



Prosser
Memorial Health

**Prosser Memorial Health
Board of Commissioners**

**Board Packet
July 28, 2022**

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser

Memorial Health

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

Mission: To improve the health of our community.

BOARD OF COMMISSIONERS
THURSDAY, July 28, 2022
6:00 PM, WHITEHEAD CONFERENCE ROOM
AGENDA

COMMISSIONERS:

Stephen Kenny, Ph.D.
Sharon Dietrich, M.D.
Glenn Bestebreur
Susan Reams
Keith Sattler
Brandon Bowden
Neilan McPartland

STAFF:

Craig Marks, CEO
Merry Fuller, CNO/COO
David Rollins, CFO
Shannon Hitchcock, CCO
Kristi Mellema, CQO
Bryon Dirkes, CHRO
Dr. Brian Sollers, CMO

I. CALL TO ORDER

- A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA

Action Requested – Agenda

IV. CONSENT AGENDA

Action Requested – Consent Agenda

- A. Board of Commissioners Meeting Minutes for June 30, 2022.
B. **Payroll and AP Vouchers** #165938 through #166479 dated 06-23-22 through 07-20-22 in the amount of \$7,222,196.25.

V. MEDICAL STAFF DEVELOPMENT

- A. Medical Staff Report and Credentialing

Dr. Sollers

Action Requested - Advancement from Provisional

1. Advancement from Provisional

Michael Parmley, MD – Locum Tenens privileges in General Surgery effective August 1, 2022 through January 31, 2024.

2. New Appointment

Action Requested – New Appointment and Requested Clinic Privileges

Sameh Salama, MD – Provisional/Locum Tenens Staff with requested privileges in General Surgery effective August 1, 2022 through January 31, 2023.

Jung H. Kim, MD – Provisional/Locum Tenens Staff with requested privileges in Emergency Medicine effective August 1, 2022 through January 31, 2023.

3. Reappointment

Action Requested – Reappointment and Requested Clinical Privileges

Mimi Lee, MD – Reappointment to Telemedicine Staff with requested privileges in Neurology effective August 1, 2022 through July 31, 2024.

Robert Lada, MD – Reappointment to Telemedicine Staff with requested privileges in Neurology effective August 1, 2022 through July 31, 2024.

Biggya Sapkota, MD – Reappointment to Telemedicine Staff with requested privileges in Neurology effective August 1, 2022 through July 31, 2024.

Gulam Ashfaq Khan, MD – Reappointment to Telemedicine Staff with requested privileges in Radiology effective August 1, 2022 through July 31, 2024.

Michael Marvi, MD – Reappointment to Telemedicine Staff with requested privileges in Neurology effective August 1, 2022 through July 31, 2024.

Lilith Judd, MD – Reappointment to Telemedicine Staff with requested privileges in Neurology effective August 1, 2022 through July 31, 2024.

VI. FINANCIAL STEWARDSHIP

A. Review Financial Reports for June 2022 (**Attachment O**)

Craig

Action Requested – Financial Reports

VII. SERVICES

A. 2022 Strategic Plan Semi-Annual Report (**Attachment A**)

All

B. Replacement Facility Update

Craig

VIII. QUALITY

A. 2022 Strategic and Patient Care Scorecard Review

Kristi

B. Legislative and Political Updates

Commissioner Bestebreur

C. CEO/Operations Report

Craig

IX. ADJOURN

PMH
Board of Commissioners
Work Plan – FY2022

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Month	Goals & Objectives	Education
January	<p>QUALITY:</p> <ul style="list-style-type: none"> Review/Approve 2022 Strategic Plan and 2022 Patient Care Scorecards Sign Financial Disclosure and Conflict of Interest Statements Approve 2022 Risk Management and Quality Assurance Plans Select and Approve Board Officers Review Board Committee structure and membership <p>SERVICES:</p> <ul style="list-style-type: none"> Approve acquisition of surgical equipment Approve radiologist contracts Approve Construction Loan 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> Review 2021 Employee Engagement Survey Results Review 2021 Medical Staff Engagement Survey Results <p>QUALITY:</p> <ul style="list-style-type: none"> Review Board Self-Evaluation <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> Review semi-annual financial performance report for PMH Clinics <p>SERVICES:</p> <p>Replacement Facility Update</p> <ul style="list-style-type: none"> Construction Loan Schedule Update

Month	Goals & Objectives	Education
February	<p>SERVICES:</p> <ul style="list-style-type: none"> • Approve construction mini-MACC • Approve construction documents <p>QUALITY:</p> <ul style="list-style-type: none"> • Approve 2022 Board Action Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review and Approve 2022 Leadership Incentive Compensation Program 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend AHA Governance Conference <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Patient Loyalty Summary report • Review Patient Engagement Plan <p>SERVICES:</p> <p>Replacement Facility Update:</p> <ul style="list-style-type: none"> • Construction Documents • Mini-MACC • Schedule
March	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve Board Polices • Approve 2022 Corporate Compliance Plan • Approve 2022 Infection Prevention Control Plan <p>EMPLOYEE DEVELOPMENT</p> <ul style="list-style-type: none"> • Review and Approve 2022 Leadership Incentive Compensation Program <p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Support Providers' Day Celebration <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Accept 2021 Audit Report <p>SERVICES:</p> <ul style="list-style-type: none"> • Approve the MACC / GMP for the new facility 	<p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Review 2021 Utilization Review Performance <p>QUALITY:</p> <ul style="list-style-type: none"> • Review 2021 Corporate Compliance Report • Review 2021 Infection Prevention Summary <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Employee Performance Report • Review the Communications Calendar <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Presentation of the 2021 Audit Report by Auditors • Capital Campaign Update

Month	Goals & Objectives	Education
	<p>PATIENT LOYALTY</p> <ul style="list-style-type: none"> • Approve the 2022 Utilization Review Plan 	<p>SERVICES: Replacement Facility Update</p> <ul style="list-style-type: none"> • MCAA / GMP • USDA Update • Budget
April	<p>QUALITY:</p> <ul style="list-style-type: none"> • Approve 2022 Community Benefits Report <p>EMPLOYEE DEVELOPMENT</p> <ul style="list-style-type: none"> • Conduct CEO Evaluation <p>SERVICES:</p> <ul style="list-style-type: none"> • Approve the MACC / GMP for the new facility 	<p>SERVICES: Replacement Facility Update</p> <ul style="list-style-type: none"> • MCAA / GMP • USDA Update • Budget <p>QUALITY:</p> <ul style="list-style-type: none"> • Strategic & Patient Care Score Cards • Review 2021 Community Benefits Report <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2021 Leadership Performance (LEM) • Review Employee Engagement Plan • Review the Communications Calendar <p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2021 FPPE/OPPE Summary <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Review Interpreter Services Plan • Call Center Update

Month	Goals & Objectives	Education
May	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Support Hospital Week 	<p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Update <p>MEDICAL STAFF</p> <ul style="list-style-type: none"> • Medical Staff Engagement Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Employee Retirement Update <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Review Customer Service Program
June	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve Board Polices • Approve 2021 CAH Annual Report <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve 2022 Cost Report 	<p>QUALITY:</p> <ul style="list-style-type: none"> • Report 2022 Q1 Utilization Review <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Leader Assessment and Development Program <p>SERVICES:</p> <ul style="list-style-type: none"> • Marketing Update • PMH Telehealth Update <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Accounting Software Update
July	<p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend BOC, Medical Staff and Leadership Engagement Activity <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve Single Audit 	<p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility Update <p>MEDICAL STAFF</p> <ul style="list-style-type: none"> • Review PMH Clinic productivity <p>QUALITY:</p>

Month	Goals & Objectives	Education
		<ul style="list-style-type: none"> • Quality Committee Report • Strategic & Patient Care Score Cards • Board Judiciary Responsibilities <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Human Resources Update • Review Leadership and Exempt Wage Scales <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Review Semi-Annual Financial Performance Report for PMH Clinics • Foundation Update
August	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend end of summer Engagement Activity for BOC, Medical Staff, and all staff <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Banking relationship Selection 	No Board Work Session
September	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve Board Polices 	<p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Employee Benefit Changes • Review Leadership Development Activities <p>SERVICES:</p> <ul style="list-style-type: none"> • Replacement Facility update <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Nurse Educator Update
October		<p>QUALITY:</p> <ul style="list-style-type: none"> • Conduct 2023 Strategic Planning

Month	Goals & Objectives	Education
		<ul style="list-style-type: none"> • Strategic & Patient Care Score Cards <p>EMPLOYMENT DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Leadership Accountability Resource Tools <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Patient Loyalty Summary
November	<p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve Property Tax Request for County Commissioners 	<p>QUALITY:</p> <ul style="list-style-type: none"> • iVantage Update <p>SERVICES:</p> <ul style="list-style-type: none"> • Review draft 2023 Strategic Plan; 2023 Marketing and IT Plans; and Medical Staff Model/2023 Provider Recruitment Plan • Replacement Facility Update <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Non-exempt (union) performance evaluation template <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Review draft 2023 Budget
December	<p>QUALITY:</p> <ul style="list-style-type: none"> • Complete Board Self-Evaluations • Review/Approve Board Policies • Approve the 2023 Environment of Care Plan <p>SERVICES:</p> <ul style="list-style-type: none"> • Approve 2023 Strategic Plan; 2023 Marketing and IT Plans; and Medical 	<p>QUALITY:</p> <ul style="list-style-type: none"> • Review the 2022 Environment of Care Plan

Month	Goals & Objectives	Education
	<p data-bbox="871 177 1192 240">Staff Model/2023 Provider Recruitment Plan</p> <p data-bbox="779 285 1094 310">FINANCIAL STEWARDSHIP:</p> <ul data-bbox="827 323 1306 386" style="list-style-type: none"><li data-bbox="827 323 1306 386">• Approve 2023 Operating and Capital Budgets <p data-bbox="779 430 1104 454">EMPLOYEE DEVELOPMENT:</p> <ul data-bbox="827 467 1188 492" style="list-style-type: none"><li data-bbox="827 467 1188 492">• Attend holiday celebration	



2022 - Patient Care Scorecard

Major Goal Areas & Indicators	2022 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 YTD	2021	2020
Quality																
Left Without Being Seen	<0.80%	2.02%	1.47%	0.88%	2.25%	2.97%	3.88%							2.35%	1.47%	0.80%
Median Admit Decision Time to ED Departure Time for Admitted Patients	<44 min	53	56	51	51	45	51							51	60	70
Median Time from ED Arrival to Departure for Discharged ED Patients	<107 min	109	115	114	114	110	134							116	117	128
Severe Preeclamptic Mothers: Timely Treatment Rate	>90.00%	42.86%	57.14%	86.21%	60.00%	84.62%	90.91%							68.00%	N/A	N/A
All-Cause Unplanned 30 Day Inpatient Readmissions	<2.70%	9.59%	3.28%	5.66%	3.64%	6.82%	5.63%							5.88%	5.80%	3.80%
Sepsis - Early Management Bundle	>94.40%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%							92.31%	94.40%	72.73%
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%							0.00%	0%	0.29%
Diabetes Management - Outpatient A1C>9 or missing result	<21.89%	22.40%	24.19%	24.53%	21.32%	22.32%	23.35%							23.02%	21.89%	27.61%
Medication Reconciliation Completed	>90.00%	96.30%	94.74%	90.74%	92.00%	88.00%	85.00%							90.96%	46%	47.15%
Turnaround time of 30 minutes or less for STAT testing	<30 min	22.0	21.0	21.0	21.0	19.0	19.0							20.5	38	37.5
Median Time to ECG for Patients Presenting to the ED with Chest Pain	< 6.3 min	5.0	3.0	5.0	5.0	4.0	4.0							4.3	6.3	7
Surgical Site Infection	<0.19%	0.00%	0.59%	0.00%	0.00%	0.00%	0.00%							0.07%	0.19%	0.25%
Bar Code Scanning: Medication Compliance	>93.50%	94.91%	95.77%	95.43%	95.00%	94.54%	93.76%							94.90%	93.50%	98.90%
Bar Code Scanning: Patient Compliance	>94.70%	96.42%	95.81%	96.17%	96.16%	95.95%	94.83%							95.89%	94.70%	N/A
*Overall Quality Performance Benchmark (iVantage)	>61	61	61	36	36	36	36							31	61	53
*Falls with Injury	<2	-	-	-	-	-	1							1	3	2

Green at or above Goal (4)
 Yellow within 10% of Goal (2)
 Red More than 10% below Goal (0)



