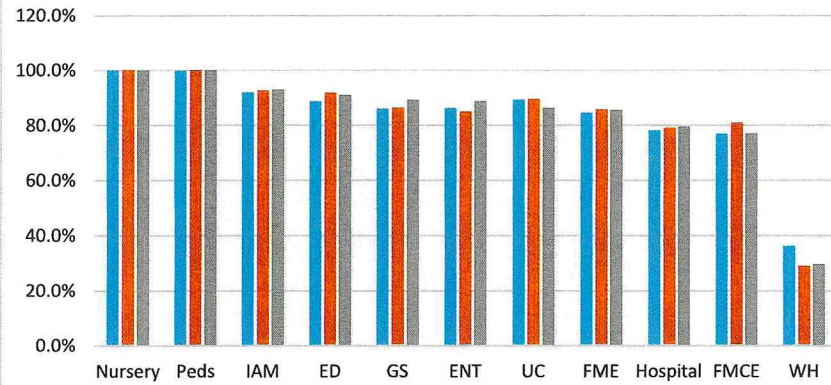
Events
179,067
↓-4.65% basic interactions

Downloads
515

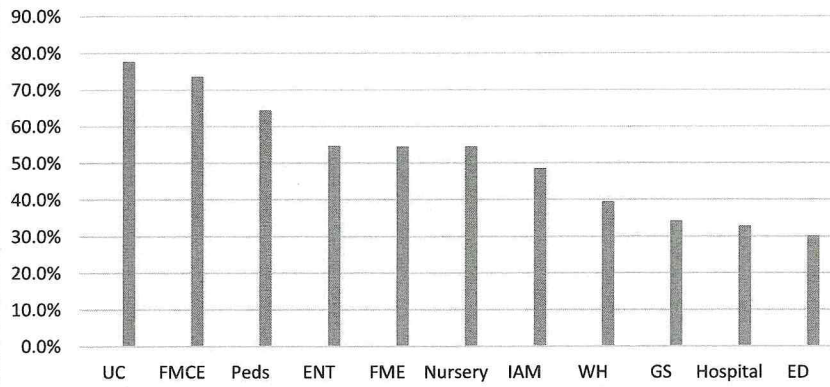
Missing Gender Identity



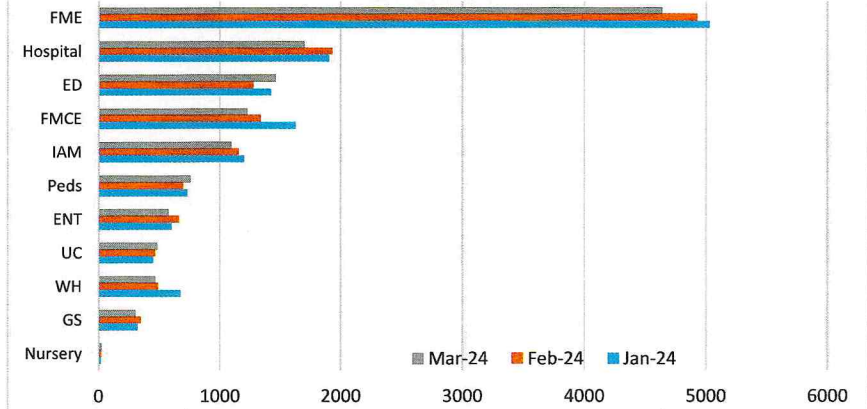
Missing Gender Orientation



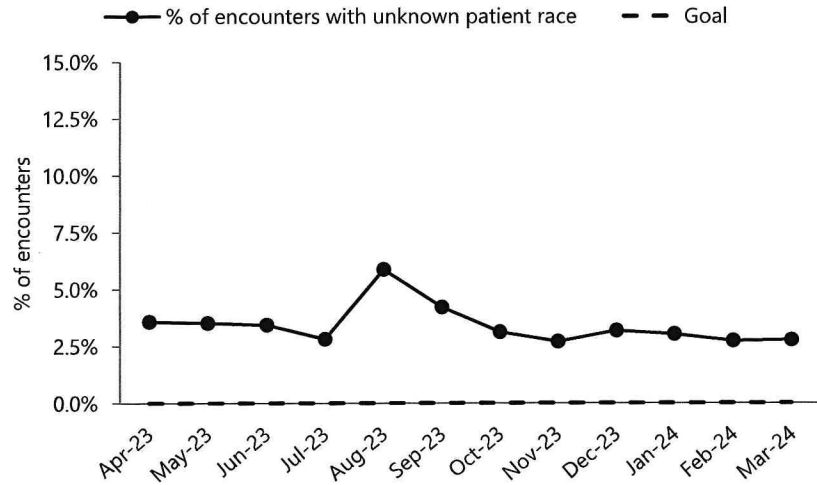
Missing Pronouns



Encounters

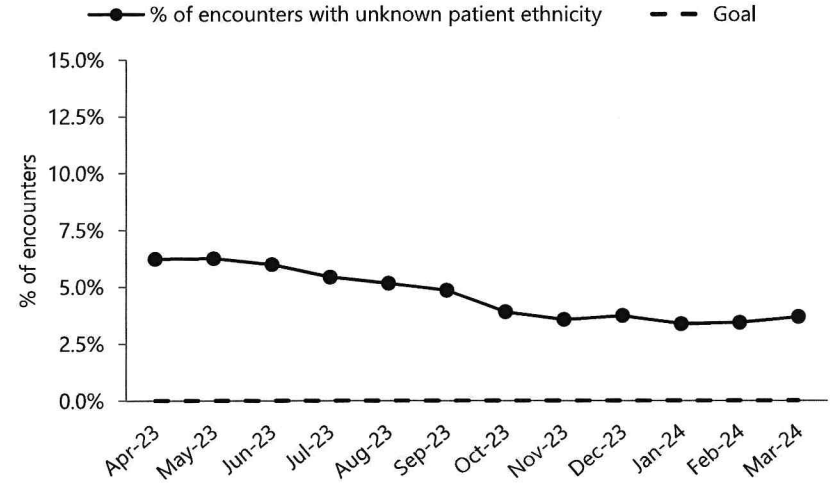


Unknown Race ↓

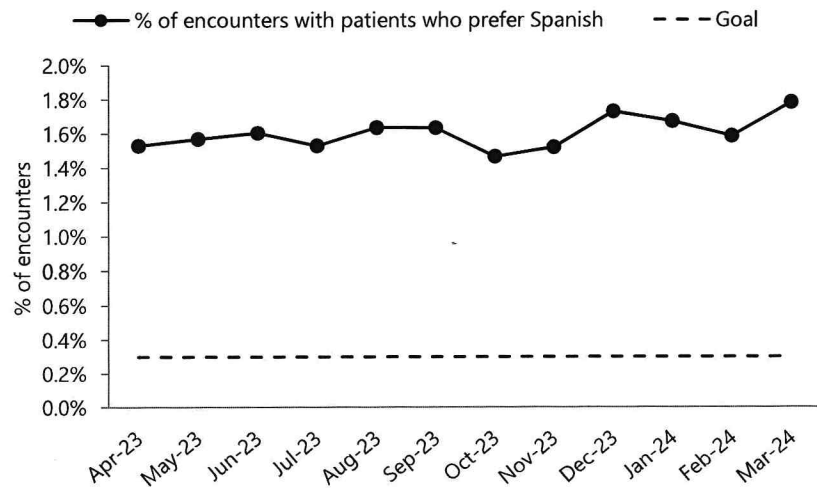


*switched from Person Race field to DOH Race field in August 2023

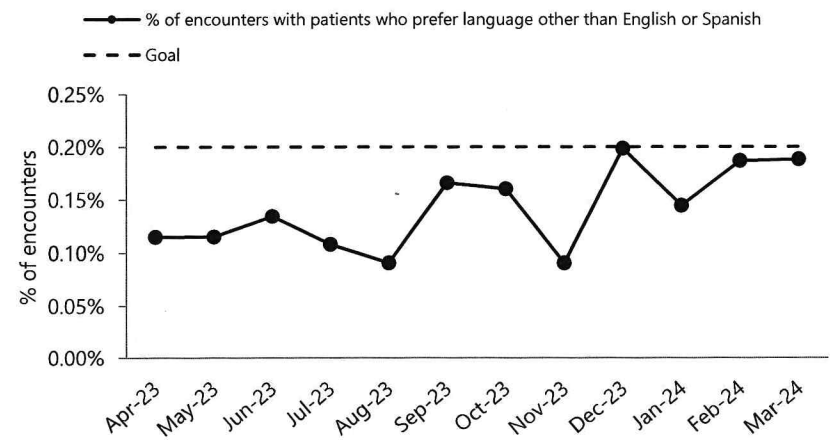
Unknown Ethnicity ↓



Preferred language: Spanish ↑



Preferred language: Other than English or Spanish ↑



In progress	New recurring topic	Overall KVH Activity	Videos			Outreach			Huddles			Diamond area(s)			Daily Re		
			Program/ Provider	Move	Project/ Other	Theater	Other	CWU Volleyball	MAC Open House	Provider Huddle	KVH Providers	Clinic(s)	Department(s)	Urgent Care		Rapid Access	PT
January	S. Woodard, 1/8 IAM M. Love-Wellis, 1/29 RA A. Schack, 1/11	Diamond Jubilee		Women's Health Services													
February	D. Metz, 2/15, FME A. Claussen 2/23 M. Young	Lucidoc Launch Surgical Exp. Signage		Rapid Access		MAC Open House 2/20		Provider Huddle Launch 2/8									
March		Surgical Services Signage HD2 Comm. Benefit Report															
April	R. Ahr, FME Blue 4/1 E. See, IAM Purple, 4/1 M. Kamal, HBPC 4/12	Foundation posters Physician partnership QAPI															
May	C. Bentley, 5/11 Stone transition to home-based primary care	K.E.N launch Employee DEI Home-based primary care		Ortho													
June		Phase 1 6/12 HD2 education piece															
July	Shane S. - Ortho 7/1	Phase 2 7/24		Surgical Services													
August																	

	Overall KVH Activity				Videos		Outreach				Huddles		Diamond area(s)				Daily Re	
	Program/ Provider	Move	Project/ Other	Newsletter	Theater	Other					KVH	Providers	Clinic(s)	Department(s)		TOMA		
September	A. Folkers, FMCE				IAM		CASA Cornhole	Rodeo	FM - Suicide Prev. 9/7	FM- Women's Health 9/21	2-Oct	4-Sep	Due 9/20 Pediatrics	FBP & 4th Trimester	Folkers, A - FMCE	Ashley Folkers, FM-CE	Home-based primary care	Danielle Metz - FME
							CWU Tailgate						Women's Health	Pharmacy				
October							Trunk or Treat		FM - Health Literacy 10/12	FM - Pt. Centered Care 10/26	30-Oct	9-Oct	PT, OT, ST Workplace Health	Ortho HIM Quality, et. AI	Pt. Access Food & Nutrition	Folkers, A - FMCE	Ashley Folkers, FM-CE	
													Due 10/18					
November		Phase 3 11/24					Veteran's Day lunch 11/11	Rural Health Da 11/21			4-Dec	6-Nov	Due 11/29	Med Staff, Strat Projects, Recruitier		0	Folkers, A - FMCE	Ashley Folkers, FM-CE
													Clinic Administration	Admin IS, Inform.				
December		Phase 4 12/24	60th Anniversary				Employee App. Banquet 12/7	50th Anniv. 12/29			1/8/2025	11-Dec				0	0	Folkers, A - FMCE

	cord		CWU		NKCT		HD2		Quality Posters						Wall-paper		Screen-savers	
	DR PSA (KVH Service)		DR Editorial		DR Insert		Inserts & topics		Quality Display									
									QAPI 1 ISO 9001 Oracle Opt. Expansion Opt.	What is a QAPI	QAPI 2- Employer of Choice Partnering Phys. Complex serv.	KVH Strat Plan	Cheers for Peers & Value winners - 2023	KVH Values				
January	National Blood donor month		Ag Journal - Workplace Health 1/31	Business Card Dir - 11		HD2 Monthly		Monthly numbers							Diamond Jubilee	Diamond Jubilee		
February	Kids ENT Month tie to MAC Open house		Contractor's Guide - WPH 2/28			HD2 Monthly		Monthly numbers							6/	Heart Healthy Month		
March	National Diabetes Month tie to KVH Nutritional Education	A rural physician's point of view Martin, K.	Almanac - Directory 3/30			Builders Guide - WPH	HD2 Monthly	Monthly numbers	Start Comm. Benefit						Doctor's Day	Doctor's Day		
April	Child Abuse Prevention Month and CASA	Building the workforce in a rural community Scott, M.	Ag Journal - Spring 4/27			HD2 Monthly		Monthly numbers	Draft Comm Benefit to Board						Spring	Spring Daphodits		
May	Senior Health Fitness	Hospital Week - The uniqueness of the Public Hospital District in WA State Wurl/ Altman, M	Bares n Broncs 5/11	Visitor's Guide 5/29	Athletic Hall of Fame	HD2 Monthly		Monthly numbers	Publish Comm Benefit						Hospital and nurses week	Hospital week lilacs		
June	What is Home-based Primary Care	Maternity Care in Rural America Sinek, T.	Virtual Grad 6/12			HD2 Monthly		Monthly numbers	5/3 - Filing date for 8/6						Pride	Pride Logo		
July		A message from the Board Altman, M.	Ag journal - Summer 7/20	Jazz in the Valley 7/27		Pioneer Days Program	HD2 Monthly	Monthly numbers							4th of July - Upper County	Independence Day		
August			Labor Day Pkg			Back to School issue	HD2 Monthly	Monthly numbers	Ballot mailed - 7/16	Drop AWP/HD Mailer					Ellensburg Rodeo and KVH	Rodeo		
									8/6 - Filing date for 11/7 Primary Election w/ Levy?									

	cord		CWU		NKCT		HD2		Quality Posters					Wall-paper		Screen-savers	
	DR PSA (KVH Service)	DR Editorial	DR Insert		Inserts & topics				Quality Display								
<u>September</u>			Getting around	Contractors guide - fall 9/28		HD2 Monthly		Monthly numbers							CWU/KVH	CWU KVH	
			Wildcat welcome 9/14	CWU Football program													
<u>October</u>			Buskers in the Burg			HD2 Monthly		Monthly numbers							Breast cancer awareness month	Breast Cancer Awareness month	
			Ag Journal - fall														
<u>November</u>			Hometown Holidays			Holiday Guide	HD2 Monthly	Monthly numbers							Fall	Fall	
			Annual Calendar					General Election									
<u>December</u>			All stars - fall					Monthly numbers							Winter	Winter	
			Athletic trainer														

Grant Report – Mitchell Rhodes April 2024

Approved 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

Denied Applications					
<i>Grantor</i>	<i>Program</i>	<i>Applicant Organization</i>	<i>Purpose</i>	<i>Amount</i>	<i>Start Date</i>
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

Pending Applications					
<i>Grantor</i>	<i>Program</i>	<i>Applicant Organization</i>	<i>Purpose</i>	<i>Amount</i>	<i>Start Date</i>
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
AstraZeneca	Community Solutions Challenge	KCHN	Application seeking support for Community Health Workers for the Health Network	\$30,000	July 2024

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.
City of Ellensburg	KCHN	Direct application for support of the Network.

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

Total Awarded Grants: \$8,493,263

Chief Information Officer Report – Jeff Yamada April 2024 – Quarterly Report

Change Healthcare Cyber Incident:

- Still on daily calls 8 weeks in since the Change Healthcare Cyber incident 2/21.
- Imaging is fully functional and last week we reverted back to our original configuration and process.
- In the wake of the Incident Oracle/Cerner steps in and offered hospitals to move to another Clearinghouse for Claims processing not affected by the incident. About a 100+ hospitals transitioned, about 50 are holding out for Change to be functional again within our group.
- Revenue Cycle is reporting they are now 85% back to normal with Processing claims through the new clearinghouse to the payors as well as remits coming back into Revenue Cycle.
- Our plan is to stay on this current Clearinghouse (Trizetto) into the future.

We recently implemented:

- Lucidoc Policy and Procedure software
- Archiving legacy data from One Content to Harmony
- Single Sign On (Badge tap) within the Hospital complete
- Beckman (Lab) Analyzer setup and connection to Cerner
- Vitek (Lab) setup and connection to Cerner
- Direct fiber connection completed between Radio Hill and Data Center for real time redundancy.
- Rhapsody Interface migration and redundancy (3yrs and very complex).

Smart Sheet for Project Management.

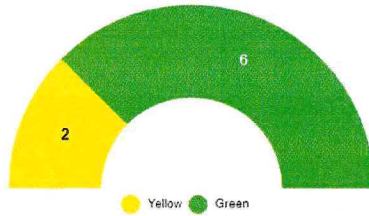
Total completed projects

We completed 43 projects in 2023, a little less than previous years, mainly due to the size and implementation timelines for those larger projects. Predicting 2024 will continue to be the same with Clinic Separation and Clinic Optimization both very large 5-6 month projects.

