
Agenda

- 1. 6:30PM - CALL TO ORDER/ROLL CALL**
- 2. 6:32PM – APPROVAL OF THE AGENDA - Action (vote)**
- 3. 6:35PM - BUSINESS FROM AUDIENCE – Information**
 - a. Public Comment (*please limit comments to 3 min.*)
- 4. 6:38PM - CONSENT AGENDA– See Separate Consent Agenda - Action (vote)**
- 5. 6:40PM – COMMUNICATIONS - Information**
 - a. Emma Herron, President
 - b. Skip Houser, General Legal Counsel
 - RCW 70.44.062 Commissioners', meetings, proceedings, and deliberations concerning health care provider's clinical or staff privileges to be confidential- Final action in public session.
 - King County COVID Update
 - c. CEO Report - Renée K. Jensen, CEO
- 6. 7:15PM – COMMITTEE REPORTS– Information/Discussion**
 - a. 7:15PM – Finance Committee – Commissioners Speikers/Herron
 - i. Approval of warrants, payroll and payroll taxes – June 2021 – Action (vote)
 - b. 7:30PM – Medical Committee – Commissioners Herron/Norris
 - c. 7:40PM - Facilities Committee – Commissioners Hauglie/Carter
- 7. 7:50PM – NEW BUSINESS**
 - a. Strategic Plan – Formal adoption/approval - Action (vote)
- 9. 7:55PM - GOOD OF THE ORDER/COMMISSIONER COMMENT**
- 10. 8:00PM - ADJOURNMENT**

Upcoming Meetings - Information

- Facilities Committee Meeting- September 22, 2021 12:00pm
- Finance Committee Meeting- September 28, 2021 11:30am
- Medical Committee Meeting- October 5, 2021- 4:00pm
- Education Work/Study – October 14, 2021 4:30-6:00pm
- Monthly Business Meeting – October 14, 2021 6:30pm

1. Work Study Minutes – August 12, 2021
2. Regular Meeting Minutes – August 12, 2021
3. Physician Credentialing
 - a. Erika Schroeder, MD – Emergency Medicine- Initial Privileging
 - b. Peter Toth, MD – Emergency Medicine - Initial Privileging
 - c. Elmira Basaly, MD – Tele-Hospitalist - Initial Privileging
 - d. Sulakshna Dhamija, MD – Tele-Hospitalist - Initial Privileging
 - e. Thomas Lee, MD – Tele-Hospitalist- Initial Privileging
 - f. Nikolay Kolev, MD – Tele-Hospitalist- Initial Privileging
 - g. Gavind Niamatali, MD – Tele-Hospitalist- Initial Privileging
 - h. Deborah Martin, ARNP - Initial Privileging
 - i. Tammy Moore, ARNP- Initial Privileging
 - j. Tahana Salvadalena, ARNP- Initial Privileging
 - k. Anne McLellan, DO – TeleRadiology- Extend Provisional 6 months
 - l. Justin Siegal, MD – TeleRadiology -Extend Provisional 6 months
 - m. Stephen Marshall, MD – Emergency Medicine-Extend Provisional 6 months
 - n. L. Scott Shinneman, MD – Emergency Medicine- Transition from Provisional to Active
 - o. John B. Tanner, MD – Emergency Medicine- Transition from Provisional to Active
 - p. Marcus Trione, MD – Emergency Medicine- Transition from Provisional to Active
 - q. Brandon Tudor, MD – Emergency Medicine- Transition from Provisional to Active
 - r. Robert Van Hare, MD – Emergency Medicine- Transition from Provisional to Active
 - s. Samir Master, MD – Dermatology - Transition from Provisional to Courtesy
 - t. Breana Taylor, MD – Neurology- Renewal to Telemedicine by Proxy (UW)
5. Authorization: Verbal authorization from President Herron and Secretary Hauglie for CEO to sign minutes and Physician Credentialing on their behalf.

DRAFT



PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY
Board of Commissioners
August 12, 2021
MINUTES
WORK/STUDY
4:30pm-6pm
Via Zoom

PRESENT:

Emma Herron, President
Dariel Norris, Vice President
Kevin Hauglie, Secretary
David Speikers, Commissioner
Jen Carter, Commissioner

ALSO PRESENT:

Renée Jensen, CEO
Karyn Denton, COO/CNO
Patrick Ritter, CFO
Rachel Thompson, MD, CMO
Charles (Skip) Houser, General Counsel
Dheena Rathod, Clerk

Amy Frentzen

CALL TO ORDER: The meeting was called to order by Pres. Herron at 4:30 pm followed by roll call. This meeting was held via Zoom virtual meeting pursuant to Proclamation 20-28 issued by Washington State Governor Inslee. All parties listed above were on the call. For public attendance the call-in number was posted prior to the meeting.

APPROVAL OF AGENDA:

A motion was made and seconded to approve the agenda as proposed. M/Norris S/Hauglie

There were no objections or changes to the Agenda.

PUBLIC COMMENT: Bryan Holloway, Snoqualmie Council Member in attendance with no comments.

EXECUTIVE REPORT:

- a. CEO – Renée Jensen
- b. HR Presentation – presentation given by Amy Frentzen, HR Manager

Minutes of this meeting, once approved, are available on the District's website at www.snoqualmiehospital.org under the Governance page. Copies of any presentations and/or documents are available upon request by contacting Administration at 425.831.2362.

Upcoming Meetings -

- Education Work/Study – Thursday, September 9, 2021 – 4:30pm-6pm
- Monthly Business Meeting – Thursday, September 9, 2021 – 6:30pm

The meeting adjourned at 5:34 pm.

Kevin Hauglie, Secretary

Recording Clerk



DRAFT

PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY
Board of Commissioners
August 12, 2021, 6:30 pm
MINUTES
Via Zoom

PRESENT:

Emma Herron, President
Dariel Norris, Vice President
Kevin Hauglie, Secretary
David Speikers, Commissioner
Jen Carter, Commissioner

ALSO PRESENT:

Renée Jensen, CEO
Karyn Denton, COO/CNO
Patrick Ritter, CFO
Rachel Thompson, MD
Charles (Skip) Houser, General Counsel
Dheena Rathod, Clerk

CALL TO ORDER: The meeting was called to order by Pres. Herron at 6:34pm, 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 AGENDA:

A motion was made and seconded to approve the agenda as proposed. M/Norris S/Hauglie

The motion passed by unanimous vote.

PUBLIC COMMENT: Bryan Holloway, Snoqualmie Council Member, and Sydney Zvara in attendance with no comments.

CONSENT AGENDA:

A motion was made and seconded to approve the consent agenda as proposed, which includes approval of minutes. M/Carter S/Norris

The motion passed by unanimous vote.

COMMUNICATIONS:

- President Herron: Sherry Jennings, Director of Engagement & Strategic Communication has worked very hard on community outreach, SVH is honored to be the grand marshal for railroad days parade. All SVH employees and commissioners are invited to attend and represent SVH.
- General Counsel Houser:
 - RCW 70.44.062 Staffing Privileges and Quality Improvement Committee and Confidentiality
 - King County COVID Update
- CEO Report: Reference CEO Report.

COMMITTEE REPORTS

1. Finance Committee Report - Approval of warrants, payroll and payroll taxes – June 1 thru June 30, 2021. Written minutes from the July 27, 2021 meeting for the June 2021 finances were provided as part of the board packet and reported by Commissioner Speikers, Committee Chair. Both Commissioners Speikers and Herron attended the meeting via Zoom. The committee is scheduled to next meet on August 31, 2021 to review July 2021 finances.

1(a). Approval of Warrants, Payroll and Payroll taxes – June 2021.

A motion was made and seconded to approve total disbursements that includes payroll warrants, hospital and clinic payroll, auto deposits, hospital and clinic payroll taxes, retirement and matching plans, as well as all accounts payable warrants in the total amount of \$3,627,930.30 for June 1 thru June 30, 2021, as recommended by the Finance Committee.

M/Speikers S/Hauglie

The motion carried by unanimous vote.

2. Medical Committee Report. Written minutes from the August 2, 2021 meeting were provided as part of the board packet and reported by Commissioner Norris, Committee Chair. Both Commissioners Norris and Herron attended the meeting via Zoom. The committee is scheduled to next meet on September 7, 2021.

3. Facilities Committee Report. Written minutes from the July 28, 2021 meeting were provided as part of the board packet and reported by Commissioner Hauglie, Committee Chair. Commissioner Hauglie attended the meeting via Zoom. Commissioner Carter did not attend the meeting due to an excused absence. The committee is scheduled to next meet on August 25, 2021.

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

NEW BUSINESS:

- a. EMR Migration Approval

A motion was made and seconded to direct the executive team to proceed with EMR migration to Epic via provisioning through Overlake. M/ Carter S/ Hauglie

A vote was taken with a roll call vote requested.

President Herron – yes

Vice President Norris – yes

Secretary Hauglie – yes

Comm. Speikers – yes

Comm. Carter – yes

The motion carried by unanimous vote.

- b. Resolution No. 677- 0812– Disposal of Surplus Equipment- check number

M/ Speikers S/ Norris

The motion carried by unanimous vote.

- c. COVID Vaccine Policy – The board was educated on the new policy for hospital employees to be fully COVID-19 vaccinated. Board members are in support of the policy and understand the state mandates for healthcare workers.

- d. CEO Evaluation Process – the board agreed that the CEO will be evaluated at the one year anniversary in November/December of 2021.

EXECUTIVE SESSION:

Executive Session is convened to discuss the following topics, as permitted by the cited sections of the Revised Code of Washington (RCW 42.30.110):

- (g) To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee.

ADJOURN TO EXECUTIVE SESSION at 7:51pm

RECONVENED at 8:27pm

GOOD OF THE ORDER/COMMISSIONER COMMENT:

ADJOURNED at 8:29pm

UPCOMING PUBLIC MEETINGS:

Education Work/Study – Thursday, September 9, 2021, 4:30-6:00pm

Monthly Business Meeting – Thursday, September 9, 2021 2021, 6:30pm

Kevin Hauglie, Board Secretary

Recording Clerk

RCW 70.44.062**Commissioners' meetings, proceedings, and deliberations concerning health care providers' clinical or staff privileges to be confidential—Final action in public session.**

(1) All meetings, proceedings, and deliberations of the board of commissioners, its staff or agents, concerning the granting, denial, revocation, restriction, or other consideration of the status of the clinical or staff privileges of a physician or other health care provider as that term is defined in RCW 7.70.020, if such other providers at the discretion of the district's commissioners are considered for such privileges, shall be confidential and may be conducted in executive session: PROVIDED, That the final action of the board as to the denial, revocation, or restriction of clinical or staff privileges of a physician or other health care provider as defined in RCW 7.70.020 shall be done in public session.