2022 - Strategic Plan Scorecard

Major Goal Areas & Indicators	2022 Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 YTD	2021 Avg	2020 Avg
Patient Loyalty																
IP - "Would Recommend"	>93.1%	94.8%	92.4%	91.7%	92.9%	90.5%	96.4%							92.1%	93.1%	87.9%
ED - "Would Recommend"	>84.0%	83.9%	81.7%	76.4%	88.0%	88.8%	90.7%							84.1%	84.0%	81.4%
Acute Care - "Would Recommend"	>91.8%	90.9%	94.4%	87.5%	94.4%	87.5%	91.7%							90.3%	91.8%	84.1%
OB - "Would Recommend"	>93.6%	99.0%	100.0%	97.7%	100.0%	88.9%	100.0%							96.5%	93.6%	92.3%
Outpatient Surgery - "Would Recommend"	>96.6%	100.0%	100.0%	97.2%	97.7%	94.4%	95.3%							97.0%	96.6%	89.8%
Clinic - "Would Recommend"	>91.0%	92.8%	97.5%	91.7%	97.6%	91.8%	94.3%							93.5%	91.0%	87.3%
Outpatient - "Would Recommend"	>94.1%	98.1%	96.1%	93.5%	96.0%	96.0%	94.8%							95.7%	94.1%	88.1%
Composite Score	>92.9%	95.7%	95.2%	94.4%	94.1%	93.8%	93.7%							93.7%	92.9%	N/A
Medical Staff Development																
Medical Staff Turnover	<10%	0%	0%	0%	0%	0%	4%							1%	12%	0.2%
Prosser Specialty Clinic Visits	1,352	1,386	1,429	1,617	1,428	1,366	1,422							1,441	1,318	954
Benton City Clinic Visits	868	775	650	822	657	870	730							751	732	837
Prosser RHC Clinic Visits	1,291	1,063	1,111	1,206	1,106	1,211	1,122							1,137	1,227	1,226
Grandview Clinic Visits	969	1,055	833	1,021	873	986	960							955	778	589
Women's Health Center	679	508	600	660	533	611	708							603	602	601
*# of Active Medical Staff	>51	52	53	53	54	55	54							54	51	45
Employee Development																
403(B) Participation Rate	>98%	98%	98%	98%	98%	98%	98%							98%	98%	46%
Average Recruitment Time (days)	<21	19	26	40	11	15	19							22	21	32
# of Open Positions (Vacancies)	<23	32	28	35	31	32	39							33	32	29
Hours of Overtime - Overtime/Total Hours Worked	<4.5%	6.8%	5.3%	4.9%	6.0%	6.3%	6.1%							5.9%	6.1%	5.9%
Agency - Cost/Total Labor	<7.7%	6.2%	10.6%	6.9%	6.9%	5.7%	7.9%							7.4%	7.7%	7.6%
Turnover Rate	<0.6%	0.6%	1.2%	0.9%	0.9%	0.9%	1.2%							1.0%	0.9%	0.6%
Timely Evaluations	>71.8%	95.1%	85.0%	84.2%	93.0%	79.0%	80.0%							86.1%	71.8%	70.2%
Education Hours/FTE	>2.15	0.64	1.33	1.39	0.95	0.68	0.75							0.96	1.05	1.22
New Hire (Tenure) < 1 year	<10%	0.6%	0.6%	0%	0.6%	0.3%	0.3%							0.4%	10%	0%
* Lost Workdays due to On-the-Job Injuries	<10.25	11	7	7	0	0	6.3							5	19.49	10.25
Quality																
ED Encounters - Left Without Being Seen	<0.8%	2.0%	1.5%	0.9%	2.3%	3.0%	3.9%							2.2%	1.4%	0.8%
* Falls with Injury	<2	0	0	0	0	0	1							0	3	2
Healthcare Associated Infection Rate per 100 Inpatient Days	<0.1%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%							0.00%	0.0%	0.3%
All-Cause Unplanned Readmissions within 30 Days	<2.7%	9.6%	3.3%	5.7%	3.6%	6.8%	5.6%							5.8%	6.1%	3.8%
Diabetes Management - Outpatient A1C>9 or missing result	<21.88%	22.40%	24.19%	24.53%	21.32%	22.32%	23.35%							23.02%	21.88%	27.61%
Services																
ED Visits	1,083	1,287	949	1,138	1,246	1,448	1,419							1,248	1,105	805
Inpatient Admissions	96	123	98	115	102	89	120							108	116	83
OB Deliveries	50	47	41	61	46	41	38							46	49	41
Surgeries and Endoscopies	187	162	170	268	274	288	337							250	179	101
Diagnostic Imaging Procedures	2,851	2,462	2,619	3,134	2,915	2,981	3,091							2,867	2,992	2,280
Lab Procedures	14,000	14,139	13,806	14,818	13,359	15,075	14,738							14,323	14,327	11,768
Adjusted Patient Days	1,900	1,627	1,819	2,016	1,838	2,127	2,461							1,981	1,697	1,393
Therapy Visits	1,651	1,225	1,391	1,542	1,339	1,420	1,701							1,436	1,453	1,314
Outpatient Special Procedures Visits	325	241	221	332	249	277	306							271	324	247
Financial Performance																
Net Days in Accounts Receivable	50	55	58	55	56	55	55							55	51	63
*Total Margin	6.90%	5.2%	13.6%	13.3%	11.2%	5.2%	16.8%							11.2%	18.40%	4.50%
Net Operating Revenue/FTE	\$ 19,431	\$ 17,959	\$ 18,695	\$ 21,800	\$ 19,651	\$ 20,465	\$ 21,737							\$ 20,051	\$ 20,682	\$ 17,191
Labor as % of net Revenue	56.30%	63.18%	52.36%	48.39%	62.85%	60.40%	50.97%							56.36%	57.00%	61.30%
Operating Expense/FTE	\$ 18,177	\$ 17,959	\$ 16,155	\$ 17,591	\$ 17,598	\$ 19,469	\$ 17,756							\$ 17,755	\$ 16,940	\$ 15,891
*Days Cash on Hand	109	142	150	154	150	148	152							152	155	183
Commercial %	28.60%	29.90%	30.90%	31.80%	31.70%	31.40%	31.60%							31.60%	29.00%	29.00%
Total Labor Expense/Total Expense	60.20%	60.73%	60.33%	59.41%	62.99%	62.87%	60.43%							61.13%	61.00%	61.30%

Green at or above Goal
 Yellow within 10% of Goal
 Red More than 10% below Goal
 *Cumulative Total - goal is year end number

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BOARD WORK SESSION		June 28, 2022	WHITEHEAD CONFERENCE ROOM	
COMMISSIONERS PRESENT	STAFF PRESENT	GUESTS	COMMUNITY MEMBERS	
<ul style="list-style-type: none">• Dr. Steve Kenny• Keith Sattler• Glenn Bestebreur• Susan Reams• Brandon Bowden• Sharon Dietrich, M.D.• Neilan McPartland	<ul style="list-style-type: none">• Craig Marks, CEO• Merry Fuller, CNO/COO• David Rollins, CFO• Shannon Hitchcock, CCO• Kristi Mellema, CCO• Bryon Dirkes, CHRO• Dr. Brian Sollers	Paul Kramer, NV5 Kurt Broeckelmann, bcDG Adam Trumbour, Senior Project Manager, NV5 Gary Hicks, Financial Advisor Brandon Potts, Vice President-Bouten Construction	None	
AGENDA	DISCUSSION	ACTION	FOLLOW-UP	
I. CALL TO ORDER	Meeting was called to order by Commissioner Kenny at 6:00 p.m.	None.	None.	
II. Public Comment		None.	None.	
III. SERVICES	DISCUSSION	ACTION	FOLLOW-UP	
A. Replacement Facility Update				
1. Design Update a. VE Update (Attachment D) (Attachment E)	Kurt Broeckelmann bcDG, reviewed the items being investigated on the VE log. Each item was discussed, and Kurt gave an update to the Board regarding the proposed changes and their impact on the schedule and budget.	None.	None.	

<p>b. SEPA/Traffic Study/CON (Attachment F) (Attachment G)</p> <p>c. DOH/USDA/City of Prosser Reviews</p> <p>d. SVID</p>	<p>Project Team members updated the Board on: our SEPA/ Traffic Study/CON issues; regulatory (DOH/USDA/City) reviews and our progress on them; and our plan to work with SVID (Sunnyside Valley Irrigation District) on burying the overflow canal on our property.</p>	<p>None.</p>	<p>None.</p>
<p>2. GC/CM Update</p> <p>a. Bouten Construction (Attachment J)</p> <p>b. GC/CM Proposal</p>	<p>Brandon Potts, Vice President for Bouten Construction company, provided an overview of their company and why they would be a good GC/CM for the PMH project. He also briefly discussed the pre-construction agreement between PMH and Bouten (Attachment K). A GC/CM contract with Bouten will be reviewed with the Board in August.</p>	<p>None.</p>	
<p>3. Draft Schedule Update (Attachment M)</p>	<p>Brandon and the team also reviewed a very tentative schedule (Attachment M) for our replacement facility project. Based on the discussion, additional changes will be made to the schedule, but if everything goes well, groundbreaking for the project will occur before the end of 2022.</p>	<p>None.</p>	<p>None.</p>

<p>4. Financing</p> <p>a. USDA</p> <p>b. Construction Loan</p>	<p>Financing of the project was briefly discussed by Gary Hicks including potential options (USDA; increasing the amount of equipment leased, revenue bond; owner's equity) for additional financing if needed. It was noted that no financing decisions can be made until we have a GMP (Guaranteed Maximum Price) for the project.</p>	<p>None.</p>	<p>None.</p>
<p>B. Capital Equipment/ Renovation Requests</p> <p>1. GE Wireless Electronic Fetal Monitor (Attachment N)</p> <p>2. Supplemental OR AC System (Attachment O)</p>	<p>Merry Fuller and Craig Marks reviewed several capital equipment acquisition requests including: a GE Wireless Electronic Fetal Monitor; and a Supplemental OR AC System.</p>	<p>None.</p>	<p>The Board will be asked to approve these acquisitions at the June Board Meeting.</p>
<p>IV. FINANCIAL STEWARDSHIP</p>	<p>DISCUSSION</p>	<p>ACTION</p>	<p>FOLLOW-UP</p>
<p>A. PMH Foundation Update</p>	<p>Craig provided a brief PMH Foundation update including the success of the recent Bottles Brews and Barbecues Event. He noted that attendance was strong, but we would not know the financial results for several more days. He also reported that the PMH Board would be asked to approve Allen Steen as a PMH Foundation Board Member at the June Board Meeting.</p>	<p>None.</p>	<p>The Board will be asked to approve Allen Steen as a new PMH Foundation Board Member at the June Meeting.</p>

B. 2021 PMH Medicare Cost Report (Attachment V)	David Rollins reviewed the 2021, PMH Medicare cost report	None.	The Board will be asked to approve the 2021 PMH Medicare Cost Report at the June Board Meeting.
V. QUALITY	DISCUSSION	ACTION	FOLLOW-UP
A. 2021 CAH Annual Program Review (Attachment Y)	Kristi Mellema reviewed the 2021 PMH CAH Annual Program Review.	None.	The Board will be asked to approve the 2021 PMH CAH Annual Program Review at the June Board Meeting.
B. Board Policies (Attachment AA) (Attachment BB) (Attachment CC)	Craig briefly reviewed the attached Board Policies and answered questions regarding them.	None.	The Board will be asked to approve the Board Policies at the June Board Meeting.
VI. ADJOURN			
There being no further regular business to attend to, Commissioner Kenny adjourned the meeting at 7:42 p.m.			

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BOARD MEETING		June 30, 2022,		WHITEHEAD CONFERENCE ROOM			
COMMISSIONERS PRESENT		STAFF PRESENT		MEDICAL STAFF		GUESTS	
<ul style="list-style-type: none"> • Steve Kenny Ph.D. • Glenn Bestebreur (absent) • Susan Reams • Keith Sattler • Sharon Dietrich, M.D. • Neilan McPartland • Brandon Bowden 		<ul style="list-style-type: none"> • Craig Marks, CEO • Merry Fuller, CNO/COO • David Rollins, CFO • Shannon Hitchcock, CCO (absent) • Kristi Mellema, CCQO • Bryon Dirkes, CHRO 		<ul style="list-style-type: none"> • Dr. Syed Hashmi 			
AGENDA		DISCUSSION		ACTION		FOLLOW-UP	
I. Call to Order		Meeting was called to order by Commissioner Kenny at 6:00 p.m.					
A. Pledge of Allegiance							
II. Public Comment		None.		None.		None.	
III. Approve Agenda		None.		Commissioner Sattler made a Motion to approve the revised May 26, 2022, Agenda. The Motion was seconded by Commissioner Reams and passed with 6 in favor, 0 opposed.		None.	
IV. APPROVE CONSENT AGENDA		None.		Commissioner Reams made a Motion to approve the Consent Agenda. The Motion was seconded by Commissioner Bowden and passed with 6 in favor, 0 opposed.		None.	
A. Board of Commissioners Meeting Minutes for May 26, 2022.							
B. Payroll & AP Vouchers #165154 through							

<p>#165937 dated 05.19.22. through 06.22.22 in the amount of \$8,428,025.47; and Board Policies #100.0029 #100.00.30 #100.0032</p>			
<p>V. MEDICAL STAFF DEVELOPMENT</p>			
<p>A. Medical Staff Report and Credentialing</p>	<p>DISCUSSION</p>	<p>ACTION</p>	<p>FOLLOW-UP</p>
<p>1. Advancement from Provisional</p>	<p>Dr. Syed Hashmi presented the following providers for Advancement from Provisional:</p> <p>Alex Arnold, ARNP – Advanced Practice Clinician Hospital privileges in Family Medicine effective July 1, 2022 through February 1, 2024.</p> <p>Stephen McPhee, PA-C – Advanced Practice Clinician Hospital privileges in Family Medicine effective July 1, 2022 through February 1, 2024.</p>	<p>A Motion to approve the Advancement from Provisional Appointment and requested Clinical Privileges that were reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Sattler and seconded by Commissioner Reams. The Motion passed with 6 in favor, 0 opposed.</p> <ul style="list-style-type: none"> • Alex Arnold, ARNP • Stephen Mcphee, PA-C 	<p>None.</p>
<p>2. New Appointments</p>	<p>Dr. Syed Hashmi presented the following New Appointments:</p> <p>Jacob Braun, DO – Provisional/Locum Tenens Staff with requested privileges in Emergency Medicine effective July 1, 2022 through December 31, 2022.</p> <p>Jacob Ernst, DO – Provisional/Locum Tenens Staff with requested privileges in Emergency Medicine effective July 1, 2022 through December 31, 2022.</p>	<p>A Motion to approve the New Appointments and requested Clinical Privileges that were reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following providers was made by Commissioner Dietrich and seconded by Commissioner Reams. The Motion passed with 6 in favor, 0 opposed.</p> <ul style="list-style-type: none"> • Jacob Braun, DO • Jacob Ernst, DO 	<p>None.</p>