Kittitas Valley Healthcare

Executive Dashboard

Total Projects Status



Project Summary - End next 60 days or overdue

Sheet Name	Status	SOA	Est Start	Est Complete	Department
Total		Count 4			
<hr/>					
Status		Count 2			
<hr/>					
VD/SSO - Full Deployment	●		03/21/22	04/28/24	Information Systems
<hr/>					
Rhapsody Upgrade	●	🕒	03/01/21	12/29/23	Information Systems
<hr/>					
Status		Count 2			
<hr/>					
Server 2019	●	🕒	07/28/21	01/31/24	Information Systems

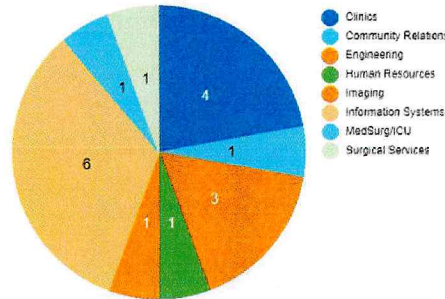
Small In-Progress/Future/On Hold

Projects Starting Next 3 Months

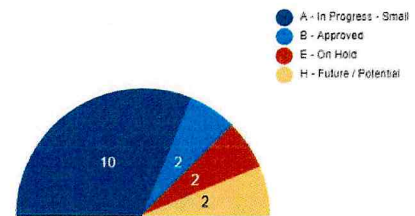
3

Project Description	Est Start
General Surgery Expansion	07/01/24
Ortho expansion	07/01/24
Separating the clinics that are under F	08/03/24

By Department



By Status

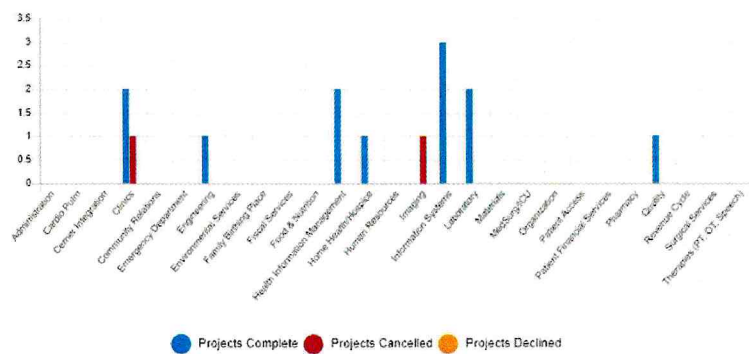


Projects Completed

Projects Completed by Year

2024	2023	2022
12	43	59
	2021	2020
	60	45

2024 Complete Projects by Department



Current Active Projects:

- Construction/Expansion moves, temporary cabling, electrical outages and transitions, etc.
- Virtual Desktop Infrastructure (Badge Tap/Single Sign On) Moving to the Clinics, Cardiology and Women's Health first.
- Cerner 724 Downtime (95% complete)
- MAC non-clinical staff moving to MAC Annex 2nd floor
- Axero Intranet replacement
- Philip Monitor upgrade and replacement, also covering the new expansion area
- Premiere conversion (to the cloud) from HRP for HR.

Cerner Community Works (EMR) (2024 QAPI Clinic Optimization)

- Clinical Optimization started on 4/1, as 3-4 Cerner/Oracle resources are on-site through the month of April working closely (1:1) with our Providers and support staff in the clinic. Our informatics staff is also shadowing along side each of the sessions during this time.
- Sequencing Clinic Separation at the completion of Clinic Optimization.
- Reviewing other Patient facing technology for end of year deployment. Patient Portal upgrade and Unified Cerner Communication (patient reminders, patient texting, etc.)

Infrastructure:

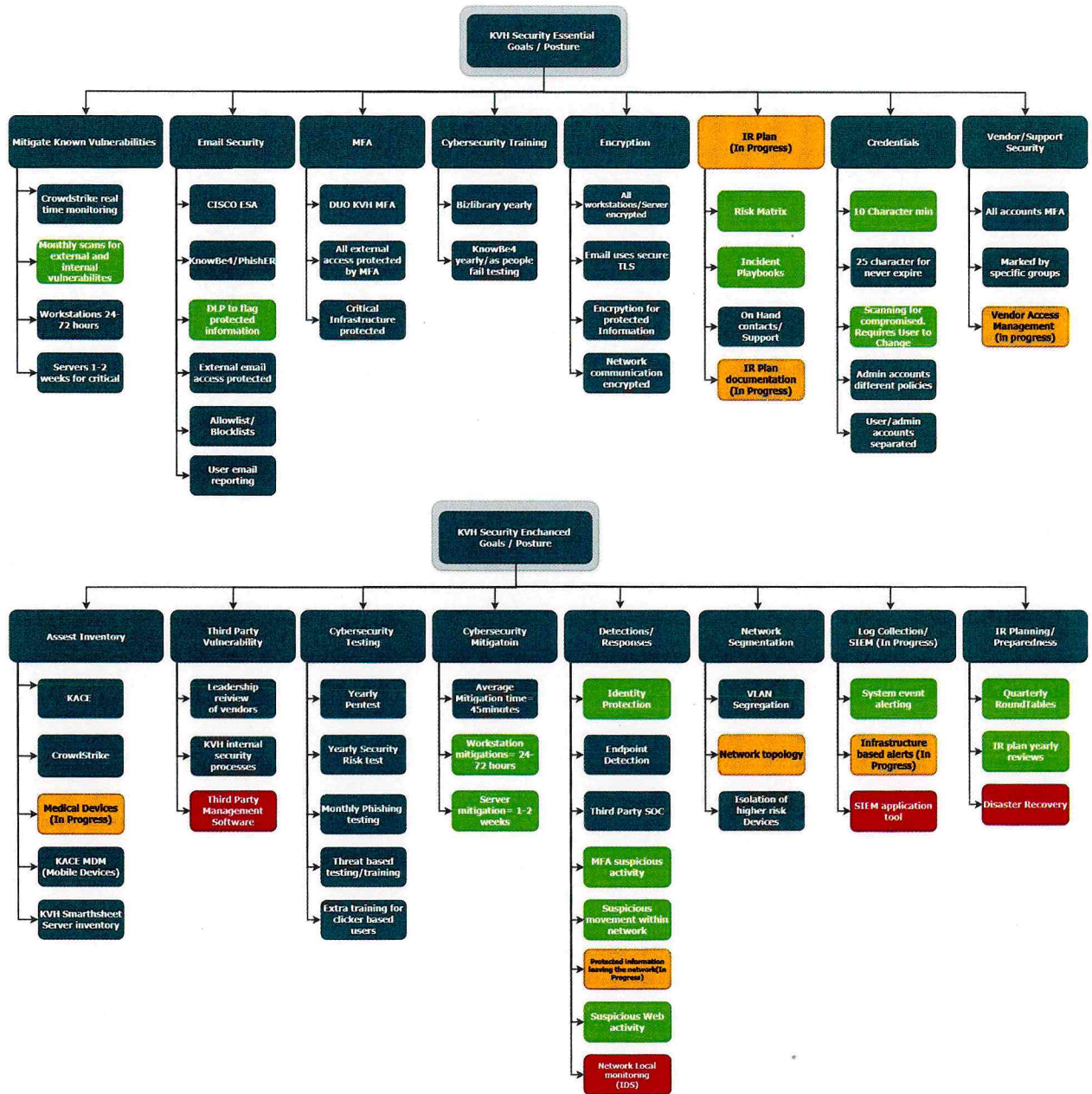
Installed new backup, storage and VDI (virtual desktop infrastructure) equipment at Radio Hill and Hospital Data Center locations, both sites have the exact same equipment for redundancy and failover. Fiber connection between sites is now complete. This new setup will also give us redundant copies of our backup data at different locations as well as an immutable environment that is protected against Malware and viruses. The majority of our backup solutions are now complete, and we currently see a reduction in our backup times for a complete back up from 5 days to 15 hours!

IT Security/Cybersecurity:

We continue to evolve (always changing) and maturing our Cybersecurity footprint.

- All Security Vendors are now transitioning to the proposed CPG (Cyber Performance Goals) format. These items are still part of the NIST (National Institute of Standards and Technology) framework, just the format is changing.

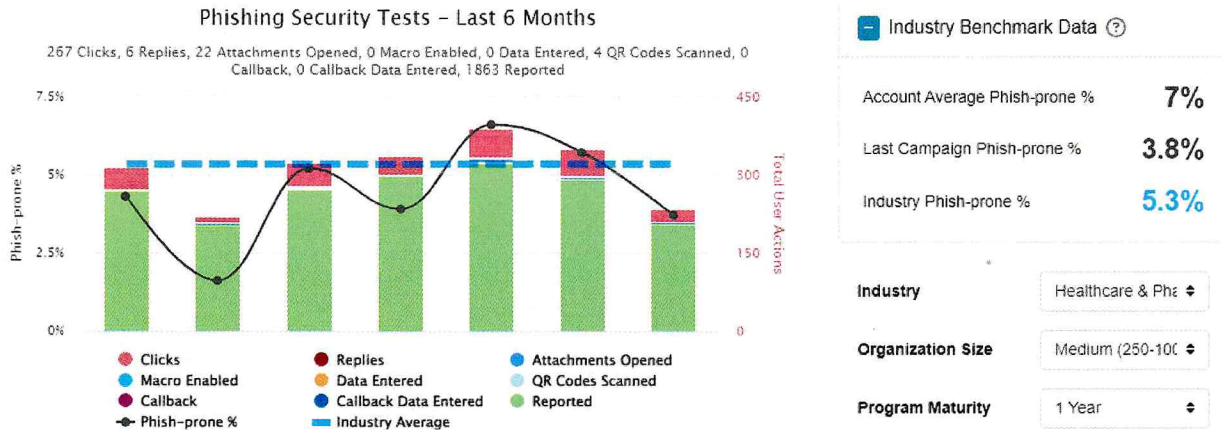
Our current CPG's that were presented during last month's Board Meeting with the Critical Insight Cyber presentation. This will continue to evolve over time and into the future we may see incentive payments from the government to help fund this continued effort if they become mandatory. It will be very challenging for most hospitals (especially rural and critical access) to dedicate, time, money and resources to develop and maintain this going forward with out additional funding from the government.



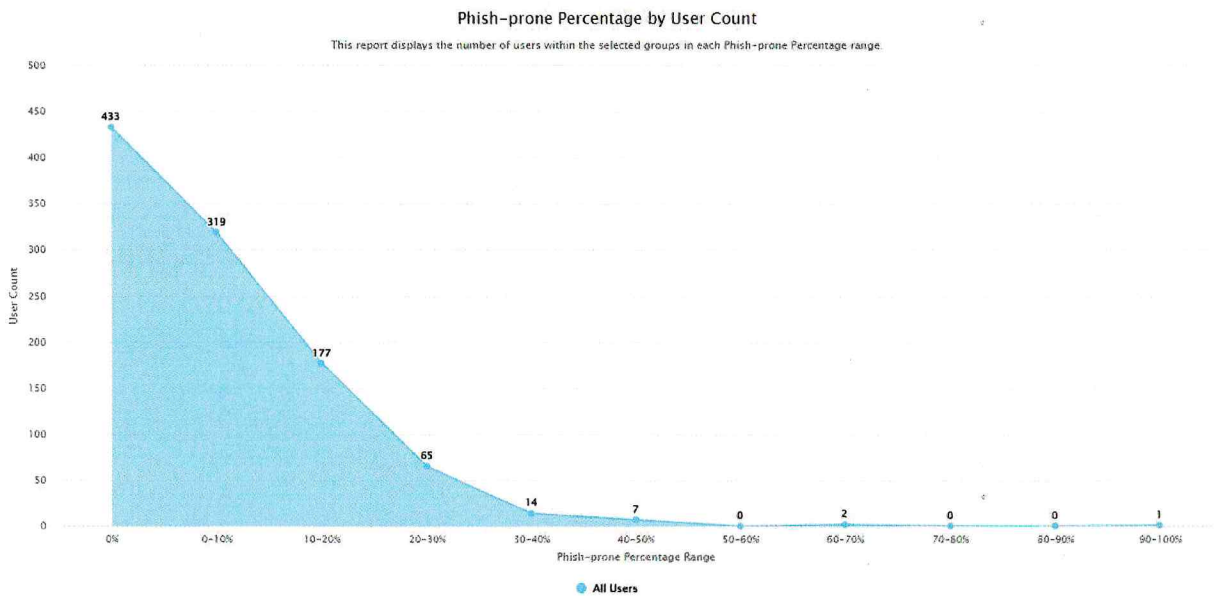
Blue is in place, Green is recently implemented, Yellow is in progress and Red are future opportunities.

- Currently working with our contracted BioMed services to inventory all IOMT (Internet of Medical Things) devices.
- Currently running a POC (Proof of Concept), DLP (Data loss protection) solution to determine if sensitive data is leaving the Organization.
- Looking for solutions around 3rd, 4th and 5th Party risk. (Change Healthcare incident)

Phishing



We continue to hover right at the 5% Phish Prone rate (industry standard). We did see a spike in phishing emails after the Change Healthcare incident and will continue to monitor.



Just a few individuals at or above the 50% phish prone risk, they receive additional online training we call the “Clickers”. From reviewing this data for a while now most are new employees starting out which eventually through training and awareness drop off.

IT Help Desk and Support:

End of Year (2023) Help Desk Ticket #'s:

Total Opened Tickets: 11,236

Total Closed Tickets: 11,577

Tickets closed by Division:

Informatics: 3,780

Support Services: 6,246

Infrastructure: 411

Security: 1,033

HRIS: 43

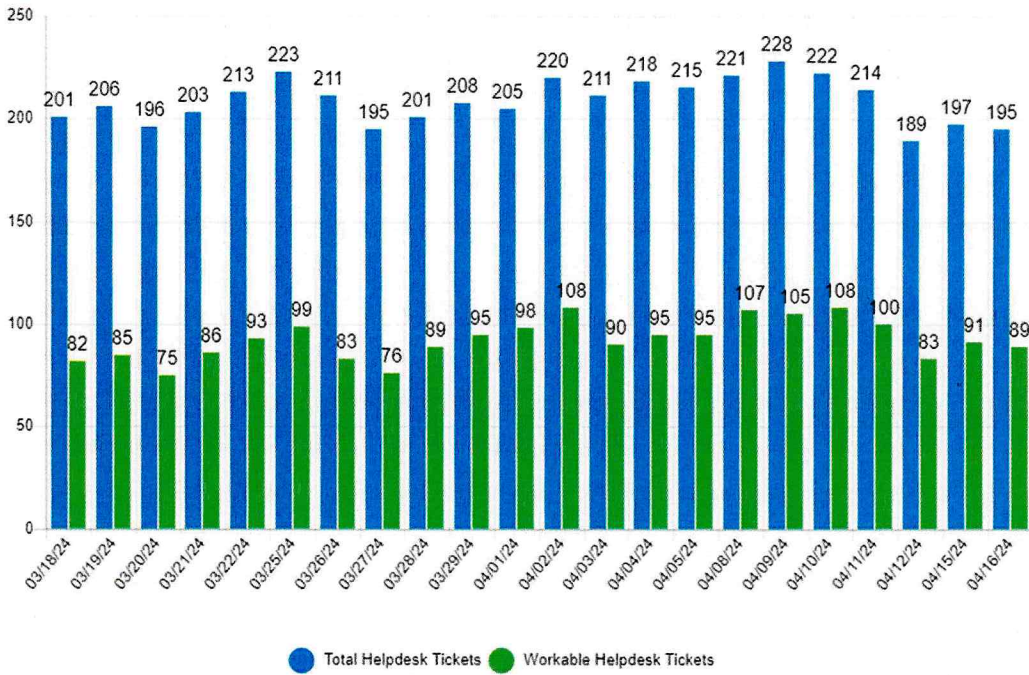
Project Management: 37

CIO: 27

Daily IT Huddle Metrics

For 2024 we redesigned our Daily Huddle Metrics.

Total Open and Workable Tickets Trend





Facilities Quarterly Report – Ron Urlacher

April 2024

We have put an emphasis on PM completion as that work is critical to prevent downtime and to maintain compliance. In 2023 we significantly improved our PM completion percentage so our goal for 2024 is to meet our completion targets for all months.

In 2024 will have the added load of multiple moves and handling receiving and storage of new equipment to support the expansion project. To date this project has proved to add significant work load to Facilities. Moves in general have grown in numbers and also adds significant work on Facilities. In 2024 we will be looking to outsource move support, so we can concentrate on maintenance and repair projects and work orders, Facilities core responsibilities.

2024 PM Completion Percent

	Critical PM/PE's completion by %	Non-critical PM/PE's completion by %	All other work orders completion by %
January	88%	72%	100%
February	94%	83%	100%
March	80%	86%	99%
Year 2024 overall:	87%	80%	99.6%

2024 PM Completion Count

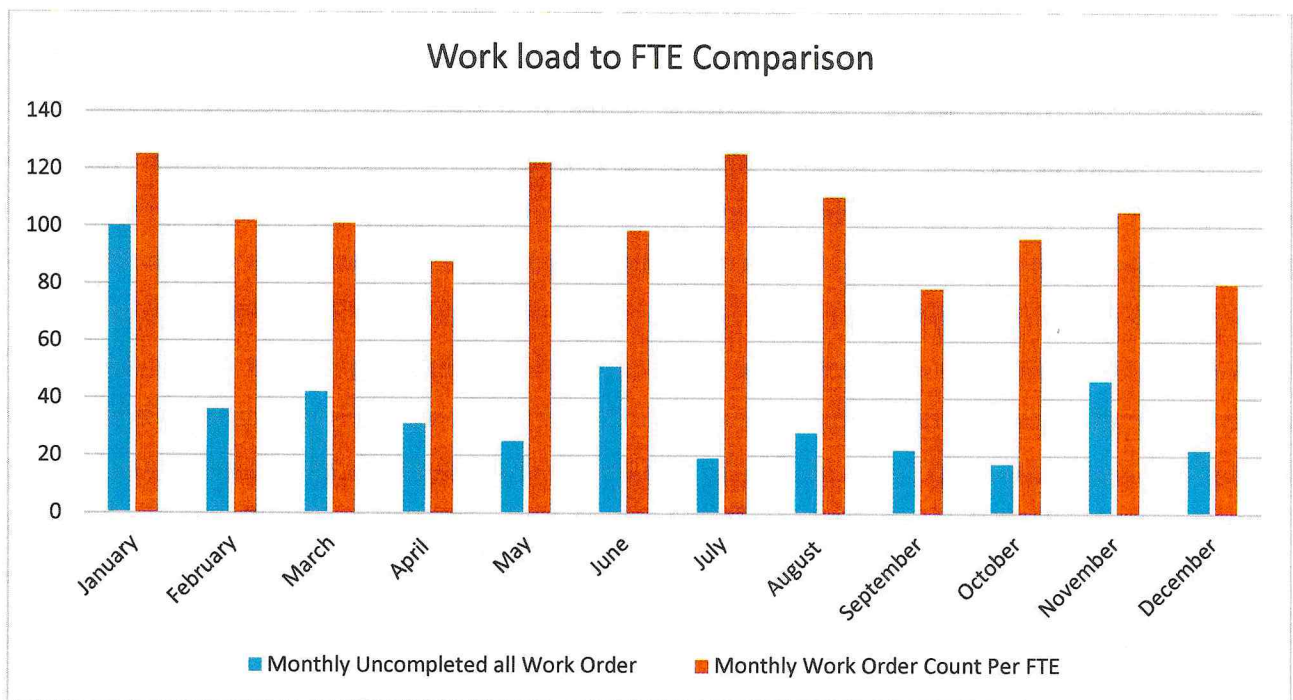
	Critical PM's/PE's	Non-critical PM's/PE's
January	111	312
February	96	179
March	94	140
Year totals:	301	631

2024 All Other Work Order Count

	All other work order types generated	All other work order types completed/closed
January	303	303
February	271	271
March	313	309
Year 2024 overall:	887	883

2024 All Work Order Count

	Total Monthly Created Work order Count	Total Monthly Completed Work order Count
January	726	626
February	546	510
March	547	505
Year 2024 overall:	1819	1641





Security Management 2023 Annual Evaluation

Type: **Evaluation**
Status: **Official**

Purpose and Scope of Evaluation

KVH Security Management program strives to provide a safe environment in all our buildings and for all occupants by minimizing the risks through structured WPV training, violence response standard work, security assessments, surveillance, access control, and other engineering controls. KVH has a Work Place Violence subcommittee that meets monthly and review occurrences from the previous month.