(2) All meetings, proceedings, and deliberations of a quality improvement committee established under RCW 4.24.250, 43.70.510, or 70.41.200 and all meetings, proceedings, and deliberations of the board of commissioners, its staff or agents, to review the report or the activities of a quality improvement committee established under RCW 4.24.250, 43.70.510, or 70.41.200 may, at the discretion of the quality improvement committee or the board of commissioners, be confidential and may be conducted in executive session. Any review conducted by the board of commissioners or quality improvement committee, or their staffs or agents, shall be subject to the same protections, limitations, and exemptions that apply to quality improvement committee activities under RCW 4.24.240, 4.24.250, 43.70.510, and 70.41.200. However, any final action of the board of commissioners on the report of the quality improvement committee shall be done in public session.

[2005 c 169 § 1; 1985 c 166 § 1.]

"I CANNOT SAY WHETHER THINGS WILL GET BETTER IF WE CHANGE; WHAT I CAN SAY IS THEY MUST CHANGE IF THEY ARE TO GET BETTER." – GEORG C. LICHTENBURG

Foundational Elements

Building essential infrastructure to support a healthy future.

- **Electronic Medical Record (EMR)** – The board of commissioners voted to support the implementation of Epic provisioned through Overlake hospital. The executive team is busy finalizing the agreements and preparing the organization for this enormous body of work to come.
- **Executive Assistant** – Recruitment efforts are underway to replace this position which supports the board of commissioners. We have interviewed and screened many candidates and are in the final selection process. Two very qualified candidates are being considered, we anticipate extending an offer to one within a week.
- **Night time hospitalist coverage** – Wall-e is LIVE! Wall-e is our new “robot” that will provide sight and sound for our remote hospitalist physicians. The team did a live mock patient visit this week to test the technology before the anticipated go live mid-September.
- **DAX** – Dragon Ambient Experience is a new artificial intelligence software that we are launching in the outpatient clinic setting. This software will assist the providers in accurately and timely documenting patient visits and encounters. The goal will be to reduce provider burn out by reducing the burden of documentation. Added benefits will be charge capture, accuracy of visit notes, and timely charting.

Health System of Choice

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

- **Physical space improvements** – We continue to work towards a remodel of the existing “gift shop” space to host a more inviting space for our Trail Youth partnership. We have received several bids to replace flooring, insert drains and install water to this area. Funds for this project will be a combination of donations, grants and plant improvement budget.
- **Customer Service Training** – Beginning efforts to implement a formal customer service training for all existing staff as well as integrating into the redesign of New Employee Orientation. Thank you to our managers who have taken this project under their wings and helped to get it launched.
- **ED Press Ganey Scores** – The ED published amazing overall scores for patient satisfaction this month. They have three months of strong scores recognizing a trend and a dramatic improvement over last year. Highlights of the report and a summary assessment will be presented at the board work study meeting this month.

- **Community Engagement Efforts –**

- **Community Meetings**

- Zoom meeting with Snoqualmie Police Chief Phipps, HB 1310 discussion with ED, Facilities
 - Field Trip to meet Johann Sasyniuk (Sifu) with Exec Team, using this to craft connections with younger demographic
 - Introduced SRMC providers with Friends of Youth and Brooks Power provider to talk about children and school refusal communication
 - Moved AMR discussion to facilities and exec team to explore opportunities further (EMS outreach)
 - Outreach to Snoqualmie Fire to gauge support for and ability to provide personnel for COVID vaccine ramp up
 - Outreach to Pineapple Yoga to explore future joint ventures to support community wellness.

- **Local events**

- Fall City National Night Out (Aug. 1)
 - Booth and COVID Vaccines, Coordinated, saw 8 people get vaccinated, met with EMS while there
 - Supported communication and coordination for SVSD Vaccination Clinics (Aug. 17-19)
 - Clinic Vaccinations
 - Coordinated First Aid and Parade Participation for Railroad Days (Aug. 28-29)
 - First Aid Tent
 - SVH is Grand Marshal of the Parade

People

Recruit and retain the highest caliber SVH team to successfully execute the vision of the “New SVH”.

- **Employee Picnic** – Although Mother Nature found it funny to provide cold rainy weather for the first time in months, we still managed to have a fun BBQ for our staff. We moved in doors with an amazing lunch provided by our dietary team and fun games with prizes compliments of our HR team. Thank you to several of our commissioners for stopping by and joining us!
- **Volunteers** – Currently we do not have a volunteer program however, we are exploring the use of volunteers with our COVID testing and vaccinations. We hope a small group of volunteers in a well-managed setting will be the start to a future program with more robust opportunities for community participation.
- **Staff Vaccination Rate** – We are excited to report that we are at a 93% vaccination rate for our staff! This is significantly higher than the county rates and many other healthcare

organizations. We are on track to be fully immunized or exemptions in place by the Governor's mandate on October 18th.

Community Health Needs

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

- **Ridge Clinic Expansion/Urgent Care** – PCL was selected as the successful bidder for the urgent care project. Teams on both sides are in high gear with the goal of opening the UC as soon as possible. All the same timing challenges exist but we are working together to mitigate the delays as best as possible. Realistically, we are now looking at an October opening date but for sure by year end!
- **COVID Vaccines** – Our FEMA contract has been extended to the end of the year. We are in full swing of ramping up capacity to be able to serve increased demand due to mandates, the anticipated booster shots and the approval of kids 5+. Our goal will be to have stable capacity for 150 doses per week day. We are currently providing around 50 per day.
- **COVID Testing** – With low volumes and to accommodate appointments, we had originally moved COVID testing to the ridge clinic. Unfortunately after a short period we experience a dramatic rise in the demand for testing which required testing to be relocated at the drive in location on our main campus. Thanks to the flexibility and creativity of our team we continue to offer both testing and vaccines all day instead of splitting ½ days. This has been well received by the community. We are currently performing about 110 COVID tests per day which has challenged our team not only for logistics with collection but processing and resulting.
- **COVID treatment and follow up care** – Through the efforts of Dr. Rubin, we have been able to reach out to COVID positive patients and offer them follow up consults as well as infusions to assist with their recovery. We are actively developing and growing this program to support our community.
- **Wellness Dexa Scans** – We had a very energizing meeting with the owner and leaders of Pineapple yoga. We are exploring the integration of Dexa into services that could support the fitness goals of their members as well as other creative ideas of how our common visions of wellness might align to better serve the community.
- **Northwest Momentum ACO** – We are wrapping up a successful year of participation with the ACO activities. However in 2022 the model will be changing and introducing more financial risk into the model with a direct contracting method. Given our current changing environment and need to focus on our clinic operations we will opt to NOT participate in 2022 and instead focus our value based work with the Eastside Health Network and independent contracts. We will reevaluate the options for participation with the collaborative for 2023.

Financial Stewardship

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

- **See finance summary prepared by CFO Ritter for more details on financial performance.**
- **Strategic Plan resourcing** – We are quickly moving into budget season. This will be a challenging year for the finance team as we are asking them not only to budget during a worldwide pandemic with unforeseeable conditions but we also want to incorporate funding the initiatives identified during the strategic planning process. This means we will not be budgeting for business as usual and there will be many assumptions and unknowns that we will need to contend with.

Board Education Opportunities

1. September 10th –
 - **Charity Care**
 - Taya Briley & Zoshia Stanley
 - Webinar (Register on WSHA Website)
2. September 16th – Dec 9th
WSHA Annual Meeting - eSeries (10:00 – 11:00AM PST)
 - **September 16** - Hannah Ubl, Corporate Culture Expert
 - **September 30** - Dr. Kevin Jenkins, DEI Expert
 - **October 28** - Nicole Malachowski, USAF Pilot, Resiliency Expert
 - WSHA Business Meeting & Award Presentation
 - **November 11** - Phil Gwoke, Multi-Generational Workforce Expert
 - **December 9** - Dr. Abdul El-Sayed, America Dissected Podcast Host

Respectfully Submitted,

Renée K. Jensen



Public Hospital District No. 4, King County
Finance Committee
Minutes
Tuesday, August 31, 2021

Committee Members:

David Speikers	Commissioner, Chair of Finance
Emma Herron	Commissioner, President
Renee Jensen	CEO
Patrick Ritter	CFO
Karyn Denton	COO
Jim Baldauf	Finance Director
Marie Cabrera	Finance Director

Income Statement Narrative:

The District's net patient revenue was 9% above budgeted income. A daily inpatient census of 23.5 exceeded budgeted projections for July. ED visits set a new record for total patients. 434 patients received care in the ED in July the second month in a row that visits exceeded budget. The Inpatient, Outpatient, ED and Clinic department's revenues all were above budget. Gross revenues were \$5.7 million for the month. The District had \$266,000 Operating income for July which was 24% above budget.

Expenses were above budgeted projections for July. The negative variances were up due to patient volume, and timing of invoices paid. SHV had a positive net income of about \$90,000 in July. The total Net Income was slightly lower than budget projections but still a positive bottom line without the addition of COVID funds.

Expense Variances

Professional Fees were \$214000 above budget—about \$90,000 were payments of prior month invoices for May and June not received from the staffing agencies until July. The remaining portion is as follows:

- \$35,000 was due to lab staff shortage and payment for Lab Medical Director
- \$22000, for ED/Med Surg CNA/Sitters.
- \$67000 Med Surg nursing related.

Supplies were \$41000 above budget— The increase is due to higher patient visits across the district and the increased item expenses of basic supplies.

Repairs and Maintenance \$3300: MRI repairs.

Other Expense \$24000: Expenses were attributed to Recruitment Expenses, Taxes, and Subscriptions.