	<p>Jonathan Kim, MD – Provisional/Locum Tenens Staff with requested privileges in Emergency Medicine effective July 1, 2022 through December 31, 2022.</p> <p>Eric Thomas, MD – Provisional/Locum Tenens Staff with requested privileges in General Surgery effective July 1, 2022 through December 31, 2022.</p> <p>Feras Jalab, MD – Provisional/Telemedicine Staff with requested privileges in Diagnostic Radiology effective July 1, 2022 through December 31, 2022.</p>	<ul style="list-style-type: none"> • Jonathan Kim, MD • Eric Thomas, MD • Feras Jalab, MD 	
<p>3. Reappointment</p>	<p>Dr. Syed Hashmi presented the following providers for Reappointment:</p> <p>Jose Santa-Cruz, MD – Reappointment to Active Staff with requested privileges in Family Medicine effective July 1, 2022 through June 30, 2024.</p> <p>Coral Tieu, MD – Reappointment to Active Staff with requested privileges in Otolaryngology effective July 1, 2022 through June 30, 2024.</p> <p>Thomas Tieu, MD- Reappointment to Active Staff with requested privileges in Urology effective July 1, 2022 through June 30, 2024.</p> <p>Robert Wenger, DO- Reappointment to Active Staff with requested privileges in Emergency Medicine effective July 1, 2022 through June 30, 2024.</p> <p>Brian Staley, MD - Reappointment to Consulting Staff with requested privileges in Pathology effective July 1,2022 through June 30, 2024.</p> <p>Danielle Whitley, MD- Reappointment to Locum Tenens Staff with requested privileges in</p>	<p>A Motion to approve the reappointment and requested Clinical Privileges that were reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the following provider was made by Commissioner Reams and seconded by Commissioner Sattler. The Motion passed with 6 in favor, 0 opposed.</p> <ul style="list-style-type: none"> • Jose Santa-Cruz, MD • Coral Tieu, MD • Thomas Tieu, MD • Robert Wenger, DO • Brian Staley, MD • Danielle Whitley, MD • Afton Dunham, ARNP • Pamela Morris, ARNP • Rebecca Morris, CNM • Jarret Kuo, MD • Karen Phillips, MD • Shannon St. Clair, MD • Frank Welte, MD • James Wang, MD 	

Emergency Medicine effective July 1, 2022 through June 30, 2024

Afton Dunham, ARNP- Reappointment to Advanced Practice Clinician Staff with requested privileges in Family Medicine effective July 1, 2022 through June 30, 2024.

Pamela Morris, ARNP- Reappointment to Advance Practice Clinician Staff with requested privileges in Family Medicine effective July 1, 2022 through June 30, 2024.

Rebecca Morris, CNM- Reappointment to Advanced Practice Clinician Staff with requested privileges in Midwifery effective July 1, 2022 through June 30, 2024.

Jarret Kuo, MD- Reappointment to Telemedicine Staff with requested privileges in Diagnostic Radiology effective July 1, 2022 through June 30, 2024.

Karen Phillips, MD- Reappointment to Telemedicine Staff with requested privileges in Diagnostic Radiology effective July 1, 2022 through June 30, 2024.

Shannon St. Clair, MD- Reappointment to Telemedicine Staff with requested privileges in Diagnostic Radiology effective July 1, 2022 through June 30, 2024.

Frank Welte, MD- Reappointment to Telemedicine Staff with requested privileges in Diagnostic Radiology effective July 1, 2022 through June 30, 2024.

	James Wang, MD- Reappointment to Telemedicine Staff with requested privileges in Neurology effective July 1, 2022 through June 30, 2024.		
VI. FINANCIAL STEWARDSHIP			
	DISCUSSION	ACTION	FOLLOW-UP
A. Review Financial Reports for May 2022 (Attachment U)	David Rollins presented the May 2022 Financial Reports.	A Motion to accept the Financial Reports for April 2022, was made by Commissioner Bowden, and seconded by Commissioner Dietrich. The Motion passed with 6 in favor, 0 opposed.	None.
B. PMH Foundation New Board Member-Alan Steen	The PMH Foundation requested that Allen Steen be approved to serve as a PMH Foundation Board Member.	A Motion to approve Alan Steen as a PMH Foundation Board Member was made by Commissioner Reams and seconded by Commissioner Dietrich. The Motion passed with 6 in favor, 0 opposed.	None.
C. Capital Equipment	Merry Fuller presented (1) GE Wireless Electronic Fetal Monitor cost and benefit report.	A Motion to approve the acquisition of (1) GE Wireless Electronic Fetal Monitor at a cost not to exceed \$30,584.14, was made by Commissioner Dietrich, and seconded by Commissioner Reams. The Motion passed with 6 in favor, 0 opposed.	None.
1. (1) GE Wireless Electronic Fetal Monitor at a cost not to exceed \$30,584.14 (Attachment N)			
2. (1) Air Handling Unit-OR at a cost not to exceed \$16,678.00 (Attachment O).	Craig Marks presented (1) Air Handling Unit- OR cost and benefit report.	A Motion to approve the acquisition of (1) Air Handling Unit- OR at a cost not to exceed \$16,678.00 was made by Commissioner Sattler and seconded by Commissioner Reams. The Motion passed with 6 in favor, 0 opposed.	None.

D. 2021 Medicare Cost Report (Attachment V)	David Rollins, CFO, presented the 2021 Medicare Cost Report for approval.	A Motion to approve the 2021 Medicare Cost Report was made by Commissioner Reams and seconded by Commissioner Dietrich. The Motion passed with 6 in favor, 0 opposed.	None.
VII. QUALITY			
	DISCUSSION	ACTION	FOLLOW-UP
A. 2021 PMH CAH Annual Program Review (Attachment Y)	Kristi Mellema presented the 2021 PMH CAH Annual Program Review for approval.	A Motion to approve the 2021 PMH CAH Annual Program Review was made by Commissioner Sattler and seconded by Commissioner Dietrich. The Motion passed with 6 in favor, 0 opposed.	None.
B. COVID-19 Update/Covid 19 Financial Plan	Craig and David provided a COVID-19 Update and reviewed the COVID-19 Financial Plan. It was noted that this will be the last monthly COVID-19 update unless there are significant changes in the future.	None.	Updates will be provided as needed in the future.
C. Legislative and Political Updates	Commissioner Bestebreur was absent due to illness. Commissioner Kenny asked if anyone had any legislative or political updates? No Legislative or Political Updates were given.	None.	None.
D. CEO/Operations Report	Craig provided a brief Operations Report based upon his written report included in the June Board Packet. Craig also encouraged everyone to attend the Provider Social on July 22 nd at Whit Cellars. (Attachment T).	None.	None.
VIII. ADJOURN			
There being no further business to attend to, Commissioner Kenny adjourned the meeting at 6:52 p.m.			

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JOINT CONFERENCE COMMITTEE		July 20, 2022		VINEYARD CONFERENCE ROOM	
COMMITTEE MEMBERS PRESENT			NON-MEMBERS PRESENT		
<ul style="list-style-type: none"> • Commissioner S. Reams • Commissioner S. Kenny • C. Marks, CEO • Dr. B. Sollers • Dr. D. Weaver 			<ul style="list-style-type: none"> • K. Mellema, CQO, CCO 		
AGENDA ITEM	DISCUSSION	RECOMMENDATION	FOLLOW-UP		
CALL TO ORDER	Meeting was called to order by Commissioner Reams at 7:05 am				
APPROVAL OF MINUTES	June 2022 minutes were reviewed and approved by the Committee.	For informational purposes only.	Standing agenda item.		
QUALITY					
Quality Committee Report	K. Mellema shared the 2022 Quality Committee Report which represents all the department quality presentations that have been presented from January through July. The Quality Committee was created in 2019 with the purpose of sharing important quality topics to keep these initiatives at the forefront of the Directors minds as well as to serve as an educational moment. New in 2022 was the addition of 6-month follow ups on the presentations given earlier in the year. The intent of these follow up presentations are to show the progress of the Quality metrics that were being worked on earlier in the year.	For informational purposes only.	No necessary follow up.		
Strategic & Patient Care Scorecards	K. Mellema reported that we are at or above goal or within 10% of goal on 38 of the 46 metrics on the Strategic Plan Scorecard. June highlights include: overall composite score for Patient Loyalty is 93.7%. Women's Health had the highest number of office visits in June at 708 visits. The 403(b)-participation rate has remained steady all year at 98%. Diabetes Management if within 10% of goal at	For informational purposes only.	No necessary follow up.		

	<p>23.35%. Surgeries and endoscopies are at 337 and Financial Performance remains strong with 152 days cash on hand.</p> <p>Patient Care Scorecard is at or above goal or within 10% of goal on 11 of the 16 metrics. L&D are at 90.91% for treatment of mothers with severe high blood pressure. There have been no healthcare associated infections. Bar code scanning for medication and patient compliance remain above goal at 93.76% and 94.83%. We continue to work on the three ED metrics which have been challenging to meet due to the increase in ED volumes. However, there is a plan in place to hire an advanced practice clinician to cover 10 hours a day during peak hours, 7 days a week.</p>		
SERVICES			
Replacement Facility Update	<p>C. Marks reported that there will be no Board Work Session this month. However, there will be one in August due to all the construction documents, value engineering, etc. All drawings were submitted to the DOH and to the city. These documents have been reviewed and questions have been sent back to the design team who have provided answers to the questions which are now awaiting review.</p> <p>We were able to get the city to agree that we can defer road improvements (sidewalk) until the state comes in to put in a new overpass which could be 10 years or longer from now. We hope to have this agreement completed in the next 30 days.</p> <p>Bidding for the project will occur in August. Bouten Construction has already put out flyers and is speaking with other contractors.</p> <p>From a finance perspective, we are keeping our options open and looking at using some of our own equity.</p>	For informational purposes only.	Standing agenda item.
2022 Semi-Annual Strategic Plan Report	C. Marks reported that the 2022 Semi-Annual Strategic Plan report will be coming out this month. There is still a lot of work to be done but we are being diligent in retrieving the necessary information to have this ready for the Board this month.	For informational purposes only.	No necessary follow up.
Nutrition Services Update - Morrison	C. Marks reported that Morrison officially starts August 1 st , but the director (Lisa Reagor) has already started.	For informational purposes only.	No necessary follow up.

MEDICAL STAFF DEVELOPMENT			
Medical Staff Recruitment	<p>Dr. Sollers reported that our biggest recruitment is for orthopedic surgery. There is a promising candidate by the name of Dr. Kelly who would be a great addition. He is sports medicine fellowship trained. He will be done with fellowship in August of 2023.</p> <p>We are actively recruiting for a PM&R/Pain provider. There are a couple of candidates that look promising.</p> <p>We are needing to add counseling sessions in the Grandview clinic. There have been conversations with Steve Peters who is willing to expand his schedule outside of the Benton City Clinic.</p> <p>Also, we are putting a lot of effort into ensuring providers are happy by conducting an annual contract review and annual evaluations for all providers.</p>	Dr. Weaver offered to speak with Dr. Kelly. Dr. Sollers will provide Dr. Weaver with Dr. Kelly's contact information.	Standing agenda item.
Dermatology/GI Update	C. Marks reported that GI has been added to our recruitment list. Dr. Cohen is very busy with a patient waitlist which constitutes the need for an additional GI provider. We will be looking for someone that does ERCPs since the demand is very high. We also are in need of an advanced practice clinician for both GI and dermatology.	For informational purposes only.	No follow up necessary.
Summer Social	C. Marks reported that the Summer Social is this Friday night (7/22/2022) at WIT Winery in Prosser. There is a luau theme and a full dinner planned.	For informational purposes only.	No follow up necessary.
EMPLOYEE DEVELOPMENT			
Employee Engagement Activities	<p>C. Marks reported that the annual Pool party is August 19th. This is an end of summer event for all employees and their families.</p> <p>We had a great car wash for the employees on July 1st. There was a good turnout and even washed a few patient cars too.</p> <p>We had a LDI last Friday for the Leadership team which was well received. The morning started at Bookwalter Winery in Richland with an interactive learning session. Afterwards everyone went to Atomic Bowl for a little bowling competition.</p>	For informational purposes only.	No follow up necessary.
FINANCIAL STEWARDSHIP			
Financial Performance – June 2022	C. Marks reported that we had a gross revenue in June of \$22.5 million which is the best ever with a \$1.4 million bottom line as	For informational purposes only.	Standing agenda item.

	represented by the Statement of Operations. This document will be presented to the USDA if we need additional funds.		
Foundation Update	C. Marks reported that the Bottles, Brews & BBQ event that was held in June did not quite break even. Inflation took a majority of the profit. The 2 nd Annual Golf tournament is September 9 th at Canyon Lakes in Kennewick.	For informational purposes only.	Standing agenda item.
Semi-Annual Financial Performance Report for PMH Clinics	C. Marks reported that the semi-annual financial performance report for the PMH clinics will come out in the Board packet. All clinics were meeting budget except for one.	For informational purposes only.	No follow up necessary.
ADJOURNMENT & NEXT SCHEDULED MEETING			
Meeting adjourned at 0835			
Next scheduled meeting 8/17/2022			

K. Mellema 7/20/2022

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FINANCE COMMITTEE MEETING
Monday – July 25, 2022,
7:00 a.m. – Vineyard Conference Room
AGENDA

MEMBERS:

Keith Sattler
Neilan McPartland
Brandon Bowden

STAFF:

Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

I. APPROVE MINUTES

Action Requested – June 23, 2022, Minutes

II. FINANCIAL STEWARDSHIP

A. Review Financials – June 2022 (Attachment O)

Action Requested – June 2022 Financial Statements

Stephanie

B. Review Accounts Receivable and Cash Goal

Stephanie

C. Voucher Lists

Action Requested – Voucher List - Payroll and AP Vouchers # 165938 through #166479
Dated 06-23-22 through 07-20-22 in the amount of \$7,222,196.25.

