

Kittitas County Public Hospital District No. 2
BOARD OF COMMISSIONERS' MEETING

October 21, 2019

6:30 p.m.

KVH Family Medicine – Cle Elum



AGENDA

- I. Introductions**
- II. Approval of Agenda**
- III. Approval of Minutes**
 - a. September 16, 2019*
- IV. Public Comments/Announcements/Correspondence**
- V. Reports:**
 - a. Operations Report (G. Scherer)
 - b. Superintendent's Report (J. Petersen)
 - c. Ancillary Report (R. Holden)
 - d. Finance Report, Approval of Expenses* (S. Olander)
 - e. Ambulance Garage* (KDA)
- VI. Old Business**
- VII. New Business**
 - a. Open Door Clinic Quarterly Report (S. Olander)
 - b. Tax Budget* (S. Olander)
 - c. Next Meeting Date: November 18, 2019
- VIII. Executive Session RCW 42.30.110(c)**
 - a. Real Estate
- IX. Adjournment**

Note: Upcoming Agenda Items
Medic One Unique Service - TBD



Kittitas County Public Hospital District #2

BOARD MEETING MINUTES

Meeting Date: Monday: September 16, 2019
Minutes of: Regular Meeting of the Board of Commissioners
Meeting Place: KVH Family Medicine Clinic, Cle Elum, WA
Minutes Submitted By: Scott Olander, Treasurer

Call to Order:

Regular Meeting: Call to order made by Commissioner Rogalski at 6:30 p.m.

Introductions:

Commissioners: Floyd Rogalski, Melissa Becker, Fred Benjamin (excused), Kevin Nicholson and Hartwig Vatheuer. Superintendent: Julie Petersen; Treasurer: Scott Olander; Ancillary Operations: Rhonda Holden; EMS Manager: Geoff Scherer.

Approval of Agenda:

Action: A motion to approve the agenda was made by Commissioner Vatheuer and seconded by Commissioner Becker. Motion carried.

Approval of Minutes:

Action: A motion to approve the minutes of the August 19, 2019 Regular meeting was made by Commissioner Nicholson and seconded by Commissioner Becker. Motion carried.

Public Comments/Announcements/Correspondence:

Operations Report:

The Commissioners reviewed the written operations report and operating statistics for August 2019. Geoff Scherer reported that August transports exceeded budget by 2 transports. YTD there have been 14 more transports than was budgeted and 18 more transports in 2019 than in 2018, a 3.3% increase. Geoff reported that Medic 8, the new ambulance that will be delivered in early 2020, requires a Styrker Power Load, Radio and Medication Vault at a total cost of \$37,956 to be installed as part of the ambulance assembly process. A capital request to purchase this equipment was included with the board packet. The ambulance manufacturer, Braun is now authorized to install this ancillary equipment.

Geoff's report noted that a Cle Elum resident calls 911 up to three times per day seeking assistance with non-emergent ADL activities. District 2 EMS staff have been responding to these calls. Board members expressed concern that EMS staff may not be available for emergent transports if they are responding to the non-emergent calls of this individual. Geoff will continue to monitor the calls and EMS staff responses and provide an update next month.

Action: A motion to purchase the Power Load, Radio and Medication Vault for \$37,956 was made by Commissioner Becker and seconded by Commissioner Nicholson. Motion carried.

Superintendent's Report:

Julie provided a verbal report about a meeting with District 7 Interim Fire Chief Sinclair. Chief Sinclair is working collaboratively with other upper county Fire Districts on possible consolidation opportunities.

Julie also provided an update regarding changes announced by Dr. Haney regarding his Ellensburg Family Medicine Clinic. Beginning in October Dr. Haney is moving to a Direct Primary Care practice model.

Ancillary Report:

The Commissioners reviewed the written report for August 2019. Rhonda mentioned that on October 8th KVH is hosting a provider meet and greet at the Cle Elum Clinic for the new Women's Health providers.

Finance Report:

The financial statements for August 2019 were reviewed by the Commissioners. The review included a review of actual versus budgeted revenue and expense variances. August transports exceeded budget by 2 transports, however, the average charge per transport was below budget so ambulance revenue for August was right at budget. YTD Total Revenue is \$100,239 greater than budget. 2019 Total Revenue through August is \$200,231 greater than 2018 Total Revenue. Overall expenses for August were \$5,028 below budget and YTD are under budget by \$70,302. YTD Net Income is \$298,786 compared to budgeted YTD net income of \$19,760.

Scott reported that District 2 received GEMT payment for \$146,090 from Molina after the August Financials Report were prepared. This receipt will be reported in the September 2019.

Scott provided a quarterly financial report through June 2019 for the Urgent Care Clinic and Cle Elum Family Medicine.

Action: A motion to approve the checks for August was made by Commissioner Vatheurer and seconded by Commissioner Nicholson. Motion carried.

Open Door Clinic:

Clinic activity will be reported quarterly.

Ambulance Station:

Commissioners Benjamin and Becker were asked to meet regularly with KDA Architects and represent the board in the development of the new ambulance station plan design.

Executive Session:

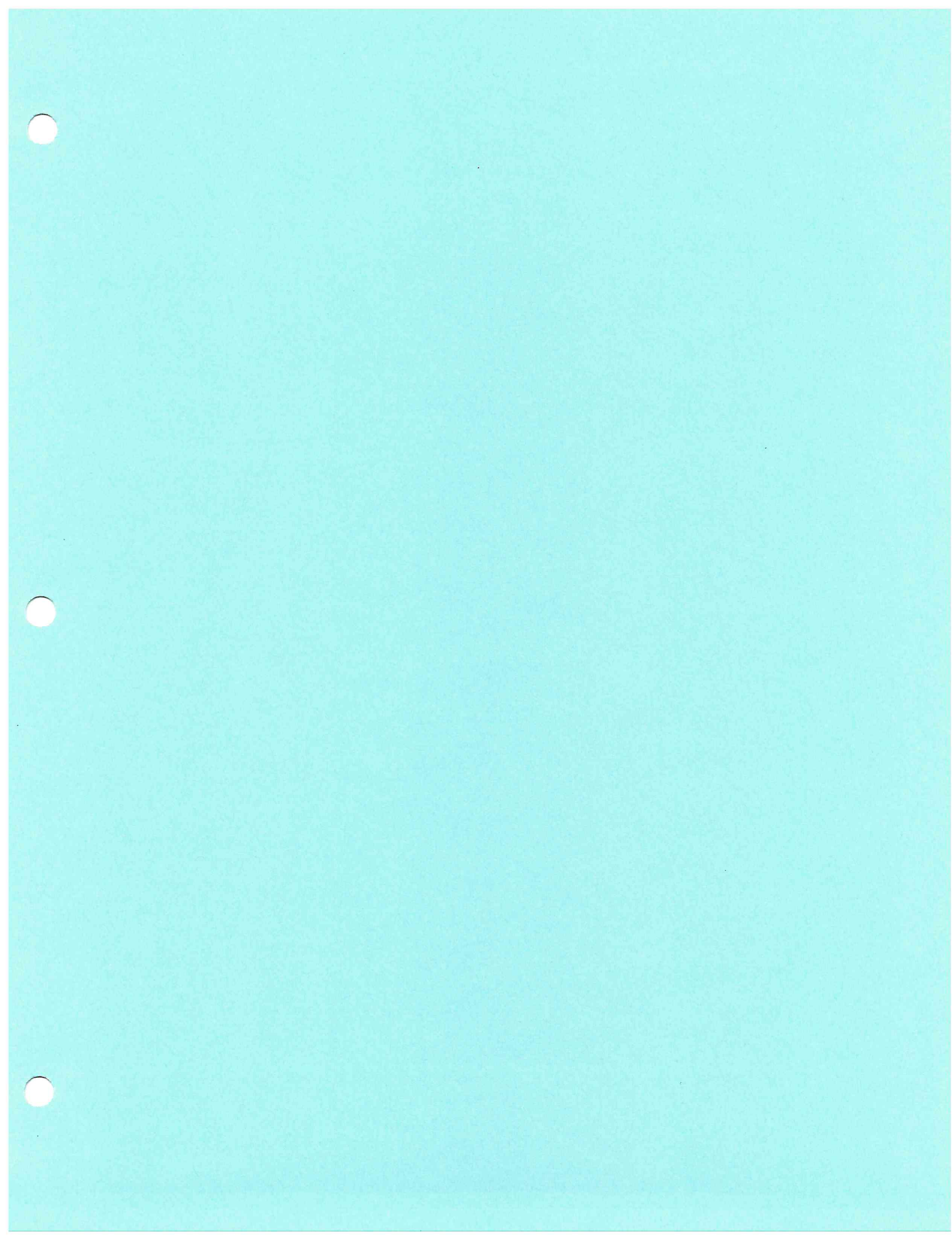
There was no executive session.

New Business:

Next regular meeting date: October 21, 2019 at KVH Family Medicine Cle Elum.

Announcements:

There being no further business the meeting was adjourned at 7:58 p.m. by Commissioner Rogalski.



Operation's Manager Report – September 2019

	September 2019	September 2018
Calls for Service	165	131
Patient Count	104	105
Patient Transports	66	70
Patient Refusals	14	18
Year to Date Transports	622	608
Station #73 Transports	33	
Station # 99 Transports	33	
Passed Calls	0	

No. of Stipend Shifts	
District #7	0
Other	2
Cle Elum FD	0
Monthly Total	2

We have had 1257 calls for service this year, one patient in Cle Elum is responsible for 124 of those calls, 42 in the month of September.

PERSONNEL

Stipend shifts dropped down from 4 to 2 this month, no interest from the other departments in participation. Salaries and wages will continue to be over this month because of vacation, FMLA and the Agency helping with 68 hours of Kittcom dispatching.

APPARATUS

I drove M5 back to Braun NW for service on the A/C unit. Our mechanic has replaced the compressor and clutch assembly 3 times without long term success. He has asked me to take it back to the manufacture so they can fix their problem. M4 has passed 145,000 miles and will be in back up at station 99 until we receive M8 in 2020.

Year	Unit	Beg ODO	End ODO	Miles	Location	Comments
2018	M7	11,681	15,814	4,133	Station 93	In Use
2016	M6	89,829	91,003	1,174	Station 99	In Use
2016	M5	119,318	119,782	464	Braun NW	AC issue
2014	M4	143,887	146,359	2,472	Station 99	Back Up
2019	M8					On Order

MISCELLANEOUS

- Labor Day Weekend was relatively quiet with only 22 calls and 13 transports. I put on an extra 12-hour ambulance for Friday thru Monday. We had 3 concurrent calls all with transports on Sunday the 1st of September.
- Met with District 13 state representatives at KVH.
- Of the 165 calls for service Station 99 ran 109 of them.

Kittitas County Hospital District #2

Patient Transport Count per Destination - YTD 2019

Hospital	YTD	July	August	September
Central Washington Hospital	4	0	0	1
Harborview	18	3	0	5
KVH	327	46	49	35
Snoqualmie Valley Hospital	30	6	1	4
Swedish Issaquah	46	6	3	9
Virginia Mason	9	1	1	1
Yakima Regional	9	1	3	1
Yakima Memorial	14	3	0	4
Childrens	4	1	1	0
University of Washington	2	0	0	0
Valley Renton	0	0	0	0
Overlake	17	2	5	4