Balance Sheet Highlights:

- Assets increase
 - Cash Up ~500,000
 - Net Income and Tax Receivable
- Current Liabilities Decrease
 - AP Decrease
 - Current payment for CMS Advances
- Long Term Liabilities Decrease
 - Lease payments for Long Term Leases
- Increase in Equity
 - Net Income \$90,000

Cash Flow Statement Highlights:

- **Operating Activities Increase ~500,000**
 - Tax Receivable
 - Net Income

AR Days Goal 55

- 57 Days
- AR increase due to increase in volumes and revenue over June (\$500,000)

Bond Covenants: (Snapshot forecast)

- Debt Coverage 4.23 requirement 1.20
- Reserve Requirement is at \$3,675,188 as required.
- Days cash is 191. The bond requirement is 60

Commissioner Comments:

None.

NEXT MEETING: Tuesday, September 28, 2021 – 11:30am-1:00pm – Zoom

Approved:

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 July 1 to July 31, 2020

Northwest Bank Accounts Payable Warrants

\$1,662,466.66	Accounts Payable Warrants Warrants #73134 to #73464
<u><u>\$1,662,466.66</u></u>	

Northwest Bank Payroll Warrants & EFT

Note: Three Payrolls in July

\$4,054.07	Payroll Warrants #14025 to #14031
1,553,409.42	Hospital & Clinic Payroll Auto Deposits
554,580.97	Hospital & Clinic Payroll Tax
137,999.27	Hospital & Clinic Retirement 457, 403B, & 403B Match Plans
<u><u>\$2,250,043.73</u></u>	

GRAND TOTAL

<u><u>\$3,912,510.39</u></u>

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

Kim Witkop, M.D., Interim District Superintendent

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

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PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

JULY 2021 FINANCE COMMITTEE

SLIDES

AUGUST 31, 2021

Financial Statements

KING COUNTY HOSPITAL DISTRICT # 4
HOSPITAL & CLINICS COMBINED
STATEMENT OF OPERATIONS
ACTUAL vs BUDGET
JULY 2021

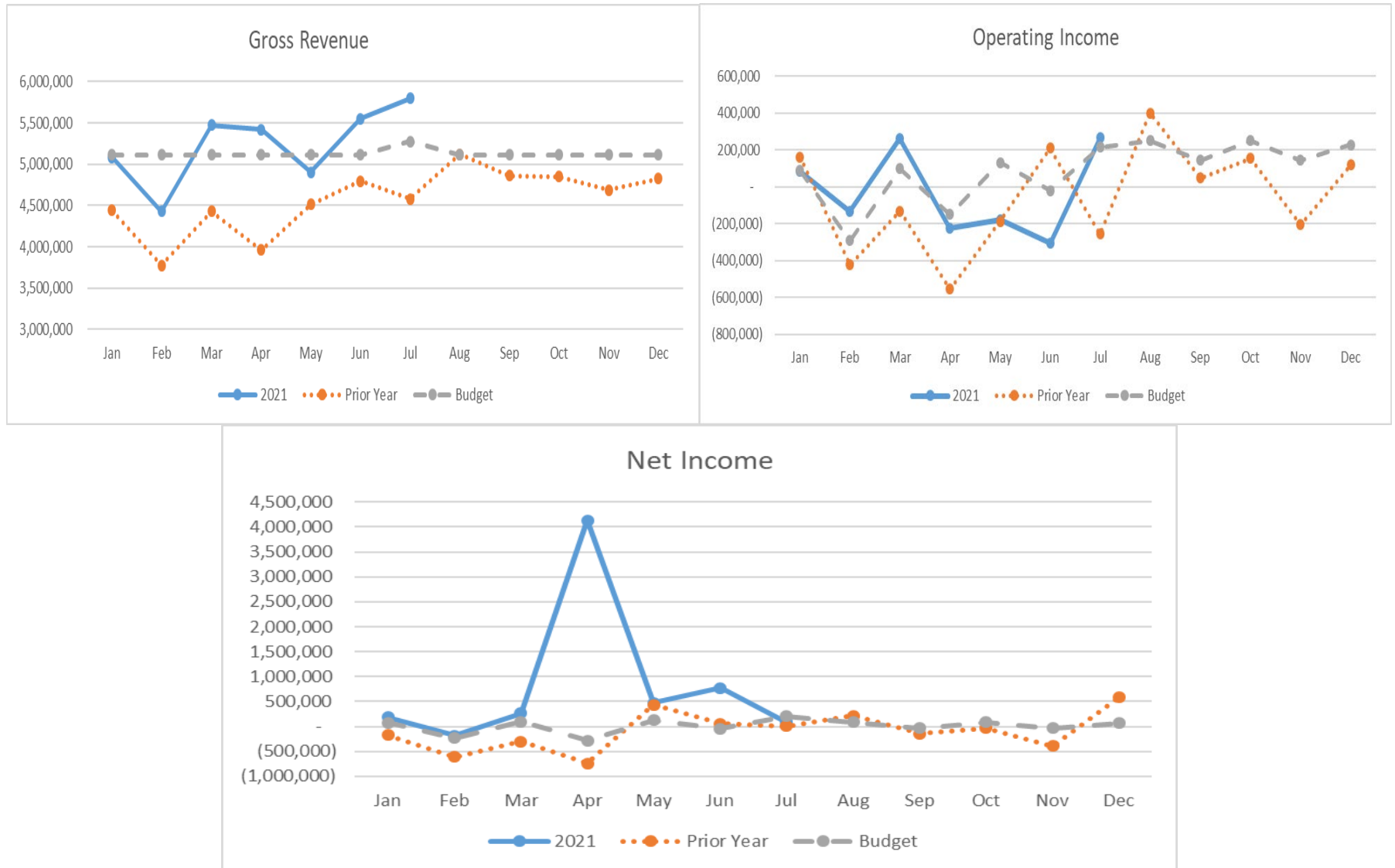
CURRENT MONTH					YEAR TO DATE			
ACTUAL	BUDGET	VARIANCE	% VARIANCE		ACTUAL	BUDGET	VARIANCE	% VARIANCE
\$ 3,870,074	\$ 3,543,723	\$ 326,351	9%	NET PATIENT SERVICE REVENUE	\$ 24,726,430	\$ 23,442,362	\$ 1,284,068	5%
85,917	87,161	(1,244)	-1%	TAXATION FOR OPERATIONS	574,212	596,071	(21,859)	-4%
27,767	44,067	(16,300)	-37%	OTHER	304,576	310,085	(5,509)	-2%
3,983,758	3,674,951	308,807	8%	TOTAL OPERATING REVENUE	25,605,218	24,348,518	1,256,700	5%
				OPERATING EXPENSES				
1,632,449	1,657,285	24,836	1%	SALARIES	11,768,662	11,600,995	(167,667)	-1%
368,993	385,504	16,511	4%	EMPLOYEE BENEFITS	2,662,809	2,698,528	35,719	1%
537,262	322,250	(215,012)	-67%	PROFESSIONAL FEES	3,126,740	2,254,043	(872,697)	-39%
295,326	254,720	(40,606)	-16%	SUPPLIES	2,052,225	1,783,040	(269,185)	-15%
24,979	21,639	(3,340)	-15%	REPAIRS AND MAINTENANCE	171,732	151,473	(20,259)	-13%
42,993	36,262	(6,731)	-19%	UTILITIES	312,710	253,834	(58,876)	-23%
330,689	327,921	(2,768)	-1%	PURCHASED SERVICES	2,427,687	2,295,447	(132,240)	-6%
12,036	14,583	2,547	17%	INSURANCE	94,918	102,081	7,163	7%
64,145	63,641	(504)	-1%	LEASE AND RENTALS	423,387	445,487	22,100	5%
336,910	328,882	(8,028)	-2%	DEPRECIATION	2,304,301	2,302,174	(2,127)	0%
71,730	48,122	(23,608)	-49%	OTHER	377,194	339,404	(37,790)	-11%
3,717,512	3,460,809	(256,703)	-7%	TOTAL OPERATING EXPENSES	25,722,365	24,226,506	(1,495,859)	-6%
266,246	214,142	52,104	24%	OPERATING INCOME	(117,147)	122,012	(239,159)	196%
6,878	10,701	(3,823)	-36%	INVESTMENT INCOME, NET OF AMOUNT CAPITALIZED	48,607	73,182	(24,575)	-34%
259,975	260,160	(185)	0%	TAXATION FOR BOND PRINCIPAL & INTEREST	1,820,842	1,779,159	41,683	2%
(433,410)	(428,346)	(5,064)	-1%	INTEREST EXPENSE, NET OF AMOUNT CAPITALIZED	(2,982,731)	(2,996,507)	13,776	0%
(9,096)	(9,096)	(0)	0%	BOND ISSUANCE AND FINANCING COSTS	(63,675)	(63,672)	(3)	0%
	148,015	(148,015)	100%	NON OPERATING REV - PROVIDER RELIEF FUNDS	6,540,212	1,012,233	5,527,979	-546%
-	11,882	(11,882)	-100%	OTHER NET	219,922	81,257	138,665	171%
(175,653)	(6,684)	(168,969)	-2528%	NON OPERATING, NET	5,583,177	(114,348)	5,697,525	4983%
90,593	207,458	(116,865)	-56%	CHANGE IN NET POSITION	5,466,030	7,664	5,458,366	71221%
-	-			NET POSITION BEGINNING OF YEAR	-	-	-	
\$ 90,593	\$ 207,458	\$ (116,865)	-56%	NET POSITION	\$ 5,466,030	\$ 7,664	\$ 5,458,366	71221%

SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	JUNE 2021	JULY 2021
ASSETS		
CURRENT ASSETS		
UNRESTRICTED CASH	11,158,518	12,104,878
BOARD RESTRICTED FUNDS	102,277	102,277
CMS ADVANCE PAYMENT	10,218,410	9,721,065
MANDATED RESERVE FUNDS	10,372,386	10,389,529
TOTAL CASH	31,851,590	32,317,748
ACCOUNTS RECEIVABLE	9,275,808	9,520,193
LESS A/R ALLOWANCES	2,955,811	3,155,053
COST REPORTS RECEIVABLE	463,926	463,926
EMR MEANINGFUL USE	-	-
TOTAL NET RECEIVABLE	6,783,924	6,829,066
TAXES RECEIVABLE	2,016,011	1,998,622
INVENTORY	242,556	251,254
PREPAID EXPENSES	104,948	81,981
INTANGIBLE ASSETS	3,116,583	3,107,486
OTHER RECEIVABLES	1,412,146	34,126
TOTAL CURRENT ASSETS	45,527,758	44,620,283
FIXED ASSETS		
LAND AND IMPROVEMENTS	26,604,969	26,604,969
BUILDINGS	32,474,803	32,475,968
MOVABLE EQUIPMENT	8,904,881	8,915,959
INFORMATION SYSTEMS	4,702,979	4,702,979
RIGHT TO USE ASSET	1,303,861	1,214,780
LESS: ACCUMULATED DEPRECIATION	23,955,903	24,211,157
NET FIXED ASSETS	50,035,591	49,703,498
TOTAL ASSETS	95,563,349	94,323,781

SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	JUNE 2021	JULY 2021
LIABILITIES AND FUND BALANCES		
CURRENT LIABILITES		
NOTES PAYABLE	966,000	966,000
COST REPORTS PAYABLE	-	-
ACCOUNTS PAYABLE	872,170	832,345
ACCRUED PAYROLL & TAXES	2,696,693	2,211,686
ACCRUED INTEREST (BONDS)	180,074	328,837
OTHER CURRENT LIABILITIES	(71,551)	(68,091)
CURRENT PORTION LONG TERM DEBT	1,589,583	1,547,917
CURRENT PORTION CMS ADVANCE PAYMENT	3,354,524	2,857,179
DEFERRED STIMULUS REVENUE	-	-
DEFERRED TAX REVENUE	1,996,683	1,655,392
TOTAL CURRENT LIABILITIES	11,584,175	10,331,264
LONG TERM LIABILITIES		
LIABILITY RIGHT TO USE ASSET	1,280,064	1,202,815
CMS ADVANCE PAYMENT PAYABLE	6,863,886	6,863,886
LONG TERM LIABILITIES (LTGO BONDS)	45,790,000	45,790,000
REVENUE BONDS	45,453,321	45,453,321
TOTAL LONG TERM LIABILITIES	99,387,271	99,310,022
EQUITY/FUND BALANCE PERIOD END	(15,408,098)	(15,317,505)
TOTAL LIABILITY + EQUITY/FUND BALANCE	95,563,349	94,323,781

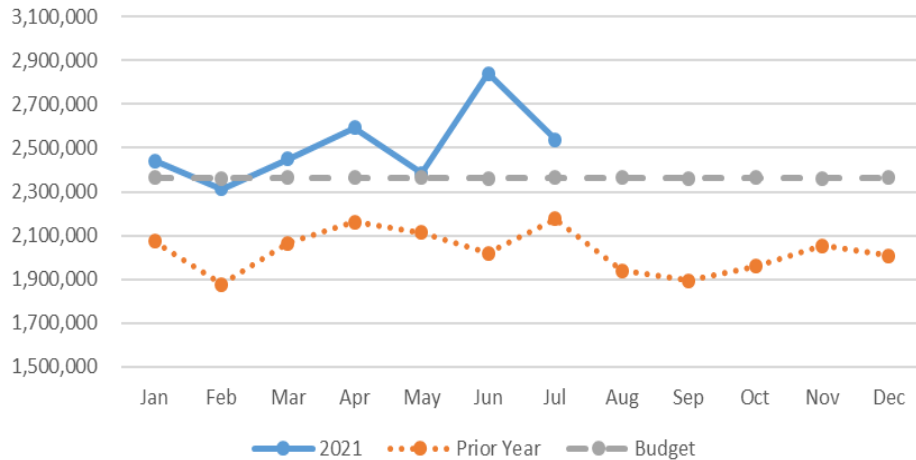
STATEMENT OF CASH FLOWS		
SOURCE AND APPLICATION OF FUNDS	JUNE 2021	JULY 2021
Net Income	767,589	90,593
Add (Deduct) items not affecting cash:		
Depreciation expense	255,254	255,254
(Increase) decrease in accounts receivable	(619,829)	(45,142)
(Increase) decrease in current assets		
Tax Receivable/Other Receivable	83,113	1,395,409
Inventory	13,643	(8,698)
PrePaid Expenses	(5,213)	22,968
Intangible Assets	9,096	9,096
Increase (decrease) in current liabilities		
Notes and Loans Payable	-	-
Accounts Payable	(17,829)	(39,826)
Accrued Payroll & Taxes	255,596	(485,007)
Accrued Interest (Bonds)	(938,906)	148,763
Other Current Liabilities	11,970	3,460
Deferred Stimulus Funds	(1,110,285)	(497,345)
Current Long Term Debt	(41,667)	(41,667)
Deferred Tax Revenue	(341,291)	(341,291)
Other (net)	(0)	-
Net Cash provided by operating activities	(1,678,758)	466,569
CASH FLOW FROM INVESTING ACTIVITIES		
Investment in plant and equipment		
Land	-	-
Buildings	(10,373)	(1,165)
Equipment	(10,406)	(11,078)
Right to Use Assets	81,656	89,081
Net cash used for investing activities	60,877	76,839
CASH FLOW FROM FINANCING ACTIVITIES		
Change in long-term liabilities	(77,028)	(77,249)
Increase (decrease) in cash	\$ (1,694,909)	\$ 466,158
Beginning Cash Balance	33,546,500	31,851,590
Ending Cash Balance	31,851,590	32,317,748

Financial Dashboards (Revenue & Income)

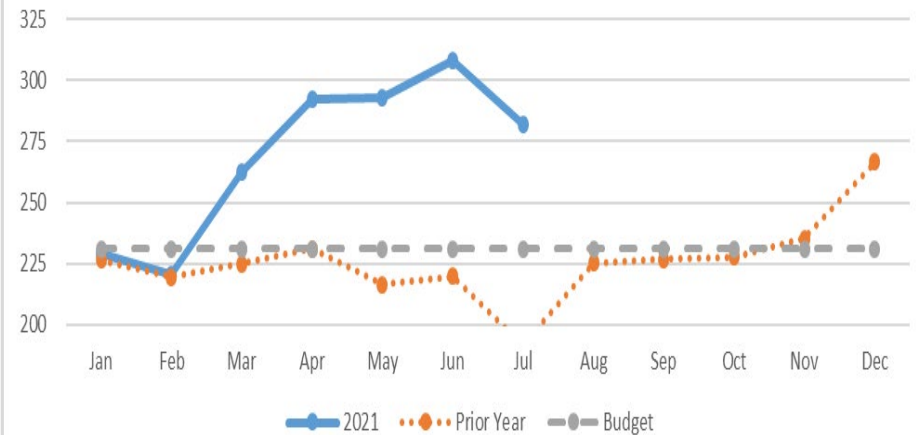


Financial Dashboards (Expenses)

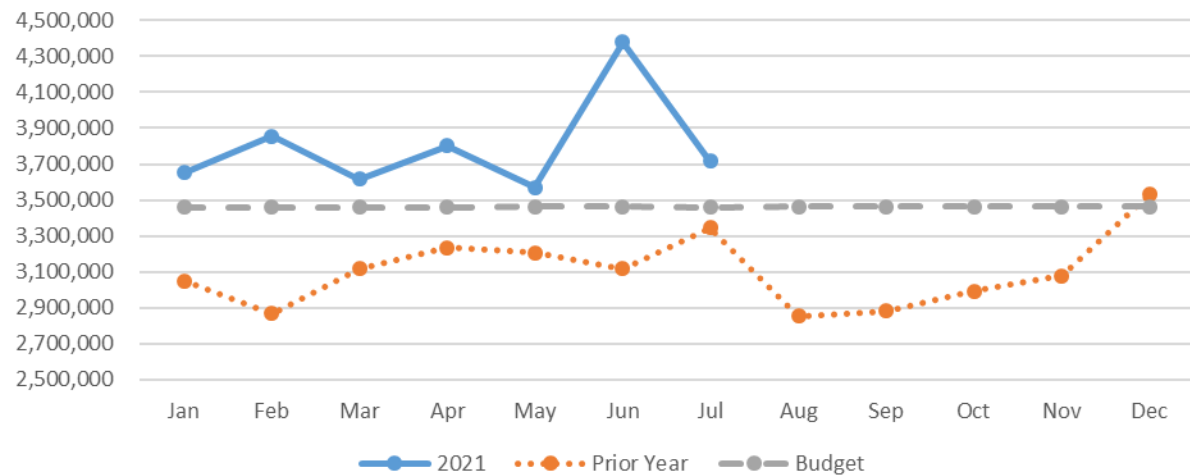
Salary Wages and Benefits



FTEs

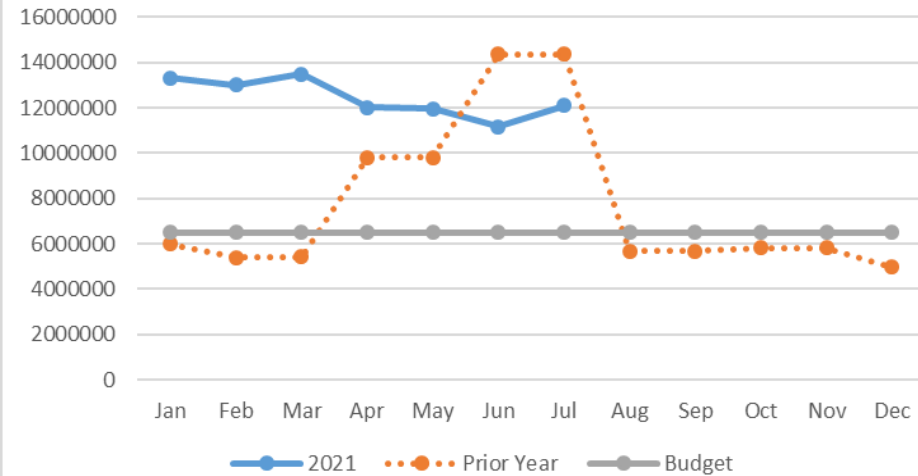


Operating Expenses

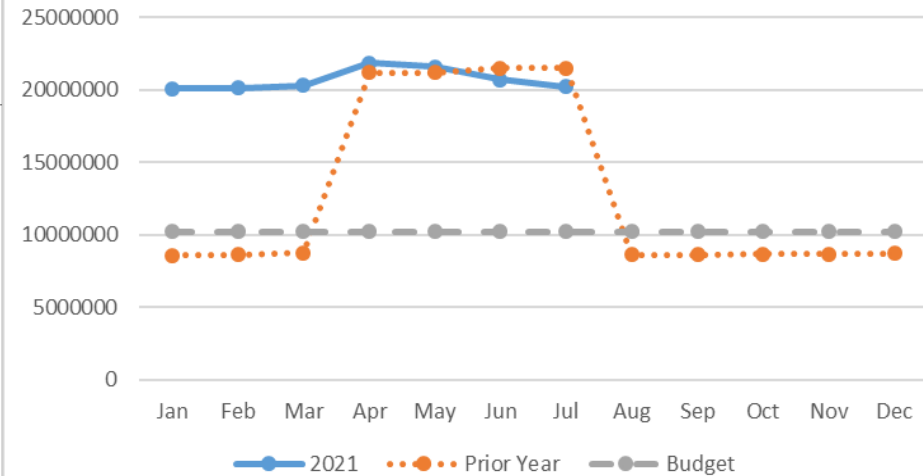


Financial Dashboards (Cash)