Stephanie

III. ADJOURN

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FINANCE COMMITTEE MEETING		June 27, 2022	VINEYARD CONFERENCE ROOM	
				GUESTS
<ul style="list-style-type: none">• Keith Sattler• Neilan McPartland• Brandon Bowden (absent)		<ul style="list-style-type: none">• Craig Marks, CEO• David Rollins, CFO• Stephanie Titus, Director of Finance Operations		
AGENDA	DISCUSSION	ACTION	FOLLOW-UP	
I. CALL TO ORDER	Keith Sattler called the meeting to order at 7:07 a.m.			
II. APPROVE MINUTES		A motion to approve the Finance Committee Meeting Minutes for May 23, 2022, as presented was made by Neilan McPartland. The motion was seconded by Keith Sattler and approved.	None.	
III. FINANCIAL STEWARDSHIP A. Review Financials – May 2022 (Attachment U)	David Rollins reported Net Income of \$408,167 in May and Gross Charges were \$20,833,897 which was 8% higher than budget for the month and 24% greater	A motion to recommend acceptance of the May 2022 Financial Statements as presented to the PMH Board	None.	

	<p>than the prior year. Net Operating Revenue came in at \$7,904,634 (2% over budget).</p> <p>Expenses were \$7,519,951 in May and 5% over budget driven by COVID retention payments, physician performance bonuses and higher supply costs. Surgeries were 288 vs 191 budget and ER visits were 1,448 vs 1,104 budget.</p> <p>Cash Flow was \$210,278 for the month and (\$440,067) YTD. AR decreased to a net 55 days overall.</p> <p>Discussed Revenue Cycle plans to reduce Days in AR > 90 and the recent shift from Bad Debt to Charity and plans to further automate the Charity applications and Self-Pay discounts.</p>	<p>of Commissioners was made by Neilan McPartland. The motion was seconded by Keith Sattler and approved.</p>	
<p>B. Review Accounts Receivable and Cash Goal</p>	<p>AR decreased slightly to 55 net days overall as Collections were \$6,941,769 versus a goal of \$7,728,976. POS collections were \$51,044 exceeding a budget of \$15,000 and prior year \$8,672. POS collections YTD are \$186,137 versus \$75,000 budget and \$88,366 prior year.</p>	<p>None.</p>	<p>None.</p>
<p>C. Voucher Lists Payroll and AP Vouchers #165154 through #165937 Dated 05.19.22 through 06.22.22 in the amount of \$8,428,025.47.</p>		<p>A motion to recommend acceptance of the May 2022 Financial Statements as presented to the PMH Board of Commissioners was made by Neilan McPartland. The motion was seconded by Keith Sattler and approved.</p>	<p>None.</p>

<p>D. Capital Equipment</p> <p>1. (1) GE Wireless Electronic Fetal Monitor at a cost not to exceed \$30,584.14 (Attachment N)</p> <p>2. (1) Air Handling Unit- OR at a cost not to exceed \$16,678.00 (Attachment O)</p>		<p>Capital Equipment will be reviewed at the Board Meeting.</p>	<p>None.</p>
<p>III. ADJOURN</p>			
<p>Having declared no further business, the meeting was adjourned at 7:43 am.</p>			

MEMORANDUM

**TO: BOARD OF COMMISSIONERS
PROSSER MEMORIAL HEALTH**

FROM: CRAIG J. MARKS, CEO

DATE: July 2022

RE: CEO REPORT

SERVICES

1. 2022 Strategic Plan Semi-Annual Report

While we may officially be in the “dog days” of summer in Prosser based on our increasing temperatures, that is not the case throughout Prosser Memorial Health. The slow movement often connected to the “dog days” is nowhere to be found at PMH. We are busy caring for record levels of patients as we continue to pursue our Strategic Goals. In fact, as you can see in the attached report **(Attachment A)**, we are busy in our pursuit of our strategic objectives such as a development of a replacement facility; the addition of several new Medical Staff members; and the continued development and growth of new services such as dermatology and gastroenterology. All of these activities take a tremendous amount of energy and dedication by our staff, and they are to be commended and thanked for their efforts! This growth and development is not an accident, but one of the results of our annual strategic planning. These results are reflected in our Pyramid of Success which has been updated with data through the end of June **(Attachment B)**. The Pyramid of Success illustrates the steady progress we are making overall on each of our Pillars, but also reflects the reality that there are years where we underperform for various reasons (e.g., Pandemic). The theme, however, is steady improvement that will enable us to fulfill our Mission and Vision. A formal presentation of this report will be presented at the July Board Meeting, and we look forward to any questions you may have regarding this report.

2. Replacement Facility Update

As is evidenced in our Strategic Plan Report, we continue to aggressively pursue all aspects of our replacement facility project. An overview of these activities is included in the July Monthly Progress Report from our Owner’s Representatives- NV5 **(Attachment C)**; minutes from our last Project Team Meeting **(Attachment D)**; and the project schedule for the next four months **(Attachment E)**. To help compartmentalize the project, we will continue to utilize the following areas: Design; Construction/Schedule/Budget; and financing. Because we are in the middle of completing several key aspects of the project, only a brief update will be provided at the July Board Meeting and no members of the project team (other than the Administrative Team) will be present.

A. Design

After completing the value engineering process, our design team (bcDG) is making final adjustments to our construction documents (e.g., slightly lower roofline). The final construction documents will be completed by the end of July and used in the bidding process beginning August 1. In July, the design team submitted responses to all regulatory agency (e.g., Department of Health, City of Prosser, USDA) questions and are currently waiting to hear back from them. Our project team continues to work with the City of Prosser in obtaining State Environmental Protection Agency (SEPA) approval and agreement on their Mitigated Determination of Non-Significance (MDNS) request. Both are needed to obtain a Certificate of Need (CON), from the Department of Health. Because no one knows when the Washington Department of Transportation will install a new overpass over I82 or when the remainder of North Gap Rd will be developed, the City of Prosser is willing to enter into an Agreement for Deferral of Frontage Improvements with us until further development plans are completed. Neither party wants us to make improvements only to have them ripped out in the coming years. Our attorneys will draft the final agreement which we hope to complete in August. We continue to work with Sunnyside Valley Irrigation District (SVID) on plans to bury the existing overflow canal on our property and relocating the buried canal to the western and southern borders of our property. We have a general agreement to bury the canal, but the details need to be worked out. The final two minor issues we have been working on are the eradication of noxious weeds (Scotch Thistle) on our property and combining our three individual lots into one. Both issues were completed in July.

B. Construction/ Schedule/ Budget

Bouten Construction is busy preparing to conduct the bidding process in August. They have developed a flyer (**Attachment F**) and are reaching out to local contractors to create interest in our project and conducted an informational meeting for potential contractors on July 20th. The bidding process will be completed in August (assuming we receive satisfactory bids) and a Guaranteed Maximum Price (GMP)/ Maximum Allowable Construction Cost (MACC), will be established by September 8th, for the Special Board Meeting. In addition, it is our intent to have the Board approve a GC/CM contract with Bouten Construction at the August or September 8th Board Meeting. While the schedule is still evolving if everything goes as planned, we will break ground before the end of the year. We will not work on the budget until we have completed the bid process in late August or early September.

C. Financing

As was discussed last month, until we know that GMP in September, there is little we can do from a financing perspective. We are keeping all options open for obtaining additional financing, if necessary, including savings from value engineering; delaying future capital purchases; the use of

additional PMH equity (cash); pursuing additional funds from the USDA or issuing other bonds; increasing our use of operating leases, etc. We plan to discuss a potential financing plan with the Board at the September 8th meeting.

3. Nutrition Services- Morrison

Effective August 1, PMH will officially begin a new partnership with Compass One Healthcare, who operates Morrison Healthcare, to manage our Nutrition Services Department (**Attachment G**). Morrison has a long-standing reputation of bringing high quality food service to healthcare organizations across the world and implement standardization and process improvements to achieve efficiencies and enhance the patient experience at the same time. PMH conducted an exhaustive search for the right partner to bring our Nutritional Services to the next level. After analyzing many proposals and conducting interview and reference checks with other hospitals, Morrison was selected. We look forward to the innovation, technology, training, and experience this new partnership will bring to our patients and staff.

PMH employs 10 staff members in this department, including the Director. We outsource our dietician duties with Kadlec. Beginning in August, we will employ nine staff members. The Director and the Dietician will be Morrison employees. The Dietician role will start as half-time and will be onsite. Lisa Reagor will be our new Director of Nutritional Services. She has been onsite since the middle of July. Please join me in welcoming Lisa to the PMH team!

Morrison will invest \$127,477 in capital improvement to our organization in the form of hardware and software to efficiently manage food orders from both the bedside and retail arena. Through their partnership with a third-party company called Jack & Olive, they will be able to provide the Busy Bean with fresh, affordable, grab-and-go items as well.

I would like to thank Victor Huyke for his years of dedicated service to PMH, our patients, and staff. We wish him well in all of his future endeavors and adventures!

MEDICAL STAFF DEVELOPMENT

1. Medical Staff Recruitment

A recent study released by Merritt Hawkin's (the largest physician recruitment company in the country) indicated that the five physician specialties that generate the highest average annual net revenue for hospitals are cardiology, orthopedic surgery, gastroenterology, family medicine, and OB/

gynecology. While we recruit based on community need not potential revenue generation, it is comforting to know that our service area is able to support the specialties identified in the study and we have been successful in recruiting these specialties. Our current recruitment priorities are orthopedic surgery, physiatry, emergency medicine, and endocrinology. We currently have a contract offer extended to an orthopedic surgeon that recently visited PMH. We are very impressed with this candidate and believe he would be an excellent fit for PMH with his sports medicine expertise. He plans to decide by the end of the summer, but in the meantime, we continue to interview additional candidates. We also continue to interview physiatry and emergency medicine providers, and hope several will visit by fall. This week we also added gastroenterology to our recruitment list as the program continues to grow. Because of the growth of GI and dermatology, we have also begun searching for an Advanced Practice Clinician for each service line.

2. Medical Staff Engagement

The Annual Medical Staff/ Board/ Leadership Team Summer Social will be held on Friday, July 22nd at WIT Cellars (**Attachment H**). The event will include dinner, music, and the opportunity to socialize with fellow PMH Teammates. Based upon RSVP's, we are expecting a great turn out and are looking forward to a relaxing evening!

3. GI/Dermatology Update

Two of our newest and fastest growing services are gastroenterology (GI) and dermatology. Under the leadership of Dr. Mitchell L. Cohen, the PMH GI Program has grown very rapidly, to the point where patients are being scheduled out into September/October (**Attachment I**), with little marketing. In response, we are actively recruiting an Advanced Practice Clinician to work with Dr. Cohen and have also decided to begin recruiting another GI physician. This recruitment effort could take over a year as we pursue a GI specialist that will also perform endoscopic retrograde cholangiopancreatography or ERCPs. ERCP is a procedure to diagnose and treat problems in the liver, gallbladder, bile ducts and pancreas and is in short supply in our area and the State of Washington. We are continually getting referrals for ERCPs from large and small hospitals across the state and would love to help meet an unmet need. Under the leadership of Dr. Nicola Nylander, our dermatology program is also growing rapidly with routine appointments being scheduled 6+ months out. Fortunately, our Dermatology Clinic renovation was recently completed and is a wonderful addition to the practice. To increase our dermatology capacity, we have also begun recruiting an Advanced Practice Clinician to join Dr. Nylander in Benton City. While we are undergoing growing pains in both of these practices, their futures are bright.

EMPLOYEE DEVELOPMENT

1. Human Resources Update

As identified in the 2022 PMH Board Work Plan, I have included an update on several key Human Resources initiatives (**Attachment J**). These activities all play an important role in our Employee Development Pillar. Bryon Dirkes, Chief Human Resources Officer, will answer any questions the Board has regarding this report at the July Board Meeting.

2. Leadership and Exempt Wage Scales

PMH has participated in all pre-identified staff and executive wage and benefit surveys for the 2022 year, with the results now on file in Human Resources. The results are being used to evaluate our exempt salary grades to ensure market competitiveness with our wages. With the ongoing escalation of inflation across the U.S., labor shortages in healthcare, and other financial market forces impacting our workforce, this work is especially important to help remain competitive to attract and retain the talent to support PMH's continued growth. Any recommended wage scale changes will be presented to the Board in our 2023 Budget, which the Board will be asked to approve in December and would be implemented in 2023.

3. Employee Engagement

The Employee Engagement Team provides ideas and direction for employee activities at PPMH. The team recently reviewed employee feedback via an internal survey regarding Hospital Week activities and the feedback was very positive with some feedback around better refining the coordination of Hospital Week activities with work schedules and patient care. The team is currently planning the annual Pool Party set for August 19th (**Attachment J1**). Last year's Pool Party was canceled because the City of Prosser was unable to secure enough chlorine to keep the public pool open. This year, we anticipate a large turnout, with families taking advantage of the great weather, good food and having fun in the water. Included in your packet is the July Employee Newsletter (**Attachment K**) which highlights some of the June/July activities at PMH including Bottles Brews and Barbecue and the Leadership Car Wash.