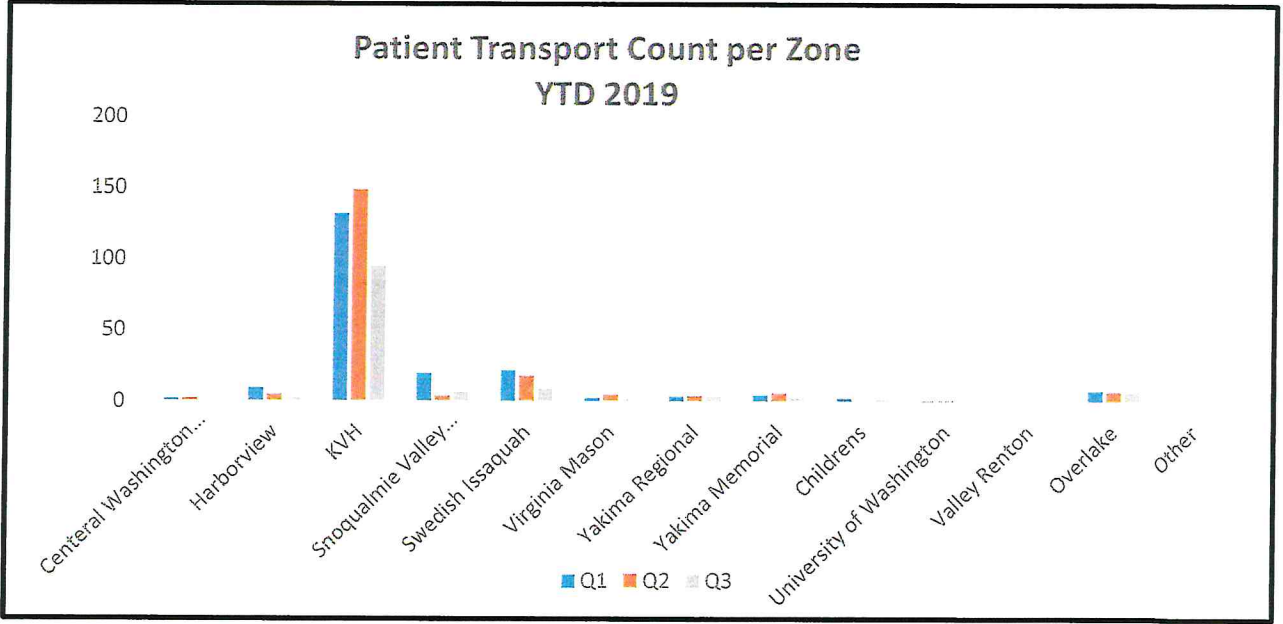
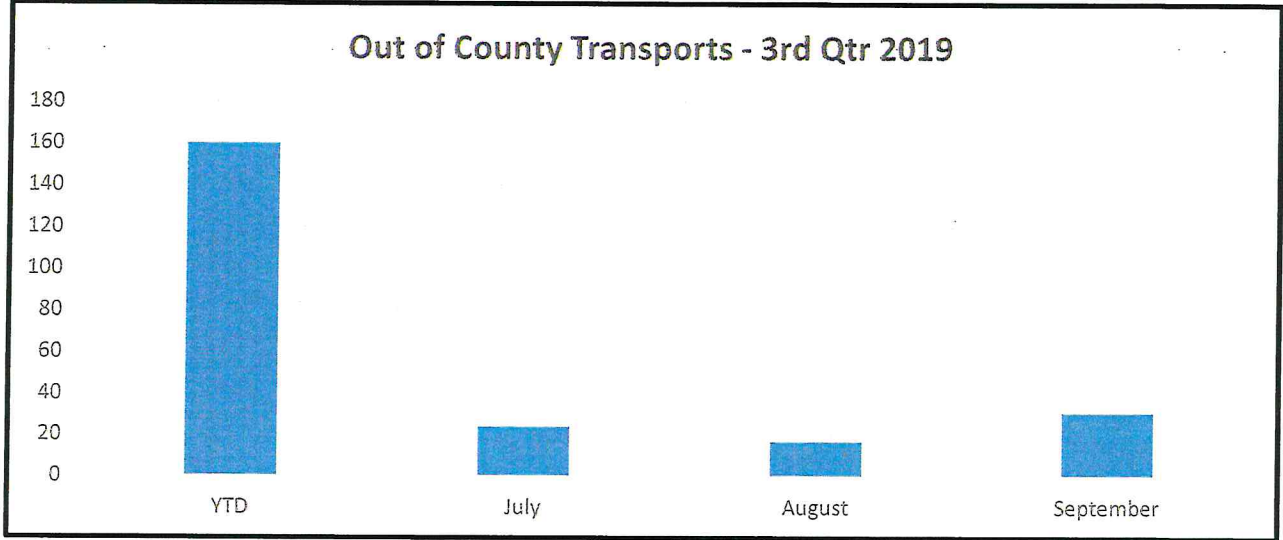
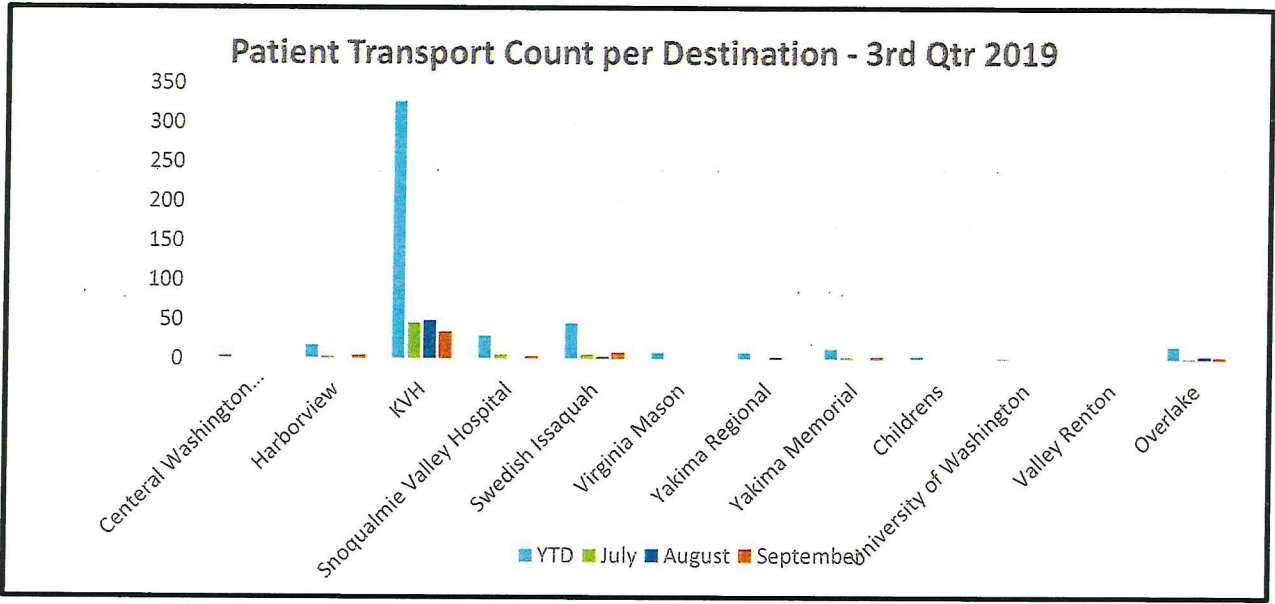
	YTD	July	August	September
Out of County Transports	160	24	17	31

Patient Transport Count per Zone - YTD 2019

Zone	YTD	July	August	September
Snoqualmie Pass	44	3	1	6
Fire District 8	9	0	0	0
Fire District 7	109	27	13	20
Cle Elum	110	11	21	16
Easton	26	7	6	4
Ronald	23	4	3	1
Urgent Care	65	11	3	6
Roslyn	28	1	4	4
South Cle Elum	13	1	6	1
Family Medicine - Cle Elum	24	2	4	2
KVH	22	3	2	5
Other	8	0	3	0

Zone	YTD	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Snoqualmie Pass	45	36	5	4	
Fire District 8	9	8	1	0	
Fire District 7	122	33	49	40	
Cle Elum	131	39	60	32	
Easton	32	5	14	13	
Ronald	26	10	9	7	
Urgent Care	68	34	20	14	
Roslyn	32	13	14	5	
South Cle Elum	19	7	5	7	
Family Medicine - Cle Elum	28	12	10	6	
KVH	24	11	8	5	
Other	11	4	4	3	

Comments:



Kittitas County Hospital District #2

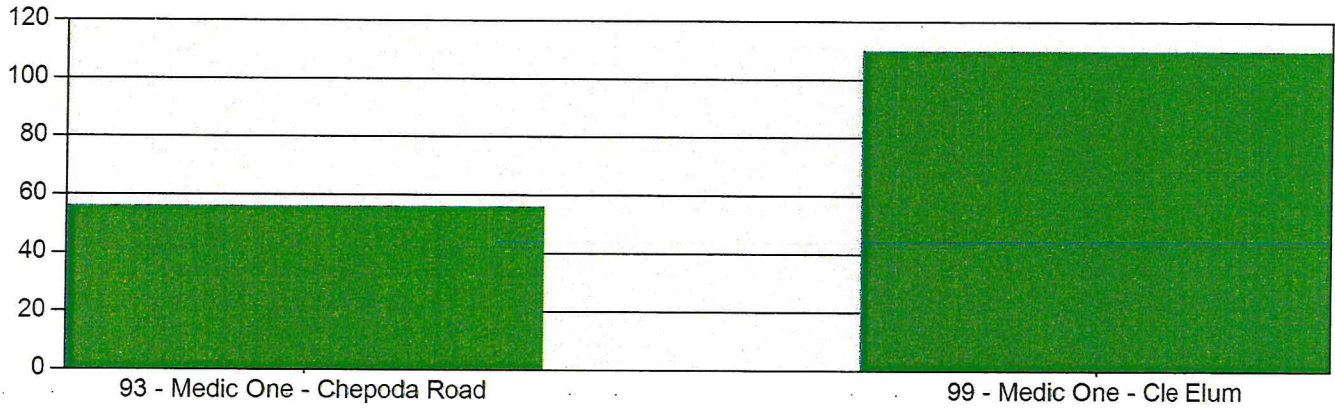
CleElum, WA

This report was generated on 10/10/2019 10:30:25 AM



Incidents per Station for Date Time Range for Station

Start Time: 00:00 | End Time: 23:00 | Incident Type(s): All Incident Types | Station: All Stations | Start Date: 09/01/2019 | End Date: 09/30/2019



STATION	COUNT
93 - Medic One - Chepoda Road	56
99 - Medic One - Cle Elum	110
TOTAL:	166

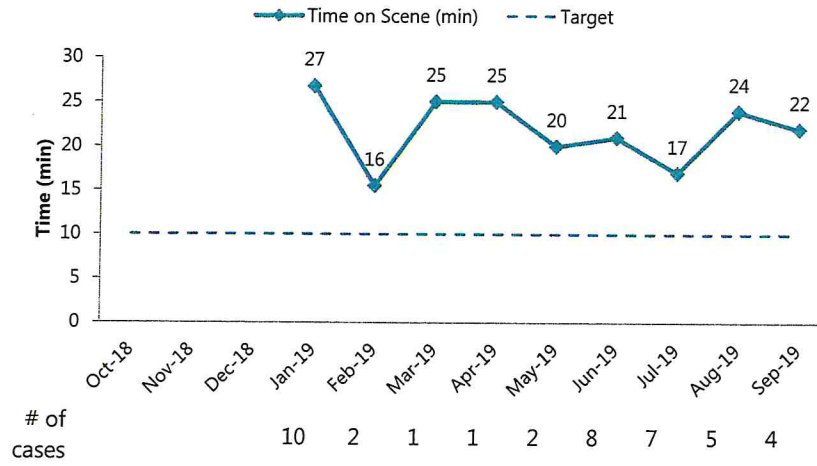
Only Reviewed Incidents included. This report totals the Incidents and groups by the Station specified in Basic 1. End Time menu returns all matches inside the chosen hour (ex: 23:00 returns all matching results from 23:00 - 23:59).

Kittitas County Public Hospital District No. 2

Quality Metrics

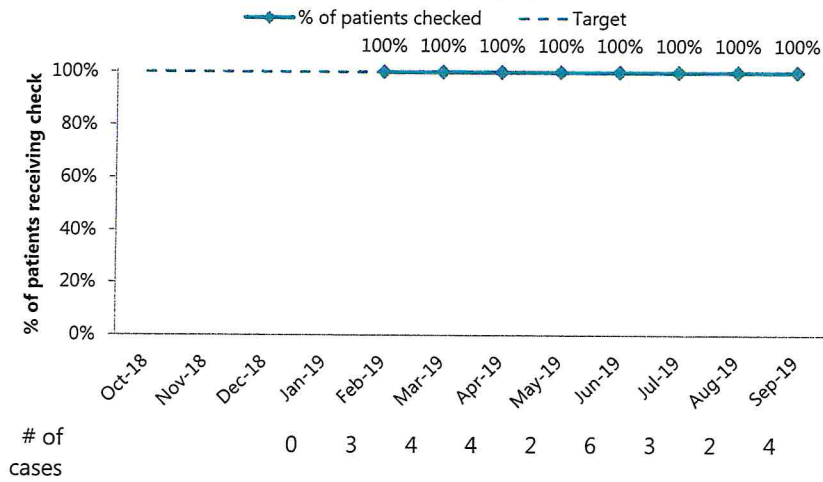
Time on Scene ↓

for trauma patients



Glucose Checked ↑

for patients with stroke symptoms





SUPERINTENDENT'S REPORT – Julie Petersen

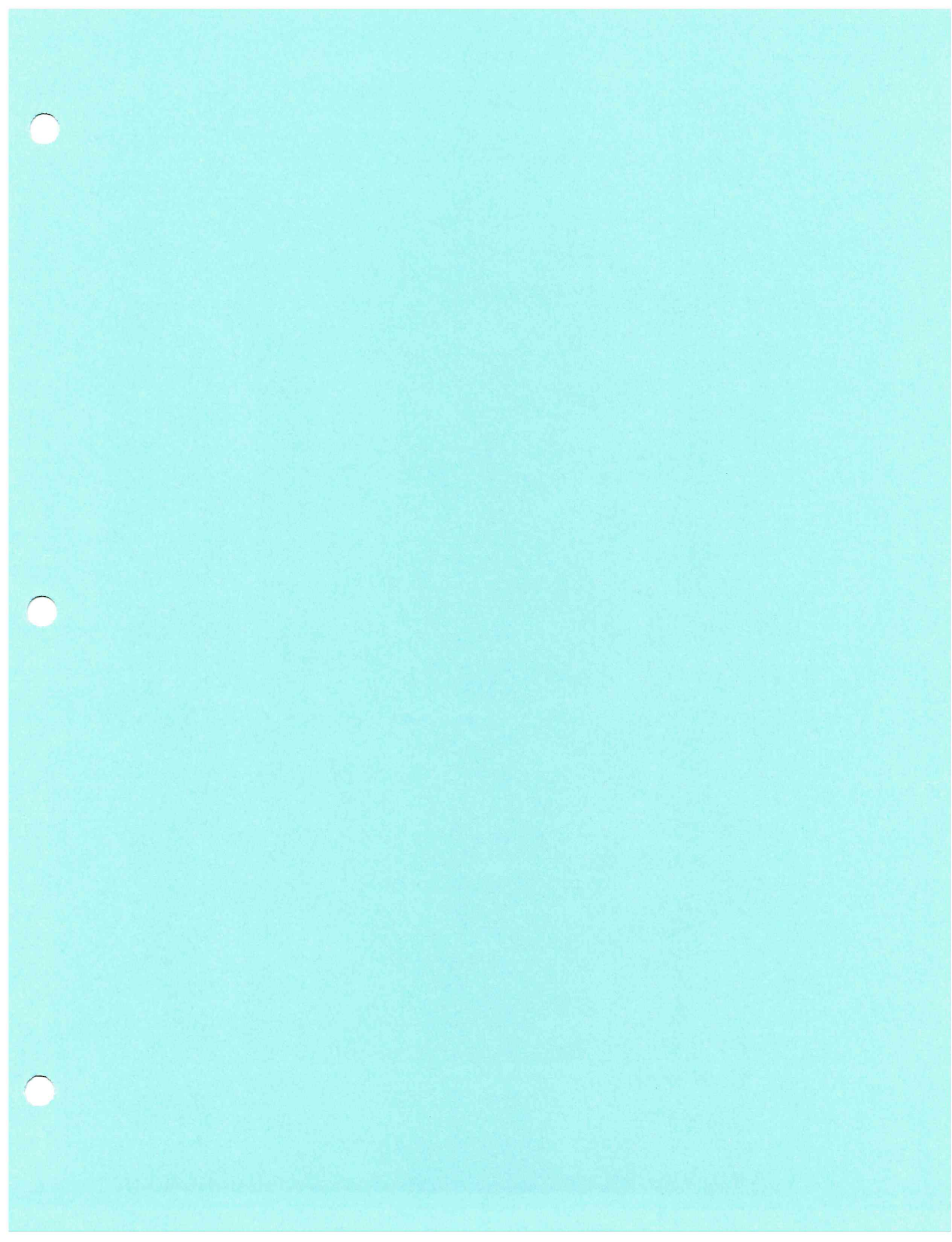
October 2019

Washington State Hospital Association Annual Meeting: As usual WSHA did a great job of aligning a number of important committee, board and business meetings around their Annual Meeting. The WSHA Rural Committee met prior to the Annual Meeting. We had an opportunity to hear from staff on the upcoming legislative session. We also were introduced to the Health Care Authorities' (HCA) new Chief Medical Officer, Dr. Judy Zerzan. Dr. Zerzan previously worked with the HCA Director, Sue Birch during their time in Colorado.

