



## Board of Commissioners Meeting – Agenda

Public Hospital District No. 4, King County

Snoqualmie Valley Hospital

Thursday, April 28, 2022 – 6:30pm

*Zoom Link by request*

Call In: 253-215-8782 Meeting ID: 883 9711 2468 Passcode: 061556

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1. **6:30pm – CALL TO ORDER**
2. **6:32pm – APPROVAL OF THE BOARD MEETING AGENDA – (Vote)**
3. **6:35pm – BUSINESS FROM THE AUDIENCE**
  - a. Public Comment (please limit comments to 3 minutes)
4. **6:40pm – CONSENT AGENDA – (Vote)**
5. **6:45pm – COMMUNICATIONS – (Information/Discussion)**
  - a. **6:45pm – Kevin Hauglie, President**
  - b. **6:50pm – Skip Houser, General Legal Counsel**
    - 1) RCW 701.44.059 Chaplains – Authority to Employ – (Information/Discussion)
    - 2) King County COVID-19 Updates – (Information/Discussion)
  - c. **7:00pm – CEO Report – CEO Jensen – (Information/Discussion)**
  - d. **7:20pm – Strategic Plan Dashboard/EPIC Status Report – CEO Jensen – (Information/Discussion)**
6. **7:30pm – COMMITTEE REPORTS – (Information/Discussion/Vote)**
  - a. **7:30pm – Finance Committee – CFO Ritter - Commissioners Speikers/Hauglie**
  - b. **7:40pm – Approval of Warrants [March, 2022] – (Vote)**
  - c. **7:45pm – Facilities Committee – COO Denton - Commissioners Carter/Norris**
  - d. **7:55pm – Quality Committee – CMO Thompson – Commissioners Herron/Hauglie**
  - e. **8:05pm – Medical Committee – CMO Thompson – Commissioners Norris/Herron**
7. **8:15pm – NEW BUSINESS – (Information/Discussion/Vote)**
  - a. **Quality Committee Community Member – Dr. Chris Dale (Information)**
  - b. **Society of Hospital Medicine – Dr. Thompson, Board President (Information)**
8. **8:20pm – GOOD OF THE ORDER/COMMISSIONER COMMENT**
9. **8:30pm – ADJOURNMENT**

### Upcoming Meetings:

- Facilities Committee Meeting – Tuesday, May 17, 2022 @11:30am
- Finance Committee Meeting – Tuesday, May 17, 2022 @1:00pm
- Medical Committee Meeting – Tuesday, May 17, 2022 @3:00pm
- Regular Work Study Session – Thursday, May 17, 2022 @4:30pm
- Regular Board of Commissioners Meeting – Thursday, May 26, 2022 @6:30pm

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*Renée K. Jensen, Chief Executive Officer*

9801 Frontier Avenue SE, Snoqualmie, WA 98065 • Ph. (425) 831-2362 | Fax:(425) 831-3412

Owned and Operated by King County Public Hospital District No. 4

SVH is an equal opportunity provider and employer.

1. **Regular Work Study Minutes – March 24, 2022**
2. **Regular Board of Commissioner Minutes – March 24, 2022**
3. **Physician Credentialing (March 2022):**
  - Renewal to Courtesy Staff:**
    - *Samir Master, MD – Dermatology*
  - Renewal to Telemedicine:**
    - *Benjamin Iles, DO – Tele Radiology*
    - *Justin Siegal, MD – Tele Radiology*
    - *Xi Zhang, MD – Tele Radiology*
  - Renewal to Affiliate Staff:**
    - *Colyn Nouv, DPM – Podiatry*
4. **Authorization:** Verbal authorization from Commissioners for CEO to sign all documents electronically on their behalf which were approved during the business meetings



**Work Study Meeting – Minutes**  
**Public Hospital District No. 4, King County**  
Snoqualmie Valley Hospital  
Thursday, March 24, 2022 – 4:30pm  
*Via Zoom*

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**COMMISSIONERS PRESENT:**

Kevin Hauglie, President  
Jen Carter, Vice President  
Dariel Norris  
Emma Herron

**ALSO PRESENT:**

Renée Jensen, CEO  
Charles (Skip) Houser, General Counsel  
Patrick Ritter, CFO  
Dr. Rachel Thompson, CMO  
Karyn Denton, COO  
Dr. Tammy Moore, VP Strategic Growth  
Jamie Palermo, Sr. Executive Assistant

**CALL TO ORDER:** This meeting was called to order by Renée Jensen with a brief overview of Medical Staff Credentialing at 4:32pm.

**MEDICAL STAFF CREDENTIALING:** Dr. Thompson introduced Barbi Donovan, Director of Medical Staff Services. Barbi presented a detailed overview of the provider credentialing processes. A couple procedural credentialing questions were asked and fielded by Barbi after her presentation. See attached PowerPoint presentation.

**ADJOURNMENT:** Meeting adjourned at 5:17pm

**APPROVAL:**

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David Speikers, Board Secretary

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Jamie Palermo, Recording Clerk

**COMMISSIONERS PRESENT:**

Kevin Hauglie, President  
Jen Carter, Vice President  
David Speikers, Secretary  
Dariel Norris (via phone)  
Emma Herron

**ALSO PRESENT:**

Renée Jensen, CEO  
Patrick Ritter, CFO  
Karyn Denton, COO/CNO  
Dr. Rachel Thompson, CMO  
Dr. Tammy Moore, VP Strategic Growth  
Charles (Skip) Houser, General Counsel  
Sherry Jennings, Director of  
Engagement/Strategic Comm.  
Jamie Palermo, Sr. Executive Assistant

**PUBLIC GUESTS PRESENT:**

Ashley Van Oeveren

**REGULAR BOARD OF COMMISSIONERS MEETING CALL TO ORDER/ROLL CALL:** President Hauglie called the meeting to order at 6:30pm, followed by roll call. This meeting was held via Zoom, pursuant to Proclamation 20-28 issued by Washington State Governor Inslee. The information to attend the meeting was posted prior to the meeting.

**APPROVAL OF THE BOARD MEETING AGENDA:** A motion was made and seconded to approve the meeting agenda. **M/Speikers S/Carter – Motion carried by unanimous vote.**

**BUSINESS FROM THE AUDIENCE:** No public comments.

**CONSENT AGENDA:** A motion was made and seconded to approve the consent agenda, which included the approval of the minutes for the February 24, 2022, Work Study meeting and the Board of Commissioners Meeting, and also the physician credentialing for the month of February. **M/Norris S/Carter – Motion carried by unanimous vote.**

**COMMUNICATIONS:**

- a. **Kevin Hauglie, President** – Enjoyed spending time with CFO Ritter and meeting Voltaire, the new Director of Finance. President Hauglie encouraged the other commissioners to participate in the opportunities presented on the work study agenda listed under “Additional Board Education Opportunities”.
- b. **Skip Houser, General Legal Counsel**
  - 1) **RCW 42.17A.700 – Elected Officials Statement of Financial Affairs:** Reviewed and discussed.

- 2) **Open Public Meeting Act Update and Remote Meetings:** Reviewed and discussed. This newest update, if approved and signed by the Governor: must provide opportunity for public comment, which SVH has already been providing; strongly encourages all public agencies to provide some type of recording of meetings; will allow remote meetings to continue, once emergency is no longer declared, the hospital must provide a site for people to watch remotely.
  - 3) **King County COVID-19 Updates:** Reported and discussed.
- c. **CEO Report – CEO Jensen:** Shared and discussed. CEO Jensen informed the Commissioners that DOH paid a visit to the hospital this week to do a complaint investigation and perform a COVID compliance survey. Outcomes of the COVID compliance survey were fantastic. There is a need to update some wording on a few policies to use the same words they use, but SVH did pass with flying colors. The complaint investigation focused on the care for end of care patients, and they reviewed any deaths that occurred since last October, 2021. The surveyor was very complimentary of Dr. Thompson’s work and had no concerns to report. We are awaiting final report.

#### **COMMITTEE REPORTS:**

- a. **Finance Committee:** Minutes from the March 15, 2022 meeting were provided as part of the board packet and reported on by Commissioner Speikers. Both Commissioners Speikers and Hauglie attended this meeting via Zoom.
- b. **Approval of Warrants [January/February, 2022]:** A motion was made and seconded to approve total disbursements for January and February that included payroll warrants, hospital and clinical payroll auto deposits, hospital and clinic payroll tax, hospital and clinic retirement and matching plans, as well as accounts payable warrants in the total amounts of \$4,625,100.49 for January and \$3,783,349.63 for February. **M/Speikers S/Hauglie – Motion carried by unanimous vote.**
- c. **Medical Committee:** Minutes from the March 15, 2022 meeting were provided as part of the board packet and reported on by CMO Thompson. Both Commissioners Norris and Herron attended this meeting via Zoom.
- d. **Facilities Committee:** Minutes from the March 15, 2022 meeting were provided as part of the board packet and reported on by COO Denton. Commissioner Hauglie attended this meeting via Zoom.

#### **NEW BUSINESS:**

- a. **Strategic Plan Dashboard:** Shared and discussed.
- b. **Strategic Plan Goal Update: Revision of Clinic Satisfaction Goal –** A motion was made and seconded to approve the revised metrics for the Clinic Satisfaction Goal to maintain a composite clinic score of overall patient satisfaction of 4.0 or greater. **M/Carter S/Norris – Motion carried by unanimous vote.**

**GOOD OF THE ORDER/COMMISSIONER COMMENT:** Comments made by commissioners to the good of the order.

**ADJOURNMENT:** This meeting adjourned at 8:37pm.

**NOTE:** Any documents presented at this meeting are available upon request. Minutes are posted on the District Website at [www.snoqualmiehospital.org](http://www.snoqualmiehospital.org) under the [Governance Page](#). For questions or further information, please contact Administration at 425.831.2362.

**APPROVAL:**

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David Speikers, Board Secretary

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Jamie Palermo, Recording Clerk

DRAFT

**RCW 70.44.059****Chaplains—Authority to employ.**

Public hospital districts may employ chaplains for their hospitals, health care facilities, and hospice programs.

[ 1993 c 234 § 1.]

**NOTES:**

**Contingent effective date—1993 c 234:** "This act shall take effect on January 1, 1994, if the proposed amendment to Article I, section 11 of the state Constitution authorizing the legislature to permit public hospital districts to employ chaplains is validly submitted to and is approved and ratified by the voters at the next general election held. If the proposed amendment is not so approved and ratified, this act is void in its entirety." [ 1993 c 234 § 2.] House Joint Resolution No. 4200 was approved by the voters on November 2, 1993.

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***“We cannot solve problems with the kind of thinking we employed when we came up with them.”***  
***— Albert Einstein***

## **Foundational Elements**

*Building essential infrastructure to support a healthy future.*

Objective: Successful migration to Epic system & Go-live by Dec. 31<sup>st</sup>, 2022.

**On target – Go live for September 19<sup>th</sup>, 2022 @ 45%**

- **EPIC Implementation** – See attached progress report & dashboard. This is an internal document that gives the team a high level view of challenge areas, areas of focus and areas that might be at risk.
- **L&I Survey** – We were finally to close out our L&I survey that began at the beginning of the year. We are awaiting final reports so we will provide a summary update to the board at the meeting. A huge thank you to Karyn Denton for all of her support of this strenuous, lengthy, and tedious survey.

## **Health System of Choice**

*Develop a brand of the future and define the “New SVH”.*

Objective: Maintain a composite clinic score of overall patient satisfaction of 4.0 or greater.

**On target - Composite clinic score of overall patient satisfaction = 4.72**

- **The Ridge Urgent Care** – New permanent signage is now in place. We have had great feedback from community members that it is professional and eye catching.
- **NW Rural Health Conference** – CEO Jensen represented SVH at this regional conference as a presenter discussing how to lead organizations through challenging times and keeping focused on the future. Dr. Rachel Thompson received a grant from DOH to attend the conference and represent SVH. This is the first time in over two years that this conference has convened. It is unique in that it attracts a diverse group of rural health providers that are not just acute care.
- **Community and Outreach Meetings (Sherry Jennings)** –
  - ✓ Tabled at the SnoValley Senior Center Health Fair with Rehab team. Great outreach with senior/assisted living organizations. Forwarding information to Rehab and Patient Transition teams.
  - ✓ Attended City of Snoqualmie Economic Development Commission. Helping Mayor Ross redirect conversation topics.
  - ✓ Participated in the King County Regional Emergency PIO Roundtable.
  - ✓ Attending Encompass’ Inspire Breakfast with Dr. Jain and Amy Johnson, Rehab Director.
  - ✓ Participated in Snoqualmie Valley Mobility Coalition Meeting. Now an official member of the coalition alongside elected officials.
  - ✓ Invited to join the Access to Healthcare Coalition. Regional healthcare systems are present in meetings.
  - ✓ Met with Amy Biggs with SVT to coordinate better communication for patient transportation and promotions on their buses.