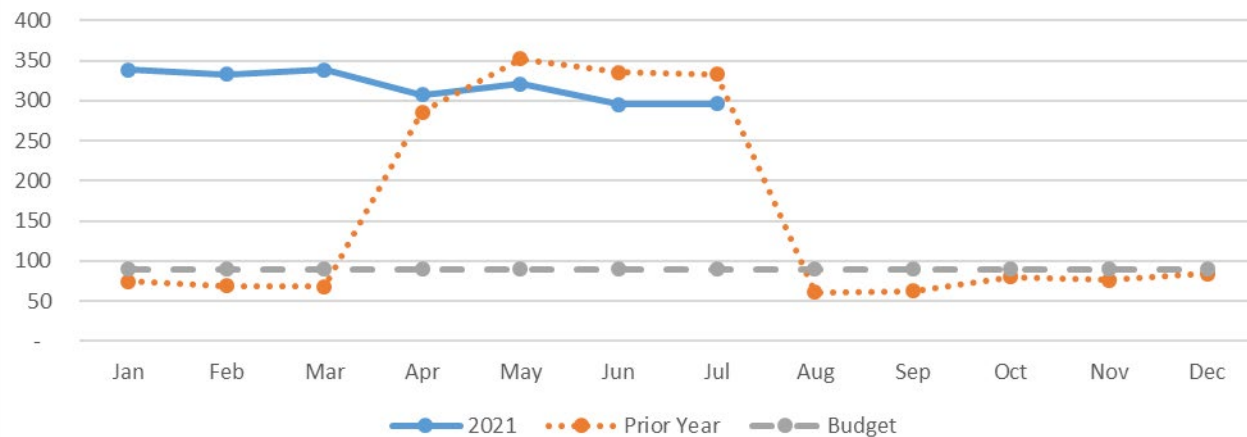
Unrestricted Cash



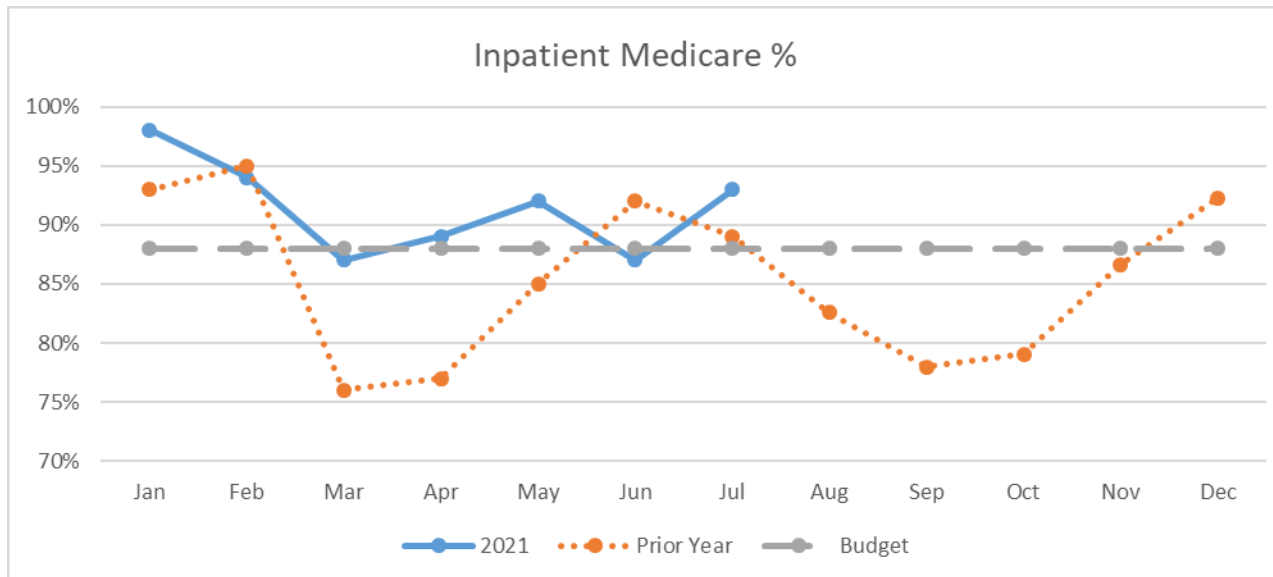
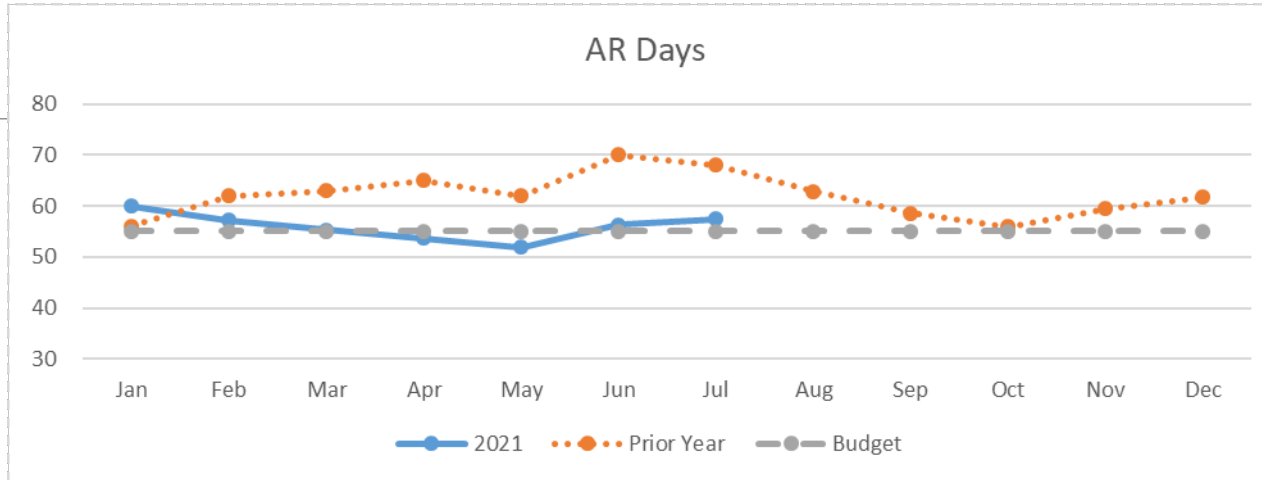
Restricted Cash



Days Cash

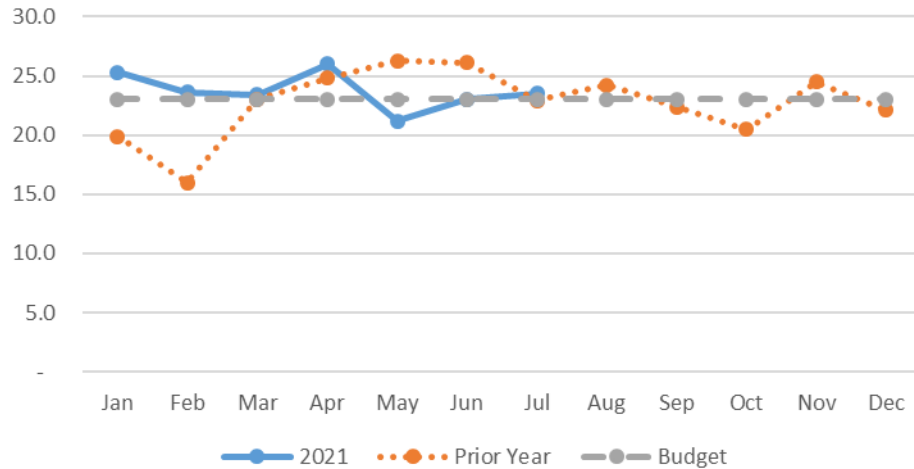


Productivity Dashboards (AR/Payor Mix)

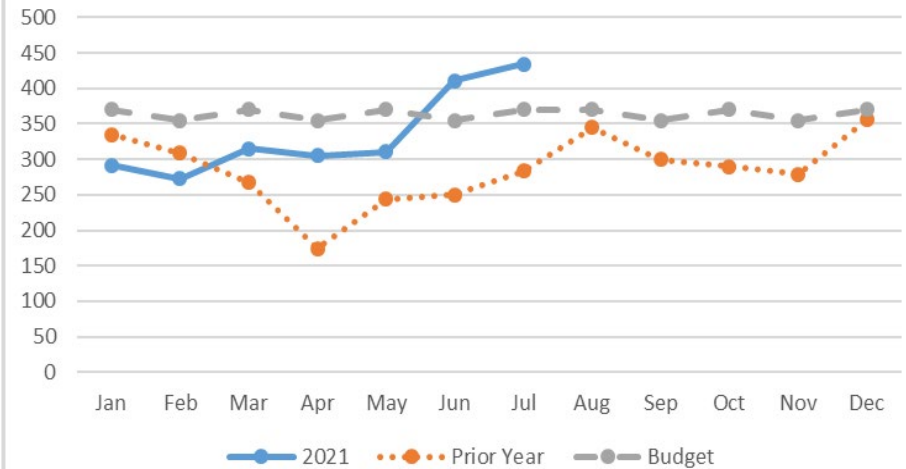


Productivity Dashboards (Census Visits)