I also attended the Association of Washington Public Hospital District Board Meeting. Public Hospital Districts are able to collectively bargain wage and hour arrangements outside of state statute. Evergreen Health in Kirkland had negotiated such a meal and rest break arrangement with their nurses. The union is now challenging the negotiated arrangement in court, by-passing arbitration, in a direct challenge to the law. AWPHD will be assessing the impact on all PHDs.

I was able to attend a presentation on the EMS system evaluation. The assessment was conducted by the America College of Surgeons and is intended to lay the ground work to refresh Washington's EMS system after more than thirty years.

IAFF Contract: The terms of the new IAFF contract go into effect the first full pay period of October.



Operations report to Hospital District #2 Board of Commissioners October, 2019

Ancillary Service Operation Report:

- **KVH Cle Elum PT**

We will be working with KDA and clinic leadership to redesign our PT space in the FMC building to accommodate a growing practice. The plans will be brought to HD2 and HD1 Board of Commissioners for approval.

- **KVH Laboratory**

The KVH hospital laboratory and all clinic lab testing sites have applied to The Joint Commission (TJC) for Accreditation. We will be inspected by The Joint Commission surveyors beginning October 28. Accreditation by TJC will take the place of our DOH surveys.

- **EMS and Trauma Assessment**

The DOH has been conducting Public Forums to obtain stakeholder input on the results of the American College of Surgeons assessment of Washington States EMS and Trauma Services, which was conducted this past April. As a steering committee member of the EMS-Trauma Program, I have had the pleasure of assisting with facilitating the Public Forums in Snohomish and Yakima. The final forum will be held November 19, 9:00am - 12:00pm in Spokane. If enough interest is shown, they will host another event in Wenatchee. The Public Forums are soliciting input on 4 main topics:

Access- Location/number of Level 1 and Level 2 trauma centers, roles and responsibilities of Level 1 trauma services, EMS resources and locations, system leadership, min/max methodology and planning, policy and procedures.

Resources- Funding, capacity, statewide standardization of approaches, reducing duplication of resources to achieve efficiencies.

Outcomes-Utilizing data, timeliness of service, quality improvement and data collection.

Safety-Emergency preparedness and response, workforce shortages, alternative transport types and destinations, system leadership, regional issues.

Secretary of Health John Weisman anticipates creating an action plan by July 2020 and requesting additional funding during the 2021 legislative session. There are 4 flyers in your packet that provide more detail on the discussion topics.

Respectfully submitted by Rhonda Holden, MSN, CENP



DISCUSSION TOPIC Access to Emergency Medical Services

From the report: The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Access to Emergency Medical Services (EMS) and Trauma Care. The Department of Health seeks your input into understanding some common themes among these recommendations. In this breakout session we will explore Trauma Designation, Minimum and Maximum (Min/Max) methodologies, Trauma System Plan, System Integration, Emergency Medical Services, and Definitive Care Facilities.

Summary of recommendations related to this breakout session

- Establish a clear and transparent process for calculation of minimum/maximum numbers for trauma centers in each region, based on a uniform statewide approach with potential for regional adjustment.
- Re-evaluate the purpose and function of the Level I trauma center role and adjust requirements as necessary.
- Ensure EMS assets are strategically placed and sufficient in number to meet the needs of the state's population, including air and critical care ground transport.

Outline of Group Discussion on Access to EMS

Themes from the ACS Report

- Roles and responsibilities of Level 1 trauma services
- Locations of Level I and II trauma services
- EMS resources and locations
- EMS and Trauma Services Min/Max methodology
- System Leadership
- Planning, Policy, and Procedures

Questions for Breakout Groups

- What concepts should be considered when developing methodologies for calculating the min/max number of designated trauma hospitals and their locations? Should Level II trauma centers be designated at the state level? How about EMS services?
- What process and data should be used to make min/max determinations?
- Beyond clinical expertise, what should the role, function, and purpose of a Level I trauma service be?

Background Information

The Washington State Department of Health has authority to designate trauma services. The department establishes minimum standards, designates hospitals to provide trauma care, and provides clinical consultation to trauma services and providers. There are a total of 82 acute services and 10 rehabilitation designated trauma services in the state. There are five levels of designation for acute care, three levels for pediatric care, and three levels for trauma rehabilitation services. Tertiary (definitive care) trauma services (Levels I-II) are located in more urban areas with Levels III-V located in more rural areas.

Currently each EMS and Trauma Care Region establishes their own min/max number of trauma services for Levels II-V. The department establishes the min/max number for Level I services for acute, pediatric, and rehabilitation noting they are considered statewide resources.

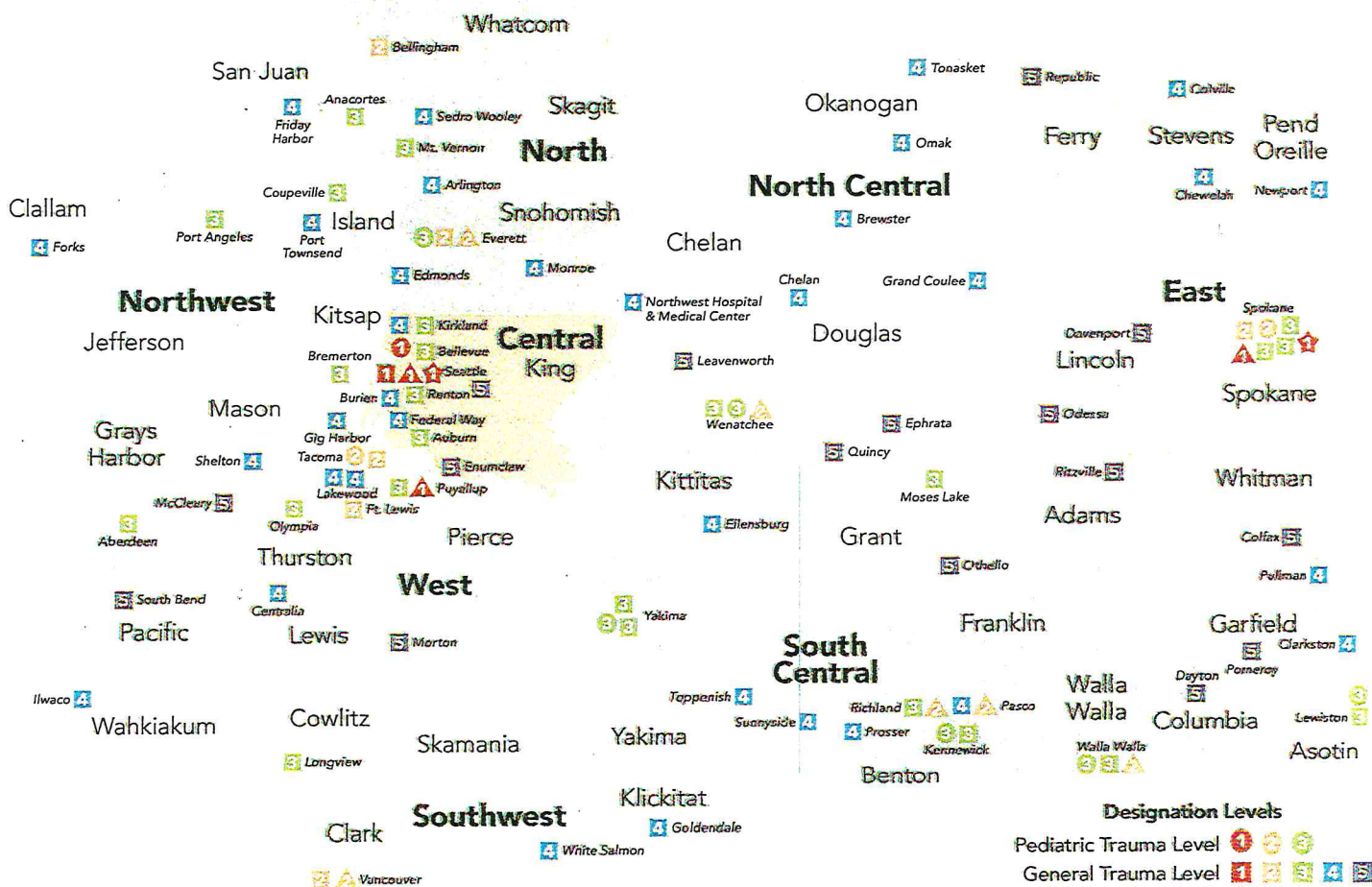
In the last decade, several states have seen the uncontrolled proliferation of trauma services that has resulted in less than desirable outcomes. A notable example is in Florida where, in a short period of time, numerous new trauma services were opened with limited analysis of the impact on the existing mature trauma system. The Florida example has

led to published research which highlights the negative impact of newly designated trauma services on an existing system and the dangers of new services in close proximity to existing services which results in the redistribution of patient volume. Further research has demonstrated that higher patient volumes lead to improved outcomes for emergency general surgery and trauma surgery patients. Several research studies have correlated higher volumes of trauma patients with improved quality of life and decreased mortality.

The risk of injury death increases with rurality. Access to initial and tertiary lifesaving care after injury is often delayed in rural areas. The ACS assessment noted several areas in the state which may be at risk due to the limited number of trauma services and the lack of tertiary care within the region.

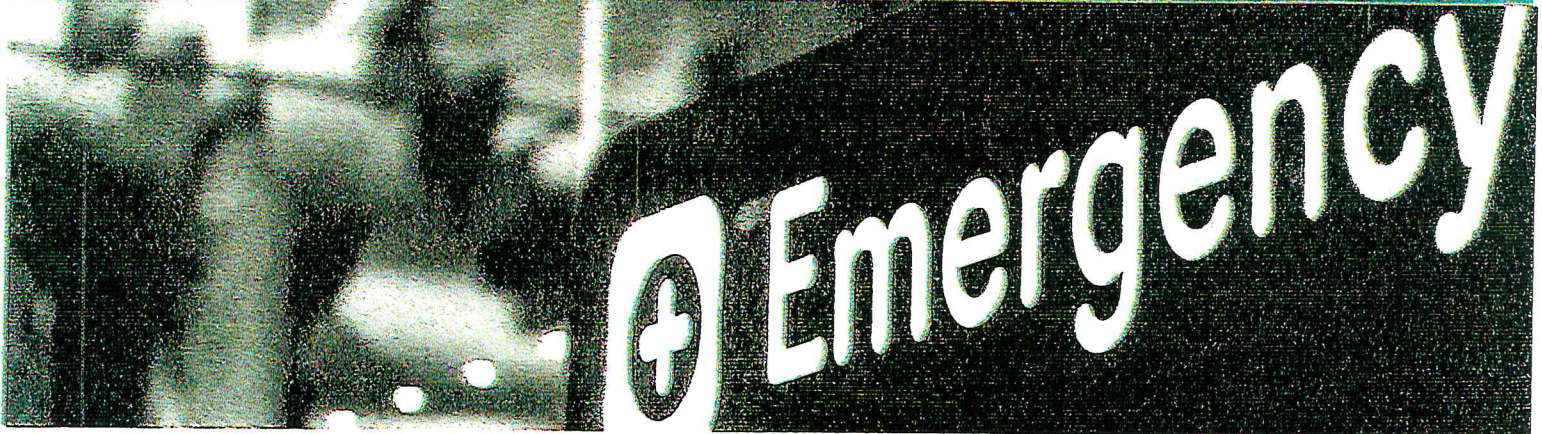
To ensure we have the very best trauma system, a thorough assessment and determination of the locations and level of designations is necessary. Establishing a clear and transparent process for the calculation of min/max number for trauma services in each region, based on a uniform statewide approach with potential for regional adjustment is needed.

Washington State Trauma & Rehab Services



Designation Levels

Pediatric Trauma Level	○ ○ ○ ○ ○
General Trauma Level	■ ■ ■ ■ ■
Pediatric Rehab Level	★ ★ ★
General Rehab Level	▲ ▲ ▲



DISCUSSION TOPIC Resource Investments

From the report: The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Resource Investments into our system. Department of Health needs your input into understanding some common themes in the recommendations. In this breakout session we will explore opportunities for investing our resources, what strategies might help our state better achieve that balance of capacity and system efficiency, and recommendations around centralization or standardization.