- ✓ Participated in Healthy Communities Coalition meeting.
- ✓ Participated in Parent Education Alignment meetings. Attended Fall City Association Meeting/presented impromptu report.
- ✓ Attended SVGA Meeting
- ✓ SKCPHD COVID meetings.
- ✓ STILL working with SnoValley Chamber to set up Snoqualmie Ridge Urgent Care Ribbon Cutting in May.

Internal to Support Strategic Plan

- ✓ Supporting SharePoint migration and launch
- ✓ Working with UC/COVID Team to launch COVIDRx, SVH's test-to-treat program
- ✓ Working on Snoqualmie Valley Health messaging, collateral

Internal/External to encourage engagement

- ✓ Supporting National Hospital Week events at SVHealth
- ✓ Planning SVH Team participation in North Bend Beautification Day 4/22.

## People

*Recruit and retain the highest caliber SVH team to successfully execute the vision of the "New SVH".*

Objective: 4<sup>th</sup> Quarter open positions will be decreased by 25% to an average of 45 or less.

**At target – Open positions reduced from 60 in January to 45 in March.**

- **Diversity, Equity & Inclusion** – We continue to participate as an organization with the WSHA DEI training/workshops. The recorded sessions will be available through the end of April. The executive team is facilitating crucial conversations and learning opportunities with the leadership team as we discuss lessons learned from the sessions, education and awareness of unconscious bias, and planning for next steps in the organization.
- **Open Positions** – We have had great success with having a full time HR position dedicated to recruitment. This has been very budget friendly and assisted with some difficult to fill positions and significantly reduced our time to fill positions across the organization. This month we are excited to announce that we have extended offers for: RN Manager Medical Floor, RN ED Manager, Dietary Manager, social worker, and case manager. We are excited to continue to evolve this role in the organization and anticipate we will begin to include employee retention responsibilities in this role when the recruitment activity allows capacity.

## Community Health Needs

*Develop our programs and infrastructure to meet and support the needs of our community.*

Objective: Increase the annual number of visits in the rural health clinics by 3% over prior year (2022 target = 17,583).

**On target – Total visits YTD are at 5,458.**

- **COVID Vaccines & Testing** – Both areas have seen decreased, yet steady volumes. We continue to be open 5 days a week to serve the community. We plan to discontinue the drive through vaccine program at the end of June. The community will still be able to get vaccines but appointments will be

needed through primary care. We are still in the early planning phases of how to transition this work to be incorporated as part of our regular services beyond the FEMA support contract.

- **Specialty Care** – We are investigating the possibility of adding Podiatry and Dermatology specialists to our services. More to come on the frequency and options we are considering.
- **Primary Care** – Dr. Thompson is beginning the recruitment process for a primary care provider to add to our amazing team of providers. Per our strategic plan of diversification, we will focus this position to be an MD level provider.

### Financial Stewardship

*Ensuring we have comfortable financial resources to support our ability to provide excellent care and service to our community.*

Objective: Positive .5% profit margin. (2022 Budget est = \$236,628 net income target)

**On target – YTD is \$340,879.**

- **See finance summary prepared by CFO Ritter for more details on financial performance.**
- **Sound Medical Laboratories (SML)** – The final transition elements are being finalized. We expect a smooth transition later this month.
- **COVID FEMA Contract** – Our vaccination program has received an extension of funding through June 30<sup>th</sup>. We anticipate this to be our final contract with FEMA and are working with the operational team to discontinue the VACCINE program by June 30<sup>th</sup>. Testing operations will also look different and will reflect the anticipated volumes based on demand.
- **Congressional funding request** – we were invited by Representative Schrier’s office to submit a request for funding for the 2023 budget cycle. This program is designed for representatives to be able to support community benefit projects in their districts. Traditionally this program has been called “earmarks”. It was a program that was sunset approximately 10 years ago and was reinstated last year. A special thank you to Dr. Tammy Moore, Sherry Jennings, and Ron Bennett for their help and support with a short turn around for our application. We have requested \$2.1M in funding to support improvements and upgrades to our CT and MRI equipment. Total project cost estimated to be about \$4.2M.

**Additional Board Education Opportunities** – (Contact **Jamie** for registration information)

1. **DEI Workshop – Recordings** (*click on links to watch*):

- A new Referee for DEI: [WSHA DEI Workshop Session One 2.10.22](#)
- Equitable Conversations: [WSHA DEI Workshop Session Two 2.24.22](#)
- Equitable Leadership: [WSHA DEI Workshop Session Three 3.10.22](#)
- Equitable Partnership Building: [WSHA DEI Workshop Session Four 3.24.22](#)
- Diversity Pipeline Development: [WSHA DEI Workshop Session Five 4.07.22](#)
  - **Session Articles - Diversity Pipeline Development** (*click on links to open*):
    1. [Diversity in Medicine has Measurable Benefits](#)
    2. [Diversity Wins How Inclusion Matters](#)
    3. [Addressing Workforce Diversity —A Quality-Improvement Framework](#)
    4. [Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce](#)
    5. [I Was a CEO. Here’s How Corporate America Fails to Hire Black People](#)
    6. [A Viral Image of a Black Fetus is Highlighting the Need for Diversity in Medical Illustrations](#)
    7. [For HBCUs Cheated Out of Billions, Bomb Threats Are the Latest Indignity](#)
    8. [Maryland Settles HBCU Federal Lawsuit for \\$577 Million](#)
    9. [Ralph Lauren Revises His Vision of the American Dream, Inspired by the Style of the HBCUs](#)
    10. [Getting Serious About Diversity: Enough Already with the Business Case](#)

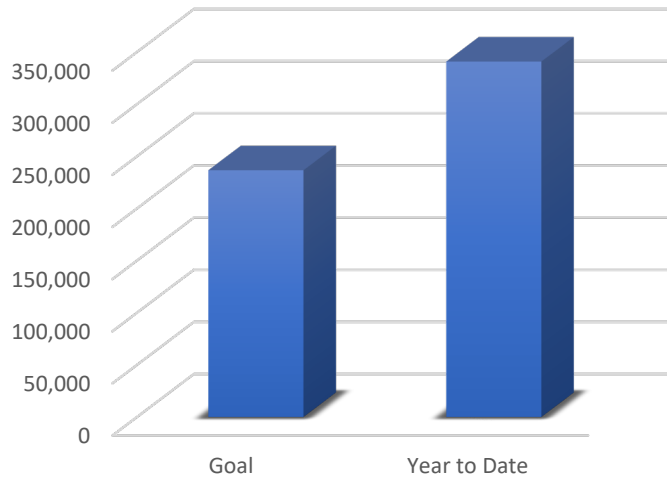
2. **WSHA Leadership Summit** (Boards & CEOs) - [Click here for more details](#)

- **May 15-17**

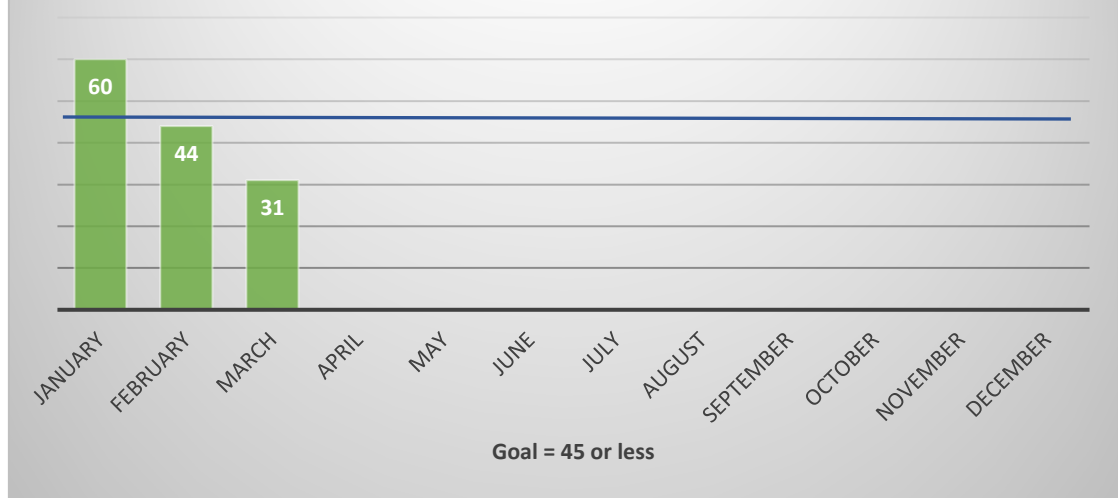
*Respectfully Submitted, Renée K. Jensen*

# 2022 STRATEGIC PLAN DASHBOARD

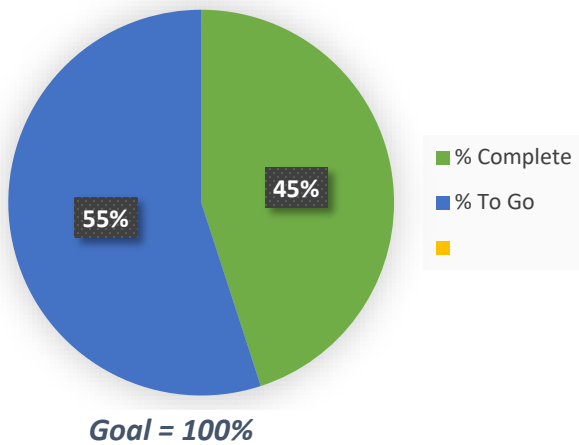
## FINANCIAL TARGET: .5% PROFIT MARGIN



## OUR TEAM: NUMBER OF OPEN POSITIONS

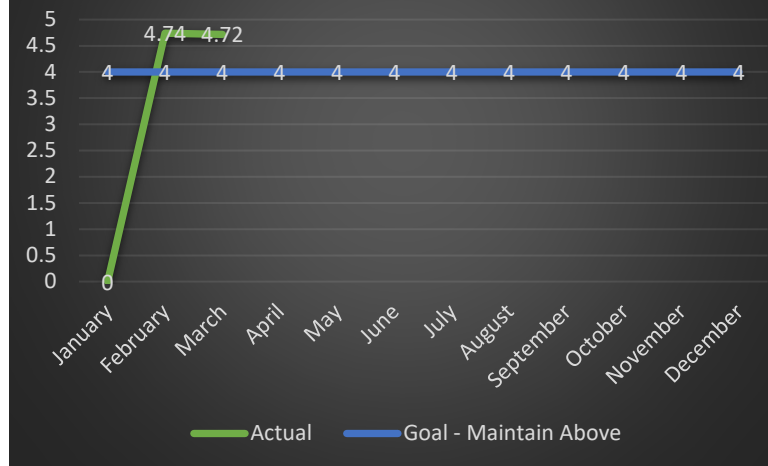


## FOUNDATIONAL ELEMENT: EPIC CONVERSION

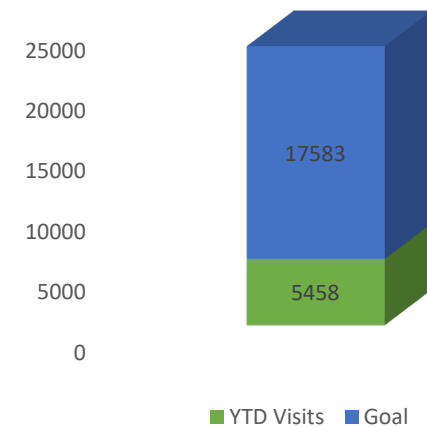


Last updated: April 18, 2022

## HEALTH SYSTEM OF CHOICE: COMPOSITE - CLINICS OVERALL SATISFACTION SCORE



## COMMUNITY HEALTH NEEDS: TOTAL # OF CLINIC VISITS



Discovery/Design

Oct – Feb 4

Build

Feb 7 – Jun 24

Test

Jul 4– Aug 12

Train

Aug 15 – Sept 16







Go-Live

Sep 19

**Date:** 4/8/22  
**Project Health:** Green  
**Action Plan:** N/A

## Project Scope

Overlake and Snoqualmie Valley Hospital will partner to implement Epic, 3<sup>rd</sup> party systems, infrastructure, and hardware by September 19, 2022.

Upcoming Milestones	Status	Due Date	Comment/Action Plan
Finalize security templates for SVH job titles		4/8/22	
Overlake: Complete RDSH Proof of Concept Environment; SVH: Complete SSO Testing		4/15/22	
Draft training plan		4/25/22	Define training classes needed for every SVH employee
Draft testing plan		4/25/22	
Provide hardware & device maps		5/31/22	
Build & application testing complete		6/24/22	

## Major Accomplishments

- SVH provided list of outstanding questions and tip sheets needed for go-live.
- SVH operations provided decisions needed so Overlake analysts could complete the 2 week build sprint.
- Completed all agreements for third party applications except Dragon DMO.
- SVH defined reporting concepts; Overlake to review to identify Reporting Workbench Reports and Epic dashboards.
- Overlake completed app delivery proof of concept design and build (RDSH)
- Overlake defined draft testing and training approach.

