



Observed Meeting: KV Healthcare Board of Commissioners Date: 6/27/24  
 LWV Observer: Rosemary Meyer Time: \_\_\_\_\_

|                                                               | Yes | No | Comments       |
|---------------------------------------------------------------|-----|----|----------------|
| <b>Members</b>                                                | x   |    |                |
| All members present?                                          | x   |    |                |
| Members attentive & involved?                                 |     |    |                |
| Members courteous to each other and public?                   | x   |    |                |
| Any members recuse themselves?                                |     | x  |                |
| <b>Agenda</b>                                                 |     |    |                |
| Agenda available prior to and during meeting?                 | x   |    |                |
| Agenda followed?                                              | x   |    |                |
| Agenda amended?                                               |     | x  |                |
| Non-agenda items discussed?                                   |     | x  |                |
| Was time given to public input? If so, how many people spoke? | x   |    | 3 people spoke |

**Action:**

Please provide a brief, impartial summary of the meeting, including key issues discussed, significant actions taken, and other observations:

Public comments were concerns voiced about lack of staff for emergency ultrasound (to be resolved (?) by ED doctors getting certified in ultrasound use), billing/insurance issue (timeliness of bill and help from staff) and dissatisfaction with care leading to complication and need for wound care. Excellent presentation by staff on use of restraints, rules and documentation needed when they are used.

Reports from CEO, CNO (hospital will now have in house dialysis unit for patients –not outpatient though), Ancillary officer (PT staff down and how to get more PT patients into system), Clinics (Medi-cal Asst program update and OB #s update), Medical Director (Ultrasound for ED docs), Chief Medical Officer (difficulty recruiting new docs and frustration with having one ready to go and they backed out at last minute), CFO (record charges in May-\$22.6 million and YTD positive but due to expansion bills with not stay that way), Community Relations-Exercise with FEMA and CWU was good learning experience for hospital.

If minutes were posted online, please provide a link: For details on the above information please see the Agenda Packet, videos, and Minutes posted [here](#).

If a vote on an ordinance will be taken later, please provide the name or number of the ordinance and the date of the vote:

Do you recommend local League action on any of these issues? No

What action do you recommend, i.e., support, oppose, study, inform the community, other (please specify):

Observed Meeting: KV Healthcare Board of Commissioners Date: 8-22-2024

LWV Observer: Rosemary Meyer Time: 5 pm

|                                                               | Yes | No | Comments              |
|---------------------------------------------------------------|-----|----|-----------------------|
| <b>Members</b>                                                |     |    |                       |
| All members present?                                          | x   |    | 1 via zoom            |
| Members attentive & involved?                                 | x   |    |                       |
| Members courteous to each other and public?                   | x   |    |                       |
| Any members recuse themselves?                                |     | x  |                       |
| <b>Agenda</b>                                                 |     |    |                       |
| Agenda available prior to and during meeting?                 | x   |    |                       |
| Agenda followed?                                              | x   |    |                       |
| Agenda amended?                                               | x   |    |                       |
| Non-agenda items discussed?                                   | x   |    |                       |
| Was time given to public input? If so, how many people spoke? | x   |    | 1 person re: ER visit |

**Action:**

Please provide a brief, impartial summary of the meeting, including key issues discussed, significant actions taken, and other observations:

Chief Quality Officer: the QA plan for staff competency was presented and approved by the board. She also gave a presentation on “timely start for Home Health” and the difficulty meeting goals (staff see patient within 48 hours) due to staff shortages, weekend referrals and incomplete referrals. She reported that the policy for Mpox has been reviewed but is not as much a concern as C-auris is in this state (a type of yeast that can cause severe illness and spreads among patients in healthcare facilities.)

CEO- reported that the Rodeo BBQ yesterday was a great success and thanked all staff who prepared, served food or were in the dunk tank. Cle Elum BBQ is next week.

HR- turnover in July was only 1.1 % which is very good. Due to the efforts of the volunteer/student coordinator, the number of pre professional students (med, RN, radiology, etc.) in clinical settings has tripled which bodes well for future employees.

Ancillary services-chief reported hiring a new PT but the head of Home Health and Hospice is resigning.

Clinic operations-chief reported on a report comparing how many days it takes to get an appointment with various clinics to the state and national average. She also stated that the power outage over the weekend caused the refrigerators in the Medical Arts building to shut off and caused the loss of some vaccines (mainly those that were opened) and many MMR vaccines from the state (that were free to us but still lost).