Summary of recommendations related to this breakout session

- Increase funding to better support services assuming greater responsibility and risk within the system
- Increase resources for system capacity/redundancy that will improve patient safety and increase resiliency
- Increase resources for injury prevention activities and increase strategic partner engagement at both the state and regional level
- Increase resources for EMS and trauma system performance improvement to support state and regional Performance Improvement activities.
- Support for state resources to sustain the cardiac and stroke systems for the long term
- Increase resources to support medical oversight at both the state and county level
- Communicate the value of the time critical services to policy makers and the general public

Outline of Group Discussion on Resource Investments

Themes from the ACS Report

- Funding
- Capacity
- Statewide standardization of approaches
- De-duplication of resources and achieve efficiencies

Questions for Breakout Groups

- Considering the components of our system (injury prevention, prehospital, hospital, rehabilitation, and system evaluation) what recommendations do you have to re-direct resources?
- Which activities do we need to direct more resources toward for our system to improve patient safety and outcomes?
- What products, processes, or activities should be standardized to gain system efficiencies?

Background Information

The components of the Emergency Care System are based on a model of the continuum of care which includes injury prevention, prehospital, hospital, rehabilitation, and system evaluation. Together, the components within the system provide a holistic approach to caring for time sensitive emergencies.

Funding for the Emergency Care System (EMS, trauma, cardiac and stroke) comes from four sources:

- General Fund State (GF-S)
- Dedicated state funds (trauma fund)
- Federal (Medicaid) matching funds
- Federal grants (CDC, HRSA)

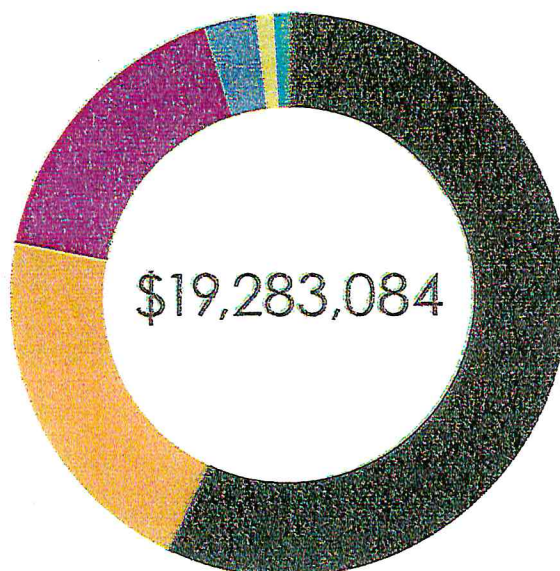
General fund state (GF-S) funding is appropriated by the legislature. GF-S is the primary revenue source for development, operations and management of the state EMS and trauma program.







Dedicated funds consist of revenue from two fees: a \$6.50 administrative fee on the purchase or lease of new or used vehicles; and a \$5 surcharge on moving violations. These are deposited into state trust account for the trauma system. Funds from this account are disbursed as pass through (grants) to system providers and used to supplement trauma care to severely injured Medicaid patients. The supplemental payments are matched by federal Medicaid funds as part of our state plan with CMS.

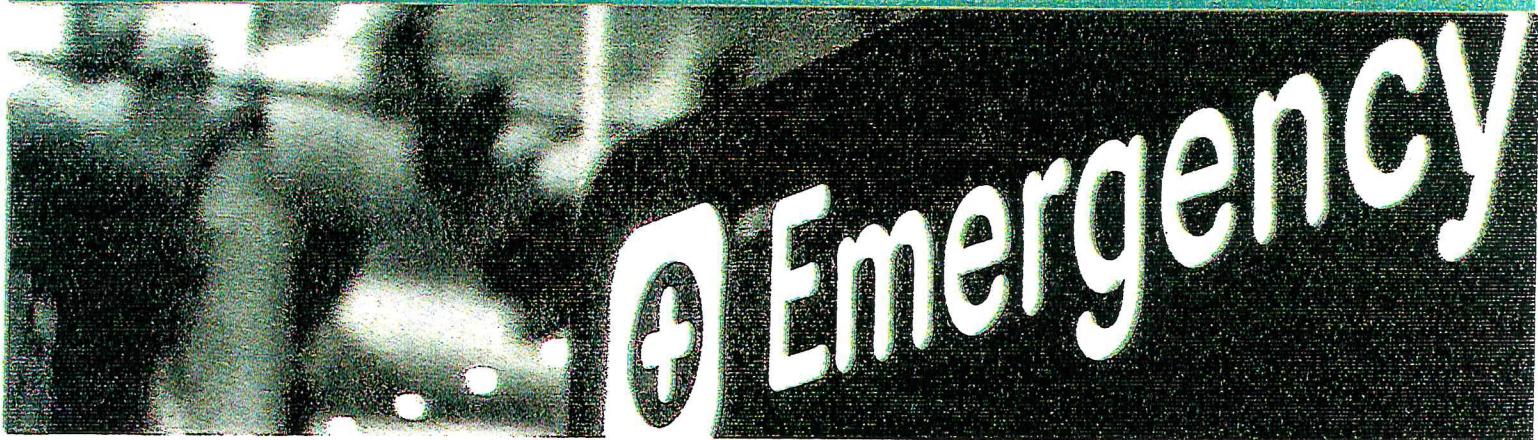
Federal grants from CDC and HRSA fund our Coverdell Stroke, Emergency Medical Services for Children and Emergency Cardiac and Stroke programs. Financial oversight for these federal grants is provided by Department of Health with input from respective stakeholder advisory committees.

Some additional smaller sources of funding are used for particular elements of the system, e.g. fees are collected from hospitals to offset part of the cost of trauma designation, some EMS agencies are supported by local levies, etc.

**Trauma Care Fund Disbursements per Year
(Total Computable)**



	Hospital Supplemental Medicaid	\$ 11,000,000	57%
	Physician Supplemental Medicaid	\$ 4,000,000	21%
	Hospital Grants	\$ 3,356,255	17%
	EMS Grants	\$ 559,438	3%
	MPD Grants	\$ 198,900	1%
	Rehabilitation Grants	\$ 168,492	1%



DISCUSSION TOPIC Improving Patient Outcomes

From the report: The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Improving Patient Outcomes. Department of Health needs your input on some common themes in the recommendations. In this breakout session we will explore: Indicators as a tool for System Assessment, System-wide Evaluation, Quality Improvement, Quality Assurance, Trauma Management Information Systems /Trauma Registry, System Coordination, and Patient Flow.

Summary of recommendations related to this breakout session

- Develop trauma system indicators with benchmarks that are tied to strategic plan goals.
- Provide stronger state-level support for regional operations, especially in the areas of data analysis, capacity assessment, and quality assurance.
- Develop a master plan for system performance improvement at the state and regional levels to implement and complete data-driven performance improvement initiatives.
- Ensure that trauma registry data are systematically used for trauma system development, evaluation, and performance improvement.

Outline of Group Discussion on Improving Patient Outcomes

Themes from the ACS Report

- Data Reports
- Timeliness of service (including transport)
- Data informed decision making
- Quality improvement

Questions for Breakout Groups

- What information do you need from the DOH and the EMSTC Steering Committee to inform decisions for regional planning?
- What Quality Improvement (QI) initiatives do you recommend we focus on?
- What recommendations do you have for system quality improvement processes at the statewide, regional, and local level?
- What kind of information about the EMS & trauma system would be helpful in an annual report or master plan for system performance improvement?

Background Information

Components of the EMS and Trauma System (Continuum of Care): Injury Prevention, Prehospital, Hospital, Rehabilitation, and System Evaluation

The trauma system provides evaluations of clinical care, system performance and patient outcomes at the local, regional and statewide level. In addition, data and technical support to the EMS and Trauma Care Councils are provided for planning and needs assessments. The trauma registry is the primary data source used in system evaluation. In the system evaluation process, indicators are standardized measures that evaluate clinical processes.

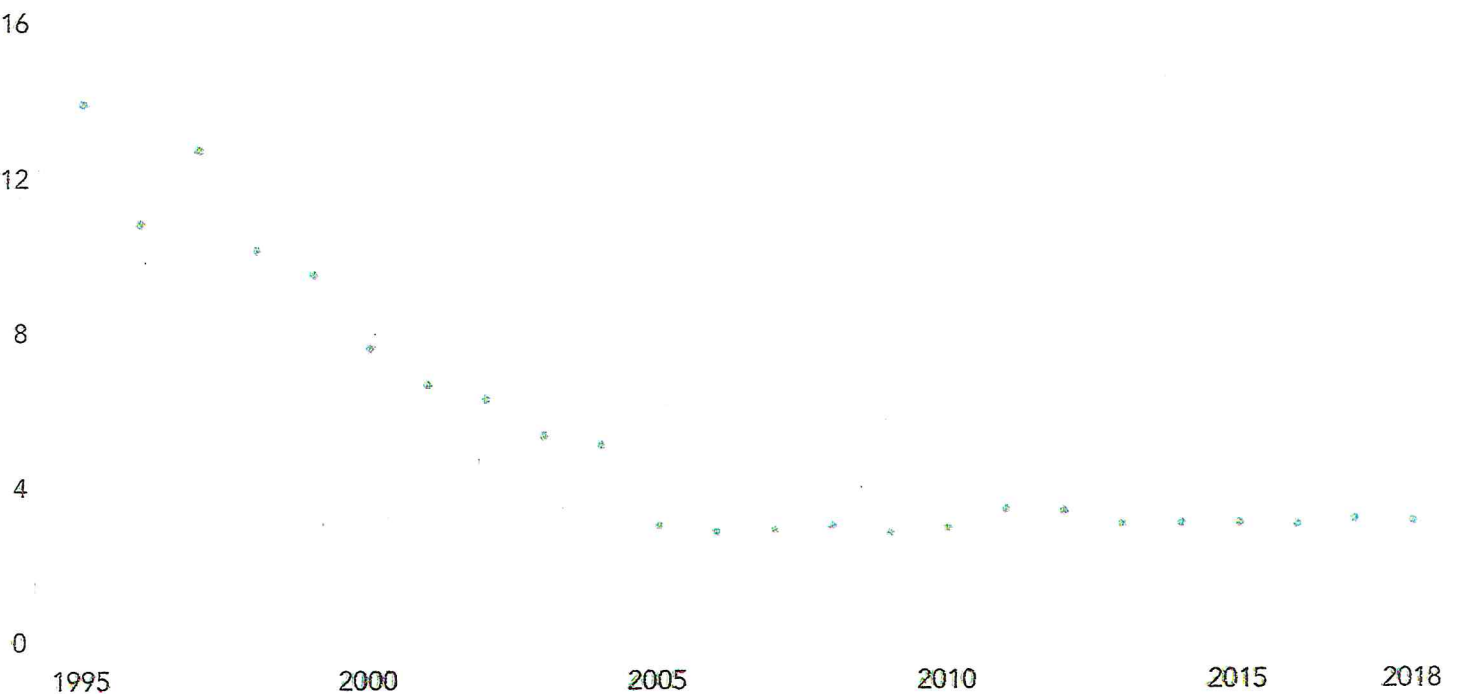


Patient Volume in Washington Trauma Registry



In-Hospital Mortality in Washington Trauma Registry

Age, Sex, and Injury Severity Adjusted Mortality Rates per 100 Patients and 95% Confidence Intervals





DISCUSSION TOPIC Community and Patient Safety

From the report: The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Community and Patient Safety. The Department of Health needs your input into understanding some common themes in the recommendations. In this breakout session, we will discuss: the EMS and Trauma System Leadership, Coalition Building and Community Support, Disaster Preparedness, System Coordination, and Patient Flow.

Summary of recommendations related to this breakout session

- Realign the composition of the eight EMS and Trauma Regional Councils with that of the State EMS and Trauma Care Steering Committee to ensure adequate representation of all stakeholders in regional systems planning and oversight.
- Provide stronger state-level support for regional operations, especially in the areas of data analysis, capacity assessment, and quality assurance.
- Develop a regional contingency plan and system redundancy plan in the event Level I and II centers become incapacitated.
- Place EMS assets strategically and sufficient in numbers to meet the needs of the state's population.
- Consider re-balancing the representation on the Steering Committee to appropriately reflect the constituency of trauma system stakeholders.

Outline of Group Discussion on Community and Patient Safety

Themes from the ACS Report

- Emergency preparedness and response
- Workforce shortages
- Alternative transport types and destinations
- System Leadership and Planning
- Regional Issues

Questions for Breakout Groups

- What recommendations do you have to improve system coordination and patient flow under normal and disaster conditions?
- What are the causes and solutions of limited system resources including bed capacity?
- What criteria should be considered by the eight EMS & Trauma Care Regions to improve analysis of gaps and determination of EMS and Trauma resources?