Below are the 2022 Employee Engagement Activities:

January

- 1/25 Employee Engagement Debrief for employees: Multiple Sessions
- 1/31 Departmental Employee Engagement survey follow-up and planning begins
- 2/14 Superbowl Football (Grids) Game: Winners announced
- 2/14 St. Valentine's Day – Distribution of Boxed Truffle Chocolates by Administration
- 3/13 – 4/6 March Madness, PMH Style Basketball Brackets competition
- 4/8 March Madness winners announced, and final prizes awarded
- 3/17 St. Patrick's Day: Costume contest and Administration delivers shamrock cookies to staff
- 4/15 Easter: Administration delivers chocolate Easter Rabbits to staff, with a visit by the Easter Bunny

- 4/29 Departmental Employee Engagement survey follow-up and planning concludes
- 5/5 Cinco de Mayo: Administration delivers cookies to staff
- 5/9-13 Hospital Week:
- 6/3 National Donut Day – Blissful Bites (Main Campus & Benton City Clinic)
- 6/29 Leadership Car Wash & Tailgate BBQ with A.C.'s BBQ
- 8/19 Summer Pool Party & Picnic – Prosser Aquatic Center/EJ Miller Park
- 10/24 Staff Forums for 2023 Strategic Plan Development begins
- 10/31 Halloween Costume contest & Chili Contest Judging
- 11/11 Staff Forums for 2023 Strategic Plan Development concludes
- 11/11 Veterans Day Breakfast
- 11/14 2022 Employee and Medical Staff Engagement Survey Launch
- 12/10 Holiday party and Casino night
- 12/16 Holiday Contests & Employee Holiday Meal - Ugly Sweater Contest / Holiday Cookie Contest
- 12/25 Christmas Meal for employees working the holiday (compliments of Nutrition Services)

4. Staff Support Update- Abel Rubalcaba

On May 25th, the Prosser grain mill and antique shop were destroyed in an explosion and fire. The husband of Seirra Goble who works in Nutrition Services, and brother of Maria Rubalcaba who works in PFS, Abel Rubalcaba, was severely injured in the fire. Abel spent several weeks at Harborview and thankfully is now home. While he has a long, slow recovery ahead of him it is a miracle that he is alive and now home with his family, which includes the addition of a newborn son! The PMH Family immediately began raising money for Abel and his family through various means including a fundraising lunch at the hospital (**Attachment L**). In total, PMH raised over \$7,000. Abel and his family are very grateful for the generosity of our team and express that in the attached thank you note (**Attachment M**). PMH and our team wish Abel and his family the best during his recovery. Godspeed!

5. Leadership Development Institute (LDI)

The PMH Leadership Team spent July 15th off-site in a Leadership Development Institute retreat (LDI) focused on personal development and ongoing learning. We also took the opportunity to recognize members of the Leadership Team that had the highest Leadership Evaluation Management (LEM) scores in 2021 (**Attachment N**). Each of the top leaders received awards that reflect great leadership traits of animals in the wild (e.g., lions- courage, strength, decisiveness; chameleons- the ability to change and adopt; wolves-communication, teamwork; eagles- visionary, fearless) that they displayed in 2021. The leader of the pack, was Aurora Weddle-Diagnostic Imaging who received the king/ queen of the jungle lioness award for having the highest LEM score. Congratulations to all the winners for their outstanding leadership in 2021! Leaders received development resources that will assist them in preparing a personal development plan to assist them achieve their work goals. Following the day's session each leader will spend time discussing their development plan with their one-up leader and identifying the 1-2 most important leadership competencies for their success then identify the learning activities that will support that development.

The second half of the LDI was spent in a teambuilding activity. The PMH leadership team went bowling at Atomic Bowl in Richland! There was definitely an element of competition between the six teams (which were selected by six team captains). It is safe to say that there were no break-away

performances by any one participant, but the “Hawaiian Kings Pins” (Phillip, Michael, Craig, and Terra) took home the trophies and bragging rights with their combined team score.

PMH Leadership Bowling Teams

Sasha T.	Bryon D.	Marla D.	Molly S.	Stephanie T.	Philip B.
1. Christi	1. Brian	1. Aurora	1. Shannon	1. Melanie	1. Michael
2. Dr. Sollers	2. Rusti	2. Annie	2. Susan	2. Tami	2. Craig
3. Lindsay	3. Merry	3. Kristi	3. Andrea	3. Lisa	3. Terra



FINANCIAL STEWARDSHIP

1. Financial Performance-June

PMH had another strong financial month in June with gross revenue at an all-time high and expenses remaining below budget (**Attachment O**). As a result, we experienced an operating income of \$1.5 million and a net income of \$1.4 million, both significantly better than our budget. Year-to-date we also continue to perform well. Our gross revenue is 10% (\$10 million) better than budget and our expenses are 2% (\$924,310 under budget). This resulted in an operating margin of \$5.5 million and a net income year-to-date of \$5.1 million, again significantly better than our budget. This positions us very well with the USDA, banks, etc. if we need additional financing for our replacement facility project. These financial statements will be used by our auditors to develop an updated feasibility study for our project once we have a GMP. Some of our success this year can be attributed to COVID-19 Relief Funds we have received. As you can see on our COVID-19 Financial Plan (**Attachment P**), we have recognized \$1.6 million of COVID-19 Relief Funds and have \$145,788 to be recognized before the end of 2022.

We recently learned from the Washington State Hospital Association (WSHA), PMH is somewhat unique in our ability to remain profitable (**Attachment Q**). Hospitals especially (urban /suburban) across the state and the country are experiencing significant operating and net income losses due to rising costs and volumes that are not rising fast enough to keep up with the rising costs. WSHA and the American Hospital Association (AHA) are working together to lobby for state and federal legislative relief that would increase reimbursement for hospitals. It was also noted that like PMH, most hospitals are out of COVID-19 Relief Funds. The difference, however, is that most hospitals still need the funds. I am pleased to report that both our financial performance and position remain very strong.

2. PMH Clinic Financial Report

One of the reasons we are doing so well financially as an organization is because of the PMH Clinics. In total, the PMH Clinics are exceeding budget expectations (contribution margin) by \$1.69 million and \$1.62 million better than last year (**Attachment R**). Equally important is that every clinic is exceeding their budget expectations. It should also be noted that our clinics now account for \$53 million of all PMH gross revenue. In addition to the financial performance of the clinics, the attachment also shows clinic and provider volumes, payor mix, and revenue by provider. PMH would not be in our current strong financial position without each of our providers and clinics.

3. PMH Foundation Update

After a successful Bottles Brews and Barbecues event last month, the Foundation and Staff are catching their breath as they prepare for their next big event in September. The 2nd Annual Wine Country Classic Golf Tournament will be held September 9th starting at 9:00 a.m. at Canyon Lakes Golf Course in Kennewick (**Attachment S**). If you are interested in sponsorship information or putting a team together, please contact Shannon Hitchcock at 786-6601.

QUALITY

1. Quality Committee Report

As outlined in the 2022 PMH Board Work Plan, Kristi Mellema- Chief Quality Officer, has provided an overview of the PMH Quality Committee activities over the past seven months (**Attachment T**). This committee has come a long way and improves every month under the leadership of Kristi and the commitment to excellence demonstrated by the PMH Leadership Team.

2. 2022 Strategic and Patient Care Scorecard Update

We track and trend many different metrics in all areas of the organization. Why is it important to track metrics? By tracking metrics, it allows us to improve our business results, achieve goals set forth in our Strategic Plan and enhance patient safety.

One method of creating a snapshot of how the organization is doing, is through the Strategic Plan Scorecard. This scorecard is based on the Six Pillars of Excellence (Patient Loyalty, Medical Staff Development, Employee Development, Quality, Services, and Financial Performance). As of June 2022, the Strategic Plan Scorecard indicates that we are at, or above goal, or within 10% of goal on 38 of the 46 metrics (83%). Some June highlights include: the overall composite score for Patient Loyalty which is 93.7%. The Women's Health Center had the highest number of office visits in June compared to the first five months of the year with 708 visits; Diabetes Management in the clinic setting remains within 10% of goal at 23.35%; June had the highest number of surgeries and endoscopies at 337; and Financial Performance remains strong. This includes having 152 days cash on hand.

Like the Strategic Plan Scorecard, the Patient Care Scorecard is used as a snapshot of the most important patient care metrics. As of June 2022, we are at or above goal or within 10% of goal on 11 of the 16 metrics (69%). The Labor and Delivery unit have made great strides over the course of the year for treatment of mothers with severe high blood pressure. In January they were at 42.86%. As of

June, they are at 90.91%! Healthcare associated infections have remained at 0% for the year. Bar code scanning for both medication and patient compliance remain above the goal at 93.76% and 94.83%. We continue to work on the three ED metrics around patients leaving without being seen, time from when a provider decides to admit a patient to the time that patient is admitted to the acute care unit, and the time from when a patient arrives to the ED to the time, they are discharged home. These have been challenging metrics to meet based on the increased number of ED visits that we have seen this year. However, there is a plan of action to help reduce these times by having an advanced practice clinician 10 hours a day, 7 days a week during peak times. We look forward to seeing these numbers drop over the next several months. These metrics are reviewed at year end, and some will be retired, and others added.

3. The Rural Collaborative

While we changed our membership status in the Rural Collaborative (formerly the Washington Rural Collaborative) to Class B (from Class A = no seat on the Board or meeting requirements) last year, we are still an active participant in collaborative activities. Included in your packet is the 2021 Collaborative Annual Report which outlines some of the Collaborative activities despite the pandemic **(Attachment U)**.

4. July Board Meeting

Typically, we do not have a Board Work Session in August, but this year we will not have one in July. In August we will have more information about our replacement facility project and will need a work session, while this month we have a light agenda as we prepare for August and September. The July Board Meeting will be routine with a review of our financial statements and updates of the replacement facility project, 2022 Strategic Plan and our 2022 Strategic and Patient Care Scorecards.

If you have any questions regarding this report, or other hospital activities, please contact me at (269) 214-8185 (cell), (509) 786-6695 (office), or stop by and see me at the hospital.

Attachment A



PROSSER MEMORIAL HEALTH
2022 STRATEGIC PLAN

2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Semi-Annual Update	Objectives/Strategies	Semi-Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Patient Loyalty Goal</p> <p>Prosser Memorial Health (PMH) will provide outstanding customer service, aspiring to treat those we serve the way they want to be treated.</p> <p>Goal: PMH will achieve a patient satisfaction rate of 95% or higher.</p>	<ol style="list-style-type: none"> Demonstrate a 2% improvement in overall patient satisfaction over 2021. Demonstrate a year over year incremental improvement (0.1% or greater) in all survey types and locations. Increase discharge phone call compliance to 80%. Implement pre-discharge follow up scheduling (OR, AC, FBP, OSP, ED). Reduce the time from ED Admission decision to bedtime to ≤ 55 minutes. Reduce LWBS to ≤ 0.5%. 100% of complaints or grievances will be followed up within 72 hours, a grievance letter acknowledgement sent within 7 days and a follow-up or closure letter within 30 days. Ensure access to interpreter services (all locations) within 5 minutes 24/7. 	<ol style="list-style-type: none"> Overall patient satisfaction is 1% over 2021. (2021 – 92.6%; 2022 – 93.67%) Year-to-date, five out of six survey types and locations have demonstrated improvement over 2021: ED, OB, OR, Clinics, & Outpatient Services. Acute care is trailing by 1.5%. Inpatient discharge phone call compliance: OB – 91.9%, AC – 89.8%, and ED – 53.8%. Pre-discharge scheduling for inpatients remains a manual process currently. Inpatient and ED pre-discharge scheduling will be implemented in Q4. Year-to-date the ED Admission decision to bedtime is exceeding goal at 51 minutes. Year-to-date LWBS is 2.35%. Advanced Practice Clinicians (APCs) will be added during peak volume hours seven days a week to address this concern. Leadership education on managing patient complaints and grievances was completed in Q2. In-Demand iPad interpreter access will be available in August. Language competency assessments completed on all staff providing language support. 	<ul style="list-style-type: none"> Provide Patient Satisfaction Education and Press Ganey Website training to all leaders and stakeholders. Each department leader will focus on one key strategic initiative each quarter based on the relevant patient survey results. Publish a monthly Patient Loyalty dashboard which will provide additional survey data comparable to what is publicly recorded (including Top Box and percentile ranking) and strategic initiatives by each department. Complete FMEA on post discharge phone calls, take corrective action, provide training, and track compliance. Establish process for scheduling clinic follow-up prior to hospital discharge. Continue PDSA cycles with current interdisciplinary Admissions Task Force. Continue PDSA cycles with current ED Flow Task Force. 	<ul style="list-style-type: none"> All department leaders were provided training in Q2. All department leaders are working on departmental specific initiatives. A monthly dashboard is being completed and accessible to all departments. An assessment and action plan for discharge phone calls has been completed and most elements implemented. Progress is being reported quarterly on the UR Dashboard. Pre-discharge scheduling for inpatients remains a manual process currently. Inpatient and ED pre-discharge scheduling will be implemented in Q4. An initial kick off meeting occurred in July to discuss this project. The interdisciplinary Admissions Taskforce continues to see a reduction in time from admission to bed. (YTD – 51 minutes) The following changes have been initiated and/or implemented by the ED Flow Task Force: 1. A trial of APC coverage on a limited basis was found to not be adequate for the need. A full time APC will start in Q3. 2. A mid-shift RN and a mid-shift ED Tech were successfully implemented. 3. Admitting hours were extended, and additional hours will be added in Q3. 4. Afterhours Security was implemented in Q1. 5. Nurse Driven protocols were implemented in Q2. 6. A triage nurse 	<p>1/22</p> <p>1/22</p> <p>2/22</p> <p>2/22</p> <p>3/22</p> <p>2/22</p> <p>3/22</p>	<p>M. Fuller</p> <p>All Department Leaders</p> <p>M. Fuller</p> <p>S. Thomasson</p> <p>M. McGregor</p> <p>M. Davis</p> <p>C. Doornink-Osborn</p>