CFO- reported that it costs \$347,000/day to operate KVH. Also that all audits that have been completed were clean. He also reported on the loss from CMS/private insurance for KVH using BioFire COVID tests (initially they paid, then they asked for the money back and would not respond to appeals). Intervention by Dr. Schrier (US House rep) and her staff have returned \$235,000 from CMS! But there will be no money back from private insurance.

Board approved a low bid for renovations to surgery/ortho clinics.

No other new or old business

The board then took a break prior to executive session.

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<https://www.kvhealthcare.org/about-us/board-of-commissioners/2024-board-meetings/>

If a vote on an ordinance will be taken later, please provide the name or number of the ordinance and the date of the vote:

Do you recommend local League action on any of these issues? no

What action do you recommend, i.e., support, oppose, study, inform the community, other (please specify):

Observed Meeting: KC Public Hospital District #1

Date: 9-26-2024

Board of Commissioners

LWV Observer: Rosemary Meyer

Time: 5 pm

|                                               | Yes | No | Comments |
|-----------------------------------------------|-----|----|----------|
| <b>Members</b>                                |     |    |          |
| All members present?                          | x   |    |          |
| Members attentive & involved?                 | x   |    |          |
| Members courteous to each other and public?   | x   |    |          |
| Any members recuse themselves?                |     | x  |          |
| <b>Agenda</b>                                 |     |    |          |
| Agenda available prior to and during meeting? | x   |    |          |
| Agenda followed?                              | x   |    |          |
| Agenda amended?                               | x   |    |          |
| Non-agenda items discussed?                   | x   |    |          |

|                                                               |   |  |  |
|---------------------------------------------------------------|---|--|--|
| Was time given to public input? If so, how many people spoke? | x |  |  |
|---------------------------------------------------------------|---|--|--|

**Action:**

Please provide a brief, impartial summary of the meeting, including key issues discussed, significant actions taken, and other observations:

Presentation by the Rehab Services head PT and consulting PT. They were pleased to announce the hiring of 2 PT.s so only one still needed; this should decrease the wait time for initial evaluations. Current services include the usual rehab services but also Vestibular rehab (for dizziness) and Dry Needling (similar to acupuncture for pain relief) -both new to me!

QA Officer-COVID numbers are up but still less than last year. Of more concern is Candida auris, a yeast infection (mentioned last month) not so harmful to healthy people but invasive and hard to identify in healthcare facilities. DOH recommends testing patients at high risk or with known exposure-can be done at hospital.

Expansion report: should be done the end of February

CEO report: The KVH Foundation presented a check for \$481,000 as a donation to the hospital. These funds came from Tough Enough to Wear Pink and the KVH Gala fundraiser. Also the board approved the appointment of a new Compliance and Privacy Officer, Suzette Johnson. This position reports directly to the board.

Patient Care Service report: "Statewide bed capacity has become a major challenge with very constrained pediatric, ICU and acute care beds. Most tertiary hospitals are at 100-125% capacity. This impacts our ED." as specialty patients have nowhere to go from the Emergency room.

Dr. O'Brien, who has been with KVH since 1995 as both a surgeon and chief of staff, is retiring in October.

Chief Medical Officer: 2 new OB-Gyn have been hired and one more is coming in Nov. Still recruiting for FT physicians in Cardiology, Dermatology, Family Medicine, Urology, Pulmonology, Neurology and GI.

Chief Financial Officer: Due to the success of provider recruiting, there will be no locums (temporary docs) in November which means a decrease in professional fees.

\*Resolution 24-05 was proposed to issue a \$10,000,000 bond to provide funds to finance the expansion and update of HVAC systems for orthopedics and general surgery clinics. Approved

\*Resolution 24-06 was proposed to acquire real estate (42 acres on Dolarway Rd. -the Calloway property) for future hospital expansion, if needed. Cost is \$6,500,000. The land will be leased back to the owner until needed by the hospital. Approved

Community Relations Officer: The Community Health Improvement Plan was presented as compiled by KC Health Dept. Motion to accept the report was approved.

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Do you recommend local League action on any of these issues? no

What action do you recommend, i.e., support, oppose, study, inform the community, other (please specify):

Well that real estate purchase was a surprise!