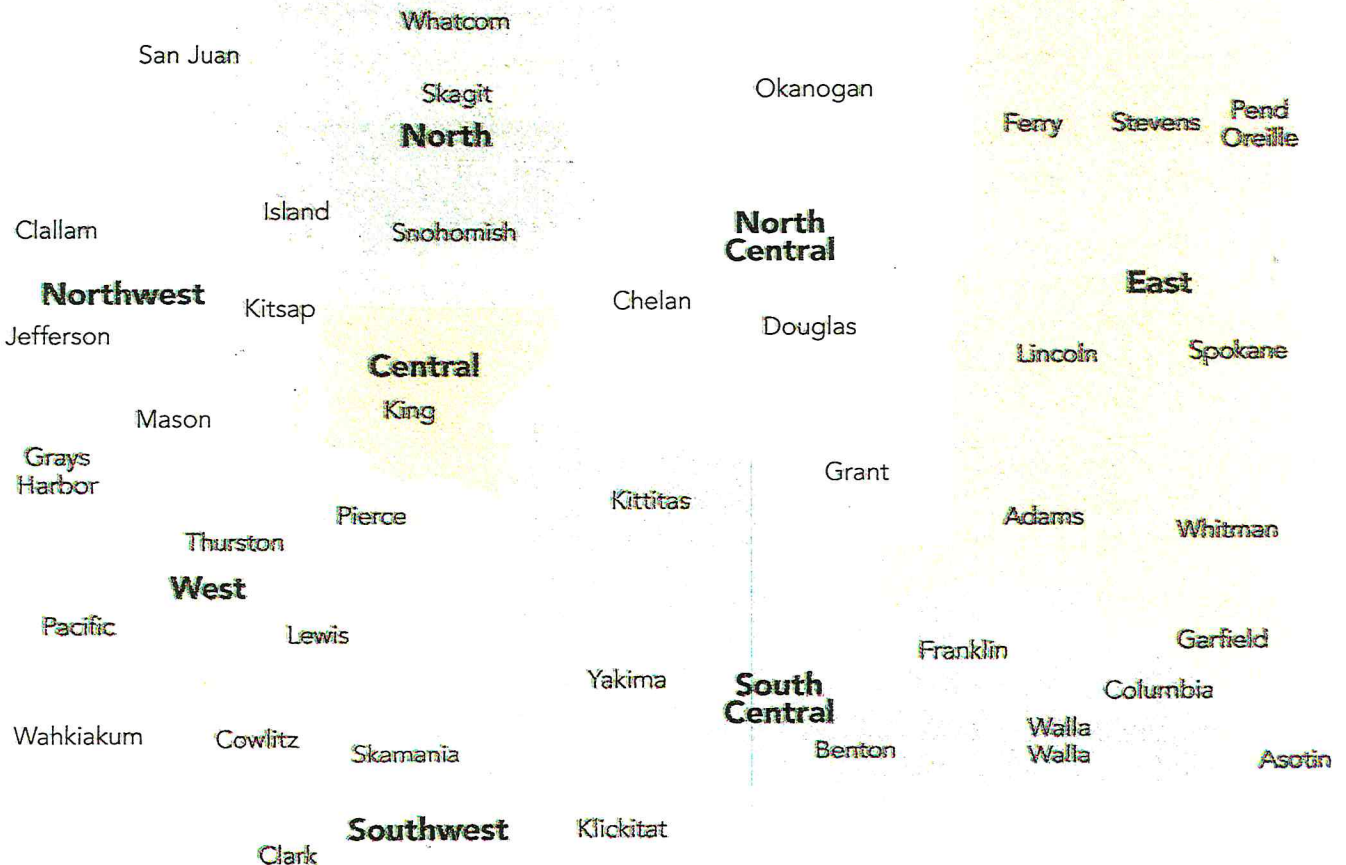
Background Information

The state EMS & Trauma Care System includes eight EMS and trauma system regions which are made up of local and regional councils. This component of the trauma system represents local interests, and establishes the development of the trauma system as a grass roots effort. The regions are charged with assessing, analyzing, identifying, and recommending resource needs within their set boundary. The regions are supported by grants from the department and are charged with developing the regional plan, regional patient care procedures and prevention, and public education programs to address regional injury problems.

In the past, Washington State has suffered from many man-made and natural disasters which have resulted in mass causality situations and patient surge conditions. Hospital bed capacity has been an issue in the State over the last few years. This was especially notable during the 2017 flu epidemic where many urban hospitals were challenged with the inability to surge bed capacity which resulted in unconventional solutions. Limited bed capacity in times of surge can impact caring for time sensitive emergency conditions. Time sensitive emergencies include emergent conditions supported by the cardiac, stroke, and trauma programs.

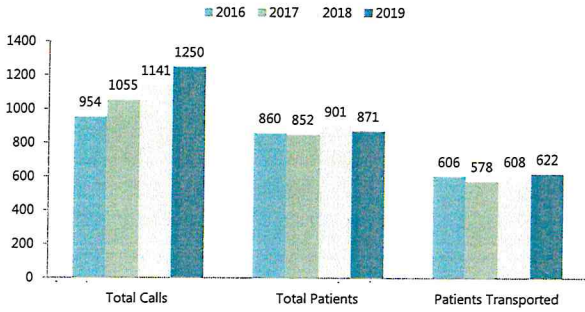


Washington State EMS Regions

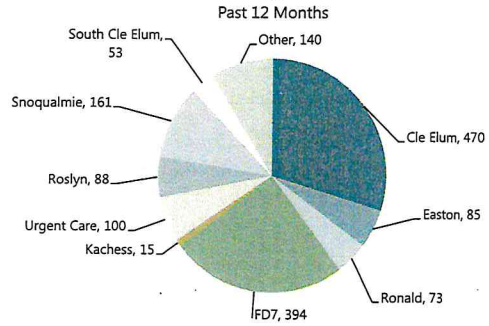


Kittitas County Public Hospital District No. 2

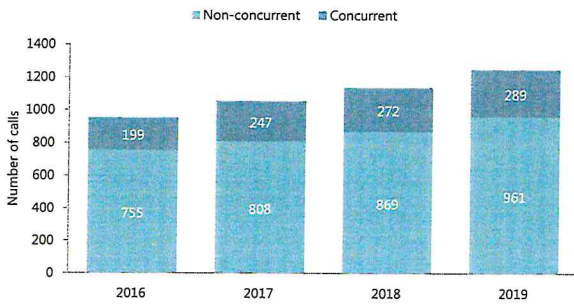
Volumes, YTD



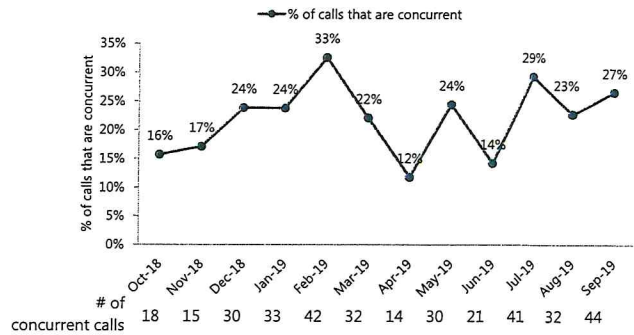
Calls by Zone



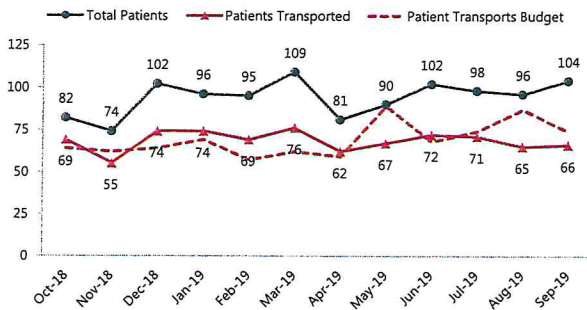
Concurrent Calls, YTD



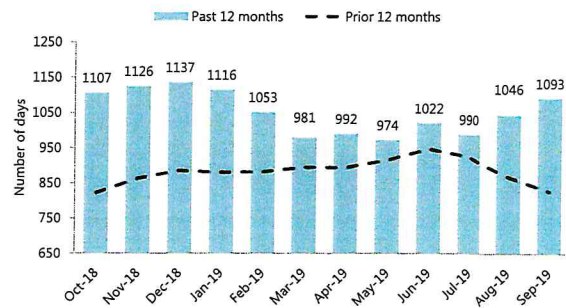
Concurrent Calls



Patients and Transports



Days Cash on Hand



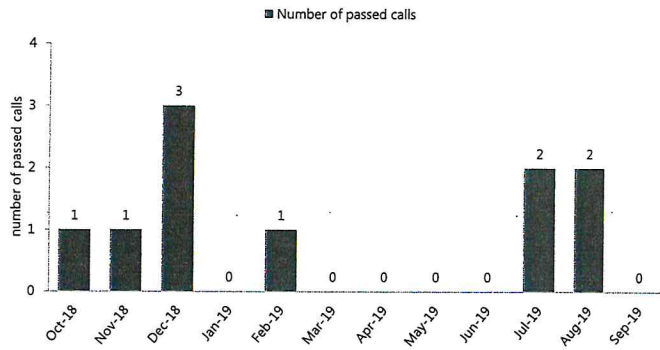
Kittitas County Public Hospital District No. 2

Turnout Time - Dispatch to Enroute

10/01/2018 to 09/30/2019

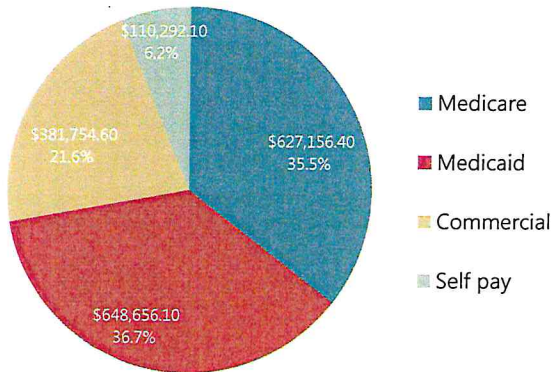
Apparatus	Responses	Turnout Time
A511 (CEFD)	5	4:03
<i>CEFD Overall</i>	5	4:03
A721 (FD7)	0	
A731 (FD7)	1	1:56
A761 (FD7)	1	10:23
A931 (FD7)	6	1:35
<i>FD7 Overall</i>	8	2:44
M931(HD2)	566	2:24
M991 (HD2)	852	2:00
M992 (HD2)	26	2:06
<i>HD2 Overall</i>	1444	2:09

Passed Calls



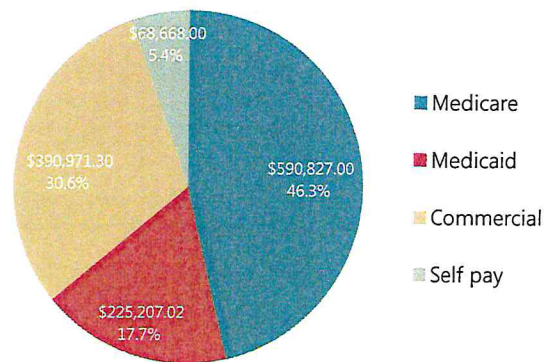
Payor Mix by Charges

07/01/2018 to 06/30/2019



Payor Mix by Charges

07/01/2017 to 06/30/2018



Kittitas Valley Community Hospital District #2
Statement of Revenue and Expense

	66	74	(8)	622	616	6	608
AVERAGE CHARGE PER RUN	2,128	1,841	287	2,080	1,990	90	1,873
	Current Month			Year to Date			Prior
	Actual	Budget	Variance	Actual	Budget	Variance	YTD
INTEREST INCOME	(2,709)	2,840	(5,549)	53,321	25,560	27,761	29,251
RENTAL INCOME	22,769	22,769	0	208,689	208,677	12	215,997
OTHER OPERATING REVENUE	0	0	0	3,266	0	3,266	3,622
AMBULANCE REVENUE	140,434	136,237	4,197	1,293,978	1,226,130	67,848	1,138,692
TOTAL REVENUE	160,494	161,846	(1,352)	1,559,254	1,460,367	98,887	1,387,561
CONTRACTUAL ADJUSTMENTS	(92,725)	50,451	(143,176)	238,281	454,060	(215,779)	434,555
BAD DEBT	7,654	6,655	999	53,116	59,889	(6,773)	54,548
CHARITY CARE	0	945	(945)	2,868	8,506	(5,638)	7,936
DEDUCTIONS FROM REVENUE	(85,071)	58,051	(143,122)	294,265	522,455	(228,190)	497,038
NET OPERATING REVENUE	245,565	103,795	141,770	1,264,989	937,912	327,077	890,523
SALARIES AND WAGES	79,924	77,499	2,425	724,547	697,491	27,056	639,728
EMPLOYEE BENEFITS	27,668	24,526	3,142	255,010	220,739	34,271	189,751
PROFESSIONAL FEES	0	8,649	(8,649)	12,739	90,853	(78,114)	26,490
SUPPLIES	10,242	10,916	(674)	103,004	112,224	(9,220)	88,500
UTILITIES	2,064	2,592	(528)	22,233	23,324	(1,091)	21,152
PURCHASED SERVICES	18,358	21,849	(3,491)	185,868	196,657	(10,789)	182,039
CEUCC SUBSIDY EXPENSE	15,316	15,316	0	137,843	137,843	(0)	163,000
DEPRECIATION	27,237	29,477	(2,240)	234,335	265,293	(30,958)	225,766
INSURANCE	1,959	2,275	(316)	18,118	20,475	(2,357)	18,153
LICENSES AND TAXES	1,425	2,044	(619)	12,791	18,391	(5,599)	13,033
INTEREST EXPENSE	12,226	12,445	(219)	112,076	112,009	67	111,264
TRAVEL AND EDUCATION	175	125	50	6,839	13,525	(6,686)	10,174
OTHER DIRECT EXPENSES	360	333	27	7,327	5,301	2,026	3,663
EXPENSES	196,954	208,046	(11,092)	1,832,731	1,914,125	(81,394)	1,692,712
OPERATING INCOME (LOSS)	48,611	(104,252)	152,863	(567,742)	(976,213)	408,470	(802,189)
TAX LEVY INCOME	113,700	110,546	3,154	1,028,839	1,002,267	26,571	994,005
NON-OPERATING BOND ISSUE CI	0	0	0	0	0	0	0
NET INCOME (LOSS)	162,311	6,294	156,016	461,097	26,055	435,042	191,816
DAYS CASH ON HAND	1093.0						
AR DAYS	68.2						
CURRENT RATIO	11.14						
COMMITTED CAPITAL FUNDS:							
2019 AMBULANCE	0.00						
2020 AMBULANCE	255,000						
AMBULANCE GARAGE	4,100,000						
TOTAL COMMITTED FUNDS	4,355,000.00						
DAYS CASH AFTER COMMITTED	319.0						