Performance of Program

➤ Orientation and Training

- In 2020 and 2021 we introduced Evade outsourced de-escalation training to key front line staff. The feedback on the training was very good so the course is now expanded to all employees and part of the on boarding training. We are now offering advanced training. In 2023 we brought back an education fair and some safety education was included in that. In 2023 we had some Converge reports of the nurse call system not working. Investigation in each event revealed the system was operating properly and as programmed.
- In 2024 we will target enhanced training for the nurse call system as one of our goals.

➤ Incident Reporting

- As noted in the Safety Management evaluation we use a program Called Converge. Safety events are reviewed at the Safety Committee and Work Place Violence committee. Total events since 2020 have continued to rise and have stayed at an elevated level each year. We continue to encourage reporting which may explain some of the increased numbers. In 2023 and also noted in previous years Converge reports assigned to Facilities for investigation revealed that Converge reports were being performed ahead of a work order request or report to Facilities. In some cases, there were no work order requests or reports to Facilities. This is an unintended safety issue as there are inherent delays in Verge report generation, assignment, and investigation. The result is safety issues lingering without response.
- In 2024 we will target communicating the importance of first response reporting to mitigating departments.

➤ Engineering Controls

- Starting with the lab expansion project, completing in 2022, we introduced badge access control in the hospital. This project incorporated the lab, all the exterior entrances and all doors that had existing key pad control. This project also included lock down buttons that

are placed at main registration area and ED nurse station that when pushed will lock down the ED and main entrance. All other building entrances are locked at all times. This use to be a manual process that could take several minutes to accomplish and dependent on Facilities staff that may or may not be on duty, to execute. Now it is accomplished with a push of a button. Each successive project within the hospital will expand the system. The system was first installed in the Medical Arts building as a trail and the product and system proved to be solid less and expensive than some other systems. This was an importance aspect so that the system could be deployed widely and not just building entrance points. The latest project is the Surgery, Materials Management and Radiology addition. This project will bring access control to those areas and also some other key doors.

- As we do major remodels to other building we assess the need and bring badge access control to those buildings. General Surgery and Orthopedics are the next 2 building to receive access controls.
- Similarly, to badge access with each project we assess and add security cameras where needed. In 2023 we designed in more cameras for General Surgery TI, Orthopedics remodel on campus, Orthopedics TI at Medical Arts, Dermatology at Medical Arts, Surgery, Materials, and Radiology expansion. As part of the lab project we also incorporated a 2nd server to expand our storage and number of cameras we can have on the system.
- In 2023 we recognized that with the elevated security events that Home Health staff were at greater risk and the security measures we have put in place do not address their unique situation. In 2024 we will further assess their risks and strive to implement security measures focused on their situation.

➤ **Security Staffing**

- When COVID hit we hired Security guard for 12 hours a day, later expanded that to 24-hour coverage. The thought was once the Pandemic resided the reported incidences would drop and we could return to no hired security staff. Based on the data trends security events have not decreased to post pandemic levels and have really continued to stay at higher volumes. Given that we have elected to stay with security staffing levels going into 2024.

➤ **Security and Work Place Violence Data**

- See Data in back of this evaluation.
- See Security annual evaluation work sheet.

Effectiveness of program/recommendations for improvement

- Through the annual evaluation process, annual security assessment, our Verge reporting system, Safety Committee and Work Place Violence subcommittee, and coupled with the support of senior leadership our planning and mitigation efforts are fluid resulting in an adaptive security program.

Goals for 2024

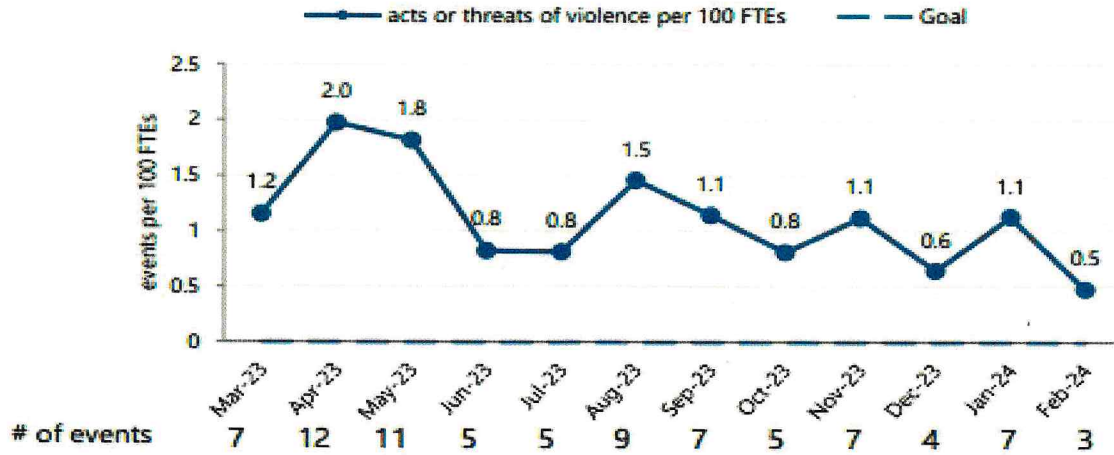
- Focus on Home Health staff safety put measures in place for their situation.
- Nurse call training gaps
- Reporting sequence to mitigating departments first reporting to Converge then 2nd where applicable.

Submitted by: Ron Urlacher, Chief of Facilities, Safety Officer

Signed:

Workplace Violence Security Report – Report 1st Quarter 2024

Workplace Violence Events



WPV # Events	January 2024	February 2024	March 2024						
January 2024	7	3							
• Pt/visitor to staff or another pt.	7	1							
• Staff to staff	0	2							
• Verbal	6	3							
• Physical	na	0							
• Verbal/physical	1	0							
• Harm	0	0							
Trends	Not identified	Yes – 5 events sexual undertones							

- Incidents were reviewed by the Quality Dept. and by department leaders.
- The Security Team discussed event types, categories, and follow up.
- Phoenix security guard stationed at the hospital will periodically round through each department in the hospital and touch base with staff in each area to see if there are any needs/concerns.
- HR is planning to repeat Sexual Harassment training this year. There have been several recent inappropriate sexual jokes/comments reported and addressed. Staff should be advised to review the employee conduct policy, Harassment and Intimidating Behavior, and share with others as needed.
- AVADE training is taking place 4/4 and 4/5 with an extra offering of Active shooter training.
- The goal for WPV events was not met but the rate was lower in Feb. 2024 compared to the monthly rate for the previous year.

(Continued on following page...)

Workplace Violence Data 1st Quarter 2024

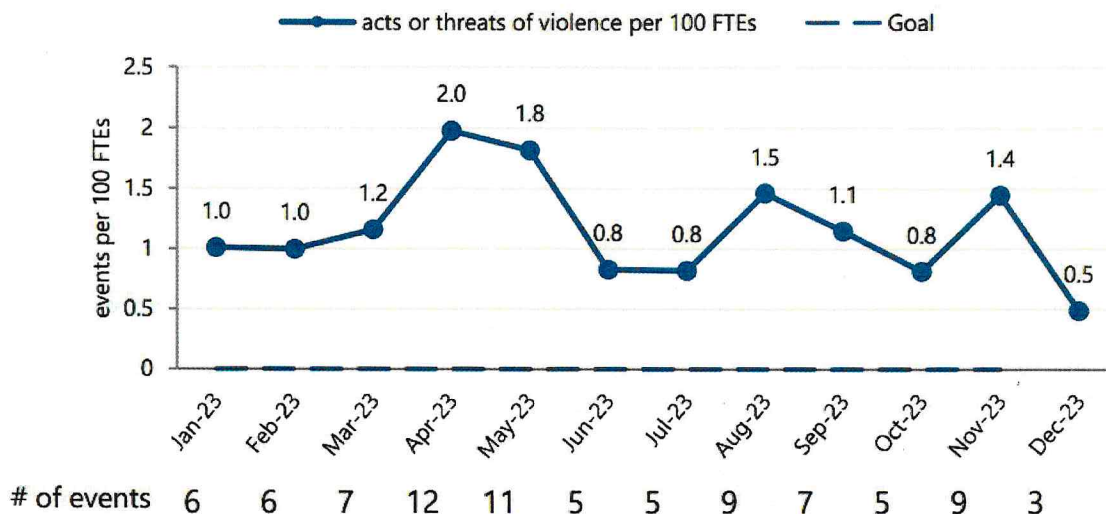
Workplace Violence Events by Dept.	2019	2020	2021	2022	2023	2024	
						Jan	Feb
Administration				3	0		
Cardiopulmonary Services			1				
CCU	1	3	6	6	3		1
Dermatology					1		
Ear, Nose and Throat		0	0	1	1		
Ellensburg Pediatrics		3			3	1	
Emergency Department	0	3	0	17	28	1	
Employee Health/Infection Control				1	0		
Environmental Services		0	0		3		
Family Birthing Place		4		2	0		
Family Medicine - Cle Elum			0	2	2		
Family Medicine - Ellensburg	0		1	2	6		
Flu Clinic			1		0		
Food and Nutrition Services	0	0		2	3		
General Surgery				1	0		
Health Information Management							1
Home Health and Hospice		0			3	2	
House Supervisors			0		0		
Human Resources	0				2		
Imaging		0	1	2	1		
Internal Medicine	1	0	0		1		
Lab	0			3	0		
Med/Surg	1	3	2	5	7	2	
Orthopedics	1	0		1	1		
Patient Financial Services		7		1	0		
Pharmacy				1	2		
Physical Therapy			0	2	1		
Quality			0		1		
Rapid Access	0	0	1	8	2		
Registration		0			8		
Revenue Cycle Management			2		0		
Social Services/Case Management				1	1		1
SOP/MOP	0	2			0		
Speech/Occupational Therapy		0			1		
Surgery	0	0	0	5	0		
Urgent Care - Cle Elum			0		1	1	
Women's Health			0	1	1		
Workplace Health					1		
Grand Total	27	58	61	67	84	7	3

Events Reported by Type (AMA, Behavior, Security)	2019	2020	2021	2022	2023	2024	
						Jan	Feb
Abusive / violent behavior	26	44	49	47	56	9	2
Abusive/violent behavior					2		
AMA	13	22	8	10	12	2	
Elopement	2	1	3	9			
Involved in altercation						1	
Loss/theft	12	5	7	6			
Lost item					1		
Non-adherence to policies	2	4	4	19	17	2	4
Other Patient induced issue	1	5	8	4	9		
Other pt. induced issue					1		
Parking Issue					1		
Patient left without being seen	3		4				
Policy noncompliance					1		
Policy not followed					1		
Refused treatment / test / procedure		1					
Security/ Property	3	6	5	9	15		1
Self-induced injury				2			
Sexual boundary issue	1		1	1	2		4
Staff Behavior	20	25	46	50	71	5	3
Stolen property					1		
Unsuccessful suicide attempt				1			
Vandalism	1	1		3			
Total	84	114	135	161	190	19	14

Events Reported by Dept. (security, behavior, AMA)	2019	2020	2021	2022	2023	2024	
						Jan	Feb
Administration	1			7	3		
Cardiopulmonary Services		1	1				
CCU	4	5	10	11	14		2
Dermatology					2		
Ear, Nose and Throat		5	14	1	1		
Ellensburg Pediatrics		3		2	3	1	
Emergency Department	35	49	43	49	60	3	2
Employee Health/Infecton		1		1			
Engineering	1			3	2		
Environmental Services		5	9	1	7	1	
Family Birthing Place		1	2	3	4		1
Family Medicine - Cle Elum	6	2	2	3	2		
Family Medicine - Ellensburg	2	2	2	4	9	1	2
Finance	1						
Flu Clinic			3				
Food and Nutrition Services	4	1	1	3	6		1
General Surgery			2	3			
Health Information Management							1
Home Health and Hospice		1	1		4	2	
House Supervisors			1		2	1	
Human Resources	5				7	1	1
Imaging		2	5	4	2		
Internal Medicine	2	4	2	1	3	1	1
Lab	1			6	2		
Materials Management		1					
Med/Surg	9	17	10	17	17	3	
Orthopedics	1	2		1	1		
Patient Financial Services		1	1	1			
Pharmacy				2	3		
Physical Therapy			1	3	1		
Quality				2	2		
Rapid Access			3		4		
Registration	6	5	15	21	21	3	1
Revenue Cycle Management		2					
Social Services/Case			1		1		1
SOP/MOP	1	1	1	2			
Speech/Occupational Therapy	1				1		
Surgery		1		1	2		
Urgent Care - Cle Elum	4	1	2	5	1	1	
Volunteer Services				1			
Women's Health			2	2	1	1	1
Workplace Health			1	1	2		
Wound Care		1					
Total	84	114	135	161	190	19	14

Workplace Violence Events Security Report – Year End Report for Calendar Year 2023

Workplace Violence Events ↓



- Incidents reported were reviewed by the Quality Department.
- The Security Team discussed event types, categories, and follow up.
- There were 84 workplace violence incidents reported in 2023 compared to 67 in 2022. Of these, there were:
 - 55 pt./visitor towards staff
 - 29 staff to staff or staff to pt./visitor
 Of these 79 were verbal encounters compared to 11 physical encounters (some encounters were both verbal and physical).
- The highest number of events occurred in the ED with the second highest in Registration.
- The goal for the number of events was not met. Increased reporting may be a factor.
- Staff participated in Avade training.

(Continued on following pages...)

Events Reported by Dept. (security, behavior, AMA)	2019	2020	2021	2022	2023
Administration	1			7	3
Cardiopulmonary Services		1	1		
CCU	4	5	10	11	14
Dermatology					2
Ear, Nose and Throat		5	14	1	1
Ellensburg Pediatrics		3		2	3
Emergency Department	35	49	43	49	60
Employee Health/Infecton		1		1	
Engineering	1			3	2
Environmental Services		5	9	1	7
Family Birthing Place		1	2	3	4
Family Medicine - Cle Elum	6	2	2	3	2
Family Medicine - Ellensburg	2	2	2	4	9
Finance	1				
Flu Clinic			3		
Food and Nutrition Services	4	1	1	3	6
General Surgery			2	3	
Health Information Management					
Home Health and Hospice		1	1		4
House Supervisors			1		2
Human Resources	5				7
Imaging		2	5	4	2
Internal Medicine	2	4	2	1	3
Lab	1			6	2
Materials Management		1			
Med/Surg	9	17	10	17	17
Orthopedics	1	2		1	1
Patient Financial Services		1	1	1	
Pharmacy				2	3
Physical Therapy			1	3	1
Quality				2	2
Rapid Access			3		4
Registration	6	5	15	21	21
Revenue Cycle Management		2			
Social Services/Case			1		1
SOP/MOP	1	1	1	2	
Speech/Occupational Therapy	1				1
Surgery		1		1	2
Urgent Care - Cle Elum	4	1	2	5	1
Volunteer Services				1	
Women's Health			2	2	1
Workplace Health			1	1	2
Wound Care		1			
Total	84	114	135	161	190

Events Reported by Type (AMA, Behavior, Security)	2019	2020	2021	2022	2023
Abusive / violent behavior	26	44	49	47	56
Abusive/violent behavior					2
AMA	13	22	8	10	12
Elopement	2	1	3	9	
Involved in altercation					
Loss/theft	12	5	7	6	
Lost item					1
Non-adherence to policies	2	4	4	19	17
Other Patient induced issue	1	5	8	4	9
Other pt. induced issue					1
Parking Issue					1
Patient left without being seen	3		4		
Policy noncompliance					1
Policy not followed					1
Refused treatment / test / procedure		1			
Security/ Property	3	6	5	9	15
Self-induced injury				2	
Sexual boundary issue	1		1	1	2
Staff Behavior	20	25	46	50	71
Stolen property					1
Unsuccessful suicide attempt				1	
Vandalism	1	1		3	
Grand Total	84	114	135	161	190