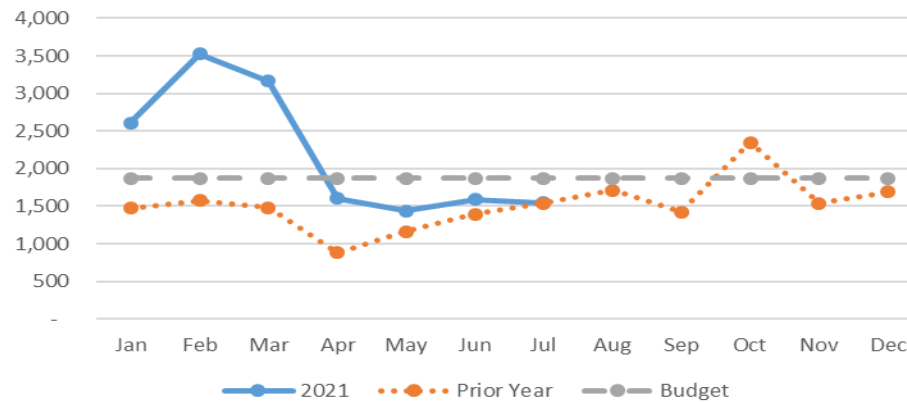
Acute/Swingbed Avg Daily Census



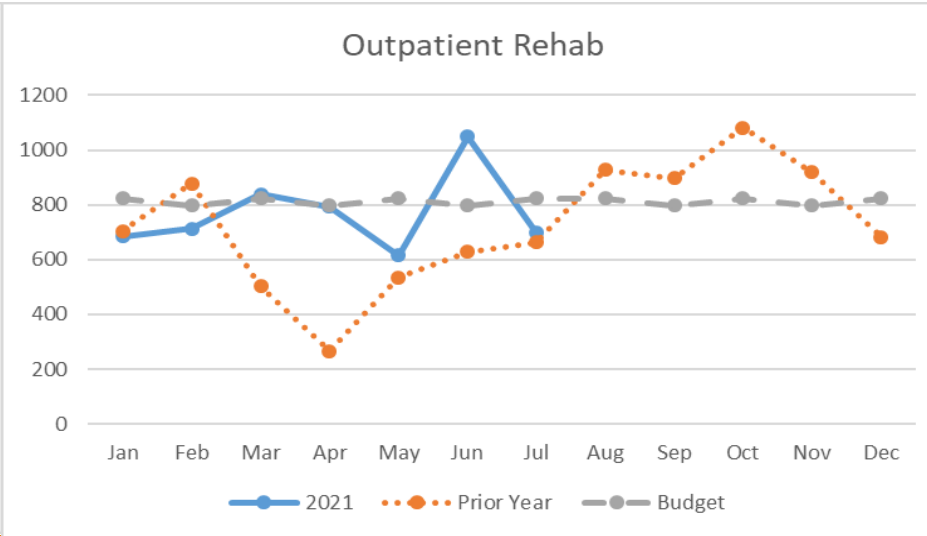
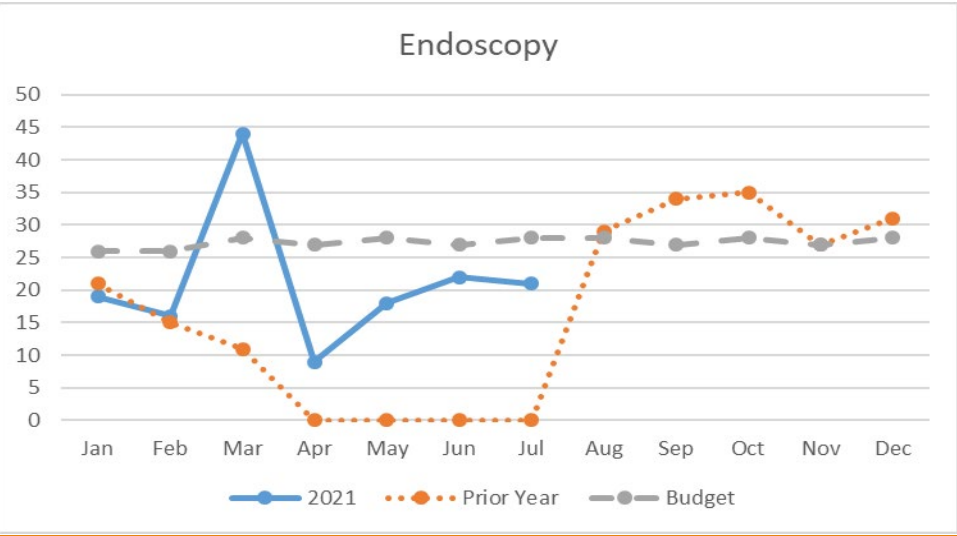
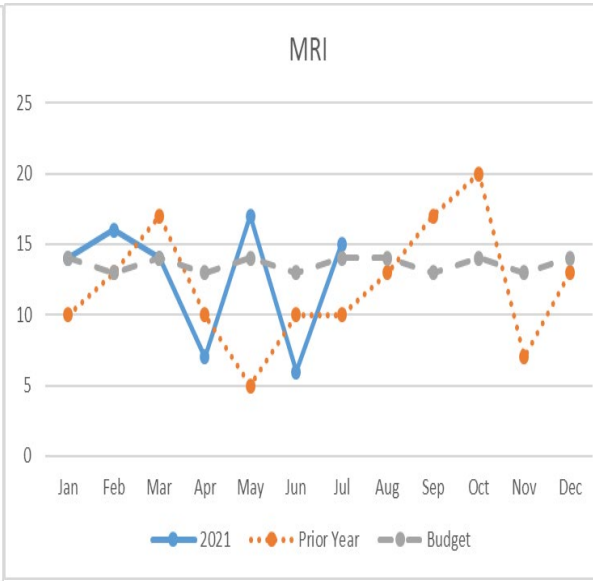
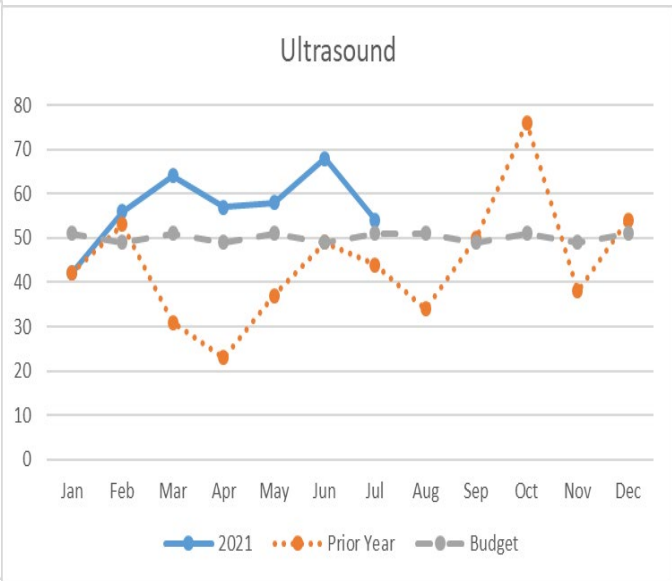
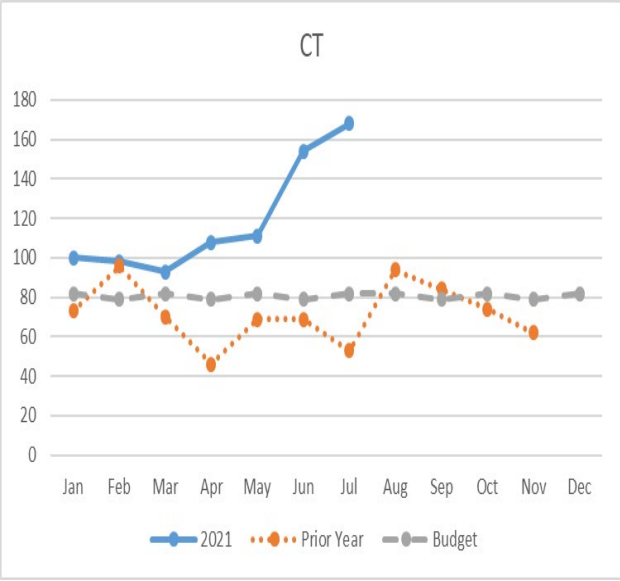
ER Visits



Clinic Visits



Productivity Dashboards (Procedures)



PRF Reporting Calculation

Total PRF Payments Received	5,254,601.92	
Reportable Lost Revenues	(7,605,475.16)	Based on 2020-Q2 2021 Act vs Bud
Lost Revenues Unreimbursed	(2,350,873.24)	
Total PPP Received	3,965,000.00	
Total 7320 Salaries and Benefits - 05 - 09/2020	205,865.60	
Total 7320 Expense 2020 - net of PR 05-09/2020	1,817,822.90	
Total 7320 Expense 2021	1,094,207.36	
Total Reportable 7320 Expenses	2,912,030.26	
COVID-related Lost Revenues/Expenses unpaid by PRF	(5,262,903.50)	

July 2021

Financials Write-Up

Income Statement Narrative:

The District's net patient revenue was 9% above budgeted income. A daily inpatient census of 23.5 exceeded budgeted projections for July. ED visits set a new record for total patients. 434 patients received care in the ED in July the second month in a row that visits exceeded budget. The Inpatient, Outpatient, ED and Clinic department's revenues all were above budget. Gross revenues were \$5.7 million for the month. The District had \$266,000 Operating income for July which was 24% above budget.

Expenses were above budgeted projections for July. The negative variances were up due to patient volume, and timing of invoices paid. SHV had a positive net income of about \$90,000 in July. The total Net Income was slightly lower than budget projections but still a positive bottom line without the addition of COVID funds.

Expense Variances

Professional Fees were \$214000 above budget—about \$90,000 were payments of prior month invoices for May and June not received from the staffing agencies until July. The remaining portion is as follows:

- \$35,000 was due to lab staff shortage and payment for Lab Medical Director
- \$22000, for ED/Med Surg CNA/Sitters.
- \$67000 Med Surg nursing related.

Supplies were \$41000 above budget— The increase is due to higher patient visits across the district and the increased item expenses of basic supplies.

Repairs and Maintenance \$3300: MRI repairs.

Other Expense \$24000: Expenses were attributed to Recruitment Expenses, Taxes, and Subscriptions.