## Top Issues/Risks

- Risk: Dragon approach and contracting is not finalized. Action Plan: Project leadership meeting on 4/8 to discuss Nuance limitations and next steps.
- Risk: Overlake ordered production servers for the community connect environment. The servers will be delivered in mid-June and Scott Connelly, technical manager, is escalating to Dell to determine if we can get an earlier delivery date.
- Risk: Nuance has not provided us a DAX contact to work with on Epic integration. Action Plan: Project leadership meeting on 4/8 to discuss next steps.

## Top Decisions

- SVH approved new dietary orders to align with the IDDSI framework for Epic build.
- Reached agreement on FTE requirements and contract changes for TruBridge future workflows.
- SVH has contracted with HRG and ScanStat for HIM/Coding and Release of Information workflows.

# SVH Community Connect Implementation

SPONSORS: Scott Waters, Dr. Moore, Patrick Ritter PROJECT MANAGERS: Kathryn Burmeister, Maia Nguyen

## Workgroup Status

Area	Status	Build % Complete	Area	Status	Build % Complete
Patient Access	On Track	ADT: 60% Cadence: 65%	MyChart	On Track	50%
HB, PB, Claims	On Track	50%	Care Everywhere	On Track	100%
Inpatient Clin Doc	On Track	80%	CareLink	On Track	100%
Inpatient Orders	On Track	40%	Printing/Scanning/Workstations	On Track	0%; SVH will provide workstation and device mapping by end of May
Willow	On Track	60%	BCA Downtime	On Track	0%; SVH identified downtime locations, Overlake to determine downtime reports needed.
ASAP	On Track	50%	Interfaces/Device Integration	On Track	65%
Beaker	On Track	65%	Security	On Track	25%; roles and templates will be defined by mid-April
Ambulatory	On Track	60%	Technical	On Track	85%
Infection Control	On Track	85%	RightFax	On Track	0%; testing in progress
HIM/Identity	On Track	75%	Onbase	On Track	25%
Radiant	On Track	65%	PACS	On Track	10%
Clarity/Caboodle	On Track	0%; server work will be completed in May.	Lab Instruments	On Track	5%
Cireson (help desk software)	On Track	0%; SVH departments and users identified	Dragon	At Risk	0% - contracting in progress



**COMMITTEE MEMBERS:**

David Speikers, Commissioner, Chair of Finance  
Kevin Hauglie, Commissioner, President  
Patrick Ritter, CFO  
Dr. Rachel Thompson, CMO  
Voltaire Tiotuico, Director of Finance  
Jamie Palermo, Sr. Executive Assistant

**March 2022 Income Statement Narrative:**

March Operating revenues were 7% \$268,000 above budget. Due to higher volume in ED, Endo, and UC.

January Operating Expenses were 7% (242,000) over budget. The majority was due to Salary Expense associated with the market adjustment 2% Retention and PTO payouts for Finance Director.

**Other expense** was \$44,000 in Recruiting costs.

Operating Revenues were more Operating expenses giving an Operating income of \$26112

**2022 Annual Income**

Net Income year to date is **\$340,879**. This is \$370,000 better than budget YTD.

**Balance Sheet Highlights:**

- Overall Assets decreased
  - Payment of the CMS advance funds reduces the CMS advance Payment Asset
- Liabilities Decreased
  - CMS Advance (50% recoupment started)

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**Cash Flow Statement Highlights:**

- **Operating Activities Decrease \$181,000**
    - Decrease in AP (paid invoices)
  - **Investing Activities Increase \$64530**
    - Equipment Purchases
    - Epic Construction
  - **Financing Activities Decrease \$63,830**
    - Monthly Long Term Debt payments
  - **Total Cash - down \$180,509**
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**AR Days Goal 55**

- 50.4 Days February
  - AR decreased by 1/2 day in March.

**Bond Covenants: (Snapshot forecast)**

- Debt Coverage is 2 requirement is 1.20
- Reserve Requirement is at \$3,675,188 as required.
- Day's cash above the reserve is 167. The bond requirement is 60



PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

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FINANCE COMMITTEE (MARCH 2022)

APRIL 19, 2022

# Financial Statements

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KING COUNTY HOSPITAL DISTRICT # 4  
HOSPITAL & CLINICS COMBINED  
STATEMENT OF OPERATIONS  
ACTUAL vs BUDGET  
MARCH 2022

CURRENT MONTH				YEAR TO DATE				
ACTUAL	BUDGET	VARIANCE	% VARIANCE		ACTUAL	BUDGET	VARIANCE	% VARIANCE
\$ 4,069,626	\$ 3,842,887	\$ 226,739	6%	NET PATIENT SERVICE REVENUE	\$ 11,182,777	\$ 11,141,415	\$ 41,362	0%
139,440	99,405	40,035	40%	TAXATION FOR OPERATIONS	298,403	288,597	9,806	3%
38,929	37,054	1,875	5%	OTHER	95,942	110,197	(14,255)	-13%
4,247,994	3,979,346	268,648	7%	TOTAL OPERATING REVENUE	11,577,121	11,540,209	36,912	0%
				OPERATING EXPENSES				
1,896,823	1,671,366	(225,457)	-13%	SALARIES	5,198,933	5,009,898	(189,035)	-4%
378,999	367,864	(11,135)	-3%	EMPLOYEE BENEFITS	1,178,357	1,100,888	(77,469)	-7%
391,402	450,963	59,561	13%	PROFESSIONAL FEES	1,186,431	1,351,686	165,255	12%
304,875	325,239	20,364	6%	SUPPLIES	966,078	975,717	9,639	1%
36,800	34,907	(1,893)	-5%	REPAIRS AND MAINTENANCE	98,534	114,721	16,187	14%
48,603	50,062	1,460	3%	UTILITIES	165,599	150,186	(15,413)	-10%
393,564	359,470	(34,094)	-9%	PURCHASED SERVICES	1,150,814	1,078,410	(72,404)	-7%
26,600	15,218	(11,382)	-75%	INSURANCE	52,251	45,654	(6,597)	-14%
42,376	49,048	6,672	14%	LEASES AND RENTALS	122,447	147,144	24,697	17%
319,784	311,202	(8,582)	-3%	DEPRECIATION	960,733	933,606	(27,127)	-3%
102,535	64,484	(38,051)	-59%	OTHER	198,188	191,098	(7,090)	-4%
3,942,359	3,699,823	(242,536)	-7%	TOTAL OPERATING EXPENSES	11,278,366	11,099,008	(179,358)	-2%
305,635	279,523	26,112	9%	OPERATING INCOME	298,755	441,201	(142,446)	-32%
7,704	7,077	627	9%	INVESTMENT INCOME, NET OF AMOUNT CAPITALIZ	18,051	20,546	(2,495)	-12%
241,865	261,794	(19,929)	-8%	TAXATION FOR BOND PRINCIPAL & INTEREST	767,434	760,047	7,387	1%
(416,809)	(417,272)	463	0%	INTEREST EXPENSE, NET OF AMOUNT CAPITALIZED	(1,249,459)	(1,250,543)	1,084	0%
(9,096)	(9,096)	(0)	0%	BOND ISSUANCE AND FINANCING COSTS	(27,289)	(27,288)	(1)	0%
-	-	-		NON OPERATING REV - PROVIDER RELIEF FUNDS	-	-	-	
183,058	8,300	174,758	2106%	OTHER NET	533,387	24,097	509,290	2114%
6,722	(149,197)	155,919	105%	NON OPERATING, NET	42,125	(473,141)	515,266	109%
312,357	130,326	182,031	140%	CHANGE IN NET POSITION	340,879	(31,940)	372,819	-1167%
\$ 312,357	\$ 130,326	\$ 182,031	140%	NET POSITION	\$ 340,879	\$ (31,940)	\$ 372,819	-1167%

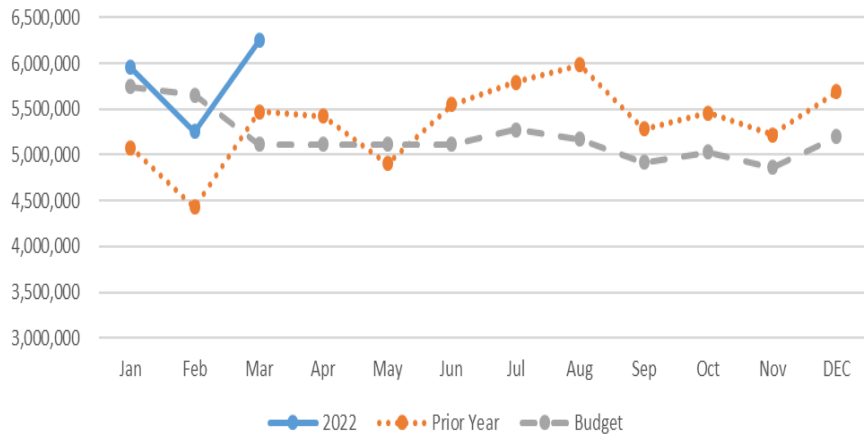
SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	FEBRUARY 2022	MARCH 2022
<b>CURRENT ASSETS</b>		
UNRESTRICTED CASH	12,632,611	12,728,949
BOARD RESTRICTED FUNDS	102,277	102,277
CMS ADVANCE PAYMENT	6,489,281	6,007,920
MANDATED RESERVE FUNDS	9,928,551	10,133,066
<b>TOTAL CASH</b>	<b>29,152,720</b>	<b>28,972,211</b>
ACCOUNTS RECEIVABLE	9,017,469	9,269,486
LESS A/R ALLOWANCES	2,677,835	2,928,029
COST REPORTS RECEIVABLE	-	-
EMR MEANINGFUL USE		
<b>TOTAL NET RECEIVABLE</b>	<b>6,339,635</b>	<b>6,341,457</b>
TAXES RECEIVABLE	4,290,257	4,098,011
INVENTORY	178,752	153,697
PREPAID EXPENSES	68,832	49,701
INTANGIBLE ASSETS	3,043,811	3,034,715
OTHER RECEIVABLES	13,520	34,769
<b>TOTAL CURRENT ASSETS</b>	<b>43,087,527</b>	<b>42,684,561</b>
<b>FIXED ASSETS</b>		
LAND AND IMPROVEMENTS	26,604,969	26,604,969
BUILDINGS	33,260,553	33,260,553
EQUIPMENT	9,201,725	9,201,725
INFORMATION SYSTEMS	4,702,979	4,702,979
RIGHT TO USE ASSET	1,523,963	1,459,434
CONSTRUCTION IN PROGRESS	94,989	94,989
LESS: ACCUMULATED DEPRECIATION	25,991,058	26,246,312
<b>NET FIXED ASSETS</b>	<b>49,398,121</b>	<b>49,078,337</b>
<b>TOTAL ASSETS</b>	<b>92,485,647</b>	<b>91,762,898</b>

SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	FEBRUARY 2022	MARCH 2022
<b>LIABILITIES AND FUND BALANCES</b>		
<b>CURRENT LIABILITES</b>		
NOTES PAYABLE	966,000	966,000
COST REPORT PAYABLE	-	-
ACCOUNTS PAYABLE	1,253,356	776,564
ACCRUED PAYROLL & TAXES	2,736,963	2,898,467
ACCRUED INTEREST (BONDS)	604,099	778,050
OTHER CURRENT LIABILITIES	(63,647)	(65,967)
CURRENT PORTION LONG TERM DEBT	1,908,750	1,831,250
CURRENT PORTION CMS ADVANCE PAYMENT	(374,605)	(855,966)
DEFERRED STIMULUS REVENUE	665,646	665,646
DEFERRED TAX REVENUE	3,482,093	3,110,742
<b>TOTAL CURRENT LIABILITIES</b>	<b>11,178,656</b>	<b>10,104,787</b>
<b>LONG TERM LIABILITIES</b>		
LIABILITY RIGHT TO USE ASSET	1,529,792	1,465,962
CMS ADVANCE PAYMENT PAYABLE	6,863,886	6,863,886
LONG TERM LIABILITIES (LTGO BONDS)	44,800,000	44,800,000
REVENUE BONDS	44,523,321	44,523,321
<b>TOTAL LONG TERM LIABILITIES</b>	<b>97,716,999</b>	<b>97,653,169</b>
<b>EQUITY/FUND BALANCE PERIOD END</b>	<b>(16,410,007)</b>	<b>(15,995,058)</b>
<b>TOTAL LIABILITY + EQUITY/FUND BALANCE</b>	<b>92,485,647</b>	<b>91,762,898</b>