Kittitas Valley Community Hospital District #2
Statement of Revenue and Expense

	66	74	(8)	622	616	6	608
MEDICAL BILLABLE RUNS	66	74	(8)	622	616	6	608
AVERAGE CHARGE PER RUN	2,128	1,841	287	2,080	1,990	90	1,873
	Current Month			Year to Date			Prior
	Actual	Budget	Variance	Actual	Budget	Variance	YTD
INTEREST INCOME	0	0	0	0	0	0	0
RENTAL INCOME	0	0	0	0	0	0	0
OTHER OPERATING REVENUE	0	0	0	2,766	0	2,766	1,222
AMBULANCE REVENUE	140,434	136,237	4,197	1,293,978	1,226,130	67,848	1,138,692
TOTAL REVENUE	140,434	136,237	4,197	1,296,744	1,226,130	70,614	1,139,914
CONTRACTUAL ADJUSTMENTS	(92,725)	50,451	(143,176)	238,281	454,060	(215,779)	434,555
BAD DEBT	7,654	6,655	999	53,116	59,889	(6,773)	54,548
CHARITY CARE	0	945	(945)	2,868	8,506	(5,638)	7,936
DEDUCTIONS FROM REVENUE	(85,071)	58,051	(143,122)	294,265	522,455	(228,190)	497,038
NET OPERATING REVENUE	225,505	78,186	147,319	1,002,479	703,675	298,804	642,875
SALARIES AND WAGES	79,924	77,267	2,657	722,870	695,402	27,468	637,739
EMPLOYEE BENEFITS	27,668	24,526	3,142	254,850	220,739	34,111	189,751
PROFESSIONAL FEES	0	0	0	0	0	0	0
SUPPLIES	10,242	10,858	(616)	102,919	111,698	(8,780)	88,345
UTILITIES	1,794	2,375	(581)	20,807	21,375	(568)	19,832
PURCHASED SERVICES	12,475	13,769	(1,294)	123,478	131,072	(7,594)	120,116
CEUCC SUBSIDY EXPENSE	0	0	0	0	0	0	0
DEPRECIATION	13,711	15,810	(2,100)	111,245	142,294	(31,049)	103,372
INSURANCE	523	575	(52)	4,556	5,175	(619)	3,115
LICENSES AND TAXES	1,425	2,044	(619)	12,791	18,391	(5,599)	0
INTEREST EXPENSE	0	0	0	0	0	0	0
TRAVEL AND EDUCATION	143	125	18	5,751	12,825	(7,075)	10,174
OTHER DIRECT EXPENSES	0	0	0	1,606	2,300	(694)	540
EXPENSES	147,905	147,349	556	1,360,872	1,361,271	(399)	1,172,983
OPERATING INCOME (LOSS)	77,600	(69,163)	146,764	(358,393)	(657,596)	299,203	(530,108)
TAX LEVY INCOME	56,534	54,215	2,319	506,980	487,939	19,041	489,674
NON-OPERATING BOND ISSUE CI	0	0	0	0	0	0	0
NET INCOME (LOSS)	134,134	(14,948)	149,083	148,587	(169,657)	318,244	(40,434)

Kittitas Valley Community Hospital District #2
Statement of Revenue and Expense

	Current Month			Year to Date			Prior
	Actual	Budget	Variance	Actual	Budget	Variance	YTD
INTEREST INCOME	(2,709)	2,840	(5,549)	53,321	25,560	27,761	29,251
RENTAL INCOME	22,769	22,769	0	208,689	208,677	12	215,997
OTHER OPERATING REVENUE	0	0	0	500	0	500	2,400
AMBULANCE REVENUE	0	0	0	0	0	0	0
TOTAL REVENUE	20,060	25,609	(5,549)	262,510	234,237	28,273	247,647
CONTRACTUAL ADJUSTMENTS	0	0	0	0	0	0	0
BAD DEBT	0	0	0	0	0	0	0
CHARITY CARE	0	0	0	0	0	0	0
DEDUCTIONS FROM REVENUE	0	0	0	0	0	0	0
NET OPERATING REVENUE	20,060	25,609	(5,549)	262,510	234,237	28,273	247,647
SALARIES AND WAGES	0	232	(232)	1,678	2,089	(411)	1,989
EMPLOYEE BENEFITS	0	0	0	160	0	160	0
PROFESSIONAL FEES	0	8,649	(8,649)	12,739	90,853	(78,114)	26,490
SUPPLIES	0	58	(58)	85	526	(441)	155
UTILITIES	270	217	53	1,426	1,949	(523)	1,320
PURCHASED SERVICES	5,883	8,080	(2,197)	62,390	65,585	(3,195)	61,923
CEUCC SUBSIDY EXPENSE	15,316	15,316	0	137,843	137,843	(0)	163,000
DEPRECIATION	13,526	13,667	(141)	123,090	122,999	91	122,394
INSURANCE	1,436	1,700	(264)	13,562	15,300	(1,738)	15,039
LICENSES AND TAXES	0	0	0	0	0	0	13,033
INTEREST EXPENSE	12,226	12,445	(219)	112,076	112,009	67	111,264
TRAVEL AND EDUCATION	32	0	32	1,089	700	389	0
OTHER DIRECT EXPENSES	360	333	27	5,721	3,001	2,720	3,123
EXPENSES	49,049	60,697	(11,648)	471,859	552,854	(80,995)	519,729
OPERATING INCOME (LOSS)	(28,989)	(35,088)	6,099	(209,349)	(318,616)	109,267	(272,081)
TAX LEVY INCOME	57,166	56,331	835	521,859	514,329	7,530	504,330
NON-OPERATING BOND ISSUE C	0	0	0	0	0	0	0
NET INCOME (LOSS)	28,177	21,243	6,934	312,510	195,712	116,798	232,249
DAYS CASH ON HAND	1093.0						
AR DAYS	68.2						
CURRENT RATIO	11.14						
COMMITTED CAPITAL FUNDS:							
2019 AMBULANCE	0.00						
2020 AMBULANCE	255,000						
AMBULANCE GARAGE	4,100,000						
TOTAL COMMITTED FUNDS	4,355,000.00						
DAYS CASH AFTER COMMITTED	319.0						

Kittitas County Hospital Dist 2

Balance Sheet

	<u>Year to Date</u>	<u>Prior Year End</u>	<u>Change</u>
CASH	3,875,754	3,736,723	139,030
ACCOUNTS RECEIVABLE	186,566	189,746	(3,180)
TAXES RECEIVABLE	586,768	54,634	532,134
PREPAIDS	25,680	4,078	21,602
INVESTMENTS	2,274,092	2,251,689	22,403
CURRENT ASSETS	6,948,860	6,236,871	711,989
LAND	843,524	843,524	0
PROPERTY, PLANT, & EQUIPMENT	6,451,725	6,182,141	269,584
ACCUMULATED DEPRECIATION	(3,273,081)	(3,038,746)	(234,335)
NON CURRENT ASSETS	4,022,169	3,986,920	35,249
NET PENSION ASSET	204,890	204,890	0
DEFERRED OUTFLOWS	57,775	57,775	0
ASSETS	11,233,694	10,486,456	747,238
ACCOUNTS PAYABLE	64,482	6,654	57,828
INTEREST PAYABLE	48,902	12,635	36,267
ACCRUED PAYROLL	34,637	28,890	5,748
ACCRUED BENEFITS	67,927	45,063	22,863
CEUCC SUBSIDY PAYABLE	137,843	180,186	(42,343)
CURRENT PORTION REVENUE BOND - LTGO	269,736	269,736	0
CURRENT LIABILITIES	623,527	543,164	80,363
LONG TERM REVENUE BOND - LTGO	4,055,877	4,189,608	(133,731)
NET PENSION LIABILITY	199,089	199,089	0
DEFERRED INFLOWS - PENSION	352,779	352,779	0
DEFERRED INFLOWS - LEVY	339,510	0	339,510
NONCURRENT LIABILITIES	4,947,255	4,741,476	205,778
LIABILITIES	5,570,782	5,284,640	286,141
NET INCOME (LOSS)	461,097	(0)	461,097
UNRESTRICTED FUND BALANCE	5,201,816	5,201,816	0
FUND BALANCE	5,662,912	5,201,816	461,097
TOTAL LIABILITIES AND NET POSITION	11,233,694	10,486,456	747,238

Kittitas County Hospital Dist 2

Statement of Cash Flows

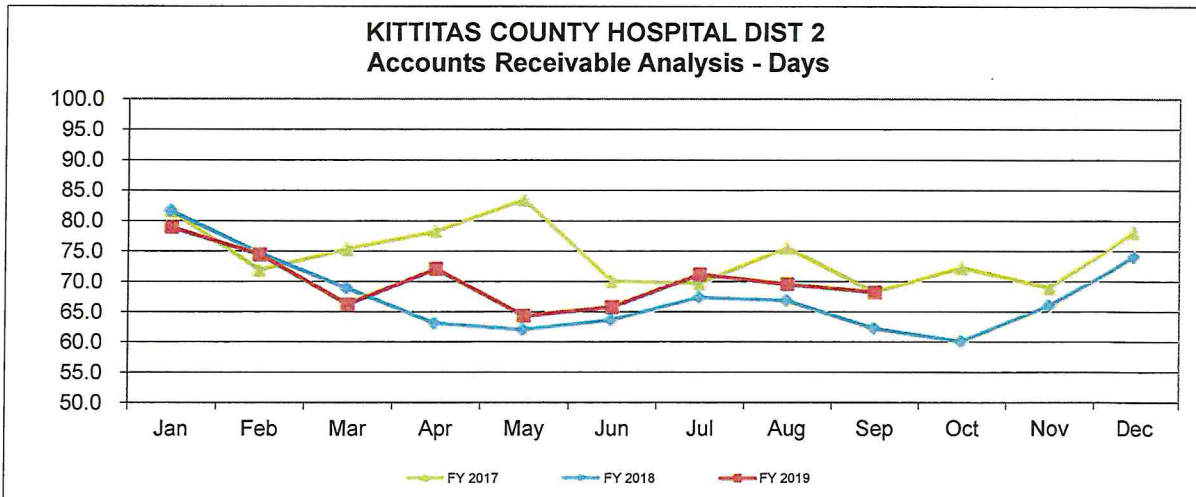
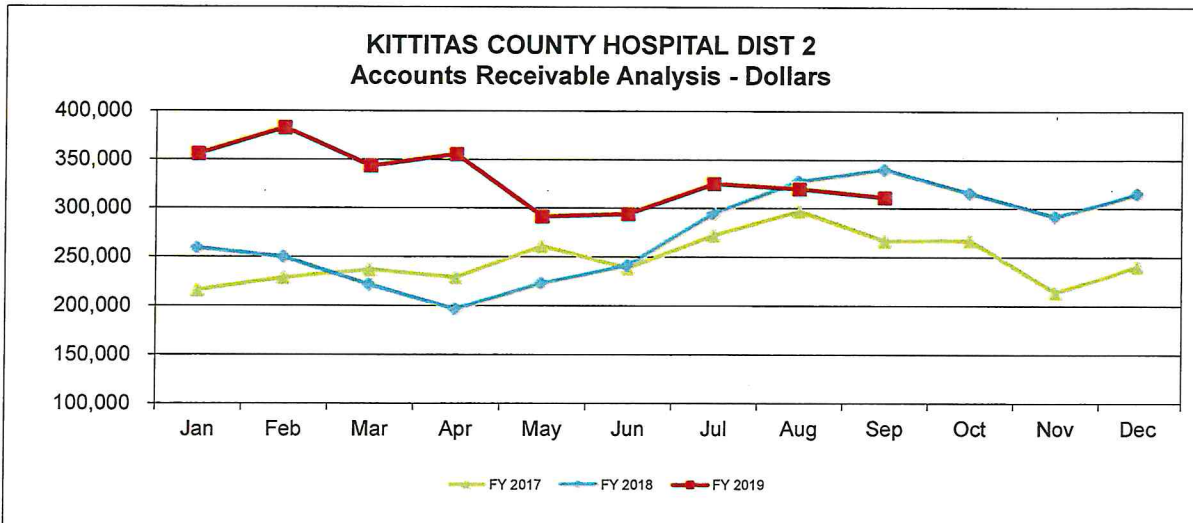
	<u>CASH</u>
NET BOOK INCOME	461,097
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	234,335
NET CASH FROM OPERATIONS	695,432
CHANGE IN CURRENT ASSETS	
PATIENT ACCOUNTS AND OTHER RECEIVABLES	3,180
PROPERTY TAX RECEIVABLE	(532,134)
PREPAID EXPENSE	(21,602)
TOTAL CHANGE IN CURRENT ASSETS	(550,556)
PURCHASE OF PROPERTY, PLANT & EQUIPMENT	(269,584)
NET PENSION ASSET	0
DEFERRED OUTFLOWS	0
INCREASE IN INVESTMENTS	(22,403)
PROCEEDS FROM SALE/MATURITY OF INVESTMENTS	
TOTAL CHANGE IN ASSETS	(842,543)
CHANGES IN CURRENT LIABILITIES	
ACCOUNTS PAYABLE	57,828
INTEREST PAYABLE	36,267
ACCRUED PAYROLL	5,748
ACCRUED BENEFITS	22,863
CEUCC SUBSIDY PAYABLE	(42,343)
TOTAL CHANGE CURRENT LIABILITIES	80,363
PRINCIPLE PAYMENT ON REVENUE BOND	(133,731)
NET PENSION LIABILITY	0
DEFERRED INFLOWS OF RESOURCES	339,510
NET CHANGE IN CASH	139,030
BEGINNING CASH ON HAND	3,736,723
ENDING CASH ON HAND	3,875,754



KITTITAS COUNTY HOSPITAL DIST 2
Accounts Receivable Analysis

SYS DESIGN EMS

	Sep-19	Aug-19	Jul-19	Jun-19	May-19	Apr-19	Mar-19	Feb-19	Jan-19	Dec-18	Nov-18	Oct-18
A/R Dollars	311,152	320,080	325,523	294,088	291,452	355,627	343,726	382,562	355,769	314,138	290,860	315,042
A/R Days	68	70	71	66	64	72	66	74	79	74	66	60





KITTITAS COUNTY HOSPITAL DIST 2

BOARD MEETING SEPTEMBER 2019

ACCOUNTS PAYABLE WARRANTS/ EFTS TO BE APPROVED

CHECK DATE:

# 1 WARRANT NUMBERS:	10792-10810	NET AMOUNT:	\$28,977.96	9-Sep-19
# 2 WARRANT NUMBERS:	10811-10836	NET AMOUNT:	\$22,584.99	23-Sep-19
			<hr/>	
			\$51,562.95	

PAYROLL WARRANTS / EFTS TO BE APPROVED

PPE 08-31-19		NET AMOUNT:	\$30,389.28	6-Sep-19
PPE 09-14-19		NET AMOUNT:	\$27,066.59	20-Sep-19
			<hr/>	
			\$57,455.87	

TOTAL NET WARRANTS & EFT'S **\$109,018.82**

Upper Kittitas County Public Hospital District #2
 Detailed Statement of Accounts Payable Transactions
 Month of September 2019



Account Class	Check No	Vendor	Amount	
Balance Sheet	10797	DEPARTMENT OF RETIREMENT SYSTEMS	3,311.89	
	10798	DEPARTMENT OF RETIREMENT SYSTEMS	366.00	
	10799	EMPLOYMENT SECURITY DEPARTMENT	81.30	
	10811	AFLAC	760.65	
	10817	DEPARTMENT OF RETIREMENT SYSTEMS	3,027.31	
	10818	DEPARTMENT OF RETIREMENT SYSTEMS	366.00	
	10823	IAFF 4880	1,220.00	
	10826	KDA ARCHITECTURE INC	1,390.39	
	Employee Benefits	10797	DEPARTMENT OF RETIREMENT SYSTEMS	2,291.84
		10810	VIMLY BENEFIT SOLUTIONS	15,885.02
10817		DEPARTMENT OF RETIREMENT SYSTEMS	2,085.64	
10819		DIMARTINO ASSOCIATES	100.58	
10835		VIMLY BENEFIT SOLUTIONS	825.00	
Supplies		10792	AMERICAN PROFICIENCY INSTITUTE	453.00
	10793	CARDINAL HEALTH 112, LLC	28.55	
	10800	GOOD TO GO	5.00	
	10800	GOOD TO GO	5.00	
	10801	JAMES OIL CO., INC.	738.38	
	10803	LIFE ASSIST, INC.	220.67	
	10803	LIFE ASSIST, INC.	266.55	
	10803	LIFE ASSIST, INC.	34.56	
	10803	LIFE ASSIST, INC.	204.62	
	10803	LIFE ASSIST, INC.	263.36	
	10806	MOUNTAIN ELEGANCE	1,688.73	
	10807	NORTHERN KITTITAS CO TRIBUNE	55.12	
	10808	OXARC INC	166.22	
	10812	AMAZON	69.92	
	10812	AMAZON	209.58	
	10813	CARDINAL HEALTH 112, LLC	146.55	
	10820	GALLS, LLC	322.24	
	10822	GOOD TO GO	8.70	
	10828	KITTITAS VALLEY HEALTHCARE	188.11	
	10828	KITTITAS VALLEY HEALTHCARE	1,078.73	
	10829	LIFE ASSIST, INC.	274.36	
	10829	LIFE ASSIST, INC.	3.55	
	10829	LIFE ASSIST, INC.	505.62	
	10829	LIFE ASSIST, INC.	1,041.38	
	10829	LIFE ASSIST, INC.	4.47	
	10831	OXARC INC	170.59	

Utilites

10831	OXARC INC	182.48
10831	OXARC INC	3.19
10794	CITY OF CLE ELUM	114.40
10794	CITY OF CLE ELUM	481.46
10794	CITY OF CLE ELUM	104.73
10804	MCI	36.35
10809	PUGET SOUND ENERGY	205.26
10809	PUGET SOUND ENERGY	11.45
10809	PUGET SOUND ENERGY	115.12
10814	CENTURYLINK	119.24
10824	INLAND NETWORKS	93.51
10824	INLAND NETWORKS	157.00
10827	KITTITAS COUNTY FIRE DISTRICT #7	200.00
10832	PUGET SOUND ENERGY	28.20
10834	VERIZON	525.95

Purchased Services

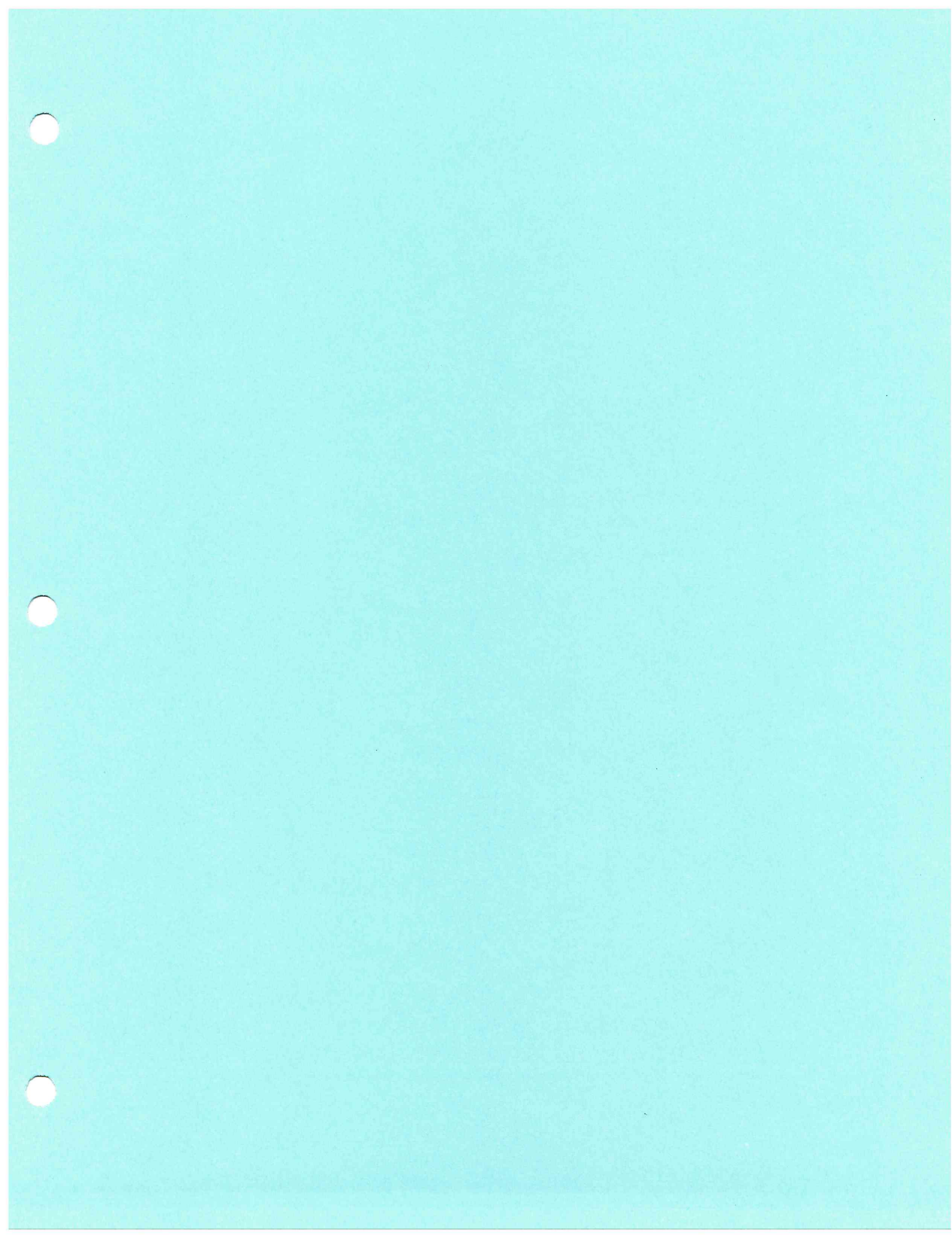
10795	CITY OF CLE ELUM FIRE DEPARTMENT	350.00
10795	CITY OF CLE ELUM FIRE DEPARTMENT	200.00
10802	JULIE PETERSEN	32.48
10805	MICROSOFT	418.50
10807	NORTHERN KITTITAS CO TRIBUNE	450.00
10815	CLE ELUM FARM & HOME	17.26
10816	CLE ELUM HARDWARE & RENTAL	12.95
10825	JACKSON HORSLEY	400.00
10827	KITTITAS COUNTY FIRE DISTRICT #7	420.00
10827	KITTITAS COUNTY FIRE DISTRICT #7	251.52
10827	KITTITAS COUNTY FIRE DISTRICT #7	489.12
10827	KITTITAS COUNTY FIRE DISTRICT #7	795.80
10827	KITTITAS COUNTY FIRE DISTRICT #7	128.51
10833	SYSTEMS DESIGN	1,636.80
10836	YAKIMA ADJUSTMENT SERVICE INC	2,563.17
10836	YAKIMA ADJUSTMENT SERVICE INC	304.06

Travel & Education

Other Direct Expenses

10821	GEOFF SCHERER	96.86
10796	DAILY RECORD	32.40
10807	NORTHERN KITTITAS CO TRIBUNE	360.00
10830	NORTHERN KITTITAS CO TRIBUNE	360.00

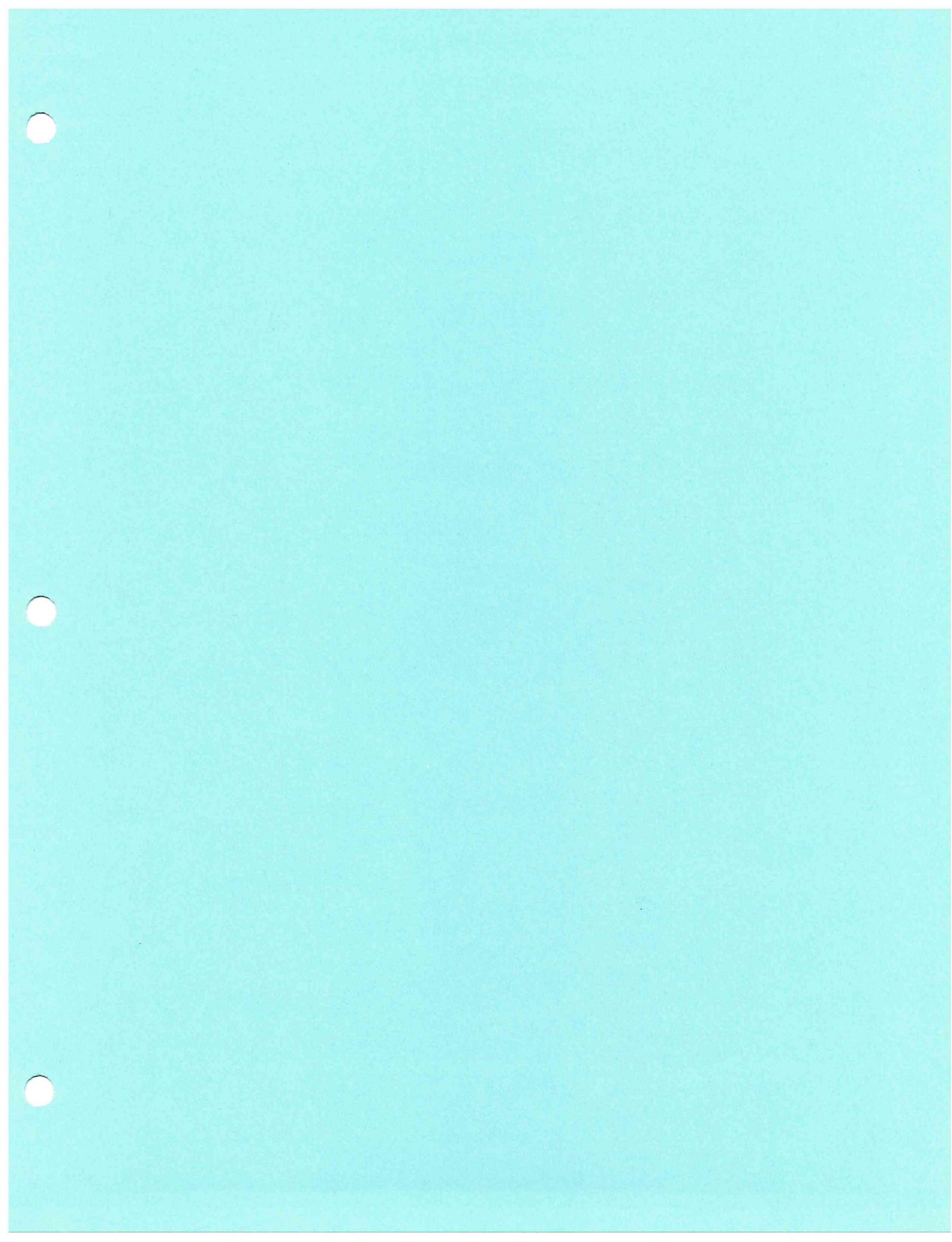
51,562.95





Executive Director Report

To be distributed at meeting





free

Drive Thru Flu Shot Clinic

Oct. 26 from 10a.m.-1p.m.