Workplace Violence Events by Dept.	2019	2020	2021	2022	2023
Administration				3	0
Cardiopulmonary Services			1		
CCU	1	3	6	6	3
Dermatology					1
Ear, Nose and Throat		0	0	1	1
Ellensburg Pediatrics		3			3
Emergency Department	0	3	0	17	28
Employee Health/Infecton Control				1	0
Environmental Services		0	0		3
Family Birthing Place		4		2	0
Family Medicine - Cle Elum			0	2	2
Family Medicine - Ellensburg	0		1	2	6
Flu Clinic			1		0
Food and Nutrition Services	0	0		2	3
General Surgery				1	0
Health Information Management					
Home Health and Hospice		0			3
House Supervisors			0		0
Human Resources	0				2
Imaging		0	1	2	1
Internal Medicine	1	0	0		1
Lab	0			3	0
Med/Surg	1	3	2	5	7
Orthopedics	1	0		1	1
Patient Financial Services		7		1	0
Pharmacy				1	2
Physical Therapy			0	2	1
Quality			0		1
Rapid Access	0	0	1	8	2
Registration		0			8
Revenue Cycle Management			2		0
Social Services/Case Management				1	1
SOP/MOP	0	2			0
Speech/Occupational Therapy		0			1
Surgery	0	0	0	5	0
Urgent Care - Cle Elum			0		1
Women's Health			0	1	1
Workplace Health					1
Grand Total	27	58	61	67	84

KVH EMPLOYEE INCIDENT REPORT SUMMARY

INJURY	Date	Claim or paperwork	Job Title	Department	CAUSE
Jan-23					
Strain	1/2/2023	Claim	RN	ED	Was attempting to push pt via the slider board and board became stuck, only myself and CT Tech. Trunk sprain
Poked	1/6/2023	Claim	Housekeeper	Environmental	Cleaning ortho, took out the trash and when I grabbed the hazard bags to put it in a bigger bag a pair of scissors poked through the bag. My hand was bleeding where the scissors poked me
Fall	1/9/2023	Claim	Phlebotomist	Lab	Fell when getting out of car in parking lot, slipped on ice
Needle Stick/Poke	1/23/2023	Claim	OR Tech	OR	Recapping a needle and it poked me through my glove
Struck	1/27/2023	Claim	RN	ED	Pt was barricaded in room, as we got Pt out of room they punched me and struck me in the face
Feb-23					
Ergonomics	2/2/2023	Claim	RN	ED	L side is sore, bent over while placing intravenous catheter for extended periods
Splash	2/9/2023	Claim	PCT	Med/Surg	Pulled wipe out of container and liquid squirted into L-eye
Fall	2/10/2023	Claim	Laundry Aide	Environmental	Slipped on wet floor and fell hitting the dryer
Fall	2/8/2023	Claim	MA Apprentice	FMC	Felt light headed and passed out and fell at the nurses station. Hit my head on an open drawer
Needle Stick/Poke	2/20/2023	Claim	RN	ED	Giving pt shot, poked
Fall	2/25/2023	Claim	Housekeeper	Environmental	Vacuuuming in RT when my joints gave out and led me to fall
Mar-23					
Needle Stick/Poke	3/2/2023	Claim	Phlebotomist	Lab	After a blood draw, needle slipped out of my hand and fell, puncturing my L middle finger
Chemical Exposure	3/8/2023	Incident Only	Materials Tech	Materials	Moving a box of formalin and it was leaking, exposed to Chemical Formalin
Apr-23					
Fall	4/6/2023	Claim	Clinic Assist	Peds	Went to sit down and fell backwards, hit my head on another chair

Needle Stick/Poke	4/7/2023	Claim	RN	M/S	Was pushing into syringe to activate safety device and thumb slipped, needle flung up and jabbed into the top of my hand
Needle Stick/Poke	4/15/2023	Claim	LPN	ED	Starting an IV, took the needle out and it was not fully retracted and it poked me
Pushed	6/17/2022 - Filed on	Claim	CS Tech	CS	Was pushed against a counter while pregnant and felt a cramp so I went to OB to get checked out.
May-23					
Needle Stick/Poke	5/26/2023	Claim	RN	SOP	Replacing a needle and the safety was not locked, poked thumb
Jun-23					
Needle Stick/Poke	6/8/2023	Claim	PA-C	ED	Removing a splinter and poked hand
Ergonomics	6/5/2023	Claim	Tech Support	IT	Installing printer, picking it up and taking old one to car then placing it in closet. Back hurt.
Sprain	6/13/2023	Incident Only	Engineering Tech	Engineering	Walking across grass, tripped/Fell into a soft spot/hole and hurt/sprained ankle
Exposure	6/7/2023	Claim	Med Tech	Lab	Possible Exposure to TB
Ergonomics	6/23/2023	Claim	PCT	CCU	Helping a patient to the commode and he was falling backwards, I grabbed him and my lower back strained
Jul-23					
Strain	7/7/2023	Incident Only	RN	House Sup	During chest compressions, felt back muscles stiffen
Aug-23					
Ergonomics	8/16/2023	Claim	PCT	Med/Surg	Helping with a patient transfer and felt my shoulder tighten and popped
Fall	8/29/2023	Claim	Phlebotomist	Lab	Felt dizzy and fell, hurt ankle, knee and jaw
Sep-23					
Ergonomics	9/8/2023	Claim	Pharmacy Tech	Pharmacy	Moving totes, bending and felt a burning in my lower back
Accident	9/19/2023	Claim	Mrk Specialist	Marketing	Car Accident, ankle and leg injury
Exposure	9/15/2023	Claim	PCT	CCU	Sick, exposed to a patient with illness
Strain	9/26/2023	Claim	RN	Med/Surg	Rolling patient and felt a pop in chest. Pain and coughing with feeling of short of breath

Oct-23					
Injury	10/2/2023	Claim	RN	Surgery	Using cataract bed, lowering rail and rail slammed on thumb. Bruise knuckle
Nov-23					
Needle Stick/Poke	11/8/2023	Claim	RN	ED	Withdrew needle and punctured my thumb
Exposure	11/21/2023	Paperwork Only	RN	M/S	Patient spit meds in face after given oral medication
Dec-23					
Fall	12/7/2023	Paperwork Only	Pharmacy Tech	Parking lot	Getting out of my car, slipped when I put my foot down and hit the car with my lower back
Needle Stick/Poke	12/12/2023	Claim	Surgical Tech	Surgery	When provider handed me the suture, one had stuck the pad of my R thumb.
Needle Stick/Poke	12/19/2023	Claim	Surgical Tech	Surgery	Reached for an instrument after surgeon finished and struck my finger, punctured through both of my gloves and broke the skin on my finger
Exposure	12/13/2023	Paperwork Only	Environmental	Housekeeper	Exposure and positive COVID test
Needle Stick/Poke	12/31/2023	Claim	Phlebotomist	Lab	Drawing blood, patient moved and the needle came out and poked my pointer finger

Total Injuries
38

Total Claims
32

2022 Total Injuries
37

2022 Total Claims
29



Safety Management 2023 Annual Evaluation

Status: **Official**

Page 1 of 5

Purpose and Scope of Evaluation:

The purpose is to establish and maintain a physical environment for all KVH facilities free of hazards and manage staff activities to reduce the risk of injuries. Additionally, we strive to build a culture of safety where all are encouraged to report safety incidents, report investigations are expected, work place violence is not tolerated, and training is available. The scope of this evaluation will cover safety orientation and training, incident reporting, performance monitoring, equipment, and grounds maintenance, all drills other than fire and emergency preparedness which are covered in the Life Safety, and Emergency Preparedness evaluations.

- Not in This Scope
 - Biomedical equipment.
 - Hazardous Communications
 - Emergency Preparedness
 - Utilities Management
 - Life Safety Management
 - Product Safety

Above listed areas each have their own annual evaluation.

Safety Orientation and Training

- On Boarding
 - Topics for new employee on boarding include Fire Safety, Electrical Safety, Emergency Management, Hazardous Materials Communication, Risk Management, Body Mechanic, Work Place Violence Concerns, and Employee Health and Safety.
- Annual Training
 - Annual refresher information on all the above subjects is done through a resource called Biz Library. The specific courses are reviewed annually. Annual training is also accomplished through drills. Drills for each 7 elements are planned and coordinated by the element lead.
- Evaluation
 - In review of the training materials we consider the content to be informative and relevant. The one exception is our fire response

information which we have reevaluated and aligned with our new processes outlined in the Life Safety Annual evaluation. Fire drills in 2023 and one false fire alarm made it clear that we need to put an emphasis on our fire response education. This will be goal for 2024.

- In 2023 there were some errors in clinical responses to the nurse call system. It became evident that education on the system was in need of improvement. In each case the nurse call system was tested post event and found to be operating as designed. This education is not done in the on boarding process or in Biz Library but rather at a departmental level. The Safety committee looks to partner with clinical leadership for providing needed system educational material in 2024.

Incident Reporting

➤ Reporting Platforms

- Facilities has a work order system called TMS. This system can be accessed by all KVH staff on the intranet and a work order can be submitted. Additionally, Facilities generates work orders by phone and email communications.
- Information Systems has a help desk. This system can be accessed by all KVH staff on the intranet and a work order can be submitted. Additionally, Information Systems generates work orders by phone and email communications.
- Quality has a system called Converge. Employees are instructed and encouraged to fill out a report in Converge on all safety events. This includes everything such as work place violence, work related injuries, equipment failures, equipment misuse, environmental issues, or anything else that can be construed as unsafe. Once the report is submitted the program administrators will assign the case to the appropriate people for investigation. Investigation completion is monitored by the Converge administrators and reminders are sent out if not completed in a timely manner.

➤ Reporting Oversight

- The Quality department is primarily responsible for reporting oversight and the Safety Committee on a monthly and annual basis reviews all work place injury reports looking for ways to improve safety and trends in types of events.

➤ Evaluation

- Gains have been made in the reporting culture and we have a good system of investigation follow though. One area noted as an opportunity of improvement is the sequence of reporting. Converge reports have inherent delays in submission of event, assigning the event, administrative processing, and delays realized once sent to assigned staff. In some cases staff are filling out the Verge report as the only method of reporting. When these events are physical system and or equipment related issues, and software related issues, first response should be to Facilities or IT to address the issue to prevent delay in rectifying an unsafe condition. Reporting to Verge first or only in Verge will cause unsafe conditions to

persist in these types of situations. Safety Committee will work with Quality to assess and develop education around this safety issue.

- **Mitigation**
 - We changed our policy to reflect that Converge is a secondary reporting system and that primary reporting must be done first for the above reason. After the policy was approved and changed by the safety committee we disclosed that change at the managers meeting.
- **Work place Injuries**
 - The Safety Committee reviews reported work place injuries on a monthly basis in the meetings and looks for trends and potential mitigation measures. No particular trends were noted for 2023.
 - See annual report for monthly and total annual numbers.
- **Security and Work Place Violence**
 - The Safety Committee reviews reported security and work place violence events on a monthly basis in the Safety Committee meetings and looks for trends and potential mitigation measures. Additionally, we have a Work Place Violence Committee where we review details of work place violence events.
 - See annual report in the security evaluation for monthly and total annual numbers.

Emergency Procedures

- See Policies and Standard work
 - Emergency Management Plan, under Engineering Policies
 - Emergency evacuation plan, under Safety Policies
 - Fire evacuation policy, under Emergency Preparedness Policies
 - Fire policy, under Emergency Preparedness Policy
 - Emergency Paging procedure, under Emergency Preparedness Policies
 - KVH EMP plan, under Emergency Preparedness Policy
 - Disaster evacuation plan, under Emergency Preparedness Policies
 - When to call an Internal/External code, under Emergency Preparedness Policies

Performance Monitoring

- **Staff Knowledge and Skills**
 - Staff knowledge and skills are monitored through drills and actual events. See Life Safety Evaluation for fire response reports.
- **Level of Staff Participation**
 - Staff participation is monitored through drills. See Life Safety Annual Evaluation for fire response reports.
- **Monitoring and Inspection Activities**
 - One of the functions of the Safety Committee is to do monthly rounds looking for all types of safety issues related to the environment of care. We have a rounds sheet that services as a tickler for a variety of potential safety risks, but surveillance is not limited to this list. Our practice is to do clinical areas twice a year and non-clinical once a year. In 2023 not all

KVH buildings were included. At each Committee meeting we share the findings look for patterns and discuss needed education or policy change. The findings are also sent the manager of the department so they have the opportunity to share with their staff. See summary of findings. In 2024 we will target all KVH occupied buildings.

➤ Evaluation

- We feel our rounding practices are productive in finding and correcting issues. It also provides an opportunity to educate, but there may be room for improvement in terms of correction follow through and education. When we do rounding our practice is to create work orders for Facilities staff where it requires Facilities Department, and to send out findings to the manager of the surveyed department, and it is in that piece that we don't have a system confirming that the corrections have been made. It would also be good to have material we can send that supports and explains the deficiency, EG; code section or policy. While we look for trends in findings we have no way of tracking each one for annual evaluation. In 2024 we are proposing we move to an electronic rounding system that will automate issue assignment and tracking, and create a data base for trending for the sake of evaluating the areas needing improvement. Additionally, the software can expand the list of items to round in all areas the Safety Committee is responsible for. EG: Life Safety, Hazardous Communications, Utilities, Safety Management, Product Safety, Security and Emergency Preparedness.

➤ Inspections, Preventative Maintenance and Testing of Equipment

- Facilities divides these work orders into two categories, and two subcategories. Planed Events and Preventative Maintenance work orders, and those are separated into Critical and Non-critical work orders. Critical PM work workers are assigned for all utilities, biomedical equipment, and life safety equipment. On these work orders we target 100% completion rate. All other preventative work orders are non-critical category. On Non-critical PM work orders we target 90% completion rate.

➤ Evaluation

- While we did not hit our target of 100% for critical PM's and 90% for Non-critical PM's, the last 2 quarters of 2023 we were at target. PM work is high priority for Facilities and though completion rate is trending up, it will remain a focus area for 2024.

2023 completion percents

	Critical PM/PE's completion by %	Non-critical PM/PE's completion by %	All other work orders completion by %
January	88%	72%	100%
February	94%	83%	100%
march	80%	86%	99%
April	90%	87%	100%
May	99%	94%	96%

June	97%	87%	91%
July	99%	98%	95%
August	95%	99%	93%
September	99%	97%	92%
October	100%	99%	94%
November	100%	99%	86%
December	100%	99%	90%
Year 2023 overall:	95%	91%	95%

➤ Mitigation

- Continued focus on the importance of PM work.

➤ Summary

- In summary the below list will be included in our goals in 2024.
 - Nurse call education
 - Fire response education
 - Reporting sequence priority training.
 - Enhanced EOC rounding deficiency management and trending.
 - Rounding extension to all KVH occupied buildings.
 - Increase PM Work order completion rate.

Submitted by: Ron Urlacher, Chief of Facilities, Safety Officer

Signed:





Life Safety 2023 Annual Evaluation Safety

Type: **Evaluation**
Status: **Official**

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Purpose and Scope of Evaluation:

The purpose is to establish and maintain a fire-safe environment that protects patients, staff, visitors and property from fire, smoke and other products of combustion. The scope of this evaluation will cover fire detection systems, fire suppression systems, and other passive building life safety features. This evaluation will critique inspections, testing, maintenance, education and drills as well as associated documentation.

Performance of Program:

Fire Detection System:

➤ Failures and Issues

- Since the alarm system conversion to the new fire panel we have had no failures. The start of the expansion project with lots of different contractor's onsite and lots of things happening in multiple locations has resulted in at least half a dozen fire alarm activations that all have proved to be false alarms.

➤ Testing and Inspections

- The fire alarm system was tested in March of 2024. There were four device failures one duct detector on air handler three failed to activate and shut down the air handler this has now been fixed and replaced. The pharmacy roll down window and door both failed to release when the detectors activated corrective work and repairs have been authorized waiting for vendor scheduling. The lab roll down window failed to release when the detector activated corrective work and repairs have been authorized waiting on vendor scheduling. Next inspections are due in March of 2025

➤ Maintenance

- Smoke, heat detector, and sprinkler heads are cleaned by the Facilities staff. Batteries are replaced by and as noted by the fire alarm inspection company.

Fire Suppression Systems

➤ Failures and Issues

- State fire marshal inspection revealed fire suppression sprinkler heads that were out of date. Survey of the entire facility has revealed approximately 900 fire sprinkler heads that are out of date and requiring replacement. Currently contract for replacements has been signed and approved engineering manager is working with vendor on time lines and replacement plans materials have already been ordered.

➤ Testing and Inspections

- Annual testing of the wet and dry systems was performed by a fire suppression contractor and quarterly testing was completed by Facilities staff. Internal inspections are due in

2024. The cooking hood chemical fire suppression systems received both semiannual tests. Hydro testing on the hood systems are due 2026. No issues were noted in any of these tests.

- Fire extinguishers were tested monthly by Facilities staff and the annual test was performed by Johnson controls in July of 2023. Extinguisher annual tests are due in July of 2024

➤ Maintenance

- Outdated sprinkler heads are scheduled to be replaced in 2024. Engineering staff handle sprinkler head cleaning routine building rounding has proved to be successful in reducing the amount of loaded sprinkler heads we are finding in the facility

Passive Building Features

Exit Signs

➤ Failures and Issues

- No failures were noted at the hospital. All exit signs are on the safety safety branch of the electrical system.

➤ Testing and Inspections

- Exit signs were tested monthly for 30 seconds and an annual 90-minute test was performed by Facilities staff.

Fire and Smoke Walls

➤ Failure and Issues

- No items noted for 2023

➤ Mitigation Efforts

- We have continued to bring a contractor in yearly to evaluate and inspect walls for penetrations and failures the contractor is responsible for documenting findings and making corrections as they located penetrations. Additional labels were placed on the fire and smoke walls to help prevent future unsafe penetrations. Due to increased expansion project work and above ceiling work heavier focus was placed on our above ceiling work process. As per our above ceiling work policy, Facilities staff inspect all above ceiling work including the penetration repairs. This brings an awareness to our own staff.

Fire doors

➤ Failure and issues

- Fire doors were inspected by Fire Door Nation in March of 2023, 4 fire doors did not pass inspection. Corrective repairs were implemented by engineering staff and Contractors. All doors were repaired and corrected based on 2023 report.

➤ Mitigation

- Some issues were maintenance related and work orders were generated for Facilities staff. Some issues required a contractor to repair and that work was done.