Observed Meeting: KC Public Hospital District #1

Date: 10/24/2024

Board of Commissioners

LWV Observer: Rosemary Meyer

Time: 5 pm

|                                               | Yes | No | Comments |
|-----------------------------------------------|-----|----|----------|
| <b>Members</b>                                |     |    |          |
| All members present?                          | x   |    |          |
| Members attentive & involved?                 | x   |    |          |
| Members courteous to each other and public?   | x   |    |          |
| Any members recuse themselves?                |     | x  |          |
| <b>Agenda</b>                                 |     |    |          |
| Agenda available prior to and during meeting? | x   |    |          |
| Agenda followed?                              | x   |    |          |
| Agenda amended?                               | x   |    |          |
| Non-agenda items discussed?                   | x   |    |          |

|                                                               |   |  |  |
|---------------------------------------------------------------|---|--|--|
| Was time given to public input? If so, how many people spoke? | x |  |  |
|---------------------------------------------------------------|---|--|--|

**Action:**

Please provide a brief, impartial summary of the meeting, including key issues discussed, significant actions taken, and other observations:

Budget Hearing: The board reviewed/approved the 2025 budget. The board discussed/approved the authorization of a 1% increase in the tax levy for Hospital Dist. #1.

No public comments.

There was a presentation/discussion on why there is such a low participation for Medicare Wellness visits (40%) when there is no co-pay (this is not uncommon). Potential reasons are patients aren't willing to do 2 visits, time to wait for appt., don't see need for discussion of health risks. Clinics hoping that with the assignment of RN to each team to specifically do these visits the % will increase.

Outbreak of COVID at SNF and AL's but not yet impacting KVH.

63% of employees have flu shots and the rest must have documented immunization before Nov. 1 or wear a mask while at work.

Staff turnover at KVH is on decline and employee satisfaction on the new employee experience is high. Most needed jobs continue to be night shift RN's; 23 more providers and 20 more front line direct patient/clinic care staff are still needed.

There is a shortage of IV fluids due to the Baxter plant in North Carolina being impacted by hurricane Helene-both the facility from flooding and the employees homes. KVH is using creative methods to make IV bags stretch and still provide needed fluids for patients. Baxter expects to be back to normal by the end of the year and BBraun and increased production.

The Emergency Dept has received Level 4 trauma designation from DOH.

Expansion project is still due to be completed by 3/1/2025. They will be starting on the ortho and general surgery remodels Dec. 1 and it is to be done in 48 days. Those clinics will be moved around while remodeling occurs.

The IT dept. Had a tabletop drill for a ransomware attack. All depts were involved. Very scary!

The dialysis inpatient services are going very well and patients are happy with service and nephrologists on call for this. KVH makes \$4000 per dialysis treatment and the patients don't have to travel out of county.

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Do you recommend local League action on any of these issues? no

What action do you recommend, i.e., support, oppose, study, inform the community, other (please specify):

Nothing in particular

Observed Meeting: KC Public Hospital District #1

Date: 12/5/24

Board of Commissioners

LWV Observer: Rosemary Meyer

Time: 5 pm

|                                               | Yes | No | Comments |
|-----------------------------------------------|-----|----|----------|
| <b>Members</b>                                |     |    |          |
| All members present?                          |     | x  |          |
| Members attentive & involved?                 | x   |    |          |
| Members courteous to each other and public?   | x   |    |          |
| Any members recuse themselves?                |     | x  |          |
| <b>Agenda</b>                                 |     |    |          |
| Agenda available prior to and during meeting? | x   |    |          |
| Agenda followed?                              | x   |    |          |
| Agenda amended?                               | x   |    |          |
| Non-agenda items discussed?                   | x   |    |          |

|                                                               |   |  |              |
|---------------------------------------------------------------|---|--|--------------|
| Was time given to public input? If so, how many people spoke? | x |  | No one spoke |
|---------------------------------------------------------------|---|--|--------------|

**Action:**

Please provide a brief, impartial summary of the meeting, including key issues discussed, significant actions taken, and other observations:

There was no meeting in November due to holidays. The next meeting will be in January, also due to holidays. .

Board chair, Matt Altman, thanked Julie Petersen for her 8/12 years of service to KVH.

Safe Catch Awards were presented to 2 employees for making patient services safer and more efficient.

Quality Assurance: as a result of poor performance, clinics will have increased training on providing foot checks on all diabetic patients.

CEO: I will attach her report-basically a summary of her tenure at KVH and the challenges that have been faced.

Human Resources: staff turnover rate trending down; “hot jobs” (difficult to recruit) 6 have been (PT, MD and 4 RNs). Still needing a Chief Nursing Officer and candidates are requesting leadership training. Still need RN’s at the hospital and currently using traveling nurses on some shifts.

Expansion project: OP surgery to be done the end of Jan. 2025.

IV fluid shortage is still a challenge but materials management, pharmacy and clinical staff making it work. Should be over in January.

Ancillary services: Home Health and Hospice has lost 2 nurses and will need traveling nurses. All 3 new OB-Gyn docs on site and gyn surgeries are now being scheduled.

The Board approved the recommended appointment and reappointment of 6 physicians.