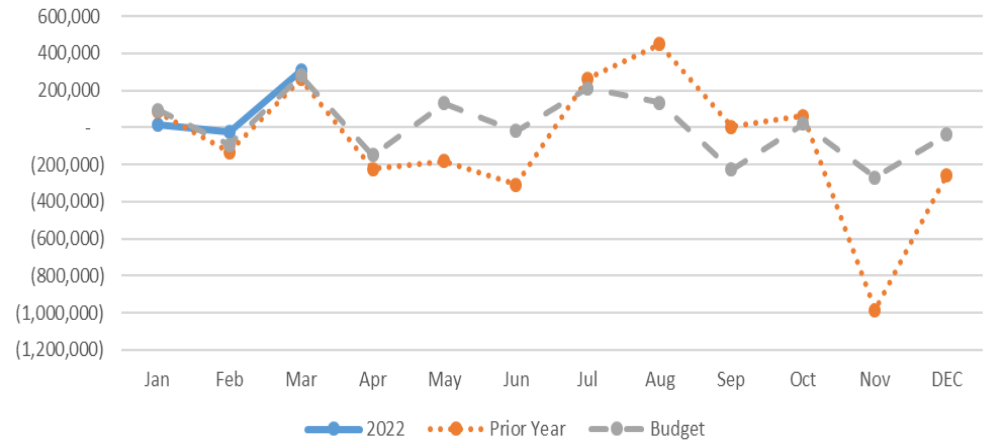
<b>STATEMENT OF CASH FLOWS</b>		
<b>SOURCE AND APPLICATION OF FUNDS</b>	<b>FEBRUARY 2022</b>	<b>MARCH 2022</b>
<b>Net Income</b>	172,771	312,357
Add (Deduct) items not affecting cash:		
Depreciation expense	255,254	255,254
(Increase) decrease in accounts receivable	196,284	(1,822)
(Increase) decrease in current assets		
Tax Receivable/Other Receivable	(4,193,021)	170,996
Inventory	(124,687)	25,055
PrePaid Expenses	(25,549)	19,131
Intangible Assets	9,096	9,096
Increase (decrease) in current liabilities		
Notes and Loans Payable	-	-
Accounts Payable	117,627	(476,792)
Accrued Payroll & Taxes	15,190	161,504
Accrued Interest (Bonds)	173,951	173,951
Other Current Liabilities	970	(2,320)
Deferred Stimulus Funds	(411,260)	(481,361)
Current Long Term Debt	(77,500)	(77,500)
Deferred Tax Revenue	3,874,447	(371,351)
Other (net)	(155)	102,592
<b>Net Cash provided by operating activities</b>	<b>(16,582)</b>	<b>(181,209)</b>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>		
Investment in plant and equipment		
Land	-	-
Buildings	(216,187)	-
Equipment	(9,899)	-
Right to Use Assets	64,530	64,530
Construction in Progress	(23,000)	-
Net cash used for investing activities	(184,556)	64,530
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>		
Change in long-term liabilities	(63,522)	(63,830)
Increase (decrease) in cash	<u>\$ (264,661)</u>	<u>\$ (180,509)</u>
Beginning Cash Balance	29,417,380	29,152,720
Ending Cash Balance	<u>29,152,720</u>	<u>28,972,211</u>