Fire Dampers

➤ Failures and Issues

- No known failures or problems identified with fire dampers for the year of 2023

➤ Testing and Inspections

- 6-year fire damper test due in 2024. Contract with vendor has been signed and approved for 6-year inspection awaiting scheduling dates.
- first year new damper test will be required for all dampers that have been added in the expansion project

Fire Drills, Related Policy, and Training

➤ Drills Hospital

- The hospital is staffed with two 12 hours shifts in all places that are 24/7, while other areas service such as surgery, post-op pre-op are a day shift only. As a standard we drill each shift once per quarter per shift however due to the expansion project and interim life safety measures needing to be in place we started drilling each shift twice per shift in 2023 this is expected to last until the interim life safety measures are removed.
- Fire drills remain on track for the facility in 2023
- Fire response policy was reworked completely in 2022 rollout and education to staff on the policy updates is ongoing at this time. In 2023 the roll out of the updated policy was met with some confusion as a result further education and training was rolled out to staff and presented in a directors meeting.
- Some gaps in education were noted in fire drills, and feedback given at time of the drill.

➤ Mitigation

- New policy roll out happened education materials on fire response that match what the policy identifies have been assigned in the My Biz online training program that KVH staff utilized

➤ Drills Clinics and Other Business Occupancies

- Annual fire drills were performed in all KVH buildings for the year of 2023

➤ Mitigation

- Staff re-training on the stair chairs utilized to evacuate patients at the medical arts building was conducted in 2023. Education went well with staff being responsive but a little hesitant to go “hands on” with the stair chairs.

Related Documents

- Fire door inspection report
- Fire wall repair log
- Fire wall repair ICRA's
- Revised Fire Policy
- Revised Emergency Evacuation Policy
- Revised Fire Evacuation Plan

Closing Remarks

- While much work has been done in 2023 Life Safety Management, the work is incomplete and ongoing. 2024 will bring a continued focus and refinement in this area. The expansion project that has been ongoing in 2023 and will continue into 2024 has put a test to our systems, it has helped us identify areas of weakness but also allowed us to improve our processes and make adjustments.

Submitted by: Trent Baker, Engineering Manager 5/23/23

Signed:

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.



Hazardous Material & Waste Management 2023 Annual Evaluation

Status: **Official**

Page 1 of 5

Purpose and Scope of Evaluation:

This program includes all hazardous materials and wastes brought into the organization or generated by the organization in the process of providing patient care and the staff who handle, use or generate these materials.

The organization uses criteria to identify, evaluate and inventory hazardous materials. These criteria can be found in the Hazards Communication Program in the Waste Management Policy in the Engineering Manual.

The Haz-Mat Coordinator and individual department directors will review, prior to initial purchase, risks associated with materials to be used by employees of KVH, to determine the hazards associated with their use. The MSDS, provided by the manufacture, will be the principle information source used in this process. Information supplied by the manufacture is assumed to be accurate and is made available to all employees through the Hazard Communication Program. A master file of all material safety data sheets is located in the Engineering Department. All employees have access to the MSDS Sheets on line. It is available on the Intranet under Resource Links.

Initially the departments and subsequently, the Safety Committee will review the risks associated with hazardous material and wastes generated from care activities in which the wastes are generated.

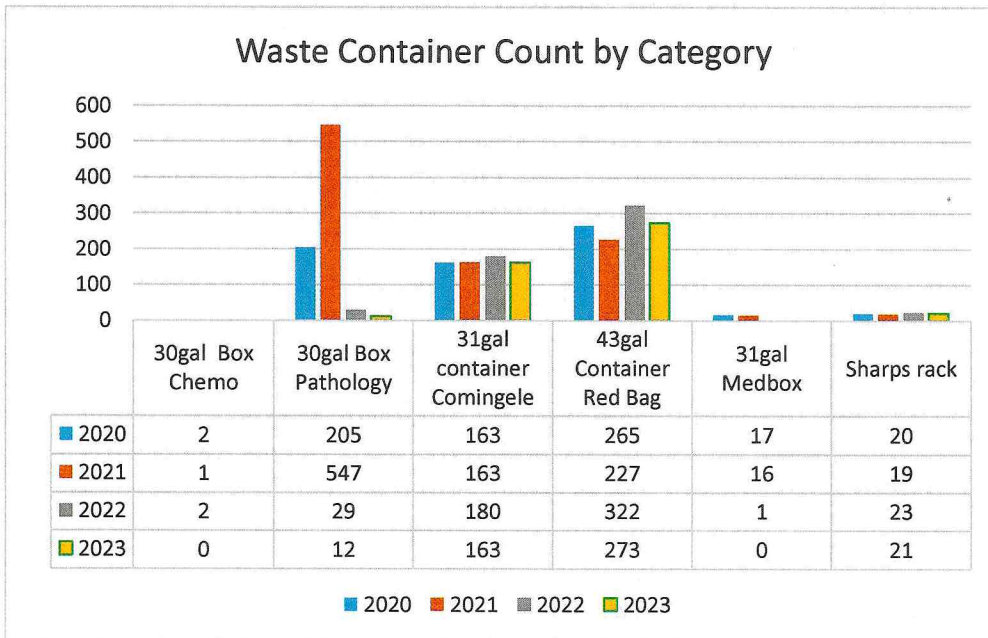
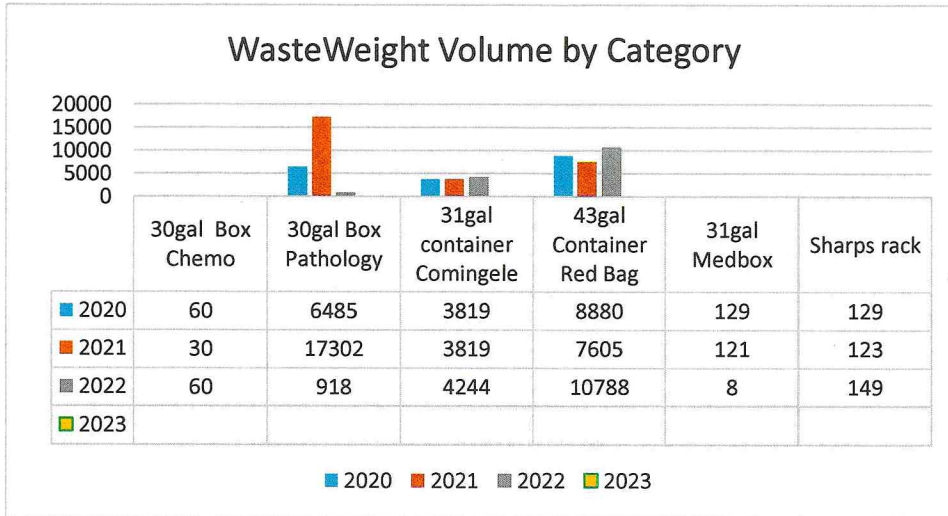
Each department will be responsible for:

- Identifying and labeling all hazardous materials and waste within their department/area,
- Handling, storing, transporting (as appropriate), using and disposing of hazardous materials and wastes within their department/area.

HANDLING OF HAZARDOUS MATERIALS:

➤ Inventory levels

See graphs below:



- Annually the engineering secretary will compile all waste data and enter into Turbo Waste for the DOE. At this point our levels are compared to the small quantity generator thresholds, as we are a SMG. Throughout the year as engineering receives hazardous waste we move it the appropriate location in our metal building on site. Waste Management picks up every other week from the hospital hazardous waste area, and from the clinics. KVH has the following waste categories.
 - Biohazardous waste, (red bags)
 - Chemo waste, yellow bags and containers
 - Sharps containers recyclable type for the hospital comingled with medications
 - Sharps containers disposable for clinics comingled with medications
 - Pitocin containers non comingled

- Hazardous medication neutralizing containers.
 - The lab collects its hazardous chemicals and when full brings to engineering office for movement into hazardous waste area.
 - Universal waste, bulbs are package up and picked up by Waste Management
 - Universal waste, non-lead acid batteries containers
 - Universal waste, used oil
 - Waste Management provides waste labels for the various waste streams.
- Evaluation
 - Our system and partnership with Waste Management works very well. We have not realized any issues with our processes.
- Spills
 - No spills occurred in 2023.
- Drills
 - No drills were performed in 2023 due to work with surge planning and creating, ongoing testing and maintaining air pressure and air change relationships for infection control mitigation for the pandemic.
- Biohazardous Waste
 - In 2023 with COVID we handled COVID waste with the regular garbage waste at the direction of Waste Management.
- Mitigation
 - See attached sheets for handling procedures.
 -
- Evaluation
 - KVH gelled very early with incident command, surge planning and operational details. KVH adjusted quickly to the changing situation. No cases of COVID spread from within the hospital was realized.

STORAGE OF HAZARDOUS MATERIALS

- Facility
 - We have a metal building on the property unattached from the hospital. This is where we store all categories of hazardous waste. Engineering staff is responsible for moving all hazardous waste into this room and labeling of containers.
- Evaluation
 - Our metal building is used for other storage and there is no real separation from the hazardous waste. Additionally, the building has no ventilation but does have conditioning. The building is kept locked at all times.

MONITORING AND DISPOSING OF HAZARDOUS GASES AND VAPORS

- Background
 - All anesthesia machines are continuously connected to the scavenging systems to prevent the exhaust of the gases into the atmosphere of each of the OR rooms. An outside vendor services the machines to assure there is no air pollution in the OR

rooms. Surgery department manager keeps records on the machine maintenance. Anesthesia department monitors all exhaust gases in the OR rooms. Radiation exposure testing is coordinated by the Radiology department and records are kept there.

➤ Testing

- The following tests were performed in 2023 and passed. These records are kept in the engineering office.

Surgical Services, DESFLURANE

➤ Evaluation

- DESFLURANE was in use at the time of testing. Test passed.

ORIENTATION/TRAINING

➤ Evaluation

- We use an online education service call Biz Library. There is an annual education piece and test for hazardous waste that is assigned to all staff.
- Orientation is done at the department level in the onboarding process.
- Communications and signage are sent out whenever there is a change in process. This was the case with the COVID waste.
- We have not received any information or feedback that would suggest our training is insufficient. It is our assessment that our training is serving us well.

All persons required to handle hazardous chemicals or materials will be provided with appropriate orientation, PPE and job training. Each department is responsible for training each individual handling hazardous materials and waste. A file of the training records will be kept in the user department for employees' annual review and a copy will be kept in the Staff Development office. All employees of KVH who work with any hazardous chemicals are properly trained as to:

- The hazards associated with the chemicals they are exposed to,
- How to work safely with them,
- How to respond in the event of an emergency, and
- What personal protective equipment is required during use

Each employee is also instructed on proper disposal techniques in accordance with regulatory agencies and hospital policies.

INCIDENT REPORTING

➤ Evaluation

- We use an employee incident report and supervisor investigation report form by Washington Hospital Services that is accessible by all on the intranet under Resources. The safety officer is emailed the reports and HR sends monthly data to the secretary of the Safety Committee for review at the SC meetings. Our vendor changed software in 2020 and we were not receiving incident summary reports. That is now back on track in 2021. No other issues noted with our current system.

EMERGENCY PROCEDURES

➤ Evaluation

- Since no spills were reported and no drills conducted in 2023 there is no feedback on emergency procedures. A drill will be conducted in 2024.

PERFORMANCE MONITORING:

Performance regarding actual or potential risks related to hazardous materials and wastes will be monitored on an on-going basis and will address one or more of the following:

- Staff knowledge and skills – Biz library was used for training because of covid-19
- Level of staff participation
- Monitoring and inspection activities – In 2024, we will have a consulate help us determine our needs
- Emergency and incident reporting
- Inspection, preventative maintenance and testing of equipment – No spill were reported in 2023
- KVH hired a consultant in 2022 to stream line our handling of hazardous materials and waste.

ANNUAL PROGRAM EVALUATION

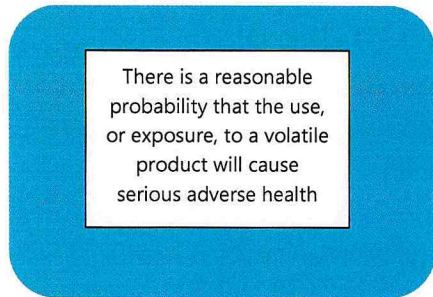
The objectives, scope, performance and effectiveness of the Hazardous Materials and Waste Management Plan will be evaluated annually. The basis of this evaluation will include at a minimum, current year performance monitors and an analysis of incident reports. It may also include an analysis of training effectiveness, results of drill and unusual events. This data will be aggregated from the previous 12 months experience. The Safety Committee will review the evaluation and, forward it through appropriate channels.

**2023 Annual Recall Report
(Reporting Period January 1, 2023 to December 31, 2023)**

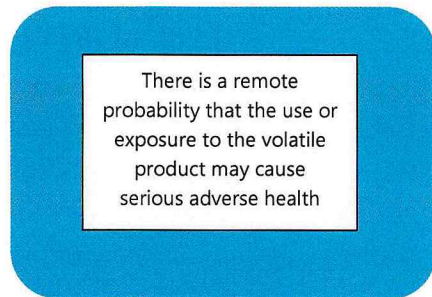
Total # Recalls Logged in Calendar Year 2022 – 94

Total # Recalls Logged in Calendar Year 2023 - 88

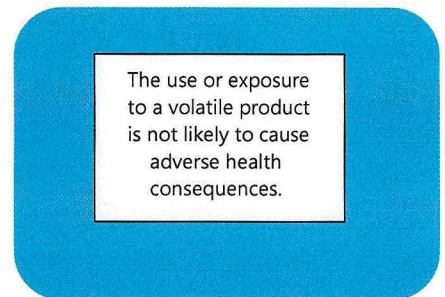
Recalls by Class Level in 2023	Total #
Class level I	0
Class level II	1
Class level III	0
Consumer Level	0
Retail Level	0
Unclassified	87
User Level (dual status with the Class I noted above)	0
# Recalled Products with Committee Review	0
# Recalls with alert notices sent to staff	19



Class 1 Recall



Class 11 Recall



Class 111 Recall

Recall Actions During 2023

Product Type	# Recalls	Required Action	Class I or II Actions completed within 24 hours	Summary
Drug-IV Solution	65	54	na	Inventory assessment. Product removed from inventory and quarantined when applicable.
Device or Equipment	23	23	na	Inventory assessment. Notifications to staff/leaders of manufacturer recommendations.

Recalled drugs/IV solutions that reached patients

Date Recall Received	Type	Drug or Device	Manufacturer	Reason for Recall	Recall Class Level	Class I or II Actions complete within 24 hours	Pt. Notification Required?	KVH Action
3/15/23	Drug	Aripiprazole 10mg tabs	Accord	Stop dispensing and quarantine these lots	Unclassified	na	no	Pulled all affected stock for return
3/15/23	Drug	Simvastatin 40 mg. tabs	Accord	Stop dispensing and quarantine these lots	Unclassified	na	no	Pulled all affected stock for return
4/5/23	Equipment	Pro+ Mattress	Baxter (Hill Rom)	Change out mattress as needed when they show signs of damage	Unclassified	na	no	Notice sent to Director, this process is already in process
5/10/23	Equipment	Infusion Pumps	Baxter	Software upgrade	Unclassified	na	no	Na – manufacturer to perform/ schedule
5/25/23	Drug	Lorazepam 2mg/1mL vial	Hikma Pharmaceuticals	Stop dispensing and quarantine these lots	Unclassified	na	no	No affected lot numbers in KVH IP stock
6/5/23	Device	TC-I reusable tip clip sensor	Masimo	Remove from service and return to manufacture	Unclassified	na	no	10 affected items removed and sent back to Manufacture. Replacement order information sent to directors and purchasing for order decision.
6/5/23	Device	Patient electrode	Megadyne	Change cleaning process	Unclassified	na	no	Reported to surgery for further instructions
6/5/23	Device	Ext. dwell catheters	Teleflex	Stop use	Unclassified	na	no	Pulled affected stock.
6/6/23	Device	Intellivue MX40 monitors	Philips	Refer to instruction regarding standby mode	Unclassified	na	no	Sent notification to patient care staff directors.
6/22/23	Device	Infusion system	Baxter	Continue to use; software upgrade to correct.	Unclassified	na	no	Notice sent to staff.
7/5/23	Device	Phaco tips	Alcon	Voluntary recall	Unclassified	na	no	Notified OR not to over tighten instrument. that can lead to sharps in the eye and extend healing time.
8/2/23	Supply	Closurefast procedure pack	Medtronic	Label bad packs due to probe cover	Unclassified	na	no	Pulled affected stock.
9/15/23	Device	Radical 7 pulse CO oximeter	Masimo	Certain batteries used may experience excessive swelling	Unclassified	na	no	All devices checked for battery swelling - all batteries are in good condition with no swelling

Next Steps for 2024:

Review policies and standard work and modify so staff have one policy and one standard work for the organization. This will afford easier access to this information.



Utilities Management 2023 Annual Evaluation

Safety

Type: **Evaluation**
Status: **Official**

Scope of program

Facilities Management utilities-management program provides a safe and supportive environment for patient care by minimizing the risks associated with utility systems. The program does so by ensuring operational reliability, reducing the potential for healthcare-associated illnesses, mitigating the potential failure of utility systems, and educating utilities-systems end users and maintainers. KVH's utilities management program and management plan have been reviewed for content and scope. The utilities management plan was revised to reflect current standards and expectations.

Performance of Program

Listed below is a summary of equipment failures, deficiencies, and discoveries, planned and unplanned outages that occurred and were identified during the calendar year of 2023. Utility additions and alterations are also noted:

❖ Heating Plant

- ❖ In 2023 we switched contractors for preventive maintenance and repair of the boilers based on increasing and continued issues with the boilers staying online. This new company went through the boilers with a fine tooth comb and the tech discovered several issues with the combustion chamber and gas pressure regulation as well as a few other items. We invested in new components and the up time has greatly increased.
- ❖ We monitor the boiler condensate water that goes through the neutralizer and down the drain for PH level. We have replaced the neutralizer stones a few times over the last 2 years as the PH continues to drop to a level that can cause deterioration to the sewer piping. We are finding iron in the stones and have discovered it is coming from the boiler condensate collection section. This vintage of boiler did not use stainless or glass lined collection chamber and is a known

problem. In 2023 we added replacement of the boilers to the capital list. Condensing boilers of this vintage have a 20-year life span and we are not at that. We have targeted 2026 for implementation of this project. Design for the new boiler system will incorporate energy reduction design elements.