2022 Strategic Plan

	9. Complete ≥ 50 patient education visits each month: Medicaid Wellness, Diabetic education, Dietician, Transitional care, etc.	9. Additional resources are being recruited for this initiative. Approximately 20 visits/month occurring currently but anticipate exceeding 50/month by the end of the year.	<ul style="list-style-type: none"> Provide education on addressing complaints and grievances to all stakeholders and report monthly compliance by department on Patient Loyalty Dashboard. 	was implemented in July (still under development).	1/22	M. Fuller
	10. Increase whiteboard compliance to 80%.	10. Tracking deferred to Q3 due to changes in department leadership.	<ul style="list-style-type: none"> Complete FMEA on referral and obtaining authorization all departments, take corrective action, provide training, and track compliance. 	<ul style="list-style-type: none"> A DOH Patient Complaint survey in June facilitated a comprehensive review of our process and compliance. Leadership training has been completed. 	7/22	M. McGregor
	11. Increase Bedside Shift report compliance to 80%.	11. Tracking deferred to Q3 due to changes in department leadership.	<ul style="list-style-type: none"> Complete a Risk Assessment on interpreter services across the organization, take corrective action, provider training, and track compliance. 	<ul style="list-style-type: none"> New leadership over clinics and Call Center are continuing to make improvements in the referral and scheduling process. An initial kick-off meeting occurred in July to review workflows. 	5/22	M. Fuller
	12. Demonstrate a 5% increase in the HCHAPS Transition of Care Metric.	12. The HCHAPS Transition of Care metric is trending down year-to-date at 55.83% compared to an end of year total of 62.70% in 2021.	<ul style="list-style-type: none"> Identify needs and hire: nurse educators, patient navigators, financial and social service support. 	<ul style="list-style-type: none"> The risk assessment was completed, and action plans initiated in Q2. All elements on track to be in place by the end of August. 	12/22	M. Davis
			<ul style="list-style-type: none"> Complete FMEA on Bedside Shift report, take corrective action, provide training, and track compliance. 	<ul style="list-style-type: none"> Rebranded this initiative as Population Health. Currently, there are 1.5 Population Health nurses in place with active recruitment in progress. 	1/22	T. Palomarez
			<ul style="list-style-type: none"> Provide re-training on white board utilization and track compliance. 	<ul style="list-style-type: none"> Assessment and education is underway by new departmental leadership. 	1/22	T. Palomarez
			<ul style="list-style-type: none"> Establish an interdisciplinary Transition of Care Task Force to assess our current practice and implement and assess changes using PDSA cycles. 	<ul style="list-style-type: none"> White Board compliance deferred to Q3 due to changes in departmental leadership. 	1/22	T. Palomarez
				<ul style="list-style-type: none"> Staffing now appropriate for workload and staff orientation in progress. Initial training on utilization review has been completed. 	3/22	S. Thomasson

2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Semi-Annual Update	Objectives/Strategies	Semi-Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Medical Staff Development</p> <p>PMH will respond to Medical Staff concerns and needs in a timely manner, pursue initiatives in collaboration with our Medical Staff and ensure the availability of the appropriate providers for those we serve.</p> <p>Goal: PMH will achieve and maintain an annual Medical Staff satisfaction rate of 90% or higher.</p>	<ol style="list-style-type: none"> Demonstrate a 3% improvement in Medical Staff satisfaction. Increase Medical Staff participation in the Annual Medical Staff Engagement survey by 5%. Recruit 75% of the providers identified in the 2022 Medical Staff Recruitment Plan. Achieve the budgeted number of Active Medical Staff members. Maintain the annual Medical Staff turnover rate at <5%. Meet budgeted PMH Clinic volumes and financial goals. Improve the provider productivity (visits/provider) by 5% in the Specialty Clinic and 75% of all RHC providers will meet/exceed Medicare productivity standards. 	<ol style="list-style-type: none"> This will be measured this fall (October/ November) when we conduct the 2022 Medical Staff Engagement Survey. This will be measured this fall when we conduct the 2022 Medical Staff Engagement Survey. Through second quarter of 2022, we have recruited 42.9% (3/7) of the providers identified in the 2022 Medical Staff Recruitment Plan. We currently have 54 Active Medical Staff Members compared to our year-end goal of 52. Our current Medical Staff turnover rate is 3.7% which is less than our goal of <5%. Through the end of June, our total PMH Clinic volumes trail the budget by 4.5% (79,319 actual visits compared to 30,702 budgeted visits) and exceed last year by 4.2%. The only clinic exceeding their visit budget in 2022 is the PMH Specialty Clinic. The current provider productivity is 7% better than the productivity in 2021. 	<ul style="list-style-type: none"> Develop the 2022 Medical Staff Recruitment Plan and recruit the identified providers. Enhance the Medical Staff Engagement Plan and conduct monthly Medical Staff Engagement Team meetings. Develop and implement provider productivity standards and monthly reports based on Medicare expectations and share them with all providers at monthly one-on-one meetings. Maintain the DYAD Management structure throughout all PMH Clinics and conduct monthly clinic staff/provider meetings. Develop and implement a comprehensive 2022 PMH Clinic Marketing Plan which will promote various PMH Medical Staff services. Develop and implement a comprehensive GI Service Line. 	<ul style="list-style-type: none"> The 2022 Medical Staff Recruitment Plan was developed and approved by the Board and the Medical Staff. Through the end of June, we have successfully recruited a gastroenterologist, two family physicians, and several per diem emergency medicine providers. The Medical Staff Engagement Committee had its first meeting in May which included reviewing and approving the team's charter. The overall objective of this team is to improve our Medical Staff's experience at Prosser Memorial Health. The team decided to meet on a bimonthly basis with the next meeting scheduled in September. A provider specific productivity system will be developed in the third quarter of 2022. We continue to implement and enhance the Dyad Management Structure in the PMH Clinics and expect significant improvement in the second half of 2022 with new clinic management. A comprehensive 2022 PMH Marketing Plan, which included the marketing of our clinics, was approved by the Board in December. Marketing campaigns are scheduled and implemented each quarter by provider, service line and clinic. A return-on-investment (ROI) report was created to measure the effectiveness of our marketing efforts and the impact on our volume and revenue growth as well. Under the direction of Dr. Cohen, a comprehensive GI Service Line has been developed and implemented. The service line has grown so fast that we are now exploring ways to expand our capacity including the addition of an 	<p>12/22</p> <p>3/22</p> <p>2/22</p> <p>2/22</p> <p>1/22</p> <p>6/22</p>	<p>A. Tiemersma</p> <p>A. Tiemersma</p> <p>Clinic Directors</p> <p>Dr. Sollers/PMH Clinics Director</p> <p>S. Hitchcock/PMH Clinics Director</p> <p>S. Dawson</p>

2022 Strategic Plan

				<ul style="list-style-type: none"> Implement a formal On-Boarding Program for all new providers. 	<p>Advanced Practice Clinician (APC) and a second GI physician.</p> <ul style="list-style-type: none"> Through the first half of this year, the provider onboarding process has continued to evolve and improve. The overall goal of onboarding new providers is to provide them with the support, resources and tools to be successful at Prosser Memorial Health. There is now a template for onboarding providers as well as a checklist to include a tailored experience based on each provider's specialty. Feedback is collected after onboarding a new provider to identify areas to improve. 	2/22	A Tiemersma
				<ul style="list-style-type: none"> Continue to utilize the PMH CMO Model to engage the Medical Staff and enhance Medical Staff satisfaction (e.g., rounding, mentoring, education). 	<ul style="list-style-type: none"> We continue to utilize the PMH CMO model to enhance Medical Staff Engagement. We have added Dr. Robert Wenger as an Assistant Chief Medical Officer (ACMO) to assist us with Medical Staff engagement. We continue to meet to address Medical Staff concerns and opportunities and plan to replace Dr. Murphy in the second half of 2022. 	6/22	C. Marks/Dr. Sollers
				<ul style="list-style-type: none"> Implement and launch a Rural Health Clinic FPPE/OPPE process. 	<ul style="list-style-type: none"> To maintain CMS and RHC certification and provide the best quality of care, the CQO and Clinic Operations director developed a PMH Clinics Chart Review Process. This policy was approved by the Community Clinics Committee and MSQIC and implemented in January 2022. 	3/22	PMH Clinics Director/Dr. Sollers
				<ul style="list-style-type: none"> Develop and implement an Annual Evaluation Process for all providers. 	<ul style="list-style-type: none"> An Annual Evaluation Process has been developed for all PMH employed providers and will be implemented in September/ October of 2022. 	3/22	PMH Clinics Director/B. Dirkes
				<ul style="list-style-type: none"> Continue to generate and maintain Epic-specific training and support for the Medical Staff, including on-call Epic staff. 	<ul style="list-style-type: none"> Providence has brought many new HealthStream modules (Epic) online which PMH is using to enhance education to providers for their specific areas in an on-demand mode. In addition, we have added new Epic informatics staff to provide more Epic support. 	12/22	P. Braem

2022 Strategic Plan

				<ul style="list-style-type: none"> Enhance and expand the Telehealth Program within PMH Facilities, especially primary care. 	<ul style="list-style-type: none"> No action taken to date. 	6/22	P. Braem/PMH Clinics Director
				<ul style="list-style-type: none"> Develop a system for UR and coding documentation feedback for all providers. 	<ul style="list-style-type: none"> Provider specific education and feedback is being provided during admission by the new UR/Case Management Staff. Summary education is being provide to the MEC quarterly via the UR report. In addition, HIM has completed an assessment with an outside consultant who is providing provider education. 	6/22	PMH Clinics Director/S. Thomasson
				<ul style="list-style-type: none"> Continue to explore and implement new PMH Clinic Services as appropriate (e.g., Endocrinology). 	<ul style="list-style-type: none"> In 2022, we are implementing new clinic services including gastroenterology. We also hope to introduce endocrinology services in 2022 all while exploring other possible new/expanded services such as wound care, urgent care, pain management, etc. 	12/22	Dr. Sollers/PMH Clinic Director

2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Semi-Annual Update	Objectives/Strategies	Semi-Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Employee Development</p> <p>PMH will encourage and provide ongoing development of our employees by selecting talent effectively, communicating efficiently, creating a work atmosphere that values the individual talents of every employee resulting in a highly engaged workforce.</p> <p>GOAL: PMH will achieve and maintain an annual employee satisfaction rate of 90% or higher.</p>	1. Achieve an Employee Satisfaction rate of 90% or higher.	1. The 2022 Employee Engagement survey will be conducted in Q4 2022. Results will be reported Q1 2023.	<ul style="list-style-type: none"> Ensure continued open communication including multiple mediums by first establishing a communications calendar that identifies topics, content, delivery methods and where possible, routinely measuring the effectiveness of the communication effort. 	<ul style="list-style-type: none"> To enhance employee engagement, we continue to publish the monthly employee newsletter, The Pulse. After each employee engagement activity, we survey the staff and request feedback on how we can improve upon events going forward. These are ongoing efforts that will be completed by 12/22. 	3/22	B. Dirkes / S. Hitchcock
		2. Achieve an annual employee turnover rate of 9% or less.	2. The year-to-date Employee Turnover rate was 5.7% at the end of June 2022.	<ul style="list-style-type: none"> Ensure the practice of offering competitive wages and benefits by participating in identified surveys and using results to drive strategic compensation and benefits decisions, for both annual planning and just-in-time adjustments, where warranted. 	<ul style="list-style-type: none"> PMH has participated in all pre-identified staff and executive wage & benefits surveys for the 2022 year, with the results now on file in Human Resources. The results are being used to evaluate our Exempt salary grades to ensure market competitiveness with our wages. With the ongoing escalation of inflation across the U.S., labor shortages in healthcare and other financial market forces impacting our workforce, this work is especially important to help remain competitive to attract and retain the talent to support PMH's continued growth. 	7/22	B. Dirkes
		3. Achieve an average recruitment time of 34 days.	3. The year-to-date average recruitment time was 22 days at the end of June 2022.	<ul style="list-style-type: none"> Ensure effective selection and retention of values-aligned, caring staff using values-based selection tool in selecting talent. 	<ul style="list-style-type: none"> The use of the ASPIRE values-based selection tool continue to be used when selecting talent. This tool and process are completely implemented. 	4/22	B. Dirkes
		4. Reduce the number of hours of overtime/total hours worked to less than 4.5%.	4. The year-to-date average of overtime / total hours worked was 5.9% at the end of June 2022.	<ul style="list-style-type: none"> Promote on-going required and elective education opportunities through the development and use of annual education calendar. 	<ul style="list-style-type: none"> Educational offerings are posted on the PMH Intranet for employees to review. The Education Assistance Policy is promoted to all staff, and it supports on-going formal education. As of the end of June 2022, PMH has provided \$13,923 tuition assistance for education in healthcare-specific fields and related Bachelors and Masters degrees. 	3/22	B. Dirkes
		5. Implement an employment selection tool for 90% of all new employees.	5. The values-based selection tool aligned with the ASPIRE values is complete and implemented for use with all new hires and leaders educated on its use.	<ul style="list-style-type: none"> Ensure employee recognition continues through established committees and recognition programs and develop a process to measure the effectiveness of selected programs, making revisions as needed. 	<ul style="list-style-type: none"> The Award and Recognition team continues to meet monthly and select ASPIRE winners. A review of the program will occur in Q4 2022 with any recommendations forwarded to the Administrative team for review and decisions. The Employee Engagement team continues to meet monthly and provide input and direction into 	4/22	B. Dirkes
		6. Achieve an annual 95% 403(b) participation rate.	6. The year-to-date average for employee 403(b) participation was 98% at the end of June 2022.				