Balance Sheet Highlights:

- Assets increase
 - Cash Up ~500,000
 - Net Income and Tax Receivable
 - Current Liabilities Decrease
 - AP Decrease
 - Current payment for CMS Advances
 - Long Term Liabilities Decrease
 - Lease payments for Long Term Leases
 - Increase in Equity
 - Net Income \$90,000
-

Cash Flow Statement Highlights:

- **Operating Activities Increase ~500,000**
 - Tax Receivable
 - Net Income

AR Days Goal 55

- 57 Days
 - AR increase due to increase in volumes and revenue over June (\$500,000)

Bond Covenants: (Snapshot forecast)

- Debt Coverage 4.23 requirement 1.20
- Reserve Requirement is at \$3,675,188 as required.
- Days cash is 191. The bond requirement is 60

MEDICAL COMMITTEE OF THE BOARD

AGENDA

[by teleconference]

Date: September 9, 2021



PARTICIPANTS: Commissioner Dariel Norris-chair; Commissioner Emma Herron, Rachel Thompson, MD, CMO; Karyn Denton, COO/CNO; Renee Jensen, CEO; Patrick Ritter, CFO

ABSENT:

Community	COVID	<ul style="list-style-type: none">• Testing was moved back to SVH campus, consistently performing over 100 test per day.• Vaccinations performed in the Barn have an average of 47 per day in the last 7 days.																					
Hospital	System Wide	<ul style="list-style-type: none">• Adding patient satisfaction to Central Dashboard• ED dashboard should be up and running this month																					
	Inpatient/ Swing	<ul style="list-style-type: none">• Average Daily Census: <table><tr><td>2021 Budget (pts/day and % Occup)</td><td>August 2021 (pts/day and % Occup)</td><td>August YTD (pts/day and % Occup)</td></tr><tr><td>23 (92%)</td><td>24.2 (97%)</td><td>23.7 (95%)</td></tr></table> <ul style="list-style-type: none">• Bed-occupancy waiver remains in effect December 2021	2021 Budget (pts/day and % Occup)	August 2021 (pts/day and % Occup)	August YTD (pts/day and % Occup)	23 (92%)	24.2 (97%)	23.7 (95%)															
		2021 Budget (pts/day and % Occup)	August 2021 (pts/day and % Occup)	August YTD (pts/day and % Occup)																			
		23 (92%)	24.2 (97%)	23.7 (95%)																			
	Emergency	Visit Volumes for month:																					
		<table><tr><td>2021 Budget (visits/day)</td><td>August 2021 (visits/day)</td><td>August 2021 YTD (visits/day)</td><td></td></tr><tr><td>12</td><td>13. 7</td><td>11.4</td><td></td></tr></table>	2021 Budget (visits/day)	August 2021 (visits/day)	August 2021 YTD (visits/day)		12	13. 7	11.4														
2021 Budget (visits/day)	August 2021 (visits/day)	August 2021 YTD (visits/day)																					
12	13. 7	11.4																					
Endoscopy	<table><tr><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td></td></tr><tr><td>14</td><td>11</td><td>32</td><td>8</td><td>14</td><td>14</td><td>17</td><td>23</td><td></td></tr></table>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		14	11	32	8	14	14	17	23					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug																
14	11	32	8	14	14	17	23																
Clinics	Volumes	<table><tr><td></td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td></td></tr><tr><td>Number of Visits</td><td>1601</td><td>1439</td><td>1592</td><td>1542</td><td>1582</td><td></td></tr><tr><td>Average per day</td><td>66.7</td><td>64.0</td><td>66.3</td><td>62.9</td><td>51</td><td></td></tr></table>		Apr	May	Jun	Jul	Aug		Number of Visits	1601	1439	1592	1542	1582		Average per day	66.7	64.0	66.3	62.9	51	
			Apr	May	Jun	Jul	Aug																
		Number of Visits	1601	1439	1592	1542	1582																
	Average per day	66.7	64.0	66.3	62.9	51																	
Updates	<ul style="list-style-type: none">• Welcome Tammy Moore – as VP Strategic Growth and Transformation, Moore is onboarding with clinic operations as her first priority. She will be focusing on improvements for patient experience and operational efficiencies in collaboration with Dr. Thompson.																						
Medical Staff	MEC & Med Cmmte Recommend- ations:	<ul style="list-style-type: none">• <u>Initial Privileging to Provisional Status:</u><ul style="list-style-type: none">○ Erika Schroeder, MD – Emergency Medicine○ Peter Toth, MD – Emergency Medicine○ Elmira Basaly, MD – Tele-Hospitalist○ Sulakshna Dhamija, MD – Tele-Hospitalist○ Thomas Lee, MD – Tele-Hospitalist○ Nikolay Kolev, MD – Tele-Hospitalist○ Gavind Niamatali, MD – Tele-Hospitalist○ Deborah Martin, ARNP○ Tammy Moore, ARNP○ Tahana Salvadalena, ARNP• <u>Extend Provisional Status 6 months (no patient contacts):</u><ul style="list-style-type: none">○ Anne McLellan, DO – TeleRadiology○ Justin Siegal, MD – TeleRadiology○ Stephen Marshall, MD – Emergency Medicine• <u>Transition from Provisional to Active:</u><ul style="list-style-type: none">○ L. Scott Shinneman, MD – Emergency Medicine○ John B. Tanner, MD – Emergency Medicine○ Marcus Trione, MD – Emergency Medicine○ Brandon Tudor, MD – Emergency Medicine○ Robert Van Hare, MD – Emergency Medicine• <u>Transition from Provisional to Courtesy:</u><ul style="list-style-type: none">○ Samir Master, MD – Dermatology• <u>Renewal to Telemedicine by Proxy (UW):</u><ul style="list-style-type: none">○ Breana Taylor, MD – Neurology																					
Next Meeting		<ul style="list-style-type: none">• October 5, 4pm-5pm																					



FACILITIES COMMITTEE MEETING MINUTES

August 25, 2021

12:00 pm – 1:00 pm

Snoqualmie Valley Hospital

Via Zoom

Committee Members:

Commissioner Kevin Hauglie, Chair (absent)

Commissioner Jen Carter

Karyn Denton, COO/CNO, Executive Chair

Renee Jensen, CEO

Patrick Ritter, CFO

Scott Nohavec, Facilities Director

Old Business:

1. **SRMC TI project:** Notice of Award issued to PCL to begin construction on Urgent Care Clinic.

New Business:

1. **Maintenance Issues** – No report

2. **Facility Usage – As of April 2020**

- a. Due to COVID-19, all external uses of the community room are cancelled until further notice

Environment of Care:

Emergency Management – No report

Fire Safety Management – No report

Hazardous Materials Waste Management Scheduled annual staff training with Stericycle

Medical Equipment Management – No report

Physical Plant – Scheduling Annual Boiler repairs and required maintenance

Safe Patient Handling – Committee scheduled to meet in September

Safety Management – Restructuring the Safety Committee to be more focused on staff safety and increased participation from front line staff. Developing new Charter and ways to increase and engage staff involvement. Created Safetyzone Task Force to focus on employee reported issues for better feedback on closure and lessons learned.

Security Management – Developed a new radio procedure for outside guards to improve communications. Facilities Director researching other security company options due to increasing concern regarding the availability and skills of staff the current company employs.

Utilities management – We have a power quality monitor installed on our incoming power to track the “ghost” power bumps causing issues with our CT scanner.

Workplace Harm: Reviewing all events in the Safetyzone Task Force to assure follow up. Training underway on WSHA De-Escalation training. Staff response has been favorable with excellent participation.

East Campus: New workstation electrical and computer ports installed. New workstation units will be installed the first week in September.

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OTHER:

Next meeting: September 22, 2021 – 12:00pm– 1:00 pm – Location Teleconference

Approved:



Strategic Plan 2021-2023



Contents

- Purpose and Method
- Mission and Vision
- Service area/
Community Information
- Community Health Needs
- Strengths, Weakness,
Opportunities, Threats
(SWOT)
- Focus Areas
 - Foundational Elements
 - Health System of
Choice
 - Our Team
 - Community Health
Needs
 - Financial Stewardship



Purpose & Method

The purpose of the Strategic Plan is to provide strategic, operational, and financial priorities to guide Snoqualmie Valley Hospital over the next three years. The 2021-2023 Strategic Plan was developed through the collaborative efforts of SVH's board of commissioners, medical staff, community, and hospital staff and leadership.

Data obtained and reviewed in the planning process included market data, financial performance data, the 2019 Community Health Needs Assessment, and national healthcare environmental scan.

Components

Mission | Vision | Values

These are what drive our organization through strategic decisions and daily business practices. We ask that all employees at every level understand and embrace the organization's mission, vision, and values.

Areas of Focus

Components of the organization that are at the core of what we do. If successful in these areas; we are successful as an organization.

Goals

Our goals support the development of the core areas of focus for Snoqualmie Valley Hospital and are the desired outcomes for the areas of focus.

Objectives

Measureable outcomes that determine success in each area of focus.

Strategies

Large scale approaches that will drive performance toward measurable objectives.

Tactics

Activities planned to support the strategic goals, designed to move the mark on the identified objectives and indicators for success.

Assignments

Each tactic within the plan is assigned to a responsible individual with an estimated beginning and completion date. Progress notes and status updates will be tracked within the working plan document.

CULTURAL CHANGES ON THE HORIZON

Throughout the strategic planning process we engaged formal and informal leaders across the organization. It was clear that the organization is primed and ready for change. There was a strong theme and desire to embark upon a cultural change that would result in creating a robust values-driven organization where the organizational values are genuinely lived every day.

The leaders expressed strong opinions that the current values did not adequately represent and were no longer serving the organization as originally intended. We explored ideas for change and dove deep into educational sessions about organizational and individual core values.

This work resulted in a commitment to include organizational value changes into the Strategic Plan by using a thoughtful process and journey, to discover what our new core values should be in order to recognize the culture and vision for the future.

With this in mind, leaders took time to dream about what a perfect future SVH would look like. This response was used as the guiding principles to build the 2021 – 2023 Strategic Plan.



Visioning for the Future

Can you imagine a world for **Snoqualmie Valley Hospital** where our experience is **five-star**, community-centered care? When we care for our community, we care for each individual and the personalization of their experience both within and outside our four walls. A healthy community begins with healthy residents.

Can you image a community committed to the success of our **valued health care partnership** that other communities wish they had? Where doctors know their patients by name both within and outside our four walls? Where providers and medical professionals choose to proudly **call SVH their employer** and the Valley their home? Where they not only care for the children and parents in the community but sit alongside them during school sporting events and recitals?