❖ **Chiller Plant**

- ❖ There were no issues with the chiller plant in 2023. Nor were issues noted from the outsourced PM contract we have for the chillers and cooling towers. The spring cleaning indicated that our chemical program on the condenser loop is working well, as no scale, no biofilm, and no pitting was noted.
- ❖ Annual Legionella testing of the condenser water performed in late summer were clear of Legionella Bacteria.
- ❖ Annual Vibration analysis did reveal a chiller motor bearing out of range vibration condition. We procured a proposal to change the bearing before catastrophic failure. That work was completed late 2023.
Annual oil analysis did not reveal excessive metal particulate in the oil. Viscosity and PH were also in the normal range.
- ❖ The chillers and associated pumps were installed in 2015 with life expectancy to 2035-2040. The chillers will likely need to be torn down at some point and receive new bearings and gaskets.
- ❖ In 2023 it was discovered that the chilled water pumps were not on a maintenance program. It was assumed that they were covered in the chiller maintenance contract but that is not the case. We have given the pumps asset numbers and created PM's in our work order system for this equipment. Over the past few years we have been converting out PM's from a system PM to an individual PM for each component needing maintenance. This practice helps insure each piece of equipment is being maintained, and produces evidence of maintenance of each component for surveyors. We believe this is last or near the last pieces of equipment needing an asset number and PM.

❖ **Emergency Power System**

- ❖ In the design process for the expansion project it became apparent we did not have the capacity to put all the equipment on the generator that we wanted due to capacity limitations. For example, our MRI, Central Sterilization cart wash, one washer decontaminator, and one sterilizer were removed from the emergency power system as a result of capacity limitations.
- ❖ As noted before our generators are not paralleled and therefore there is no redundancy when running on the generators. This also increases risk when they are offline for maintenance. Best practice is to have paralleled generators which is an arrangement that provides redundancy for all emergency power branch circuits. In 2023 we added upgrading the generator plant to the capital list and have targeted 2024 for implementation. The primary goals of the upgraded plant would be increased capacity to add key equipment, and to support future projects, paralleled generators, and have N+1 redundancy. Not a primary goal but up for consideration is closed transition transfer switches. These switches prevent momentary loss of power to sensitive electrical clinical equipment during monthly generating testing.

- ❖ There were no failures of our emergency electrical equipment in 2023. 4-hour Load bank testing was performed this year and no concerns were born from that.

❖ **Normal Power System**

- ❖ While some main breakers get exercised from generator testing process we do not have a process to exercise all main distribution breakers and switches. Best practice is to go through an annual exercise of operating these devices. The practice poses risks of its own if the switch fails and cannot be reclosed. In 2024 we plan to do a risk assessment of all main and critical switches. We will assign risk level of each and identify if we have any spare switches or should have on hand in case of failure. Initially we were targeting 2023 assessment but the expansion project makes several changes to the electrical one line plans that will need to be considered. We will enlist a qualified electrical contractor to assist with the assessment and plan.

❖ **Electrical Distribution System General**

- ❖ Based on the results of our annual infrared scan of our emergency and normal power electrical systems, in 2023 areas of concern were noted and we are planning corrective actions of those spots of increasing heat level. Repair of the issues will require a planned power outage in the areas served by the electrical equipment.
- ❖ Our one line diagrams, facility electrical plan, are fragmented by changes from past projects. The expansion project and the energy project have updated our online so we now have an accurate set.
- ❖ We have noted many breaker panel schedules are not accurate. In 2024 we will create panel schedules templates so we can create accurate schedules, have a data base of all them and keep them updated and reposted as things change.
- ❖ In 2023 we discovered we did not have documentation of any arc flash studies. Arc flash studies calculate the potential energy at all electrical panels so work can be performed in those panels with the proper PPE. We retained an electrical contractor and electrical engineer to do a study for our entire normal and emergency power systems. Each panel will be labeled with the arc flash information. This project should be complete in early 2024.

❖ **Domestic Hot and Cold Water System**

- ❖ Late in 2022 the hot water heaters and tanks were replaced. In 2023 we have observed no break downs in domestic or laundry hot water systems. This project also brought redundancy to both systems as well as higher energy efficiency. The new domestic system also utilizes a mixing valve so the tank is continually heated to 150 range to greatly reduce the risk of legionella growth in the tank. The tank water is then mixed with cold water to deliver 120 degree water to all fixtures. In 2023 no issues were noted for mixing valve operation.
- ❖ Annual domestic hot water testing for Legionella came back clear.
- ❖ The domestic cold water system is tested for free chlorine on a regular basis by Facilities and no issues were noted in 2023.

❖ **Sewage System**

- ❖ Within the last few years our original cast iron sewer piping has been failing and we have had to have down times to replace sections. This piping is nearly 60 years old. In 2023 we added replacement of the old sewer piping and demo of old legacy piping to the capital list. The 2 projects were tied together as some piping will need to be demoed in order to access the sewer lines. We have targeted 2025 to implement this work. The work will require demo of old legacy piping systems in the tunnels to gain access to the sewage pipes. Additionally, the old abandoned piping makes it difficult to add new infrastructure in the tunnels for current projects. Some asbestos abatement will be required. Facilities is planning maintaining sewage service to key areas through temporary pipes and pumps while this work goes on.

❖ **Piped Medical Gas Systems**

- ❖ Annual inspections of our piped medical gas systems were performed 2023. Noted repair and maintenance issues were taken care of. Some issues are compliance issues with the design and require more significant work and investment to resolve. Radiology and Family Birthing Place are 2 of the areas noted with system design compliance issues. In 2023 Radiology received an alarm panel and the echo rooms were moved to the radiology zone valves as per report finding. Family birthing place is getting a remodel and in the design are the corrections for issues on the report in that area. This work will finalize in early 2024.
- ❖ We also set out to get all our techs certified for maintenance on piped medical gas systems and the prerequisite certification was achieved. In 2024 we will get out techs fully certified.
- ❖ Additionally, we noted that the capacity of the piped oxygen system was marginal during the peak of COVID. As such we have designed into the Surgery expansion project new regulators on the bulk O2 system and increase line size to the regulators and that work is complete. We were able to use our emergency O2 supply connection while the work was being performed and as a result no down time was realized.
- ❖ We also had an additional O2 line designed inside the hospital to reduce pressure drop during high demand. This work is slated to happen in early 2024.
- ❖ In 2022 we had a couple instances of the CO alarm going off in the medical air system. We had the sensors checked/calibrated and later had a second occurrence. In the process of investigating the root cause it became apparent that the compressor intake was too close to the boiler venting. In abnormal wind conditions the flue products could be get into the intake of the medical air system. On each event the tank was purged until acceptable levels were read. We assessed the roof and moved the outside air intake for the medical air to a better and compliant location. No reoccurrences were noted in 2023.

❖ **Elevators**

- ❖ In 2022 there were no issues with the elevators. Both elevators are maintained by Otis and are 23 years old with 10 years of life expectancy left for major components.

❖ **Water Management**

- ❖ We continue to look for piping arrangements that create dead legs, a situation that may allow bacteria to grow from low use. With the piping additions and changes in the expansion project it has created a dead leg in the domestic cold water and we will have a contractor remove that. A shutdown of cold water to ED will be required to do this work.
- ❖ As per our water management plan we do annual testing of the cooling tower water as well as the domestic hot. See Domestic Water and Chiller Plant sections for those results. The domestic cold is treated by the city with chlorine and we test for free chlorine on a regular basis in our cold piping system. No reports of no or low free chlorine were noted in 2023
- ❖ Water Management falls under Infection Control so please see their report for additional information.

❖ **Air Delivery Systems**

- ❖ In 2023 two of our key air handling systems were successfully converted to a fan wall system. Those systems were AHU2 serving surgical services, and AHU3 that serves 2nd floor and ED. The goal of these projects was to extend the life of the air handling systems by 20 years, gain redundancy and reliability by moving from single fans to multiple fans, and save energy and therefore operational cost. This project also directly reduced maintenance needs by eliminating belt replacement and lubrication needs. The new fans are direct drive and have sealed bearings.
- ❖ This energy project also added control of air delivery to areas not occupied 24/7 and this equipment and controls reduce air these areas during unoccupied periods. This work will be completed in early 2024.
- ❖ Since the expansion project was going on at the same time as the energy project it made it possible to add a mechanical penthouse that will house all of the equipment that serves the OR's. Currently this equipment is located in the sterile core of surgery in the ceiling space. This makes it extremely risky and difficult to access this equipment for repair and maintenance. Housing this equipment in the penthouse will drastically increase patient safety by allowing repairs and maintenance possible at any time. This equipment includes supply air automatic control boxes, return air automatic control boxes, humidifier steam generators, humidifier steam injection equipment, HEPA filters, air conditioning coils, condensate piping, and all controls. This work will be complete in 2024.
- ❖ In the past we have noted the Radiology air handler was at life expectancy and was not right class of equipment for healthcare as it had fiberglass insulation in the AHU not compliant for this application. In the expansion project we designed in extra capacity in the new AHU serving the expansions and this spare capacity will be used to serve Radiology thereby eliminating this old uncompliant equipment. The work will be completed in early 2024. The new air handler is a fan wall system so both the expansion area and radiology will have redundancy in the air delivery system.
- ❖ PM's were completed on all handling equipment and no significant issues were noted.
- ❖ **Utility Preventative Maintenance**

- ❖ Utility preventative maintenance by nature is all considered critical maintenance activity. Critical maintenance is expected to have a 100% completion rate for safety and reliability reasons. In the past our completion rate has not met that standard. In 2023 we have put an emphasis on that work, and added an FTE. The last 2 quarters of 2023 we have met that standard. See PM completion chart.

2023 PM Completion Percent

	Critical PM/PE's completion by %	Non-critical PM/PE's completion by %	All other work orders completion by %
January	88%	72%	100%
February	94%	83%	100%
march	80%	86%	99%
April	90%	87%	100%
May	99%	94%	96%
June	97%	87%	91%
July	99%	98%	95%
august	95%	99%	93%
September	99%	97%	92%
October	100%	99%	94%
November	100%	99%	86%
December	100%	99%	90%
Year 2023 overall:	95%	91%	95%

❖ Planned Improvements

- ❖ 2023 we completed our new addressable fire alarm system. Please see life safety annual evaluation for more details.
- ❖ 2023 we completed moving 1 of 2 fire department connection points, FDC, from the building to adjacent to the fire hydrant on the west side of the property. The fire line serving the hospital had to be moved because of the expansion project. This was a suggestion born out of the review of the plans by the city fire department. This change allows better access to the FDC, faster connection to the FDC, eliminates fire at or near the FDC making it difficult to impossible to access.
- ❖ See Heating Plant, Electrical and Sewer sections for additional planned improvements in the upcoming years.

Effectiveness of program/recommendations for improvement

- Through the annual evaluation process and considering the above list of events we feel that our preventative maintenance program, rounding practices, construction involvement, and work order reporting systems are serving us well as none of the events indicated were due to lack of or poor maintenance practices and most of the issues were caught because of our maintenance practices and involvement in construction projects.

Submitted by: Ron Urlacher, Chief of Facilities

Signed:

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date April 3, 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>
Frick, David, DO	Active	Re-Appointment	KVH WPH
Hoppe, Roberta, MD	Active	Re-Appointment	KVH Cardiology
Johnson, Joshua, DPM	Associate	Re-Appointment	Cascade Foot
Williams, Lance, MD	Associate	Re-Appointment	OnRad
Dowling, Mary ARNP	AHP	Re-Appointment	KVH RA
Merrill-Steskal, John, MD	Ambulatory	Re-Appointment	KVH FME

Chief Medical Officer Report – Dr. Kevin Martin April 2024

Recruiting: As usual, this is the bulk of the work from my team, and I have included some new metrics to illustrate the foundational effort it takes before we hire a provider and the recruiting successes we have enjoyed.

- **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 – May 1, 2024
- Family Practice Physician – Ashley Folkers, DO -- FMCE -- September 30, 2024

- **Providers in Progress:**

- Orthopedics APC – Contract out – Tentative July 1 start date
- Orthopedics APC – Letter of Intent Signed – References
- Internal & Adult Medicine APC – Letter of Intent signed – References
- KVH Family Medicine Ellensburg – Contract out – Tentative June 10 start date
- Internal & Adult Medicine APC – Letter of Intent
- OBGYN – Interview March 25 – Letter of Intent
- Internal & Adult Medicine APC – Interview April 2 – Declined
- Internal & Adult Medicine APC – Interview April 8
- Pediatrician Interview – April 19 – Canceled, wants to be closer to family
- Internal & Adult Medicine APC – Interview May 6
- Behavioral Health APC / Psychiatric Nurse Practitioner -- Interview May 6
- Osteopathic Manipulative Treatment Physician Interview -- May 10
- Neurology APC – Screening interviews – 3 candidates
- Internal & Adult Medicine locums – 1
- Home Based Primary Care Locum – 1 APC – through May 19, 2024 – Letter of Intent – Negotiations

- **Posted Positions**

- **Physician**
 - Dermatology
 - Pediatrics
 - Cardiology
 - Vascular
 - Pulmonology
 - Family Medicine – Ellensburg
 - Urology
 - Osteopathic Manipulative Treatment

- **APC**
 - Home Based Primary Care
 - Internal & Adult Medicine
 - Family Medicine – Ellensburg
 - Family Medicine – Cle Elum
 - Orthopedics
 - Neurology
 - Rapid Access (per diem)
- **Summary of recruiting activity year to date**
 - January 2024
 - Screening Interviews: 4
 - Site Visits / Interviews: 2
 - Letters of Intent: 2
 - February 2024
 - Screening Interviews: 12
 - Site Visits / Interviews: 4
 - Letters of Intent: 3
 - March 2024
 - Screening Interviews: 11
 - Site Visits / Interviews: 4
 - Letters of Intent: 4
 - Providers who have started year to date: 7

Medical staff:

- This month we have no providers being considered for initial appointment and 6 for reappointment. There are 10 pending applications.

CMO Activities:

- **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.
- **Partnering Physician Model**
 - Providers, leaders, and staff are meeting every 2 weeks to implement this new team-based primary care staffing model.
- **Advocacy**
 - On 3/29, we had a visit from Congresswoman Kim Schrier and her staff. We spent an hour discussing the challenges posed by the bad behavior of medical advantage plan payer and by the 2/21 cyberattack on United Healthcare. On 4/16, the Congressional Committee on Commerce and Energy held a hearing on the cyberattack, and for most of Dr. Schrier's 5 minutes she used KVH as an example of the damage resulting from the attack.

- **OB/Gyn**
 - OBHG has several candidates in process to ensure stable staffing of this vital service for our community, in addition to our employed providers.
- **Transitions**
 - This is the last time that I will address the board with more than one title in the organization. As reported previously, Dr. Annaliese Stone will assume the role of Medical Director – Community-Based Care Services on 5/1.

Chief Financial Officer Report – Jason Adler April 2024

Summary

- Inpatient average length of stay was 3.7 days for the month, 3.9 days year-to-date, plus 14 swing bed patient days.
- Volumes in first quarter of 2024 are generally lower than first quarter 2023, and below budget.
- Ambulatory clinic visits were below budget by 12%. This variance is most significantly driven by FM-E, FM-CE, Pediatrics, and Woman's Health below budget and below prior year.
- Overall expense is over budget due primarily to salaries, benefits, and purchased services.
- The month ended with a \$370K operating loss / \$74K net loss.
- KVH claims processing services have been significantly impacted by the Optum Cyber Attack. We have made significant adjustments and started getting electronic claims processing workaround in play in mid-March. This has resulted in further increase to accounts receivable and decreased cash on hand.
 - AR Days increased to 85.8 days.
 - Day's cash on hand decreased to 155.3 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.
- Expenses are over budget primarily due to salaries, benefits and purchased services.
 - Salaries over \$52k in ER Provider, due to budget spread for planned retirement, \$48K clinic operations, and \$39K in home care/hospice.
 - Benefits are over due to a 3rd payroll falling in March for retirement/taxes expense that we typically we accrue for to level out through the year.
 - Purchased Services are over budget primarily due to Cerner expense related to the clinic optimization project.
- KVH continues to be dependent on locum coverage in Woman's Health, Home Based Primary Care, and Internal & Adult Medicine. We have had some recent recruiting successes in Internal & Adult Medicine and Home Based Primary Care and anticipate these locum contracts to not renew by the 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 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. The Materials Management team has been pushing cost savings initiatives through all levels of services and have realized significant cost savings.

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.
- Jason and James attended a leadership education course on “Crucial Conversations”.
- Actively working with DZA to for the 2023 Audit and Medicare Cost Report, anticipate to be completed in May.
- 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, 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.
- Expansion project spend for owner supplied equipment is currently at \$5.8M, with an estimated remaining spent at \$1.2M. Large ticket items left for purchase are Voicera, OR tables, and enclosed case carts.
- Medline invited the materials team to visit their Lacy distribution center. They intend to make this visit in late spring. Medline is our largest distributor.
- The Materials department has partnered with Lab purchasing team for cost savings and process improvement. Lab supply are moving to Medline, this is underway, anticipate a 14% savings. Materials and Lab have contracted with Acumen, a professional group that specialized in lab supply cost negotiation and contracting. This is resource that came out of The Rural Collaborative and has no direct cost to KVH.
- Transition office supply contract from Office Max to Staples, target date of June 3rd, estimate 11% cost savings and enhanced ordering templates. We are sourcing paper from Jerrol’s, an effort to support local.
- Disposable blood pressure cuffs are set to roll out this month hospital wide for improved infection prevention.