2022 Strategic Plan

				<ul style="list-style-type: none"> Revise the non-exempt (unionized) performance evaluation to include measurement of performance rather than "meets or doesn't meet" measures. Develop and hardwire the follow-up process to the Employee/Provider engagement to include: action planning sessions with teams, communication methods to ensure one-up visibility into progress and methods to capture and routinely report on plan(s) status / progress. Develop standardized requirements for "Lead" responsibilities within PMH to ensure that "Lead" duties are consistently applied in all lead roles where lead pay is applied. Conduct three (3) Leadership Development Institutes (LDI). Continue Administrative Rounding (e.g., enhance relationships, trust, teamwork, etc.). Design and implement a Leader Assessment and Development program that supports identification of developmental opportunities for in-assignment and/or future role(s). Develop and implement an accountability resource tool that supports leaders by ensuring that core leadership responsibilities, due dates, projects, and other key milestones are available in a single location easily referenced by all leaders to support meeting deadlines. Implement an organization-wide Uniform Policy. 	<p>planning and evaluating PMH employee events.</p> <ul style="list-style-type: none"> Work will begin on this objective in late Q3 2022. PMH has developed a standard process to support and follow-up on Employee Engagement results. This includes: Analysis of results, all employee results debrief, team-level review and action planning and year-long tracking of results at the departmental level. Work on this objective will begin late Q3 2022 and be completed by 12/31/2022. Year-to-date, there has been one (1) LDI held with all of PMH leadership and with the second LDI scheduled for September 30th and the third scheduled for December 9, 2022. An assessment and development process has been put into place for all PMH leaders as of 7/15/2022. The process includes competency-based self and one-up assessment, development planning and resources that support in-assignment experiential learning and development. Work on this objective will begin late Q3 2022 and be completed by 12/31/2022. On July 1, 2022, PMH implemented the Departmental Uniform & Color-Coding policy which standardized the attire that 	<p>11/22</p> <p>6/22</p> <p>6/22</p> <p>12/22</p> <p>6/22</p> <p>5/22</p> <p>7/22</p>	<p>B. Dirkes</p> <p>B. Dirkes / C. Marks</p> <p>B. Dirkes</p> <p>B. Dirkes / C. Marks</p> <p>B. Dirkes / C. Marks</p> <p>B. Dirkes / M. Fuller</p> <p>B. Dirkes/R. Wilson</p>
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2022 Strategic Plan

					specific job types are expected to wear while performing work at PMH. The uniform vendor / partner that was chosen is SmartScrubs. Existing and new employees covered under the policy are provided seed money for their first order.		
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2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Semi-Annual Update	Objectives/Strategies	Semi-Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>Quality</p> <p>Continue to support the systemic organization-wide approach to plan, design, measure, assess and improve organizational performance. Objectives are designed to:</p> <ul style="list-style-type: none"> Attain optimal patient outcomes and patient and family experience Support an engaged and safe workforce Enhance appropriate utilization Minimize risks and hazards of care Develop and share best practices <p>Goal: PMH will achieve an INDEX Quality score of 75 or higher.</p>	<p>1. Achieve an overall medication bar code scanning compliance rate of 93.5% or greater for the hospital.</p> <p>2. Achieve an overall patient bar code scanning compliance rate of 94.7% or greater for the hospital.</p> <p>3. Maintain the Healthcare Associated Infections (HAI) rate per 100 inpatient days at <0.1%.</p> <p>4. Achieve and maintain a Hand Hygiene compliance goal of 100%.</p> <p>5. Achieve <0.5% goal of patients leaving the ED without being seen (LWBS) (OP22). (As indicated by the <i>Hospital Strength INDEX</i>)</p> <p>6. Achieve or exceed the goal of 114 minutes (median time) for patients arriving to the ED to their departure time (OP18b). (As indicated by the <i>Hospital Strength INDEX</i>)</p> <p>7. Be 100% compliant with regulatory standards of applicable agencies (State of WA, CMS, etc.).</p>	<p>1. Medication bar code scanning compliance year-to-date as of June 2022 is 94.9% which is better than our goal of 93.5%. This is a standing agenda item for the monthly Quality Committee.</p> <p>2. Patient bar code scanning compliance year-to-date as of June 2022 is 95.89% which is better than our goal of 94.7%. This is a standing agenda item for the monthly Quality Committee.</p> <p>3. The Healthcare Associated Infection rate per 100 inpatient days year-to-date as of June 2022 is 0.00% which is better than our goal of <0.1%. This metric is reported at each P&T Committee meeting.</p> <p>4. Hand hygiene compliance year-to-date as of June 2022 is 97%. This is a standing agenda item for the monthly Quality Committee.</p> <p>5. Patients leaving the ED without being seen year-to-date as of June 2022 is 2.35% which does not meet our year end goal of <0.5%.</p> <p>6. The median time for patient arriving to the ED to their departure time year-to-date as of June 2022 is 116 minutes which is within 10% of the year end goal of 114 minutes.</p> <p>7. Ongoing regulatory readiness of all staff is expected with regular environmental surveys being conducted annually on all departments of the organization</p>	<ul style="list-style-type: none"> Maintain an organization-wide Strategic Plan Scorecard of key performance indicators. Maintain a Patient Care Scorecard to measure and trend selected Quality measures. Develop a Regulatory Readiness Manual. Conduct hospital tracers in all departments twice a year and share results with the unit Directors and staff. Pass all applicable regulatory surveys (e.g., DOH, Laboratory, RHC) Report medication and patient bar code scanning compliance at each monthly Quality meeting and at clinical staff meetings. Report hand hygiene compliance rates at each monthly Quality meeting. Formalize Medication Reconciliation and Antimicrobial Stewardship (AMS) programs. 	<ul style="list-style-type: none"> The Strategic Plan Scorecard is ongoing and is included in the monthly Board packet. The Patient Care Scorecard is ongoing and is included in the monthly Board packet as well as discussed at each monthly Quality Committee meeting. A Regulatory Readiness Quick Guide was published and distributed to all departments in February 2022. A smaller version of the Quick Guide is given to all new hires during New Employee Orientation. The Safety Committee conducts annual environment of care surveys in all departments. There have been eight surveys completed as of June 2022. This year in October, we are expecting a DOH inspection in the laboratory for Incyte Pathology, frozen sections. This is accomplished by having the medication and patient bar code scanning compliance at each monthly Quality meeting where the Pharmacy director reviews the data with all the leaders. This is accomplished by having the hand hygiene compliance rate data at each monthly Quality meetings where the Laboratory director reviews the data with all the leaders. PMH teamed with three DNP students from WSU to review and implement education to all providers and staff on AMS programs. The timeline for education rollout is August 2022. 	<p>12/22</p> <p>12/22</p> <p>3/22</p> <p>12/22</p> <p>12/22</p> <p>12/22</p> <p>6/22</p>	<p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>K. Mellema</p> <p>L. McKie</p> <p>S. Miklas</p> <p>L. McKie</p>

2022 Strategic Plan

		<p>8. ED will direct schedule follow-up appointments for 50% of ED discharges needing a follow-up with a PMH care provider.</p>	<p>to ensure that all areas are compliant with all regulatory rules. As part of regulatory readiness, a Risk Assessment was conducted on all three primary care clinics and the specialty clinic in June 2022.</p> <p>8. With a new Clinic Operations Director and a new Scheduling/Registration Director in early 2022, this project was tabled to allow them to assess their new roles, team, and areas of opportunity. Now that they are settling into their positions, they will be leading this project the second half of the year.</p>	<ul style="list-style-type: none"> • Research other incident reporting systems with the intent of replacing UHC. • Implement ED scheduling Clinic follow-up appointments. • Continue PDSA cycles with current ED Flow Task Force. 	<ul style="list-style-type: none"> • The CQO and Specialty/Wound Care director interviewed three separate companies that have incident reporting systems. Based on the information and cost, Performance Health was chosen. • An initial kick-off meeting occurred in July to discuss this project. Plan is to add this to the workflow of the call center and will be for both hospital and ER follow up appointment scheduling. • The following changes have been initiated and/or implemented by the ED Flow Task Force: <ol style="list-style-type: none"> a. Trial of APC coverage on a limited basis was found to not be adequate for the need. Therefore, a full time APC will start in Q3. b. A mid-shift RN and mid-shift ED Tech were successfully implemented. c. Admitting hours have been extended, and additional hours will be added Q3. d. Afterhours Security was implemented in Q1. e. Nurse Driven protocols were implemented in Q2. f. A triage nurse was implemented in July (still under development). 	<p>8/22</p> <p>10/22</p> <p>3/22</p>	<p>K. Mellema</p> <p>M. McGregor/ C. Doornink/A. Parker</p> <p>C. Doornink</p>
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2022 Strategic Plan

	Strategic Goal	1-Year Objective Metrics	Semi-Annual Update	Objectives/Strategies	Semi-Annual Update	Timing	Accountable
<p>MISSION Prosser Memorial Health will improve the health of our community.</p> <p>VISION Prosser Memorial Health will become one of the top 100 Critical Access Hospitals in the country.</p> <p>VALUES Accountability Service Promote Teamwork Integrity Respect Excellence</p>	<p>SERVICES</p> <p>Prosser Memorial Health (PMH) will develop appropriate facilities, technology, and services to meet the needs of those we serve.</p> <p>Goal: Achieve 2022 budgeted adjusted patient days.</p>	<p>1. Meet budgeted clinic volumes.</p> <p>2. Increase aesthetic service volumes by 15%.</p> <p>3. Increase website traffic by 10%.</p> <p>4. Raise \$3 million for the capital campaign.</p> <p>5. Increase surgical volumes by 10%.</p> <p>6. Increase staff satisfaction with Epic by 5%.</p> <p>7. Increase inpatient Medicare market share by 5%. <i>(As indicated by the Hospital Strength INDEX)</i></p> <p>8. Measure Marketing ROI quarterly to ensure campaigns have a positive impact on net revenue.</p>	<p>1. Community Relations and the Clinic Directors meet monthly to review clinic volume numbers and adjust marketing outreach accordingly to where we need to drive more volume.</p> <p>2. We are on pace to achieve this metric. Dr. Nylander is booked out through late Fall. We are recruiting for an RN for her to help manage the demand.</p> <p>3. Traffic is up year over year. We will launch a new website in the Fall that is more user friendly.</p> <p>4. We have raised more than \$1 million toward this goal to date.</p> <p>5. We are on pace to hit this target.</p> <p>6. Phillip has sent out an EPIC survey to all users to gather feedback on satisfaction.</p> <p>7. Community Relations is working with Annie Parker and Marla Davis on outreach to this target audience that includes annual wellness visits.</p> <p>8. Community Relations reviews actual volume vs. budgeted volumes for providers and services lines against how much has been allocated for marketing to determine the ROI on this investment.</p>	<ul style="list-style-type: none"> • Create a comprehensive, multi-channel marketing plan for inpatient and outpatient services to meet and exceed budgeted volumes. • Implement the public phase of the capital campaign for the new hospital. • Create the communication plan for the new hospital project. • Redesign and create new content for the website. Create new functionality that allows for enhanced communication with the public. • Develop and implement a comprehensive dietetic program to include hiring a Dietician. • Develop and implement a comprehensive diabetic education program to include hiring a Diabetic Educator. • Study the feasibility of providing home health services and implement, if appropriate. 	<ul style="list-style-type: none"> • This is an ongoing process. Campaigns are created based on actual volumes vs. budgeted volumes for providers, clinics, and service lines. • The public phase announcement has been moved into Q3. • This will be finalized in Q3 when final financing decisions have been confirmed. • The new website will be launched in Q3. • Morrison Healthcare will be providing Nutrition Service management as well as a Dietician. The official start of the contractual agreement is August 2022. • A Diabetic Education Program has been chosen and purchased. A part-time Diabetic Educator position has been trialed, but not adequate for need so recruitment is underway for a full time certified Diabetic Educator. The part-time Diabetic Educator will continue to focus on the OB population. The RN Diabetic Educator(s) and the Dietician will coordinate their functions to ensure a comprehensive program. • Research on a potential Home Health Service Line was completed and reviewed in Q2. A Home Health financial consultant and clinical consultant with experience in CAH Home Health Services were identified. Due to resources currently committed to the launch of our Provider Based Wound Care Services and GI Program, the decision was made to table this initiative until at least next year. 	<p>12/22</p> <p>3/22</p> <p>2/22</p> <p>5/22</p> <p>6/22</p> <p>6/22</p> <p>7/22</p>	<p>S. Hitchcock</p> <p>S. Hitchcock</p> <p>S. Hitchcock/ C. Marks</p> <p>S. Hitchcock/ A. Tiemersma</p> <p>D. Rollins</p> <p>M. Fuller</p> <p>M. Fuller</p>

2022 Strategic Plan

				<ul style="list-style-type: none"> Develop and implement a customer service training program with Studer/Heron Group across the organization to reduce patient complaints and increase patient loyalty and satisfaction. 	<ul style="list-style-type: none"> A customer service program will begin in Q3 in partnership with Annie Parker and Melanie McGregor, clinic directors, and HR. 	12/22	S. Hitchcock PMH Clinics Director M. Fuller B. Dirkes
				<ul style="list-style-type: none"> Assess overall OR utilization to meet needs of PMH surgeons and the patients. 	<ul style="list-style-type: none"> We have onboarded gastroenterology, opened both a pre-procedure area and a procedure room in which all endoscopes are performed, taking them out of the ORs which has opened more OR time. The utilization of all three rooms has increased by 78%. 	12/22	S. Dawson/M. Davis
				<ul style="list-style-type: none"> Complete implementation of virtual desktop throughout the organization. 	<ul style="list-style-type: none"> On track to be completed by the end of the year. 	6/22	P. Braem
				<ul style="list-style-type: none"> Continue the development process for the construction of the Replacement Hospital to include completing the bidding process and begin construction. 	<ul style="list-style-type: none"> The bid process was completed once, but due to poor results the project will be rebid in August. Based upon the new bid results, we plan to arrange additional finances, if necessary, by the end of September and begin construction at the end of 2022. 	6/22	C. Marks
				<ul style="list-style-type: none"> Develop a plan for future use of the current hospital site. 	<ul style="list-style-type: none"> We continue to explore possible future uses for our current facility including inpatient mental health services. Our current financial projections plan for us to use the facility for storage for 3-5 years and then demolish the building and repurpose the land for future housing. 	6/22	C. Marks
				<ul style="list-style-type: none"> Develop and implement a comprehensive wound care program. 	<ul style="list-style-type: none"> Go live with Healogics was April 11th. We are currently operating four half days of wound care a week with the other half of the day with infusion patients. We just recently brought on Zach Garland NP as well. As of this week, I am hiring the Wound/Infusion Supervisor. This role will help with the day-to-day operations and be another clinical hands-on RN. We are finally making a comeback on our budget. We knew it was going to take a dip initially. Revenue is building up. Patient volumes are increasing. I plan to start trialing the use of the OB triage room 	12/22	M. Davis