KVH Urgent Care

214 W 1st St, Cle Elum

No insurance needed

Free and Open to the public

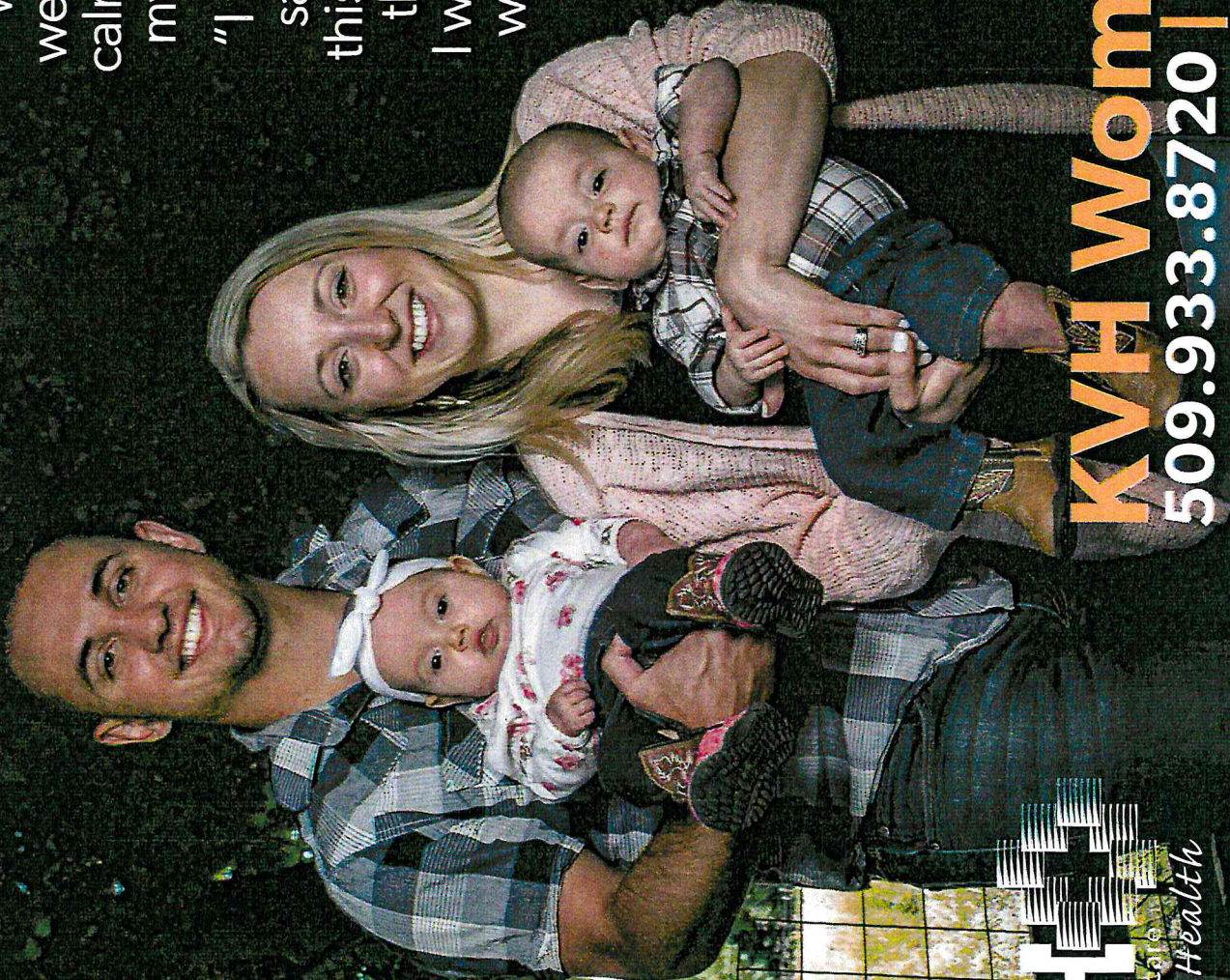
While supplies last



"When we met Dr. Herman, we clicked really well. He was calming and reassuring with all my questions and concerns.

"I was reading things online, saying, I need to be eating this much, I need to be doing this much, and then when I would go to Dr. Herman, he would say, 'You need to do what's good for you.'"

- Bri Botten, KVH Patient
(read Bri's story at kvhealthcare.org)



KVH Women's Health
509.933.8720 | kvhealthcare.org

REGIONAL NEWS



LIFE SUPPORT DONORS christen the new ladder truck in front of Station 73 located on Golf Course Road, I-90 Exit 78. Instead of champagne, they each were given a bottle of water to splash on the truck while Interim Chief John Sinclair unveiled the names of the donors appearing on the side of the truck.

N.K.C. TRIBUNE/Jim Foscall photo - 2019

Donations to Life Support garner a new ladder truck for Kittitas Co. Fire District 7

CLE ELUM - On the rainy Sunday, Sept. 22, at 2:30 p.m., Kittitas County Fire District 7 dedicated a new aerial ladder truck underwritten by Life Support donors Roger and Cindy Jobs, Suncadia, the Puget Sound Energy Foundation, the Hermanson Company, Swiftwater Cellars, Unionville Ranch, and J&D's Hydraulic & Repair. Life Support hosted the ceremony. Cheri Marusa, the nonprofit's founder and president, had this to say: "This is another critical need fulfilled

and another lifesaving solution provided by our donors. "Can you imagine how long it would take for a ladder truck to respond from King County or Ellensburg? Unacceptable." Kittitas Fire Marshal Patrick Nicholson said District 7's old ladder truck, retired due to mechanical issues, was the only one in the Upper County. "There was an urgent need for an aerial apparatus in the Upper County where there are numerous structures that are multiple stories

in height. Ground ladders cannot reach the upper stories and/or roofs of many of them. "Without this new resource firefighters would have had to engage in low-frequency, high-risk activities, placing themselves at greater risk." Firefighter/EMT and former district mechanic Tony Ditsworth said, "The old ladder truck had some issues. It failed its last Underwriter Lab tests in 2018 and this year. Repair costs exceeded what the truck was worth. "The new truck is from South County Fire in South Snohomish County. It's a 2000 with under 25,000 miles on it, so we should easily get ten to 15 years out of it." The truck is a monster weighing nearly 37 tons, approximately the weight of 19 JEEP Wranglers. The ladder measures 100-feet fully extended. The truck can pump 1,000 gallons-plus per minute.

Milestone in history, stakeholders weigh in
Sunday's dedication offered several stakeholders in attendance the opportunity to speak. Following are outtakes from a few of those who made comments.
John Sinclair - KCED7 Interim Fire Chief
"The generosity of this community and others is incredible. District 7 is going through a difficult financial period after the levy failed. To have people recognize the need and willing to donate their own funds - that's amazing to me."
Donor: Puget Sound Energy Foundation
Speaking for the foundation, Adam Crawford had this to say: "There was an immediate need for an aerial ladder truck here in the area as the prior truck had been decommissioned. Our focus for a long time has been emergency preparedness, so the ladder truck harmonized with our goals."



THE PUSH-IN CEREMONY in front of the bay at Fire Station 76, Bullfrog Road. Photo courtesy of Sandy Malcom

Donor: Mark Reisman
Reisman is a Seattle cardiologist at the University of Washington and he's a Life Support board member. "The need was clear to me that a ladder truck is an important piece of equipment. It most certainly will benefit the entire Upper County community."
Sid Morrison Board Chair Life Support
"I was very much aware of the situation here in the Upper County because I represented the area for the U.S. Congress for 12 years. "After talking to lots of people and attending lots of meetings, the thing that always struck me was: This area is going to grow. "After I left Congress, I became Washington's Secretary of Transportation, and then I really saw firsthand that annually we were sending 11 million or more people along the I-90 corridor and that we were counting on local volunteers to provide first response for every emergency that came along. "So I jumped at the chance to become part of Life Support early on. For myself and for the people across the state who have responded and joined in - this is such a worthwhile cause. "And of course, with the growth that's occurred in the Upper County it kind of comes together with helping District 7, which gives me a really good feeling about decisions made and moving forward. "What's happening here

today with the donation of this ladder truck and District 7's goals and direction in providing service to their growing response area - is an example of America at its finest."

A unified mission
Sunday, all the donor: present provided similar remarks. They all said they recognized the needs and goals of District 7 and Life Support's efforts to help. In fact a few donors indicated they had firsthand experience: with lifesaving responses to serious injuries.

The Push-in Ceremony
After the new ladder truck was dedicated Sunday, the district perpetuated a longstanding tradition: a wet-down and push-in at Bullfrog Road's Station 76, where the truck immediately went into service. Said Ditsworth, "The wet-down is when firefighters wash the new truck from water provided by the truck being replaced. "The push-in is where everyone moves to the front of the truck and pushes it into the firehouse, a throwback in time to when firefighters did the same. Back in the day firefighters disconnected their team of horses from their steam-powered pumpers and pushed the pumper back into the firehouse. "Obviously, the new ladder truck can't be pushed in, so we had a driver back it up while attendees put their hands on the front of the truck to imitate the appearance

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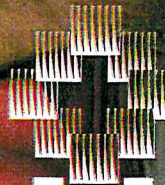
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Hunter, KVH patient

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KITTITAS COUNTY - Recently, two state highway accidents resulted in tragic deaths.

Thursday, Sept. 5, around 1:30 p.m., Spokane's 69-year-old **Gary Payne** died when his B4000 Mazda pickup left the roadway and rolled in the median. The accident occurred five miles east of Ellensburg at I-90's Mile Post 113. Payne was traveling eastbound.

The State Patrol reported he was not wearing a seat belt and that drugs and/or alcohol were not a factor.

At this writing the cause of the accident is under investigation.

Then on Sunday, Sept. 8, around 5:30 p.m., Poulosbo's 55-year-old **Fred Shultz** suffered what the State Patrol is calling "an unknown medical event" on I-92 northbound at Mile Post 2, four miles south of Ellensburg.

Shultz's 2014 Dodge Ram pickup left the roadway and came to rest against a fence 100 feet from the shoulder. First responders found him dead at the wheel. No charges were filed. The accident is under investigation.

The State Patrol reported Shultz was wearing a seatbelt and that it is unknown if drugs and/or alcohol were involved.

for the rest of us.

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Meet Tessa Henrichsen

I am the paralegal for Lane Law Group PLLC. I have a BA in Law and Justice from CWU and I am currently enrolled in the Clerkship Program for Washington State. I have resided in Kittitas County for 18 years. I enjoy knowing at the end of the day that I can serve my community and they have confidence in our ability to protect their interests and their loved ones long after they have passed on through our exceptional estate planning options.

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Photo by Mary Kaldeter Photography

Calls for Assistance **141 August** **1,084 YTD** year-to-date

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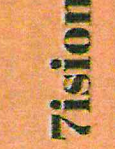

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bird spy plane main one of the most notorious planes in history. They cruised faster than a bullet at altitudes where the daytime sky was illuminated by the stars.
Only 50 were flown from 1962 until 1999, making their crews part of a very small, esteemed aviation group.

• 1:30-3 p.m. - Panel/audie! discussion with two Blackbird pilots, two Blackbird Reconnaissance Systems Officers ("backseater" flight crew) and one Blackbird maintainer.
The museum is located at 9404 E. Marginal Way South in Seattle. For more information, call 206-764-5700.

Threshing Bee & Antique Show this weekend

ELLENSBURG - The 35th Threshing Bee and Antique Show takes place Saturday and Sunday, Sept. 14-15, at Anderson Hay & Grain, 907 Anderson Road, in Ellensburg. This event is known for its

country breakfasts and lunches. Breakfast runs 7-10 a.m. both days. Lunch is served from 11 a.m. to about 1 p.m. both days.
Threshing starts Saturday at 10:00 a.m., and at 2:00 p.m. on Sunday. There's a 10:00 a.m. Tractor Parade both days at 1:00 p.m.

The event offers food concessions, wagon rides, antique tractors and vintage machin-

ery demonstrations.
Look for a variety of exhibitors who bring along olden day farm machinery, including a hand-driven ice cream maker and steam-driven saws. Although there are bales of hay deployed for spectating and picnicking, bring along blankets and/or lawn chairs to relax in the shade.
For more information visit kveic.org.



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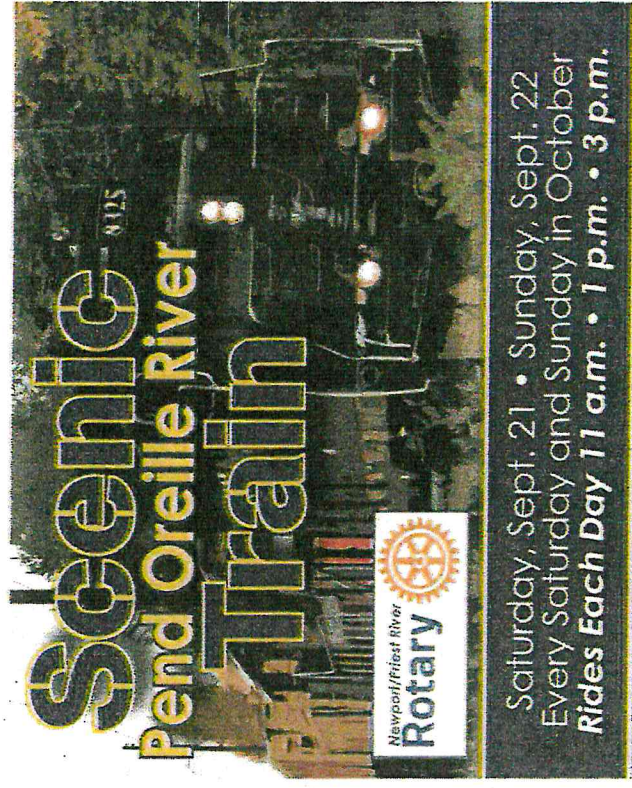
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As badly as Nigel needed hernia surgery, "I needed to be out there with the guys." When he learned he could have laparoscopic surgery the next week and be back on the job in under a month, KVH General Surgery was a no-brainer. "Check out KVH for your surgical needs before you go to another facility."

- Nigel, Quincy Firefighter/EMT
(read his story at kvhealthcare.org)



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Happy Retirement, Dr. John Sand!

—from all of us at KVH



Photo: KVH Family Birthing Place team



Thank you, Dr. Sand, for your years of dedication in serving the women and growing families of Kittitas County. We will miss working with you!

We're accepting new patients!

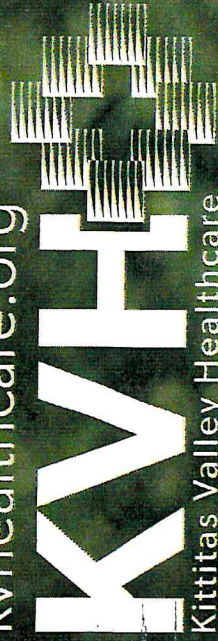
Andrew Thomas, MD

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