- Value Analysis Committee (VAC) has been re-vamped after being on pause due to COVID. All new items requested run through this committee.
- There will be significant amount of surplus equipment coming to the board for disposition over the coming months related to the expansion project.
- 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

- 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.
- The billing challenges related to the Optum cyberattack have put KVH and other hospitals at increased risk for timely billing denials. KVH collaborated with WSHA in providing data to the Office of Insurance Commissioner (OIC) and the Health Care Authority (HCA) about the adverse impact of the cyberattack. KVH participated in a conference call with OIC and HCA on April 11, 2024. OIC and HCA have advised WSHA that they would use their leverage to encourage health plans to be more accommodating of the cyberattacks impact on hospital and other providers.

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.
 - As of mid-April, estimate that workarounds implemented have us running at about 80% efficiency of where we were prior to the Oracle/Change Healthcare cyber incident.
- 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.
- AR Grew significantly in March due to the Oracle/Change Healthcare cyber-attack. The growth has leveled thus far mid-April. It is anticipated that AR will begin to come down in May.
- 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, training and maintenance of Lucidoc
 - Coding services evaluation
 - Compliance program work, compliance and privacy investigations
 - Release of records to patients/facilities, maintenance of medical records, clinical documentation improvement, and preparing for ICD-11

Kirtitas Valley Healthcare
March 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	92	84	9.8%	254	246	3.1%	238
02 Patient Days - W/O Newborn	342	311	10.0%	980	917	6.9%	1,073	-8.6% 02
03 Patient Days - Swingbed	14	2	563.5%	37	6	492.0%	-	0.0% 03
04 Avg Daily IP Census w/Swingbed	11.5	10.1	13.8%	11.2	10.2	10.2%	11.9	-6.2% 04
05 Average Length of Stay	3.7	3.7	0.2%	3.9	3.7	3.7%	4.5	-14.4% 05
06 Average Length of Stay w/Swingbed	3.9	3.7	3.6%	4.0	3.7	6.9%	4.5	-11.2% 06
07 Deliveries	22	19	13.9%	59	57	4.1%	62	-4.8% 07
08 Case Mix Inpatient	1.23	1.00	22.8%	1.29	1.00	29.1%	1.19	8.6% 08
09 Surgery Minutes - Inpatient	2,241	1,837	22.0%	6,361	5,451	16.7%	7,681	-17.2% 09
10 Surgery Minutes - Outpatient	6,995	9,485	-26.3%	24,421	28,148	-13.2%	31,847	-23.3% 10
11 Surgery Procedures - Inpatient	18	18	-1.5%	55	54	1.5%	72	-23.6% 11
12 Surgery Procedures - Outpatient	128	172	-25.4%	482	509	-5.3%	505	-4.6% 12
13 Gastrointestinal Procedures	172	156	10.2%	445	462	-3.8%	471	-5.5% 13
14 ER Visits	1,458	1,524	-4.3%	4,146	4,504	-7.9%	4,027	3.0% 14
15 Urgent Care Cle Elum Visits	484	478	1.2%	1,404	1,414	-0.7%	1,232	14.0% 15
16 Laboratory	22,063	24,243	-9.0%	68,640	71,749	-4.3%	70,600	-2.8% 16
17 Radiology Exams	2,935	3,489	-15.9%	9,132	10,312	-11.4%	9,794	-6.8% 17
18 Rehab Visit	1,468	1,631	-10.0%	4,493	4,831	-7.0%	4,881	-7.9% 18
19 Outpatient Percent of Total Revenue	63.1%	61.7%	2.3%	63.8%	61.8%	3.1%	63.5%	0.4% 19
20 Adjusted Patient Days	2,648	2,971	-10.9%	8,414	8,783	-4.2%	9,111	-7.7% 20
21 Equivalent Observation Days	80	129	-38.0%	271	385	-29.7%	389	-30.4% 21
22 Avg Daily Obs Census	2.6	4.2	-38.0%	3.0	4.2	-29.7%	4.3	-30.4% 22
23 Home Care Visits	804	534	50.5%	2,223	1,583	40.5%	1,495	48.7% 23
24 Hospice Days	526	763	-31.1%	1,396	2,240	-37.7%	2,322	-39.9% 24
25 Primary Clinic Visits	4,436	4,986	-11.0%	13,557	14,845	-8.7%	15,809	-14.2% 25
26 Specialty Clinic Visits	2,166	2,482	-12.7%	6,980	7,306	-4.5%	7,116	-1.9% 26
27 Telehealth Visits	7	74	-90.5%	147	218	-32.6%	241	-39.0% 27
28 Total Clinic Visits	6,609	7,542	-12.4%	20,684	22,369	-7.5%	23,166	-10.7% 27
Financial Measures								
29 Salaries as % of Operating Revenue	47.9%	45.2%	-5.9%	49.3%	45.6%	-8.0%	46.5%	5.9% 29
30 Total Labor as % of Operating Revenue	62.0%	57.3%	-8.2%	62.6%	57.7%	-8.4%	58.5%	6.9% 30
31 Revenue Deduction %	46.5%	47.8%	2.8%	47.8%	47.8%	-0.1%	47.9%	-0.1% 31
32 Operating Margin	-3.4%	2.6%		-2.6%	2.3%		1.9%	
Operating Measures								
33 Productive FTE's	561.1	581.0	3.4%	561.8	581.0	3.3%	540.1	4.0% 33
34 Non-Productive FTE's	64.8	77.4	16.2%	62.0	77.4	19.9%	71.7	-13.5% 34
35 Paid FTE's	625.9	658.4	4.9%	623.8	658.4	5.3%	611.8	2.0% 35
36 Operating Expense per Adj Pat Day	\$ 4,295	\$ 3,736	-15.0%	\$ 3,901	\$ 3,764	-3.6%	\$ 3,488	11.8% 36
37 Operating Revenue per Adj Pat Day	\$ 4,155	\$ 3,837	8.3%	\$ 3,801	\$ 3,852	-1.3%	\$ 3,554	7.0% 37
38 A/R Days	85.8	60.0	-43.0%	85.8	60.0	-43.0%	62.4	37.5% 38
39 Days Cash on Hand	153.3	155.3	-1.3%	153.3	155.3	-1.3%	207.2	-26.0% 39

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Kittitas Valley Healthcare

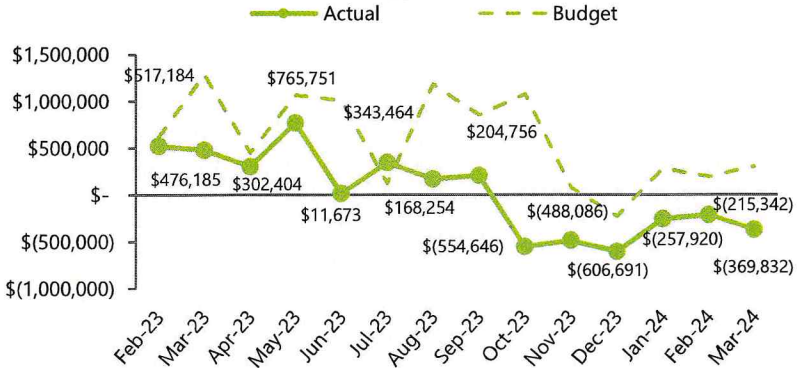
Year over Year Financial and Operating Indicator Trends

March 2024 - Key Statistics and Indicators

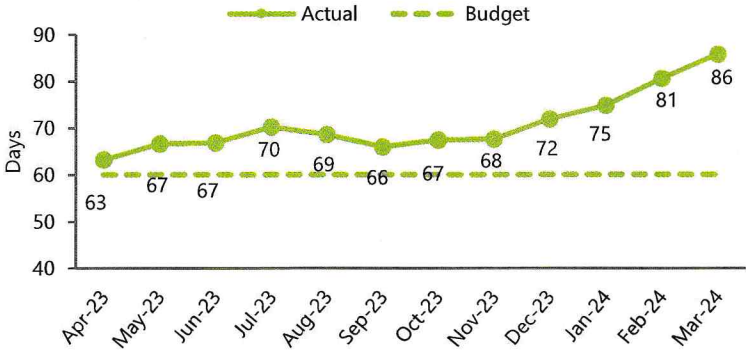
L	Measure	2024 YTD	2024 Budget	2024 Annualize	2023	2022	2021	2020	2019	2018	2017
1	Total Charges	60,175,853	256,962,000	242,025,957	239,179,921	213,492,081	198,630,104	160,301,629	152,675,062	140,104,003	130,611,388
2	Net Revenue	31,979,042	136,527,545	128,619,003	128,778,199	120,219,085	114,372,961	89,905,245	83,527,969	78,753,810	71,490,964
3	Operating Income	(843,094)	2,900,000	(3,390,907)	746,661	6,074,001	14,127,110	620,732	2,901,869	474,120	885,655
4	Operating Margin %	-2.6%	2.1%	-2.6%	0.6%	5.1%	12.4%	0.7%	3.5%	0.6%	1.2%
5	Net Income	(313,562)	5,057,600	(1,261,138)	4,239,891	4,079,789	18,470,881	6,420,388	3,690,537	2,526,547	2,648,415
6	Net Margin %	-1.0%	3.7%	-1.0%	3.3%	3.4%	16.1%	7.1%	4.4%	3.2%	3.7%
7	Cash	52,291,499	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	153.3	155.3	NA	192.2	246.4	235.8	175.8	138.6	133.5	178.7
9	Surgeries	537	2,270	2,160	2,282	1,922	1,788	1,354	1,305	1,461	1,396
10	Gastrointestinal Procedures	445	1,865	1,790	1,886	1,404	1,321	1,211	1,416	1,250	1,383
11	Emergency Visits	4,146	18,158	16,675	17,212	15,643	13,988	12,207	13,861	13,930	13,162
12	% ED visits To Bed	7.7%	7.8%	7.7%	7.6%	7.7%	9.2%	10.1%	9.5%	n/a	n/a
13	Laboratory Tests	68,640	289,292	276,069	279,343	277,627	288,552	237,710	209,144	207,040	190,587
14	Radiology Exams	9,132	41,576	36,729	39,544	35,222	32,016	29,338	30,397	30,843	33,836
15	Rehab Visits	4,493	19,479	18,071	18,965	17,060	21,390	16,724	18,718	16,359	
16	IP & Obs Days (no swing)	1,251	5,253	5,033	5,132	5,470	4,820	3,717	3,805	3,999	3,440
17	Deliveries	59	228	237	226	318	280	284	309	342	322
18	Admits w/Swing	254	991	1,022	873	1,066	949	860	941	984	899
19	Primary Clinic Visits	13,557	59,930	54,526	59,181	58,013	60,229	53,270	60,871		
20	Specialty Clinic Visits	6,980	29,448	28,073	26,134	22,778	19,865	13,135	11,840		
21	Telehealth Visits	147	880	591	827	1,263	1,391	3,793	-		
22	Total Clinic Visits	20,684	90,258	83,191	86,142	82,054	81,485	70,198	72,711	59,241	50,917
23											
24	FTEs	623.8	658.4	NA	611.6	583.4	529.9	499.0	477.4	469.4	457.6
25	AR Days	85.8	60.0	NA	71.9	63.7	63.9	73.5	88.1	92.0	50.8
Normalize charges by adjusting for charge master increases:											
26	Normalized Charges to 2024		256,962,000	242,025,957	248,747,118	232,023,194	226,664,757	186,585,133	181,262,255	171,876,399	167,441,473
27	Operations Growth		3.30%	-2.70%	7.21%	2.36%	21.48%	2.94%	5.46%	2.65%	1.16%
28	Operations Growth Exclude COVID Testing			-2.39%	8.57%	6.29%	19.23%	-0.61%			

Financial Dashboard

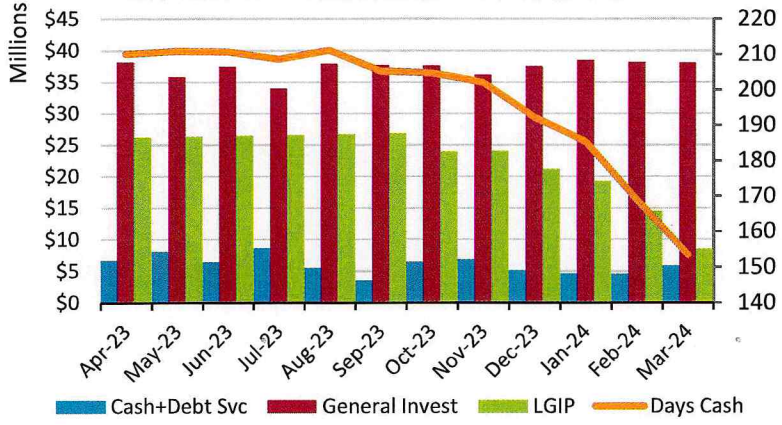
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2021	CY 2022	CY 2023	CY 2024
Medicare	35.53%	33.71%	32.16%	32.15%
Medicare Adv.	4.71%	8.59%	11.72%	12.20%
Total Medicare	40.24%	42.30%	43.88%	44.34%
Medicaid	19.08%	18.64%	18.13%	18.18%
Commercial	35.29%	33.67%	32.40%	32.08%
Self Pay	2.38%	2.11%	1.93%	1.84%
Other	3.01%	3.29%	3.66%	3.56%

Kittitas Valley Healthcare
Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	2,598,291	2,246,682	351,609	7,012,367	6,655,069	357,298	7,215,548
OUTPATIENT REVENUE	13,928,346	15,405,540	(1,477,195)	42,047,413	45,642,811	(3,595,398)	43,434,940
PROF FEE REVENUE	3,602,408	3,838,190	(235,781)	11,116,072	11,416,234	(300,162)	10,603,672
REVENUE	20,129,045	21,490,412	(1,361,367)	60,175,853	63,714,114	(3,538,262)	61,254,160
CONTRACTUALS	8,715,186	9,295,227	(580,040)	26,420,815	27,492,148	(1,071,333)	26,405,900
PROVISION FOR BAD DEBTS	232,149	496,584	(264,435)	921,120	1,484,631	(563,512)	1,415,067
FINANCIAL ASSISTANCE	139,541	174,798	(35,257)	321,843	524,394	(202,551)	491,793
OTHER DEDUCTIONS	273,129	314,637	(41,508)	1,118,929	945,100	173,829	1,025,184
DEDUCTIONS FROM REVENUE	9,360,005	10,281,245	(921,240)	28,782,707	30,446,274	(1,663,567)	29,337,944
NET PATIENT SERVICE REVENUE	10,769,040	11,209,167	(440,127)	31,393,146	33,267,840	(1,874,695)	31,916,216
OTHER OPERATING REVENUE	233,860	191,039	42,821	585,896	562,566	23,330	461,562
TOTAL OPERATING REVENUE	11,002,899	11,400,206	(397,307)	31,979,042	33,830,407	(1,851,365)	32,377,778
SALARIES	5,270,014	5,157,355	112,660	15,766,419	15,439,325	327,093	15,070,283
TEMPORARY LABOR	351,583	309,026	42,558	917,378	908,876	8,502	1,226,052
BENEFITS	1,551,609	1,377,600	174,009	4,240,772	4,085,450	155,322	3,882,985
PROFESSIONAL FEES	560,045	600,498	(40,454)	1,887,052	1,756,899	130,153	1,091,884
SUPPLIES	1,162,410	1,269,033	(106,623)	2,979,693	3,753,125	(773,432)	4,175,775
UTILITIES	142,229	113,056	29,173	395,101	381,564	13,537	321,007
PURCHASED SERVICES	1,193,576	1,037,923	155,653	3,240,673	3,050,336	190,336	3,049,140
DEPRECIATION	599,215	696,220	(97,005)	1,789,644	2,076,422	(286,779)	1,609,600
RENTS AND LEASES	42,980	28,975	14,005	163,272	86,925	76,347	8,965
INSURANCE	204,073	186,058	18,015	581,664	558,175	23,489	405,911
LICENSES & TAXES	56,114	100,061	(43,947)	204,327	294,934	(90,607)	254,726
INTEREST	117,466	109,702	7,764	353,581	328,355	25,226	335,254
TRAVEL & EDUCATION	50,565	47,512	3,053	110,972	142,339	(31,367)	123,366
OTHER DIRECT	70,851	66,677	4,174	191,590	196,199	(4,609)	223,049
EXPENSES	11,372,731	11,099,696	273,035	32,822,136	33,058,923	(236,787)	31,777,997
OPERATING INCOME (LOSS)	(369,832)	300,510	(670,342)	(843,094)	771,483	(1,614,578)	599,781
OPERATING MARGIN	-3.36%	2.64%	168.72%	-2.64%	2.28%	87.21%	1.85%
NON-OPERATING REV/EXP	295,847	179,966	115,881	529,533	539,250	(9,718)	846,289
NET INCOME (LOSS)	(73,985)	480,476	(554,460)	(313,562)	1,310,734	(1,624,295)	1,446,070