Can you imagine patients being greeted curbside by Snoqualmie Valley Hospital professionals who **live our CORE VALUES**, are trained in customer service and begin the **Ritz-Carlton-esque experience** before visitors to the hospital step out of their cars. Once inside the hospital, or any one of our locations, they are immersed in a relaxing, yet **refreshing environment**, where their needs are attended to down to the smallest of details. Where we begin calling our patients “**guests?**”

Can you imagine a hospital environment where the **hipness of living and recreating** in an area as beautiful as Snoqualmie Valley is reflected in **the vibe** that begins with a team of professionals who treat our visitors as “guests,” and **exceed guests’ expectations** with the level of care we provide? Where caring about our guests begins with **caring about each other?**

Can you imagine Snoqualmie Valley Hospital as a **center of innovation**, where we fail fast and move forward to provide the **best outcomes and opportunities** for our patients and staff. Where leadership nurtures curiosity and our community inspires creativity and our team becomes the **sought-after thought leaders**. Where we set the **gold standard** for care and experience.

Can you imagine a hospital where patients, who have options to choose providers and health care facilities **choose Snoqualmie** because of our understanding culture? A culture where we understand who we are, who our patients are and meet them where and when they want and need their care. We understand our **ever-evolving community**, celebrating its past and championing its future, where we live our **vested interest in the future** of the Valley and etch SVH into the **Valley's legacy**.

As you imagine the possibilities for Snoqualmie Valley Hospital, its clinics, team and guests, know that we can imagine all of this because of our understanding that **size does matter**: being small gives us an opportunity to **make big impacts** in the lives of our patients, staff and communities because we can more easily reflect all of these aspects in a **nimble manner**, morphing to meet needs and dreams, and to provide all that we can imagine, all while being **resourceful** in providing, building and **dreaming more for less**.

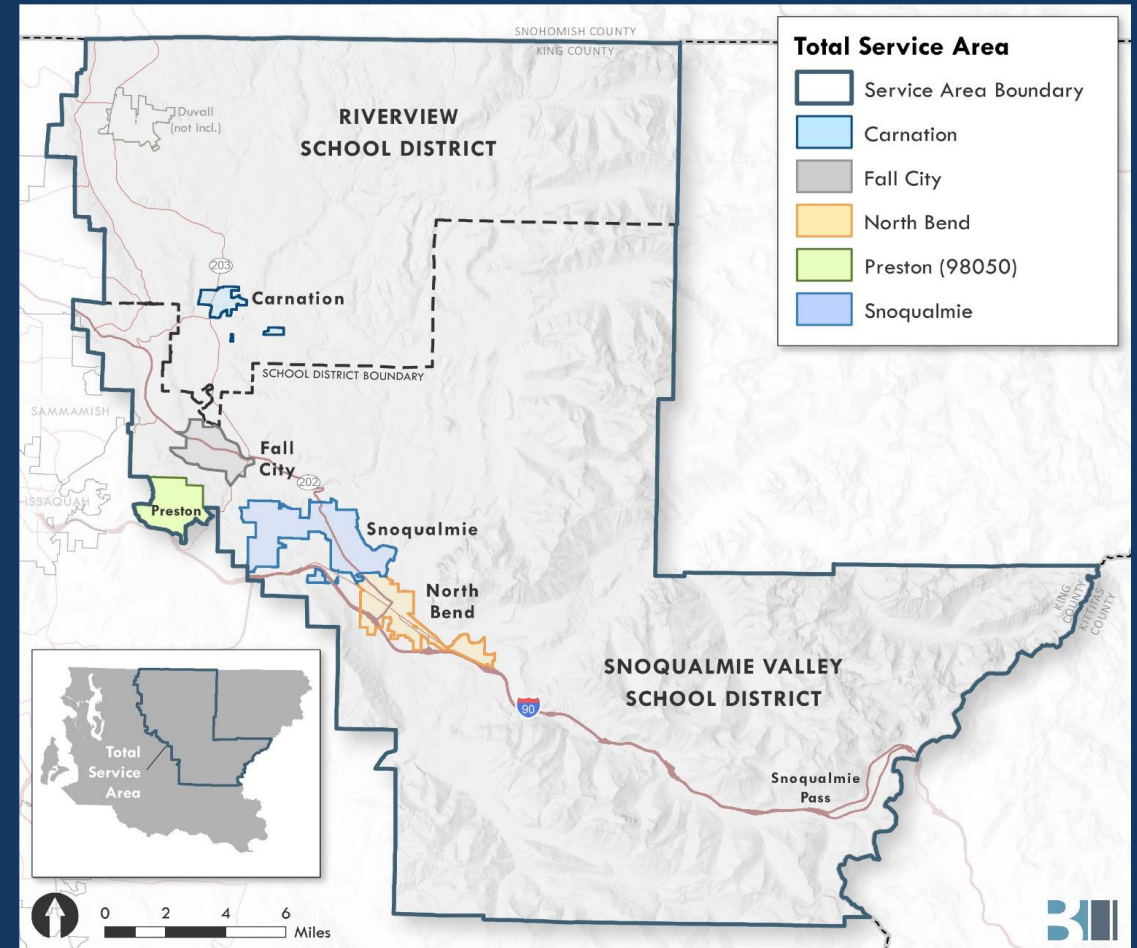
Guest-centered care begins with building the foundations of **trust and respect** for each other, our community and its families. Once built, we will attract the **best and brightest** to work for the hospital and will care for the **best community** with **unwavering CORE VALUES**.



Service Area/Community Information

The Snoqualmie Valley Hospital Total Service Area is defined as the area contained within the Riverview and Snoqualmie Valley school districts, excluding Duvall, and adding zip code 98050.

This set of geographies best corresponds to Snoqualmie Valley Hospital's public taxing district – King County Public Hospital District #4 – and reflects data widely available for determining needs within the community.



Community Health Needs

The 2019 Community Health Needs Assessment (conducted by Berk Consulting of Seattle and finalized in January of 2020) identified the following areas for health improvement in the Snoqualmie Valley Hospital service area. Health concerns where Snoqualmie Valley Hospital Service Area (East King County) statistics were unfavorable compared to all of King County and Washington State as a whole are noted below.

Notable Risk Factors

- Cigarette Smoking
- Obesity
- Hypertension
- High Blood Cholesterol
- Low Fruit Consumption

Screening Rates

- No flu shot 65+
- No Colorectal Cancer Screening 50-75
- No Mammography within 2 years
- No pap >3 years

Chronic Disease

- Diabetes
- Chronic Respiratory Disease
- Arthritis

Causes of Death

- All Cancers
- Diabetes
- Chronic Lower Respiratory Disease

SWOT Analysis

The SWOT – STRENGTHS, WEEKNESSES, OPPORTUNITIES AND THREATS – was used as an important tool to help our stakeholders understand the “health” of our organization. It allows leadership to identify not only where we stand, but also where we need to improve.

This gives us the ability to be a proactive player in the market while helping us remain competitive.

The SWOT analysis assists in evaluating where we stand in a competitive market and what steps need to be taken for further strategic planning, helping our leadership team draw a future roadmap for SVH.



Five Areas of Strategic Focus

Foundational Elements

Build essential infrastructure to support a healthy future

Health System of Choice

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

Our Team

Recruit and retain the highest caliber SVH Team

Community Health

Design our programs to meet our community’s health needs

Financial Stewardship

Ensure we have the financial resources to support our vision

FOUNDATIONAL ELEMENTS

Goal – Building Essential Infrastructure to support a healthy future

Objective

Complete new core values and measure staff engagement with baseline surveys

Strategies

- Transform SVH culture to support core values driving organizational culture
- Invest in Primary care practices to create robust infrastructure to build upon for the future
- Replace the Electronic Medical Record System
- Revitalize the Hospital Foundation
- Improve the IT/IS infrastructure for the organization
- Leverage the Medical Staff engagement to support strategic initiatives
- Create opportunities for SVH Board of Commissioner development and engagement





HEALTH SYSTEM OF CHOICE

Goal – Develop a brand of the future and define the “New SVH”

Objective

Improve Google Ratings by June 2022

Strategies

- Engage the community in a meaningful way that encourages community-based feedback and input to drive organizational change.
- Improve our physical spaces to support a visually appealing and functional environment for patients and staff
- Create a special and unique experience that differentiates SVH from other choices, create an emotional connection with customers
- Ensure that every aspect of service focuses on the ease of use by the customer
- Engage and support our local community in a way that creates awareness, brand recognition and trust
- Create a health system model that is recognized at a state and national level

OUR TEAM

Goal – Recruit and retain the highest caliber SVH team to successfully execute the vision of the “new SVH”

Objective

Lower the rate of turnover

Strategies

- Improve and enhance our total benefits package to be more competitive, more creative and more desirable than other companies our staff may choose
- Redesign the compensation philosophy and comp plan to be more adaptable to demand and market competitive
- Create a strategic plan focused, organization-wide performance based incentive program
- Enhance, refine, and improve HR-related practices
- Improve internal communication and transparency to engage staff in initiatives, changes and strategic direction
- Invest in workforce development activities that will inspire our existing staff and invest in the future generation of our staff





COMMUNITY HEALTH

Goal – Develop our programs and infrastructure to meet and support the health needs of our community.

Objective

Increase the number of patients served by SVH

Strategies

- Redesign the Quality Improvement program to be an integrated element of the overall organizational performance
- Leverage the COVID pandemic to benefit our community and our ability to create positive benefit
- Assess appropriate specialty and NEW services to bring to SVH in order to generate new revenue and services
- Optimize the Acute Care service line to generate improved revenue/savings and increase service to our community
- Optimize the Rehabilitation department services to improve access, meet patients' needs and increase volumes
- Establish and nurture strategic partnerships to support our long-term vision and service delivery system

FINANCIAL STEWARDSHIP

Goal – Ensure we have comfortable financial resources to support our ability to provide excellent care and service to our community.

Objective

Bottom line achievement

Strategies

- Capture opportunities for program growth to support increased and new revenues
- Maximize program expense reduction to create one time and annual budget savings
- Optimize charge capture and billing practices across the organization to improve revenues
- Develop a strategic approach to cost report and operational decisions that will positively impact financial outcomes