Chief Medical Officer: Dr. Martin’s last meeting as he is retiring. The new CMO is Dr. Andy Thomas. A cardiologist has been contracted but still pending Family Practice practitioners. Interestingly, he stated that Congress sets the number of residency slots per year-32,000 in 2024-but there is a 300,000 deficit in medical workforce of all specialties.

Finance: Requesting approval of \$1.4 million for an ortho fracture table and Arvis technology for orthopedic surgery. The KVH foundation offered to pay for the fracture table. Request approved. Also, the CFO requested to amend the budget by increasing it by \$4.5 million. Resolution 24-09 was approved.

Community Relations: The Employee Banquet is Dec. 7th (free meals will be provided to those staff who have to work-also on Thanksgiving and Christmas). Lots of communication has been provided in the community and to known Medicare Advantage patients on the difference between Medicare and Medicare Advantage.

New Business: Resolution 24-10 to appoint Jason Adler as the new CEO was approved.

Resolution to 24-11 to set the calendar for board meetings in 2025 initiated much discussion of what time the meetings should start. 4 pm, 4:30 pm (so staff do not have to stay so late after

work) but due to board members schedules and the preference that the public be able to attend, the meetings will stay at 5 pm. Approved.

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Medical staff shortages in all areas (RNs, docs, PAs and ARNPs, etc) -a presentation on the issue and possible relief??



## Chief Executive Report – Julie Petersen November 2024

This will be my final report as CEO to the Board of Commissioners of Kittitas County Public Hospital District #1. Not for the first time, and probably not for the last time I want to thank the Board for allowing me to be part of this meaningful work and this outstanding organization.

I thought I would focus my final report on the challenge of access which has been a primary focus of the Board since I was first interviewed in June of 2016. Every practice was closed to new patients and specialty care was referred out of the system and usually out of the county.

The challenge was not as straight forward as improving access; we first needed to maintain access. Between 2017 and 2021 most of the private medical practices in Kittitas County closed. Family Healthcare of Ellensburg became a concierge service. Retirements closed Ellensburg Pediatrics, OB/GYN of Ellensburg, Hiersche Orthopedics, Wells Family Medicine and Harris General Surgery. Swedish Specialty Services exited the market and CHCW reduced the number of medical providers in their Ellensburg practice.

Among KVH employed providers we experienced a number of significant retirements and departures beginning with the passing of Doctors Bill Waltner and Frank Smith. Doctors Jackson, Solberg, Herman, Bos, Wise and Schmidt all retired during that same time frame.

The challenge of ensuring access to care included KVH absorbing thousands of patients from the closing practices, replacing our own retiring providers **and** adding a new generation of physicians and advance practice clinicians to care for our growing (unlike most rural communities) county. We accepted this challenge in the face of a pandemic and a historic shift in the professional workforce.

At the same time KVH was maintaining and growing its primary care network, we were also expanding our specialty services. You are familiar with the list including cardiology, neurology, ENT, vascular surgery and many more. The question has always been, what do our communities need. It is not about what we are comfortable with, how we have always done it or what other CAH's are doing. We've grown our programs in a way that leaves no room for an asterisk when it comes to quality, outcomes and service. This has been hard work and certainly more work than transferring patients and referring them over the mountains. It also means defying the belief that bigger is better; that the best nurses and doctors and staff work in the cities around us rather than here in Kittitas County. Meeting the needs of the citizens of Kittitas County challenges us to learn and outgrow our old skin but it is clear that doing what we have always done is not in the DNA of KVH leadership and governance.

Holding the line on access has, at times, strained another key strategy, financial sustainability. KVH benefits from an outstanding finance division. Financial sustainability at KVH has always been bigger than simply sharpening our pencil. It has been a process of sharpening our vision and insisting that our financial strength serve operations and patient care.

Our strong, carefully tended financial position has allowed KVH to invest, not just in bricks and mortar, but in programs and people. These commitments to operations are truly legacy investments. I am so proud of our MA and pharmacy tech apprenticeships, our certification initiative and our new CNA program. I do not believe the Board has been given enough credit for the partnership that led to the addition of more than 100 new daycare slots in Kittitas County. You led with our core value of collaboration by lending the unique support, skill and expertise of KVH to a private, community partner. What a vision and what a benefit to all of our citizens.

I am so very thankful that I had an opportunity to grow and not just defend our services. We have built a community healthcare system that is leaning into the future. I am thankful for the amazing quality of our staff, leaders and governing board. I genuinely believe that KVH is poised for extraordinary growth in the coming year and it would not have been possible if the Board had not had both vision and faith.

It has been a profound privilege. Thank you