03/31/2024

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

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	5,071,481	4,083,276	988,205
ACCOUNTS RECEIVABLE	55,391,439	46,932,469	8,458,970
ALLOWANCE FOR CONTRACTUAL	(35,296,473)	(30,169,446)	(5,127,027)
THIRD PARTY RECEIVABLE	697,000	697,000	0
OTHER RECEIVABLES	1,010,096	1,274,748	(264,652)
INVENTORY	2,802,071	2,824,139	(22,068)
PREPAIDS	2,414,575	2,096,089	318,486
INVESTMENT FOR DEBT SVC	781,410	1,014,666	(233,256)
CURRENT ASSETS	32,871,599	28,752,941	4,118,659
INVESTMENTS	46,438,608	58,528,645	(12,090,037)
PLANT PROPERTY EQUIPMENT & ROU ASSET	132,887,794	125,407,273	7,480,521
ACCUMULATED DEPRECIATION & ROU AMORT	(61,084,968)	(59,274,015)	(1,810,953)
NET PROPERTY, PLANT, & EQUIP	71,802,826	66,133,258	5,669,568
NONCURRENT ASSETS	71,802,826	66,133,258	5,669,568
ASSETS	151,113,034	153,414,844	(2,301,810)
ACCOUNTS PAYABLE	3,687,246	3,892,522	(205,276)
ACCRUED PAYROLL	1,527,192	2,258,166	(730,974)
ACCRUED BENEFITS	517,799	1,000,212	(482,413)
ACCRUED VACATION PAYABLE	2,543,197	2,095,171	448,026
THIRD PARTY PAYABLES	1,084,899	1,084,899	0
CURRENT PORTION OF LONG TERM DEBT	1,668,971	1,668,971	0
CURRENT LIABILITIES	11,029,304	11,999,941	(970,637)
ACCRUED INTEREST	304,100	286,510	17,591
DEFERRED TAX COLLECTIONS	7,925	0	7,925
DEFERRED REVENUE HOME HEALTH	93,685	46,970	46,716
DEFERRED INFLOW RIGHT OF USE	538,882	551,712	(12,831)
DEFERRED OTHER	65,000	65,000	0
DEFERRED LIABILITIES	1,009,592	950,192	59,401
LTD RIGHT OF USE ASSETS	7,734,293	8,143,215	(408,923)
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 CONTI	(1,668,971)	(1,668,971)	0
LONG TERM DEBT	36,927,128	38,004,139	(1,077,012)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	3,885,811	3,885,811	0
NONCURRENT LIABILITIES	41,822,531	42,840,142	(1,017,611)
LIABILITIES	52,851,835	54,840,083	(1,988,248)
FUND BALANCE	98,574,761	98,574,761	0
NET REVENUE OVER EXPENSES	(313,562)	0	(313,562)
FUND BALANCE	98,261,199	98,574,761	(313,562)
TOTAL LIABILITIES & FUND BALANCE	151,113,034	153,414,844	(2,301,810)

03/31/2024

Kittitas Valley Healthcare Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Statement of Cash Flow

	CASH
NET BOOK INCOME	(313,562)
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	1,810,953
NET CASH FROM OPERATIONS	1,497,391
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(3,331,943)
OTHER RECEIVABLES	264,652
INVENTORIES	22,068
PREPAID EXPENSES & DEPOSITS	(318,486)
INVESTMENT FOR DEBT SVC	233,256
TOTAL CURRENT ASSETS	(3,130,453)
INVESTMENTS	12,090,037
PROPERTY, PLANT, & EQUIP.	(7,480,521)
TOTAL ASSETS	2,976,454
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(205,276)
ACCRUED SALARIES	(730,974)
ACCRUED EMPLOYEE BENEFITS	(482,413)
ACCRUED VACATIONS	448,026
COST REIMBURSEMENT PAYABLE	0
CURRENT MATURITIES OF LONG-TERM DEBT	0
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(970,637)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	17,591
DEFERRED TAX COLLECTIONS	7,925
DEFERRED REVENUE - HOME HEALTH	46,716
DEFERRED INFLOW RIGHT OF USE	(12,831)
DEFERRED OTHER	0
TOTAL OTHER LIABILITIES	59,401
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD RIGHT OF USE ASSETS	(408,923)
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	(1,077,012)
OTHER POST EMPLOYMENT BENEFITS LIABILITY	0
TOTAL LIABILITIES	(1,988,248)
NET CHANGE IN CASH	988,205
BEGINNING CASH ON HAND	4,083,276
ENDING CASH ON HAND	5,071,481

Kittitas Valley Healthcare
AR Days
March 2024

Service Area	Unbilled	0-30	31-60	61-90	91-180	181-365	366+	Total	YE 2023	YE 2022
Hospital Total	11,821,448	6,901,705	10,065,029	3,845,672	6,232,224	5,041,709	5,396,358	49,304,145	40,393,118	35,079,476
Family Medicine Ellensburg	1,141,511	222,050	763,550	287,138	223,322	76,162	22,586	2,736,320	1,493,026	788,161
Family Medicine Cle Elum	166,273	135,668	176,161	58,848	51,625	23,373	20,852	632,801	374,612	470,544
Pediatrics	73,827	112,457	105,829	31,835	69,090	5,560	6,521	405,119	273,862	195,156
Adult Medicine	306,883	70,285	168,667	63,064	52,711	20,204	3,444	685,259	409,260	396,560
Womens Health	55,344	46,624	40,479	20,204	18,828	6,092	4,000	191,573	144,049	204,651
ENT	36,829	67,735	68,276	15,714	27,291	25,897	9,387	251,128	176,138	162,805
Orthopedics	-	-	-	-	260	1,187	881	2,329	18,673	134,136
General Surgery	89,102	25,116	47,868	24,573	12,000	9,055	3,317	211,031	121,896	159,189
Hospitalist	4,064	11,513	11,331	3,706	6,481	4,652	1,009	42,757	35,544	21,543
Workplace Health	3,174	4,212	13,661	4,675	7,315	7,322	2,488	42,847	34,145	31,168
Home Care and Hospice	119,921	255,777	133,125	37,803	30,294	124,014	-	700,934	341,150	1,003,263
Total	13,818,377	7,853,143	11,593,975	4,393,233	6,731,441	5,345,229	5,470,843	55,206,241	43,815,473	38,646,652

Payer Type	Unbilled	0-30	31-60	61-90	91-180	181-365	366+	Total	YE 2023	YE 2022
Commercial	3,220,331	2,221,071	3,336,921	1,121,877	1,341,487	959,800	488,380	12,689,866	9,582,867	8,984,225
Medicaid	2,061,276	1,443,315	1,714,437	311,441	434,615	294,063	593,669	6,852,815	4,238,616	3,438,075
Medicare	6,208,104	3,329,270	5,285,525	1,866,593	2,682,365	2,054,101	1,215,888	22,641,846	18,445,185	11,777,749
Other	417,996	373,580	342,598	93,973	98,652	115,036	202,760	1,644,595	1,266,976	2,594,694
Self Pay	566,748	230,130	781,369	961,547	2,140,738	1,798,215	2,968,236	9,446,985	8,975,837	9,867,591
Uncategorized	-	-	-	-	3,290	-	1,910	5,200	7,842	3,054
Accrued Cerner AR	1,224,000							1,224,000	957,000.0	978,000.0
Home Care and Hospice	119,921	255,777	133,125	37,803	30,294	124,014	-	700,934	341,150.0	1,003,263.0
Total	13,818,377	7,853,143	11,593,975	4,393,233	6,731,441	5,345,229	5,470,843	55,206,241	43,815,473	38,646,652

Total AR Days	85.8	71.9	63.7
AR Days (less 366+)	77.3		

Quarterly Capital Project Update

Surgery Expansions Project - First quarter spending on the surgery expansion project totaled \$6,642,173.83. The balance in Construction in Progress for the project as of 03/31/2024 is \$19,194,463.99.

Energy Efficiency Project - The lighting, domestic hot water, ER fan wall and surgery fan wall phases of the project are complete. Through 03/31/2024, KVH has spent \$3,368,169.92 on the energy efficiency project. First quarter spending towards the project totaled \$525,020.91. KVH began capitalizing \$2,450,196.00 of the completed portions of the project in May 2023. Apollo Solutions Group invoice dated 01/26/2024 indicates the project is 80% complete.

Total spending for these projects in the first quarter was \$7,167,194.74.

KITTITAS VALLEY HEALTHCARE
US BANCORP INVESTMENTS
MARCH 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	2,076,037.48	79,143.88
FHLB	3130AMKX9	06/07/2021	06/07/2024	0.140%	2,000,000.00	2,002,598.00	1,982,115.50	(20,482.50)
FNMA	3136G4Z71	08/28/2020	08/26/2024	0.370%	1,000,000.00	1,001,588.00	980,401.99	(21,186.01)
FHLMC	3134GW3W4	10/28/2020	10/28/2024	0.350%	3,562,000.00	3,566,235.22	3,462,721.08	(103,514.14)
US TREASURY NOTES	912828YV6	06/15/2023	11/30/2024	4.751%	2,187,000.00	2,087,901.56	2,134,097.67	46,196.11
FHLB	3130ALB52	02/25/2021	02/25/2025	0.236%	2,800,000.00	2,803,892.00	2,682,087.58	(121,804.42)
FHLMC	3134GWK88	09/17/2020	03/17/2025	0.350%	4,500,000.00	4,510,089.00	4,307,293.67	(202,795.33)
US TREASURY NOTES	912828ZW3	12/09/2021	06/30/2025	1.000%	1,500,000.00	1,460,742.00	1,416,269.54	(44,472.46)
FHLB	3130ANZ29	09/30/2021	09/30/2025	0.383%	3,000,000.00	3,009,468.00	2,818,379.43	(191,088.57)
FNMA	3135G06B4	07/27/2021	10/22/2025	0.570%	1,500,000.00	1,499,371.50	1,402,410.89	(96,960.61)
FHLB	3130ALDB7	02/25/2021	02/25/2026	0.413%	1,800,000.00	1,804,426.20	1,664,364.37	(140,061.83)
US TREASURY NOTES	91282CCF6	08/01/2023	05/31/2026	4.400%	1,380,000.00	1,247,282.81	1,271,702.35	24,419.54
US TREASURY NOTES	91282CCW9	08/01/2023	08/31/2026	4.317%	1,385,000.00	1,243,868.50	1,266,463.47	22,594.97
US TREASURY NOTES	91282CAY7	11/29/2023	11/30/2027	4.252%	2,969,000.00	2,576,498.20	2,599,730.63	23,232.43
US TREASURY NOTES	91282CAY7	12/19/2023	11/30/2027	3.903%	4,529,000.00	3,990,683.06	3,965,705.63	(24,977.43)
US TREASURY NOTES	91282CFY2	01/16/2024	11/30/2029	3.930%	4,675,000.00	4,661,442.50	4,593,552.71	(67,889.79)
TOTAL					40,867,000.00	39,462,980.15	38,623,333.99	(839,646.16)

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT NO. 1

**RESOLUTION 24-03
SURPLUS PERSONAL PROPERTY**

The District has determined the following item to be no longer required for Public Hospital District purposes and hereby declare them as surplus.

These items may be sold or disposed of in such manner and upon such terms and condition as the Board finds to be in the best interest of the District per RCW 70.44.320.

See Exhibit A attached.

DATED this 25th day of April 2024

Matt Altman, President
Board of Commissioners

Terry Clark, Secretary
Board of Commissioners

EXHIBIT A

Asset No.	Description	Acquisition Date	Book Basis	Total Accum Depreciation	Book Value to remove	Proceeds from Sale	Disposition
8071	STRYKER SYSTEM 7 DRILL	01/17/2014	36,613.71	36,613.71			SCRAP
8099	STRYKER SYSTEM 7 SAWS	11/26/2014	34,445.73	33,578.00	867.73		SCRAP
8122	GASTRO SCOPE	06/16/2009	27,630.28	27,630.28			SCRAP
8185	CLINICAL ASSESSMENT-HDWE 13 BEDS	02/29/2008	199,467.25	199,467.25			SCRAP
8187	CLINICAL ASSESSMENT:SOFTW,INSTALL,TRAIN	02/29/2008	187,137.64	187,137.64			SCRAP
8284	DADE MICROSCAN WALKAWAY 40	09/06/2006	68,165.26	68,165.26			SCRAP
8330	BLOOD GAS ANALYZER	05/08/2006	17,889.51	17,889.51			SCRAP
8346	COAGULATION ANALYZER	06/16/2005	34,700.00	34,700.00			SCRAP
8576	SYSTEM 6 ORTH EQUIP SET	01/30/2010	60,379.99	60,379.99			SCRAP
8577	BARIATRIC BED	02/03/2010	33,591.80	33,591.80			SCRAP
8580	CORDLESS DRIVER	03/02/2010	53,598.98	53,598.98			SCRAP
8584	CARESTATION UPDATE	12/04/2009	3,628.41	3,628.41			SCRAP
8618	BLADDER SCANNER	12/14/2009	13,706.54	13,706.54			SCRAP
8663	CENTRIFUGE, DYNAC	01/01/1965	150.00	150.00			SCRAP
8698	ICE MACHINE	11/07/1996	1,613.11	1,613.11			SCRAP
8853	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8854	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8855	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8856	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8857	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8858	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8859	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8860	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8861	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8862	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8863	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8864	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8865	TELEVISION	01/28/2003	394.10	394.10			SCRAP
8894	CENTRIFUGE-OLD KVPCA	06/16/2003	1,411.81	1,411.81			SCRAP
8979	GLIDESCOPE	08/31/2017	15,324.83	15,324.83			SCRAP
8980	GLIDESCOPE	08/31/2017	15,324.83	15,324.83			SCRAP
8981	GLIDESCOPE	08/31/2017	15,324.83	15,324.83			SCRAP
8982	GLIDESCOPE SMART CABLE UPGRADE	08/31/2017	4,836.54	4,836.54			SCRAP
9022	SILENCER S2610R CENTRIFUGE	08/21/2018	16,848.20	13,836.47	3,011.73		SCRAP
9185	TELEVISION	03/25/2002	347.56	347.56			SCRAP
9186	TELEVISION	03/25/2002	347.57	347.57			SCRAP
9187	TELEVISION	03/25/2002	347.57	347.57			SCRAP
9188	TELEVISION	03/25/2002	347.57	347.57			SCRAP
9322	ROCHE URINALYSIS ANALYZER	10/18/2012	10,020.00	10,020.00			SCRAP
9328	STRYKER SYSTEM 7: ME SPECIAL	03/27/2013	46,538.27	46,538.27			SCRAP
9329	STRYKER SYSTEM 7 SAW	04/15/2013	46,295.30	46,295.30			SCRAP
9331	STRYKER SABO 2 SAG SAW	03/28/2013	14,081.51	14,081.51			SCRAP
9359	EKG MACHINE	12/06/2013	15,622.09	15,622.09			SCRAP
9367	BLOOD GAS ANALYZER	09/28/2012	13,100.00	13,100.00			SCRAP
9368	EKG CART	09/25/2012	11,885.92	11,885.92			SCRAP
9370	EKG CART	09/25/2012	11,885.92	11,885.92			SCRAP
9385	IV PUPM-3 CHAMBERED	07/21/2011	6,133.10	6,133.10			SCRAP
9784	PATIENT CHAIR	06/21/2019	1,837.64	593.64	1,244.00		SCRAP
9785	PATIENT CHAIR	06/21/2019	1,837.64	593.64	1,244.00		SCRAP
9786	PATIENT CHAIR	06/21/2019	1,837.63	593.64	1,243.99		SCRAP
9787	PATIENT CHAIR	06/21/2019	1,837.63	593.64	1,243.99		SCRAP
9788	SLEEPER CHAIR	06/21/2019	3,696.58	1,169.82	2,526.76		SCRAP
10261	ROCHE COBAS E411 ANALYZER	05/06/2020	8,214.00	6,417.00	1,797.00		SCRAP



2024 AHA Leadership Summit

EVENT FORMAT

In-Person Event

DATE

Sun, Jul 21, 2024, 07:00 AM – Tue, Jul 23, 2024, 12:00 PM

EVENT HOST



American Hospital Association

OPEN TO

Members and Non-members

DESCRIPTION

The **2024 AHA Leadership Summit** (<https://leadershipsummit.aha.org/>) senior health care executives, clinicians and experts in the field presenting innovative approaches for delivering better care and greater value, ensuring financial stability, addressing workforce challenges and improving the health care consumer experience through operational excellence, creative partnerships and redefined delivery models.

Join a diverse community of strategic and visionary leaders who represent excellence in the field as they boldly transform their organizations.

LEAD

- **Senior hospital and health system leaders and clinicians** will make meaningful connections with others in the expanding health care ecosystem to foster collaboration and innovation.

- **Trustees** will enhance their understanding of emerging issues in governance and learn to apply new models and practices.
- **Next generation health care leaders** will gain insights into the competencies required to lead complex organizations for resilience and transformation.

CONNECT

Learn with colleagues in a variety of educational opportunities that facilitate the sharing of insights and leading practices, and which accelerate the adoption of new approaches. You'll hear from innovators investing in the promising ideas, technologies and scientific discoveries that are changing the consumer experience and reimagining care delivery.

TRANSFORM

Find inspiration and applicable strategies to sustain transformation in your organization, system and community in these critical focus areas:

- Transforming Care Delivery and Payment
- Patient Centricity Through Digital Transformation
- Building a More Flexible and Sustainable Workforce
- Financial and Operating Excellence
- Igniting Innovation
- Elevating Health Equity
- Improving Behavioral Health
- Governance Excellence

[Learn More>>](https://leadershipsummit.aha.org/) (https://leadershipsummit.aha.org/)

Sponsorship and Exhibit Opportunities

A variety of sponsorship opportunities offer both broad exposure and targeted connections with senior health care executives. Support the entire event, design and deliver a session that features your own executive leadership or gain visibility through numerous other opportunities.

Participation by the business community in the Leadership Summit is reserved for Summit sponsors and AHA Associates.

Learn how your organization can align with hospital and health system leaders as they meet to reimagine the future.

Please contact Ryan Engstrom at rengstrom@aha.org (<mailto:rengstrom@aha.org?subject=AHA%20Leadership%20Summit%20Sponsorship%20Inquiry>) for more information.

[Learn More>>](https://leadershipsummit.aha.org/sponsor-exhibit/sponsorship-ls) (<https://leadershipsummit.aha.org/sponsor-exhibit/sponsorship-ls>)

[Register](https://leadershipsummit.aha.org/registration-ls) (<https://leadershipsummit.aha.org/registration-ls>)



[\(L\)](#)

Advancing Health in America

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ALSO OF INTEREST

[Future Annual Meeting Dates \(https://www.aha.org/ahia/future-annual-meeting-dates\)](https://www.aha.org/ahia/future-annual-meeting-dates)

[2024 AHA Rural Health Care Leadership Conference \(https://www.aha.org/education-events/2024-aha-rural-health-care-leadership-conference\)](https://www.aha.org/education-events/2024-aha-rural-health-care-leadership-conference)

[AHA Annual Meeting \(https://www.aha.org/education-events/aha-annual-meeting\)](https://www.aha.org/education-events/aha-annual-meeting)