# Financial Dashboards (Revenue & Income)

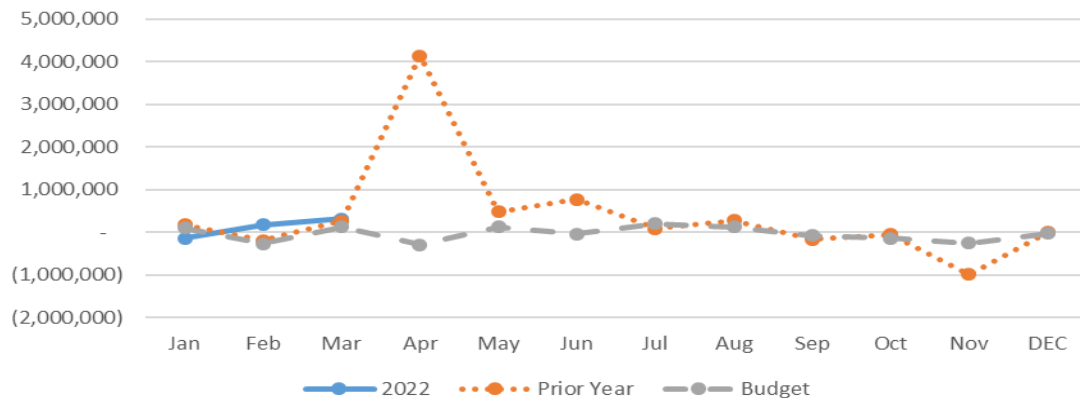
### Gross Revenue



### Operating Income

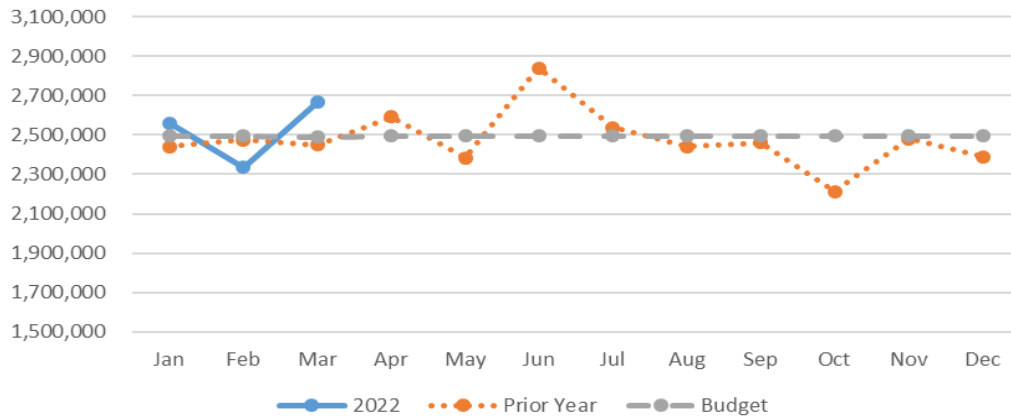


### Net Income

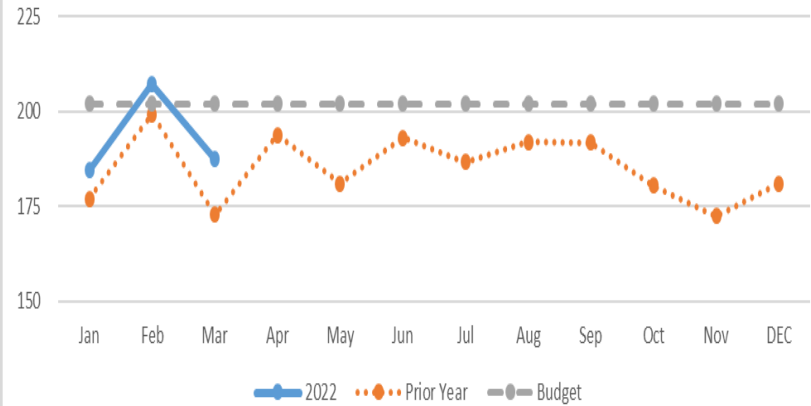


# Financial Dashboards (Expenses)

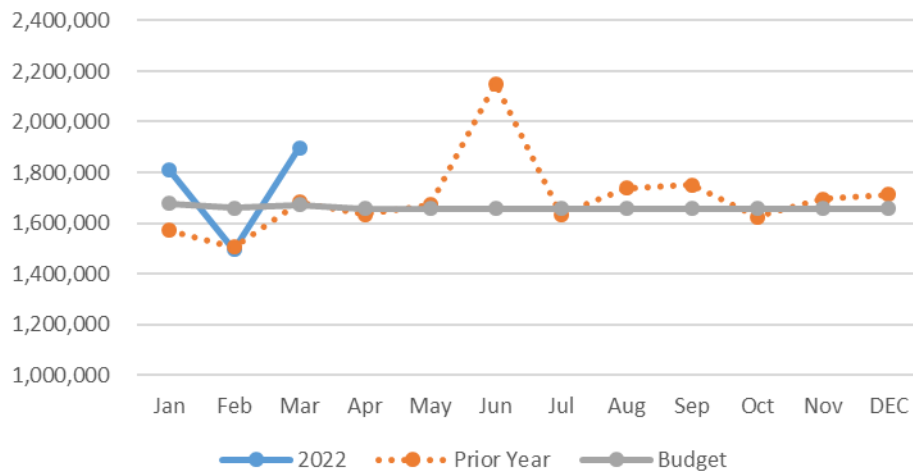
### Salary Wages and Benefits



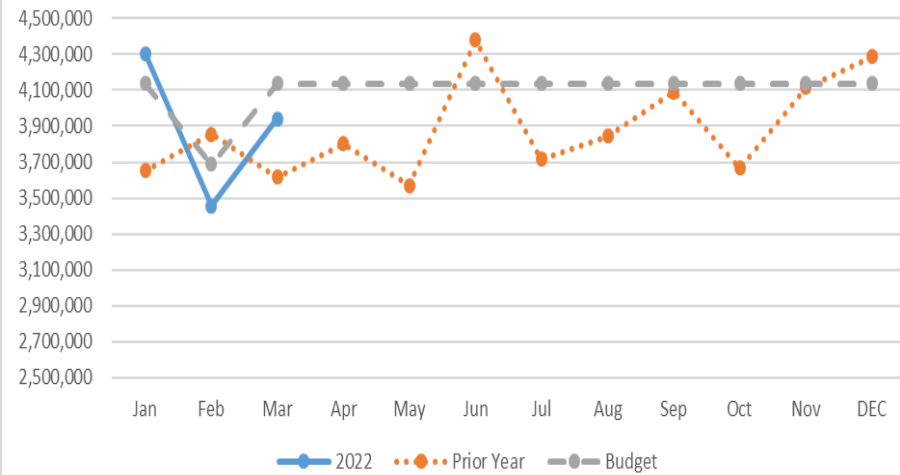
### Worked FTEs



### Paid FTEs



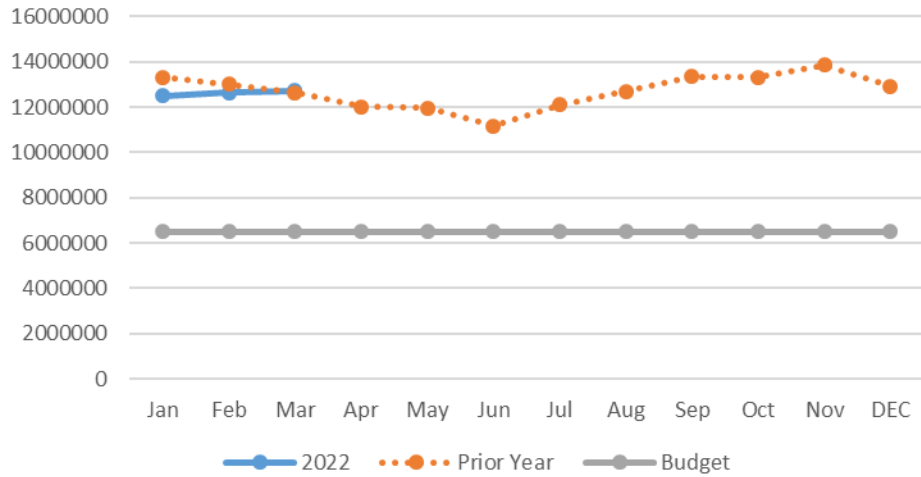
### Operating Expenses



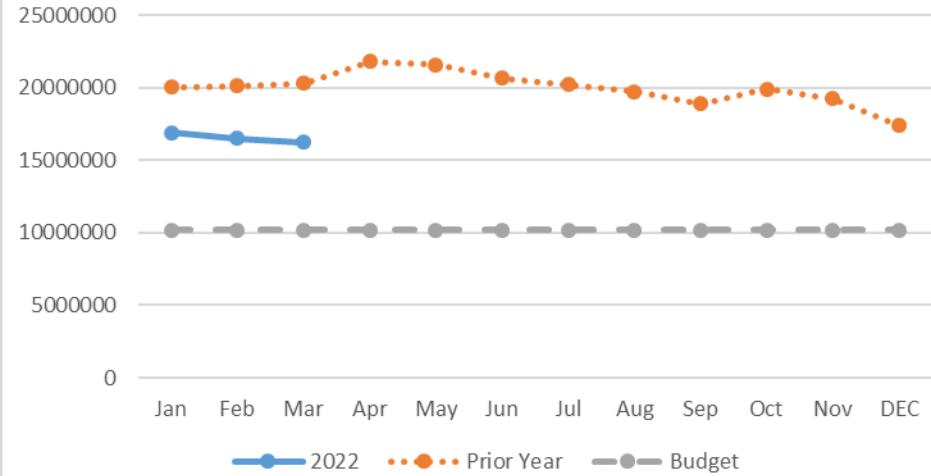


# Financial Dashboards (Cash)

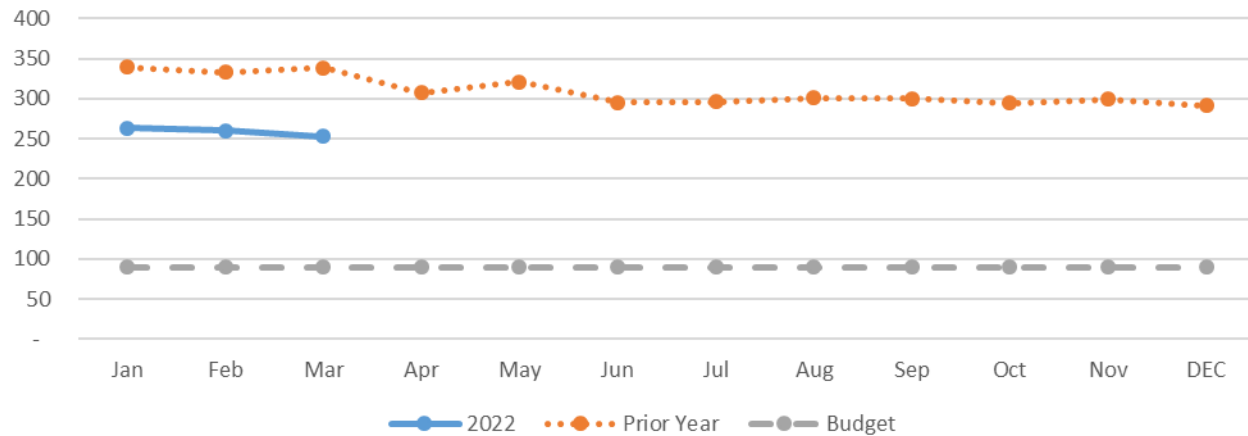
## Unrestricted Cash



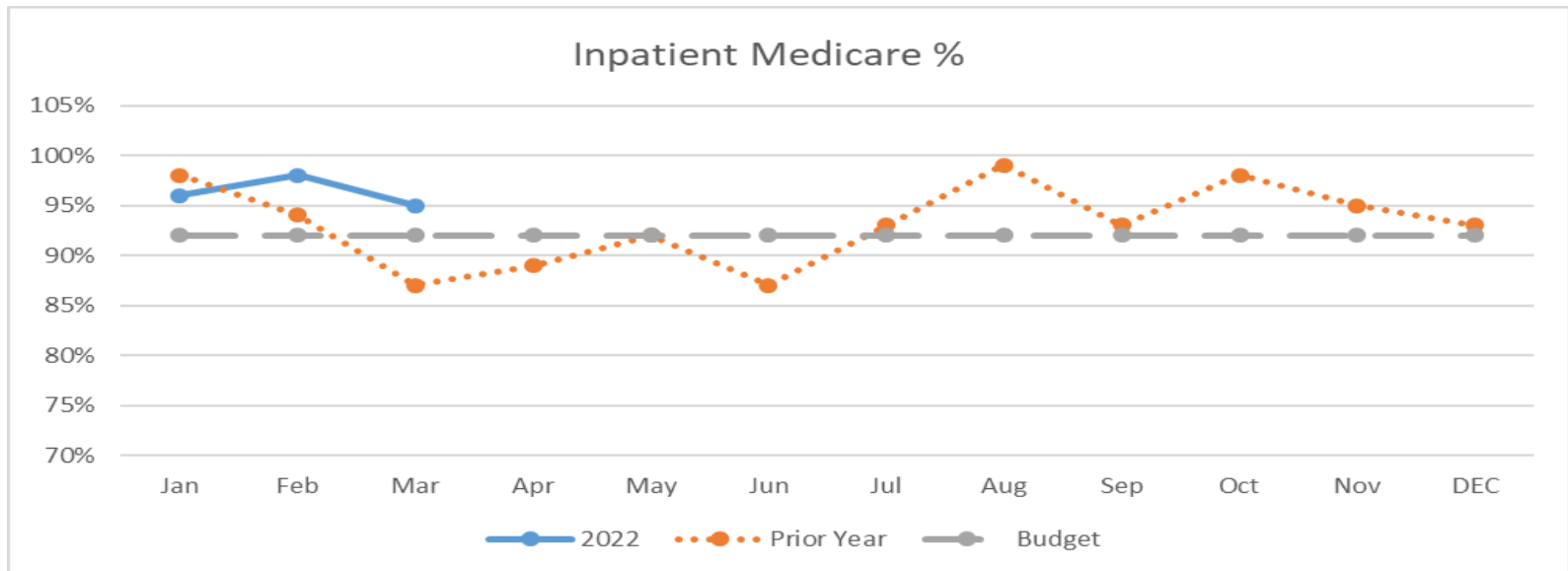
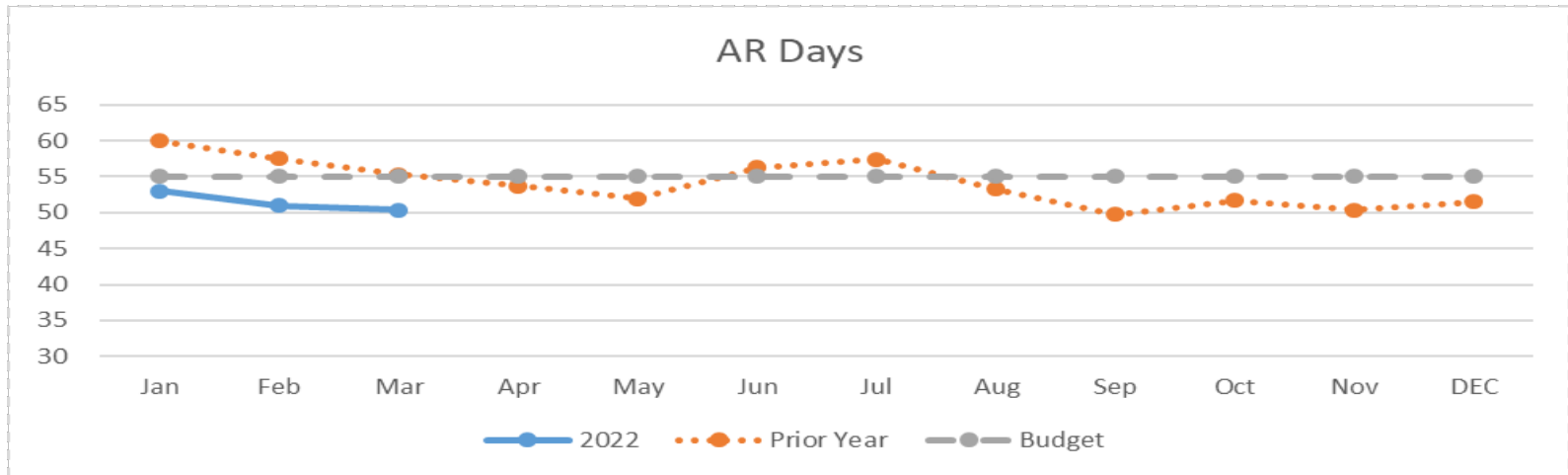
## Restricted Cash



## Days Cash

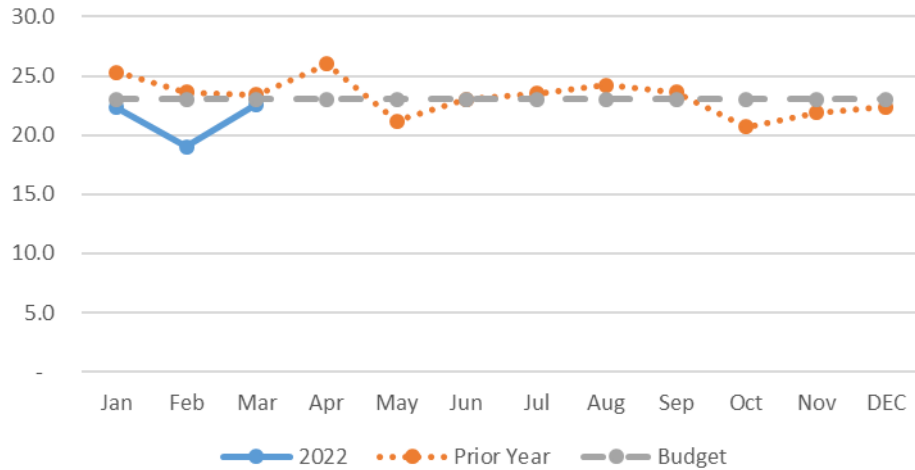


# Productivity Dashboards (AR/Payor Mix)

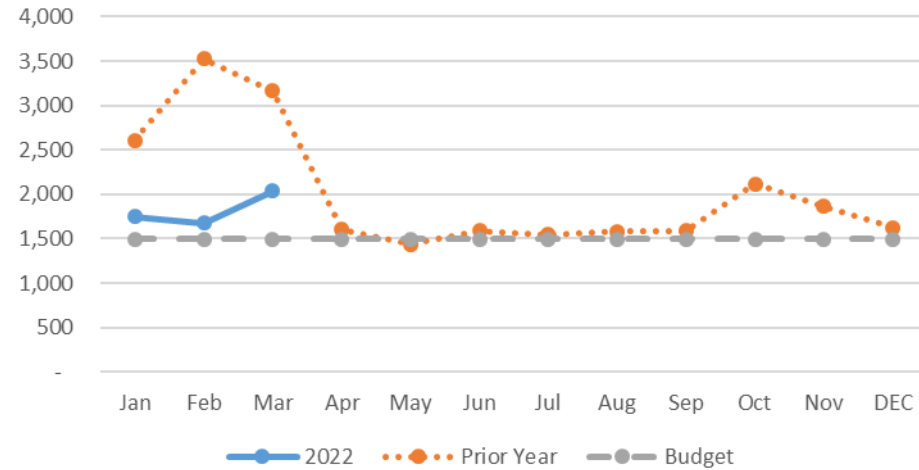


# Productivity Dashboards ( Census Visits)

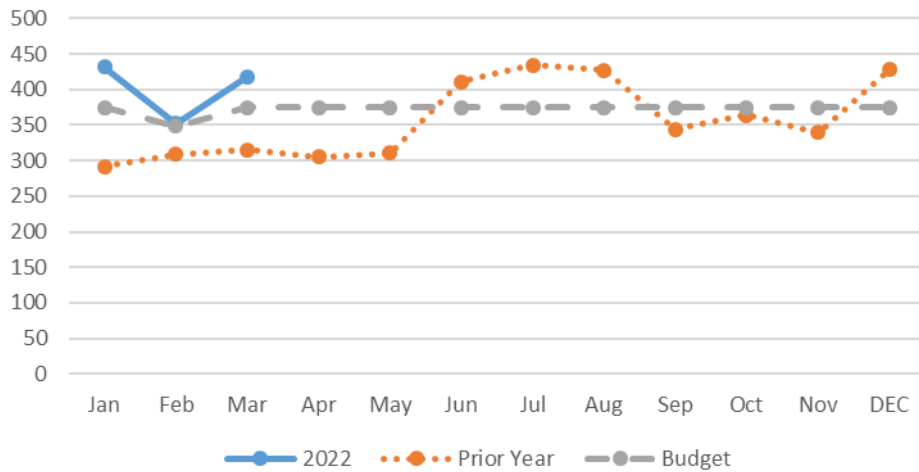
### Acute/Swingbed Avg Daily Census



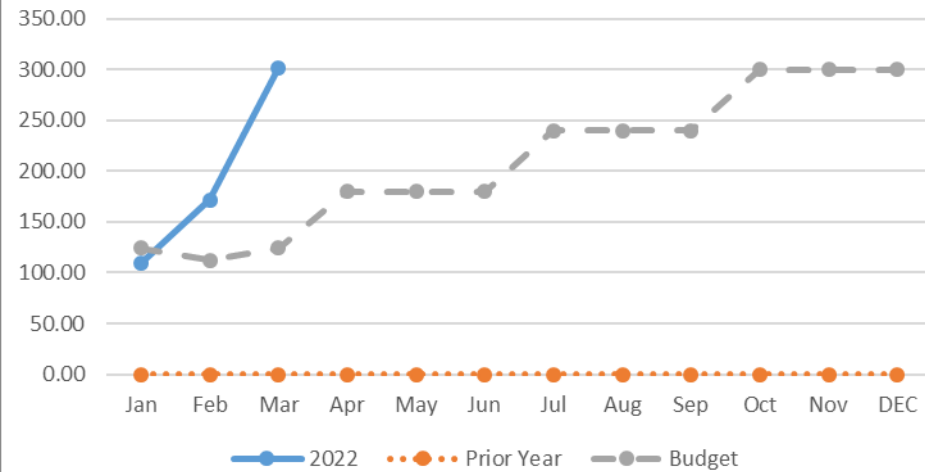
### Clinic Visits



### ER Visits

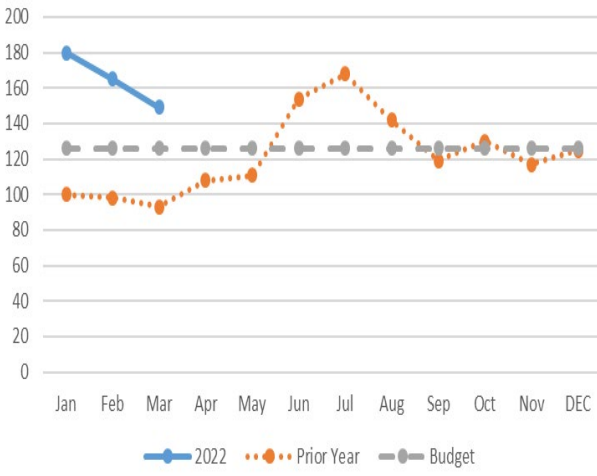


### Urgent Care Visits

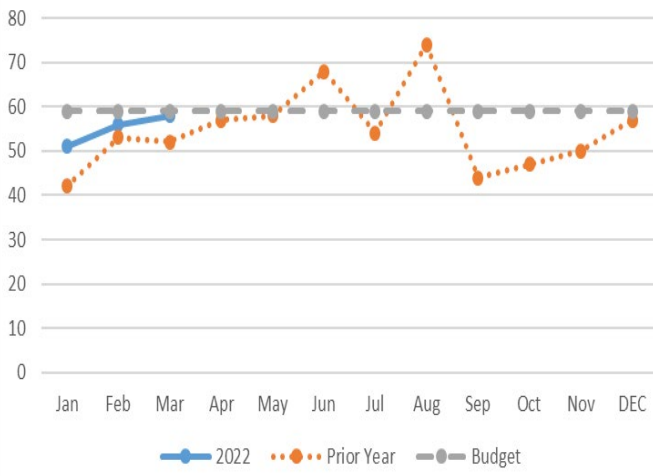


# Productivity Dashboards (Procedures)

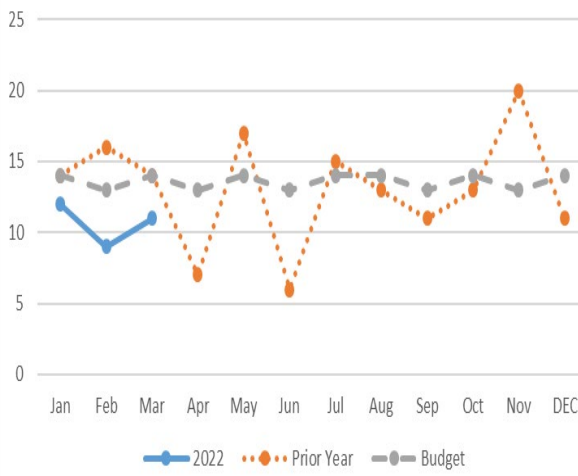
CT



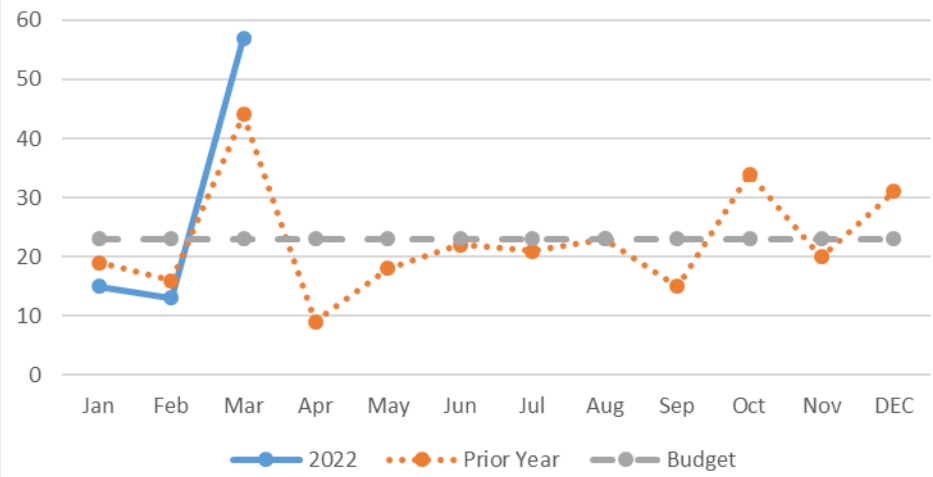
Ultrasound



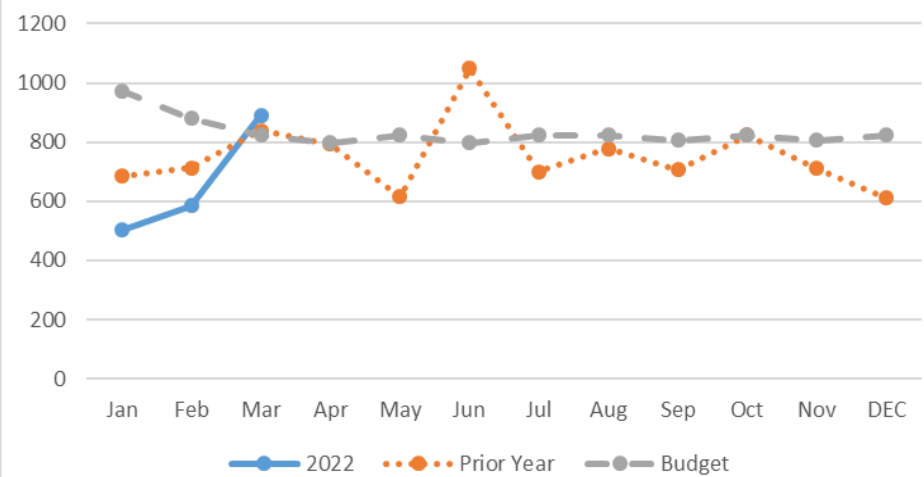
MRI



Endoscopy



Outpatient Rehab



**PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY**

Snoqualmie Valley Hospital  
9801 Frontier Ave. S.E. Snoqualmie, WA 98065  
Phone: 425-831-2300, FAX: 425-831-1994

**Cash Disbursements for the period March 1 to March 31, 2022**

**Northwest Bank Accounts Payable Warrants**

\$2,103,599.41	Accounts Payable Warrants Warrants #78576 - #78939
<u>\$2,103,599.41</u>	

**Northwest Bank Payroll Warrants & EFT**

\$3,484.07	Payroll Warrants
1,202,952.45	Hospital & Clinic Payroll Auto Deposits
453,823.59	Hospital & Clinic Payroll Tax
87,700.42	Hospital & Clinic Retirement 457, 403B, & 403B Match Plans
<u>\$1,747,960.53</u>	

**GRAND TOTAL**

\$3,851,559.94

I hereby certify that the described supplies have been received or services rendered in behalf of Public Hospital District No. 4 of King County.

\_\_\_\_\_  
Renee Jensen, Chief Executive Officer

\_\_\_\_\_  
Kevin Hauglie, Commissioner, Secretary

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and paid obligation against Public Hospital District #4, King County and that I am authorized to authenticate and certify to said claim.

  
\_\_\_\_\_  
Carolyn Marks, Assistant Director Finance

**Committee Members Present:**

Jen Carter, Commissioner  
Karyn Denton, COO/CNO, Executive Chair  
Danny Scott, Director of Facilities  
Jamie Palermo, Sr. Executive Assistant

**Old Business:** None

**SRMC TI project:** Up and running! UC is performing well and the X-ray is working well.

**New Business:** Facilities Director Danny Scott introduced his plans for prioritization of work within his departments as he assumes his new role.

1. **Maintenance Issues:** No major issues. Facilities Team bringing preventative maintenance tasks current. Standard repairs ongoing.
2. **Facility Usage – As of April 2020:**
  - a) Due to COVID-19, all external uses of the community room are cancelled until further notice
3. **Environment of Care:** No Report

**Emergency Management:** Danny is integrating with local EOC and King County Emergency Management. He is also preparing tools and procedures to begin training leaders and staff on emergency responses. Focus for this year will be training and drills.

**Fire Safety Management:** All drills are current and annual fire system PM has been completed.

**Hazardous Materials Waste Management:** No Report

**Medical Equipment Management:** All bed alarms in Med/Surg are operational. Next project will be an assessment of functionality of phones in patient rooms. Staff report some phones may need replacement due to inability to use for overhead paging.

**Physical Plant:** No report

**Safe Patient Handling:** Staff being surveyed to identify any training gaps for staff and patient safety. Once these results have been received, targeted training will be implemented

**Safety Management:** Danny created an overhead paging tool and departments are practicing to ensure they have the knowledge when paging is needed.



**Security Management:** Break in at East Campus facility with police and maintenance responding. Nothing stolen and glass door was damaged. Repairs to glass were completed yesterday. New processes for Security team and increased their presence doing patrols, including East Campus. Rounding on E. Campus was not regularly occurring, but is now in place. Moving E. Campus offices will be a priority. We continue to work on enhanced security services options.

Commissioner Hauglie asked if there were plans to secure the diesel tank and contents with a locking device to prevent theft. Danny stated he would research options and bring recommendations back to the committee. – Update... No simple fix for securing the tank but increased exterior presence by security has significantly decreased after hours incidents.

**Utilities management:** No report

**Workplace Harm:** No report

**East Campus:** Break in on 4/3/22. Nothing stolen but glass door was damaged.

**Other:** No report

**Next meeting:** May 17, 11:30am – via Zoom

# Board Quality Steering Committee\*

- 2022 Quality Committee Goals – reviewed status, all on track
- Updates from Quality Committee on sub-committees and SafetyZone program
- Reviewed action items from Root Cause Analyses
- Data Review – toured SurveyVitals, our new Patient Experience Survey tool
- Approved addition of community member to Quality Committee and Board  
Quality Steering Committee, Chris Dale

\* See meeting notes and slides for details





# Board Quality Steering Committee Minutes

Date: April 13, 2022 2:00pm-3:30pm

Via Zoom



## Committee Members

- ✓ CEO – Renee Jensen
- ✓ CMO – Rachel Thompson
- ✓ Quality Program Coordinator – Ronya Berndt
- ✓ Commissioner Herron
- ✓ Commissioner Hauglie
- ✓ COO/CNO – Karyn Denton

Topic	Notes	Action Items
Call to Order Approval of minutes		
Safety Story/Reflection	Reflection: Discerning ED provider connected patient to behavioral health provider and social worker to address PTSD of recent trauma	
2022 Quality Goals	<p>Strategic Plan Goal – Health System of Choice</p> <ul style="list-style-type: none"> <li>• Maintain to Clinic Mean Score &lt;4: 4.73</li> </ul> <p>Patient Experience</p> <ul style="list-style-type: none"> <li>• Improvement in Hospital Top Box: insufficient data</li> </ul> <p>Culture of Safety</p> <ul style="list-style-type: none"> <li>• 1000 SafetyZone Submissions: 249</li> <li>• Requested response</li> <li>• Response request by month</li> </ul> <p>Infection Prevention</p> <ul style="list-style-type: none"> <li>• Develop and Present Q1 Data: Completed</li> <li>• Goal Set: Decrease CAUTI incidence</li> </ul> <p>Employee Safety</p> <ul style="list-style-type: none"> <li>• Refine Employee Safety Committee</li> <li>Discussed security measures at SVH, re-evaluating security service/ environment of safety</li> <li>• Reduce Employee Harm Events: 13/249</li> </ul>	Create visual expression of Quality Goals for Board
Safety Program	<p>Sub Committee Updates</p> <ul style="list-style-type: none"> <li>• Employee Safety Committee</li> <li>• Safe-Patient Handling Committee</li> </ul> <p>SZTF Report</p> <p>Goals for 2022:</p> <ul style="list-style-type: none"> <li>○ New Education and Training – incorporated into New Hire Orientation</li> <li>○ 249/1000 Events Submitted for 2022                             <ul style="list-style-type: none"> <li>▪ Response requested: 77/249</li> <li>▪ Completed responses: 22/249</li> <li>▪ Discussed how SafetyZone works to foster collaboration between depts., identifies trends and provides transparency</li> </ul> </li> <li>○ Lessons Learned publications</li> </ul>	
RCA	<p>RCA_02_2022</p> <ul style="list-style-type: none"> <li>▪ Resulted in improved documentation</li> <li>▪ Imaging recommendation tool deployed</li> <li>▪ Understanding of result times from Lab</li> </ul>	

	RCA_03_2022 <ul style="list-style-type: none"> <li>▪ Resulted in identifying local social support resources</li> <li>▪ Creation of an observation process/ process to contact patients without access to phone</li> </ul>	
Data Review	Patient Satisfaction – SurveyVitals Tour Reviewed SurveyVitals online, from dashboards to reporting.	
Recommendation	Discussed and approved addition of community member to QC and BQSC – Dr. Chris Dale	
Next Meeting	July 13, 2022 2:00pm – 3:30 via Zoom	



# Board Quality Steering

April 12, 2022

# Agenda

Topic
Call to order/Approval of January minutes
Reflection
2022 QC Goals
Safety Program Employee Safety Committee Safe-Patient Handling Committee SafetyZone Taskforce Update
RCA Overviews
Data Review
Recommendation

# Reflection

Paying attention to the whole person...



# 2022 Quality Goals

# 2022 QC Goals

- ▶ Health System of Choice
  - ▶ Maintain to Clinic Mean Score >4.0
    - ▶ Current rate 4.73
- ▶ Patient Experience
  - ▶ Improvement in Hospital Top Box: insufficient data
- ▶ Culture of Safety
  - ▶ 1000 SafetyZone Submissions: 249
  - ▶ Response Requested: 77/249
- ▶ Infection Prevention
  - ▶ Develop and Present Q1 Data: Completed
  - ▶ Goal Set: Decrease CAUTI incidence
- ▶ Employee Safety
  - ▶ Refine Employee Safety Committee
  - ▶ Reduce Employee Harm Events

# Safety Program

The background features a series of overlapping, semi-transparent green triangles and polygons in various shades, ranging from light lime green to dark forest green. These shapes are primarily located on the right side of the page, creating a modern, abstract design.



# Employee Safety Committee Update

- ▶ Developing materials, call for nominations
- ▶ Goal: identify & develop departmental representatives
- ▶ Goal: quarterly meetings, re-launch by end of Q2

# Safe Patient Handling Update

- ▶ Safe Patient Handling Committee Survey sent out to staff
- ▶ Will review end of April for further assessment of our training program

# SafetyZone Taskforce Update

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the slide, creating a modern, layered effect. The text is positioned on the left side of the slide, set against a plain white background.

# SafetyZone Response Request by Month

	January	February	March	April to Date
Feedback Requested	15	13	35	14
Feedback Completed	7	3	11	1

# RCA-02 Action Items

Abdominal Pain in Urgent Care

# Recognized Needs and Action Item Grid

## RCA 02\_2022 – Improve Urgent Care processes.



Recognized Need	Accountable Director	Description	Deliverables
Provider Documentation and Charting Education	Rubin	Create and deliver education for detailed care documentation, including medical decision making. Indicate standard, acceptable abbreviations.	Tool Education
Provide Imaging Selection Tools and Support	Moore	Obtain and provide a radiology selection tool for providers that presents correlation between concern/problem and test to order.	Tool Education Policy
Create guardrails for Urgent Care	Rubin	Define and create rules/requirements for specific care guidelines and characteristics for transfer directly to ED.	Tool Education Monitoring
Create communication and expectations with Urgent Care, Lab, and Rad	Bennett	Produce level of expected communications between Lab/Rad and Urgent Care.	Tool Education Policy
Develop result times for Urgent Care Orders	Rubin/Moore	Establish expected results times for Urgent Care stat orders.	Process Policy
Reconnect with Family	Moore	Reconnect with family to communicate the implementation of new processes.	Engagement

# RCA-03 Action Items

Transfer of Care

# Recognized Needs and Action Item Grid

## RCA 03\_2022 – Patient and Staff Support



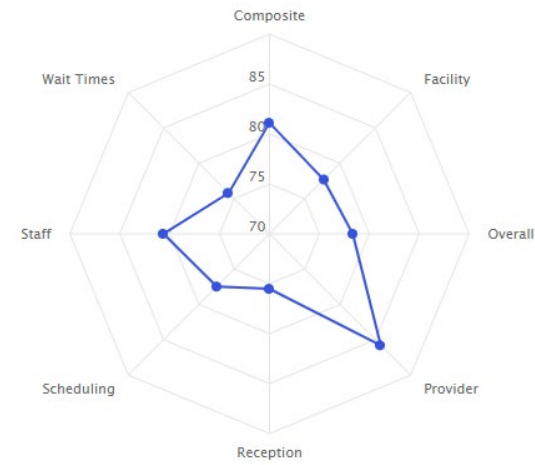
Recognized Need	Accountable Director	Description	Deliverables
Provide lab turn around time and communication for routine, STAT and critical Labs	Bennett	Look into possible delay in STAT labs. Clarify for clinics what to expect with TAT for routine vs STAT clinic based labs. TAT for outpatient, 60 minutes, routine 4hours send out 24 hours labs came back in 90 minutes. No delay, labs not ordered as stat.	Tool Education
Create process for when to wait for lab results is necessary	Moore	Develop guidelines that necessitate the need for the patient to wait in the facility for lab results. Include guidelines for Lab selection or transfer.	Tool Education Policy
Investigate social support resources are available	Johnson/Jennings	Identify community resources for patient in crisis. Tool to be provided to safety stop group. SPD hiring full time social worker has a grant	Tool Education Monitoring
Develop ED or Observation admit decision process	Denton/Thompson	Initiate process to recognize safety and dignity for someone in need. Call a huddle/safety stop; solve disposition for people on our campus who may or not need to be patients to ED or observation.	Tool Education Policy



# Patient Satisfaction

Survey Vitals Tour

By the 5s (Top Box)





# Recommendation:

Addition of community member Dr Chris Dale

**NEXT MEETING: July 13**

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the slide, creating a modern, layered effect. The rest of the slide is a plain white background.

# Medical Committee of the Board\*

- Reviewed system updates, COVID care, hospital, and clinic volumes and events.
  - *CALL OUT: Urgent Care is above target clinical volumes and receiving high praise from the community*
- Approved Medical Executive Committee of the Medical Staff's recommendation of renewals for five providers - courtesy, affiliate and tele-radiology.

\* See meeting notes for details



**PARTICIPANTS:** Dariel Norris – Commissioner; Emma Herron – Commissioner; Dr. Rachel Thompson – CMO; Jamie Palermo – Sr. Exec Assistant; Jennifer Scott – Executive Assistant

COMMUNITY													
<b>COVID</b>	<ul style="list-style-type: none"> <li>Vaccine administration averaging 40 per day.</li> <li>Testing is steady. Numerous compliments from patients regarding the staff and ease of access to our testing site.</li> </ul>												
HOSPITAL													
<b>System Wide</b>	<ul style="list-style-type: none"> <li>First wave of director access to survey vitals is in process.</li> <li>Second SafetyZone challenge plan for June</li> </ul>												
<b>Inpatient/Swing (Average Daily Census)</b>	<b>2022 Budget (pts/day)</b>			<b>March 2022 (pts/day)</b>			<b>March 2022 YTD (pts/day)</b>						
	23			22.8			21.63						
<b>Emergency (Average Daily Visit Volumes)</b>	<b>2022 Budget (visits/Day)</b>			<b>March 2022 (visits/day)</b>			<b>March 2022 YTD (visits/day)</b>						
	13			13.41			13.3						
<b>Endoscopy (Monthly Visit Volumes)</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	
	10	11	45										
	<b>2021 Monthly Average: 17.9</b>												
<ul style="list-style-type: none"> <li>Significant increase in Endoscopy visits for March. Gap closure efforts have been successful.</li> </ul>													
HOSPITAL AND RIDGE CLINICS													
<b>Monthly Visit Volumes</b>	<b>2022</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
	<b>Number of Visits</b>	1642	1501	1732									
	<b>Average per Day</b>	53	54	55									
	<b>2021 Average (Apr-Dec): 162 visits per month, 62.9 visits per day</b>												
<b>Urgent Care Volumes</b>	<b>2022</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
	<b>Number of Visits</b>	109	172	302									
	<b>Average per Day</b>	6	6	10									
<b>Updates</b>	<ul style="list-style-type: none"> <li>Urgent Care Volumes ahead of budget as of May. Large and positive social media response.</li> <li>Positions added and recruitment ongoing for Behavioral Health Therapist, Psychiatric Nurse Practitioner, and Primary Care Physician.</li> </ul>												
MEDICAL STAFF – MEC and Med Committee Recommendations:													
<b>Renewal to Courtesy Staff:</b>						<b>Renewal to Affiliate Staff:</b>							
<ul style="list-style-type: none"> <li>Samir Master, MD – Dermatology</li> </ul>						<ul style="list-style-type: none"> <li>Colyn Nouv, DPM – Podiatry</li> </ul>							
<b>Renewal to Telemedicine:</b>													
<ul style="list-style-type: none"> <li>Benjamin Iles, DO – Tele Radiology</li> <li>Justin Siegal, MD – Tele Radiology</li> <li>Xi Zhang, MD – Tele Radiology</li> </ul>													

**NEXT MEETING:** Tuesday, May 17, 2022 – 3:00pm

**Chris Dale, MD MPH**  
7314 Chanticleer Avenue Southeast  
Snoqualmie, Washington 98065  
425-747-5822 [dalecr@gmail.com](mailto:dalecr@gmail.com)

Energetic, creative, mission-driven health care delivery leader and doer.  
I love creating high-functioning, teams in complex environments and helping to lead groups of people to deliver excellent clinical care in new ways.

Mission-Focused	Thoughtful Strategy	Proven Execution
Data Excellence	Delivery Redesign	Value-Creation
Team Formation	Relentless Improvement	Touch of Fun 😊

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### **Professional Activities**

Tegria Product Group  
Chief Medical Officer  
2022-Present

- Leading development of three go-to-market advanced analytics/artificial intelligence products for healthcare
- Ensuring success of product deployments, measuring value created, especially in the population health and hospital operations spaces
- Leading clinical operations, including thought leadership, marketing, academic dissemination and sales

Swedish Medical Group  
2012-Present

Pulmonary and Critical Care Physician

- Provide inpatient Critical Care services at three Swedish campuses and the TeleICU
- Provide inpatient Pulmonary Consult services at two Swedish campuses

Swedish Health Services

Chief Medical Officer, Acute Care

2021-2022

Chief Quality Officer

2017-2021

- Team development
  - Stood up six acute care services lines to better deliver high-value care and put in place the management systems and processes to ensure their effectiveness.
  - Integrated five+ previously separate teams from different parts of the organization, including bridging the historic Swedish Medical Group/Swedish Medical Center divide, into one well-functioning division with ~120 people
  - Helped oversee spinoff of InSytu Simulation into separate LLC to better serve Providence St. Joseph Health by growing externally

- Led Swedish's COVID-19 response as HICS Operations Officer successfully and safely delivering care across all of Swedish and leading to wins including NEJM and HBR.org publication and \$2M grateful patient gift
- Pathways & Metrics
  - Led development of pathways-based care production process which led to goal performance 93% on all key clinical areas, with most exceeding the 75<sup>th</sup> percentile of national performance
  - Achieved four CMS Five Star and one Four Star hospital performance and four Leapfrog Safety Grade A hospitals and one B hospitals across Swedish.
  - Integrated two data teams and improved metrics production process, improving production effectiveness
  - "Saved" over 200 lives over ten years with implementation of hypertension and cholesterol treatment and cancer screening guidelines across 300K patient primary care population
- Quality Management
  - Codeveloped and implemented a daily management system and tiered huddle structure, tying together clinical operations across five hospitals to create a "1200 bed hospital," able to flex to meet the care needs of the community.
  - Deployed ISO-based quality management system at 5 hospitals, in conversion from Joint Commission to DNV certification
  - Moved from siloed hospital-based quality production to regional structure, sharing learnings and processes across geographic areas
  - Led > 50% reduction in number of patients harmed by hospital acquired infections over two-year period, leading to 177 patients per year not being harmed per year across five inpatient hospitals
- Safety & High-Reliability
  - Led redesign of Safety and Event Response processes, including CANDOR disclosure program implementation
  - Led conversion from legacy Culture of Safety training program to Providence St. Joseph Health-aligned High-Reliability program
- Clinical Value Improvement and Innovation
  - Led optimization of provider documentation processes, including the creation of specialty-specific discharge summaries netting ~ \$6M annually
  - Led lab and pharmacy utilization optimization projects, saving ~\$8M annually
  - Bent cost curve on inpatient pharmaceutical spend, shrinking per-patient-day drug spend by 0.7%
  - Created throughput management activity, consolidating campus-specific hospital flow work into one coordinated regional system
  - Led growth in quality-related external payer funding from \$5M/year to \$18M/year by increasing number and value of aligned quality metrics and increasing quality performance
  - Implemented electronic-tool-enabled process to increase bariatric surgery referral conversion rate to > 70%
- Academic and Community Work
  - MPH Practicum mentor for University of Washington School of Public Health
  - Board Member of Foundation for Health Care Quality
  - Publication in *NEJM*, *NEJM Catalyst* and HBR.org on healthcare delivery redesign and organizational excellence

## MultiScale Health Networks

### Chief Medical Officer

2017

- Led clinical portion of Providence St. Joseph Health joint venture focused on using realtime data from Epic EMR to improve the value of care delivered
- Helped focus visionary management team on appropriately-scoped and phased product development pipeline
  - Focused diffuse product development activities on one main product and scalable platform
  - Attempted to catalyze development of leap-forward metrics production technology, and failed during my tenure
- Developed teleICU-based severe sepsis warning-system and successfully deployed proof-of-concept pilot
  - Failed to scale technology based on technical difficulties and resource limitations in product development
- Created go-to-market strategy for Emergency Department flow-improvement work based on queuing theory and process mapping
  - Implemented product (ED:Q, later called Hive) across 30+ legacy Providence hospitals
  - Implementation associated with reduction in ED length-of-stay and left-without being seen rate
  - Product not integrated into Epic or used at terrifically high-rate
  - Technical limitations in the rate of product innovation significantly curtailed growth
- Developed pre-MVP version of legacy Providence system-wide realtime harm detection module
  - Engineering difficulties led to difficulties in product development

## Swedish Medical Group

### Medical Director Quality & Value

2013-2017

- Team development
  - Took small quality group from 7 people to integrated team of ~ 35 people
  - Transformed isolationist approach to Providence to culture of successful collaboration and strong regional engagement
  - Created wonderful esprit de corps with many value teammates who continue to work with me at Swedish
- Created population health clinical and quality strategy
  - Co-created an implementation framework and infrastructure
  - Led selection activities for quality and clinical care delivery sections of risk-based contracts, leading to participation in Medicare Shared Savings Program and ~\$5M of shared savings and ~\$4M of Medicare Advance gainsharing.
  - Raised RAF scores on main Medicare Advantage contract by 0.2
- Provider Quality Compensation
  - Developed logical and sustainable quality compensation framework for employed and contracted providers with high marks from providers and administration
  - Effectively prepared medical group for orientation towards more non-RVU-based compensation
- Metric Production



- Created effective, transparent metrics production process, including industry-best metric validation process
- Presented validation process at IHI poster presentation
- Created vital data, including weekly by provider/clinic gap report with 10,000s views annually that was used to drive top decile population health performance
- Designed continuum/episode-based care dashboards for depression, low back pain, atrial fibrillation to map the patient's journey agnostic of site of service
- Pathways
  - Created theoretical framework for clinical pathways production
  - Implemented cross-functional team process for clinical improvement involving pathways production, workflow design and reliable, locally-driven implementation
  - Presented that framework in oral presentation at IHI
  - Improved externally measured quality performance to create perennial top 5 medical group in Washington State and sustained top quartile/decile performance in key ambulatory quality metrics
  - Help lead the roll-out of Health Planet Epic module to enable Population Health workflows
- Academic and Community Work
  - Led participation in four extramural grants leading, including from CDC and PCORI, leading to \$400K in funding and 2 peer-reviewed manuscripts
  - Published Perspectives piece in New England Journal of Medicine on an approach to optimizing provider quality compensation.

Providence Health & Services  
Outcomes Research Lead  
2012-2013

- Led analysis of value of antimicrobial stewardship and teleICU programs which formed the foundation for subsequent structural changes in organization across Providence Health & Services

### **Additional Professional Activities**

2020-2021 Strategic Advisor to the CEO, KenSci, Seattle, WA  
2008 to 2009 Hospitalist, Skagit Valley Hospital, Mount Vernon, WA  
2002 to 2004 US Navy Flight Surgeon, Squadron VMA 311, Marine Corps Air Station Yuma, Yuma, AZ  
2001 to 2002 Naval Flight Surgery Student, Naval Aerospace Medical Institute, Pensacola, FL

### **Education and Training**

2018 Institute of Healthcare Improvement, Chief Quality Officer Course, Boston, MA  
2012 Masters of Public Health in Health Services, University of Washington, Seattle, WA  
2012 Certificate in Medical Management, University of Washington, Seattle, WA  
2009 to 2012 Pulmonary and Critical Care Medicine Fellowship, Clinical Research Track, University of Washington, Seattle, WA  
2007 to 2008 Chief Medicine Resident, Providence Portland Medical Center, Portland, OR  
2004 to 2007 Internal Medicine Residency, Providence Portland Medical Center, Portland, OR  
2000 to 2001 Transitional Internship, Naval Medical Center San Diego, San Diego, CA  
2000 Doctorate of Medicine, Northwestern University Medical School, Chicago, IL

1996 Bachelor of Arts in Chemistry with College Honors, University of Washington, Seattle, WA

### **Professional Society Memberships/Licenses/Board Certification**

2012 to Present American Board of Internal Medicine Certification, Critical Care Medicine  
2011 to Present American Board of Internal Medicine Certification, Pulmonary Medicine  
2008 to Present Washington State Medical License  
2008 to Present Member, American College of Chest Physicians  
2007 to Present American Board of Internal Medicine Certification, Internal Medicine  
2006 to Present Member, Society of Critical Care Medicine  
2005 to Present Member, American Thoracic Society  
2003 to Present Member, American College of Physicians

### **Community Work, Honors and Awards**

2016 to Present Foundation for Health Care Quality, Board Member  
2019-2021 Washington State Hospital Association Quality Committee and Co-chair of the Chief Nursing Officer and Quality Leader Collaborative  
2015 to 2017 Washington Health Alliance, Choosing Wisely Committee  
2013 to 2017 Washington Health Alliance, Quality Improvement Committee  
2004 US Navy Commendation Medal for duties as a Navy Flight Surgeon  
1993 to 1996 University of Washington Dean's List  
1993 to 1994 University of Washington President's Scholarship and Honors Council Scholarship

### **Publications**

1. Dale CR, Hayden SJ, Treggiari MM, et al. Association between hospital volume and network membership and an analgesia, sedation and delirium order set quality score: a cohort study. *Crit Care* 2012;16(3):R106.
2. Dale CR, Madtes DK, Fan VS, Gorden JA, Veenstra DL. Navigational Bronchoscopy With Biopsy Versus Computed Tomography—guided Biopsy for the Diagnosis of a Solitary Pulmonary Nodule: A Cost-Consequences Analysis. *J Bronchology & Interventional Pulmonology* 2012;19(4):294-303.
3. Dale CR, Bryson CL, Fan VS, Maynard C, Yanez D, Treggiari MM. A Greater Analgesia, Sedation, Delirium Order Set Quality Score is Associated with a Decreased Duration of Mechanical Ventilation in Cardiovascular Surgery Patients. *Crit Care Med* 2013;41(11):2610-17.
4. Dale CR, Kannas DA, Fan VS, Daniel SL, Deem S, Yanez ND, Hough CL, Dellit TH, Treggiari MM. Improved Analgesia, Sedation and Delirium Protocol Associated with Decreased Duration of Delirium and Mechanical Ventilation. *Ann Am Thoracic Soc* 2014;11(3):367-374.
5. Dale CR, Curtis JR. Quality Improvement in the Intensive Care Unit. In Scales DC, Rubenfeld GD eds. *The Organization of Critical Care*. New York: Humana Press; 2014.
6. Kandelwal N, Dale CR, Benkeser DC, Joffe AM, Yanez ND, Treggiari MM. Variation in Tracheal Reintubations Among Patients Undergoing Cardiac Surgery in Washington State Hospitals. *J Cardiothorac Vasc Anesth* 2015;29(3):551-9.
7. Jolley SE, Dale CR, Hough CL. Hospital-Level Factors Associated with Report of Physical Activity in Patients on Mechanical Ventilation Across Washington State. *Ann Am Thoracic Soc* 2015;12(2):209-15.
8. Corson AH, Fan VS, White T, Sullivan SD, Asakura K, Myint M, Dale CR. A Multifaceted Hospitalist Quality Improvement Intervention Decreased Frequency of Common Labs. *J Hosp Med* 2015;10(6):390-5.

9. Ness E, Hart M, Dale C, Silverman B, Benner K, Rajvanshi P, Lopez R, Pratt C, Kowdley KV. Prevalence and Characteristics of a Large Cohort of > 23,000 Patients with a HCV Diagnosis in the Providence Health & Services System, a Major Health System in the Western United States. *Gastroenterology* 2016;150(4):S924-S925.
10. Dale CR, Myint M, Compton-Phillips AL. Counting Better—The Limits and Future of Quality-Based Compensation. *N Engl J Med* 2016;375:609-11.
11. Dale CR, Mate KS, Compton-Phillips AL. Personalized Perfect Care. *NEJM Catalyst*. <https://catalyst.nejm.org/personalized-perfect-care-bundle/> Sep 29, 2017. Accessed Dec 20, 2017.
12. Dale CR. Mission and Externalities: The Imperative for Prioritization. *NEJM Catalyst*. <https://catalyst.nejm.org/mission-and-externalities-imperative/> Sep 19, 2018. Accessed Dec 11, 2018.
13. Dale CR, Hudson RG. Disrupting the Payment Model. *NEJM Catalyst*. <https://catalyst.nejm.org/disrupting-fee-for-service-model/> Apr 17, 2019. Accessed May 15, 2019.
14. Corson A, Byock I, Dale CR. Hospital-Acquired Infections and Readmissions: Let's Refocus on the Person. *American Journal of Medical Quality*. July 2019. doi:10.1177/1062860619863105.
15. Bhatraju PK, Ghassemieh BJ, Nichols M, et al. Covid-19 in Critically Ill Patients in the Seattle Region—Case Series. *N Engl J Med* Mar 2020;DOI:10.1056/NEJMoa2004500.
16. Dale CR, Welling L, Clearfield C. How One Seattle Health System is Managing the COVID-19 Crisis. *Harvard Business Review* website. <https://hbr.org/2020/04/how-one-seattle-health-system-is-managing-the-covid-19-crisis>. April 21, 2020. Accessed April 26, 2020.
17. Su Y, Chen D, Yuan D, et al. Multi-omics resolves a sharp disease-state shift between mild and moderate COVID-19. *Cell*. Published online 2020. doi:10.1016/j.cell.2020.10.037
18. Griffith MF, Levy CR, Lum HD, Teno JM, Dale CR. Trends in Advance Care Planning for Patients with COPD in an Integrated Health Care System. *Ann Am Thorac Soc*. 2020 Nov 4. doi: 10.1513/AnnalsATS.202001-077RL. Epub ahead of print. PMID: 33147425.
19. Dale CR, Starcher RW, Chang SC, et al. Surge effects and survival to hospital discharge in critical care patients with COVID-19 during the early pandemic: a cohort study. *Crit Care*. 2021;25(1):70. doi:10.1186/s13054-021-03504-w

### **Selected Grants and Extramural Funding**

1. 2014. National Institutes of Health R25 Patient Centered Outcomes and Comparative Effectiveness Training Grant. Four-year grant to develop Swedish's capacity to perform patient-centered outcomes research and comparative effectiveness research. Swedish site lead and primary mentor for 2 trainees per year.
2. 2014. Centers for Disease Control, Public Health Seattle King County. Hepatitis C Test and Cure. Four-year grant to implement population-based screening and treatment program. Site lead in charge of population-based screening program.
3. 2015. American Board of Internal Medicine Foundation. Three year Choosing Wisely implementation grant. Site lead in charge of developing metrics and implementation plan to "change three things."

### **Personal**

My wife Becca and I live in Snoqualmie, where she is an Ophthalmologist. We love hiking, skiing, exploring and hanging out with our three kids, Luke, Noah and Rachel.

## HUGE CONGRATS TO DR. THOMPSON



Dr. Rachel Thompson, SVH's Chief Medical Officer, stepped into her role as Board President for the Society of Hospital Medicine, a society that includes more than 20,000 members nationally.

Dr. Thompson said she's been an "accidental hospitalist" since 2003. In 2006, she found the local SHM chapter and became involved in the organization. She led the PNW chapter for SHM to help develop other chapters in the country. In 2017, she was elected to the Board of Directors and today she'll officially "raise the gavel" for her one-year term as President.

"To have this esteemed medical professional on the SVH team speaks volumes to the level of care we're committed to providing our community," said Renee. "We are incredibly proud of Dr. Thompson's achievements and are looking forward to congratulating her when she's back on campus. We hope you all can stop by to congratulate her, as well."

The mission of SHM is to promote exceptional care for hospitalized patients by:

- Promoting high quality and high-value health care for every hospitalized patient
- Advancing the state of the art in hospital medicine through education and research
- Improving hospitals and the health care community through innovation, collaboration and patient-centered care
- Supporting and nurturing a vibrant, diverse and multidisciplinary membership to ensure the long-term health of hospital medicine