2022 Strategic Plan

				<ul style="list-style-type: none"> • Develop and implement a comprehensive pain management program to include the EMG studies. • Develop and implement an Information Technology Plan. • Upgrade and migration to Virtual Desktop Infrastructure (VDI) across the organization. 	<p>next to Wound/Infusion Center in the next 30 days which will open up the schedule to add in more Wound patients potentially. We are seeing improved healing times on our patients.</p> <ul style="list-style-type: none"> • We are recruiting a physiatrist that will practice in the Prosser Clinic. We currently have four prospects. • IT Strategic Plan was updated and approved by the Board of Directors. • There have been 106 machines upgraded to the Virtual desktops with 90+ to be completed by year end. 	<p>12/22</p> <p>6/22</p> <p>12/22</p>	<p>PMH Clinics Director</p> <p>P. Braem</p> <p>P. Braem</p>
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2022 Strategic Plan

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2022 Strategic Plan

				<ul style="list-style-type: none"> Reduce unscheduled leave through positive changes to paid leave policies. 	<ul style="list-style-type: none"> PMH has implemented a PTO policy with exempt employees that encourages the prudent use of unscheduled time. PMH will introduce the PTO policy to the three unions and encourage adoption allowing all PMH employees to have access to the PTO policy. 	12/22	B. Dirkes/D. Rollins
				<ul style="list-style-type: none"> Implement new GL/AP/MM software that allows for more effective and efficient expense management. 	<ul style="list-style-type: none"> The ERP selection (Enterprise Resource Planning; Accounting & Supply Chain software) has been narrowed down to Premier, MultiView, and Oracle's NetSuite. We have had initial demonstrations of all but Oracle which is scheduled for this July. The selection of a new ERP has been delayed initially due to COVID and now staffing issues as Accounting continues to operate without a Senior Accountant/Financial Analyst since last August. We are not anticipating proceeding with an ERP implementation until the Premier Benchmarking and Productivity tool is fully implemented which is currently in-process. 	09/22	D. Rollins/S. Titus/B. Dirkes
				<ul style="list-style-type: none"> Implement a robust 340b program to reduce OP drug expenses and increase revenue thru contract pharmacies. 	<ul style="list-style-type: none"> PMH has recently hired an additional pharmacist allowing the Pharmacy Director to focus on strategic business strategies such as the 340b program. 	07/22	L. McKie/B. Dirkes
				<ul style="list-style-type: none"> Develop Patient Friendly Billing program with PFS. 	<ul style="list-style-type: none"> PFS has focused on improvements within our Financial Assistance program and updating our IRS regulatory true self-pay patient discount rate to help our community. This will further reduce bad debt accounts and improve overall patient satisfaction from a financial bill aspect. 	12/22	PFS Director/ S. Hitchcock



Mission:

PMH will improve the health of our community.

Vision of Success FY2016 to 2022 (06/30/22)

PMH will become one of the top 100 Critical Access Hospitals in the country through the achievement of our Pillars of Excellence.

PATIENT LOYALTY					
Goal: 95% Exceed Patient Expectations					
2016 – 82.3%		2020 – 86.2%			
2017 – 84.8%		2021 – 92.9%			
2018 – 84.6%		2022 - 93.7% (YTD)			
2019 – 86.6%					
MEDICAL STAFF DEVELOPMENT			EMPLOYEE DEVELOPMENT		
Goal: 90% Medical Staff Satisfaction			Goal: 90% Employee Satisfaction		
2016 – 82.6%		2020 – 85.8%	2016 – 83.0%		2020 – 89.2%
2017 – 80.0%		2021 – 85.2%	2017 – 83.2%		2021 – 87.8%
2018 – 90.6%		2022 - NA	2018 – 85.0%		2022 - NA
2019 – 89.0%					
QUALITY		SERVICES		FINANCIAL STEWARDSHIP	
Goal: iVantageQuality Score >75		Goal: 50% Market Share (Proxy = Adjusted Patient Days)		Goal: Total Margin > 6%	
2016 – NA	2020 – 41	2016 – 14,487 Days	2020 – 16,648 Days	2016 – (0.6%)	2020 – 4.7%
2017 – 53	2021 – 61	2017 – 14,564 Days	2021 – 20,438 Days	2017 – 3.9%	2021 – 20.9%
2018 – 54	2022 – 36 (YTD)	2018 – 16,480 Days	2022 – 23,682 Days-	2018 – 0.6%	2022 – 11.3% (YTD)
2019 – 48		2019 – 19,494 Days	(Annualized)	2019 – 5.0%	

Our Values

- ASPIRE -

Accountability Service Promote Teamwork Integrity Respect Excellence



**Prosser Public Hospital District
Prosser Memorial Health Replacement Hospital
Progress Report**

DATE: July 19, 2022

I. PROJECT TEAM:

Prosser Memorial Health (PMH)	Owner
NV5	Owner's Representative
bcDesignGroup (BCDG)	Architect/Design Team
Henderson Engineering	Security, Low Voltage, Audiovisual Design
Gary Hicks Financial, LLC	USDA Application Consultant
Perkins Coie	General Counsel
R&B Genesis (Mitchell)	Medical Equipment Planner
GeoProfessional Innovation	Geotechnical Engineering Services and Construction Materials Testing & Inspection Services
CBRE Heery	Commissioning Agent
OpenSquare	Furniture Vendor

II. PROGRESS:

- A. Contracts – The following is a status of professional services agreements:
- a. Agreements, contracts and/or amendments *being finalized this period*:
 - i. Bouten Construction, Contract for Construction Management services (A133 and A201). NV5 is working with Bouten, Perkins Coie, and PMH to finalize contract terms. The team intends to have a contract ready for PMH approval and execution by all parties by the end of July.
 - ii. Graham Construction, final change order for termination of Construction Management services contract. NV5 is facilitating the execution of a final change order which covers work that was completed by Graham and its subcontractors during preconstruction that was beyond the original scope of services, especially work conducted under the Early Procurement contracts for the joist and deck, and pneumatic tube system contracts. The project team anticipates this will be resolved by the end of July.
- B. Site Development and Coordination
- a. Water & Sewer Service – The City water and sewer expansion project is complete and the PMH site is now served by water and sewer utility mains. The construction team will coordinate new water and sewer service connections to the new building once the building construction is underway.
 - b. PMH executed a parcel consolidation application with the City of Prosser to combine the three existing parcels it owns on N Gap Road into a single parcel. In doing so, the building is no longer constrained to one of the three parcels, and it may be constructed in the location indicated on the current design documents. The consolidation was recorded at the County on July 11, 2022, and the County will issue a new parcel number within the coming months.
- C. Design – Building
- a. bcDG is incorporating the Value Engineering items that were approved by PMH in April, as well as the building height adjustments, building permit comment responses and other miscellaneous items. The design team intends to issue an updated “Construction Documents” package in late July.

D. Permitting

a. Certificate of Need (CoN) –

- i. CoN Application – While the Department of Health agreed an Intent to Issue a Certificate of Need on November 4, 2021, they require an approved State Environmental Protection Agency (SEPA) application prior to issuing the actual Certificate of Need. The SEPA application was submitted to the City of Prosser on February 9, 2022 and was thereafter forwarded to the State for a mandatory Public Review period. The City is now working with PMH to negotiate the terms of mitigation required for development, as noted in item ii as follows.
- ii. On April 4, the City issued their draft “Mitigated Determination of Non-significance (MDNS),” which is a result of the SEPA application, associated traffic studies, and Prosser Municipal Code. The team is negotiating the terms of the mitigation, and to that end, met with the City on April 13. The team is also working with Perkins Coie for a legal review of any site development requirements listed in the MDNS, who drafted a letter in response to the MDNS. NV5 incorporated comments from the design team and Perkins Coie, and sent this response to the City on June 1, 2022. Subsequently, the City attorney indicated that they would like to review the Hospital Team’s responses with PMH and Perkins Coie. The team met on July 13 to review the outstanding items and agreed that the best path forward is to draft a development agreement with the City that outlines any specific road improvements that should be constructed fronting the new PMH property. NV5 will continue to facilitate this process in pursuit of an amenable resolution.

b. State –

- i. The State Department of Health (DoH) reviewed the 100% Construction Documents and distributed their comments to the team on April 4, some of which cannot be resolved until final inspections are complete after construction. The design team issued comment responses to the DoH on June 30, 2022 and will follow up to reach a resolution.
- ii. The DoH did assure PMH, however, that their review process should not preclude the Team from breaking ground on the project. All comments must be resolved prior to receiving a license to operate as a healthcare facility.
- iii. Henderson Engineers submitted the 100% Construction Documents to the Department of Labor and Industries (DL&I) for a technical review of the electrical systems. The design team issued comment responses to the DL&I on June 30, 2022 and will follow up to reach a resolution.

c. City –

- i. On April 20, the City building inspector indicated that they would issue a building permit once the State Department of Health (see item II.D.b, above) issued their concurrence for construction.

E. USDA Approval

- a. PMH issued a Right of Way Certificate (USDA form RD442-21) on June 16, 2022. This certificate was subsequently reviewed by a legal consultant, Scott Smith, who then issued an Opinion of Counsel Relative to Rights-Of-Way (USDA form RD442-22) on June 27, in accordance with the USDA letter of conditions.
- b. NV5 is working with the USDA to ensure they continue to review the project in a timely manner.

F. Pre-Construction

- a. As noted above, the project team is reviewing contract comments with Bouten for Construction Management services during the preconstruction and bidding (MACC) phases of this project. In the interim, Bouten has established a Constructability Review Log, which attempts to capture any design coordination issues ahead of construction. The project team is working to resolve these items ahead of any construction work.

- b. The Bouten team is also hard at work generating subcontractor interest in the project, in hopes of receiving a more favorable outcome during the MACC process.
- G. Operations / Activation
 - a. The project team intends to reconvene monthly operations meetings later in 2022. The meetings are intended to plan and strategize for the operational shift that will occur when PMH moves from their existing facility to the new facility in 2024.
 - b. NV5 and PMH are working on a structure and objectives for these operations meetings prior to commencing the meeting cadence.

III. PROCUREMENT:

- A. General Contractor services
- B. Upcoming project team members to procure include:
 - a. Art Consultant, 2023.
 - b. Signage Design and Fabrication vendor, 2023.

IV. SCHEDULE:

See 4-month look ahead schedule, attached herewith.

- A. Finalize design changes – July 2022
- B. MACC bid process – August 2022
- C. MACC available for team review – September 2022
- D. USDA Contracts and Design Review – Ongoing thru Summer 2022
- E. Notice to Proceed (NTP) with Construction – October 2022

V. BUDGET

- A. The Bouten team is evaluating the building design and construction budget. If Bouten is ultimately engaged by PMH as the General Contractor as Construction Manager (GCCM), they will work to develop a construction budget ahead of the MACC process. NV5 will review and incorporate these projected costs into an updated overall project cost budget estimate.

VI. PROJECT CHALLENGES / RISKS:

- A. **USDA** – As noted in previous reports, Gary Hicks Financial and Health Facilities Planning & Development are providing guidance to the project team for the USDA application process. The project is currently in contract review and design review with local and regional USDA representatives, which is a necessary step in order for USDA to provide final funding approval and concurrence for construction. Despite a concerted effort to provide USDA with information in an organized fashion and in a timely manner, it has been a challenge to understand USDA's expectation of timing needed to complete their review. The team continues to check in with USDA regularly and remind them of PMH's need to move forward expeditiously.
- B. **Construction Cost(s)** – As noted in previous reports, the project team continues to experience volatile cost variability and increases in the market for materials and labor. The team is working to mitigate this risk by conducting a thorough value engineering effort and reconsidering the options for general contracting.
- C. **Traffic Study** – The City of Prosser indicated that per their development regulations PMH may be required to improve Gap Road in the immediate vicinity of the property in order to accommodate future traffic loads. The extents and scale of the improvements were determined by the outcomes of the City's and PMH's traffic studies. On behalf of PMH, the Project Team continues to advocate that any road improvements due to the Hospital construction, and therefore paid for by the project, should

be minimal. As noted above, Perkins Coie is reviewing the matter and will advise PMH. In addition, the Town indicated on May 2, 2022 that PMH will need to comply with WSDOT's requirement that an Intersection Control Evaluation (ICE) study be completed. bcDG is leading this effort with their subconsultant, Transpo Group. While the study itself will take a month to complete, WSDOT could take 4 months or more to complete their review of the study. This is now driving the Town's ability to issue a building permit. PMH's traffic engineer, Transpo Group, issued a draft ICE for the team to review the on July 13, 2022.

VII. NEXT STEPS:

- A. Obtain Final Permits and Approvals for Construction (summer 2022)
- B. Obtain MACC (fall 2022)

VIII. ATTACHMENTS:

- A. 4-month look ahead schedule

Prosser Memorial Health
Replacement Hospital



Owner Team Meeting Minutes

Meeting #	20220722	Date:	Meeting: Friday, July 22, 2022 Issued: Day, July 22, 2022	
Time & Location:	9:00amCT/8:00amMT/7:00amPT MS Teams Video Call	Prepared by:	Adam Trumbour – NV5	
Attendees: <i>X = Attended Meeting</i>	<u>PMH</u> Craig Marks ✓ Bryon Dirkes	David Rollin Steve Broussard	Merry Fuller Dr. Brian Sollers	Phillip Braem
	<u>NV5</u> Paul Kramer Adam Trumbour ✓ Braden Demmerly	<u>BCDG</u> Kurt Broeckelmann ✓ Brooke Cinalli Hilary Beashore ✓ Lance Whit	<u>Finance Consult.</u> Gary Hicks ✓	<u>Bouten</u> Brandon Potts ✓ Mac McGrath ✓ Sean Gosset ✓ Nick Gonzales
	Attendees			

PMN = Post Meeting Note

For minutes from prior weeks, please reference previously issued minutes.

No	Item	Date Due By	Ball in Court
1.	GENERAL / ADMINISTRATION		
1.1.	<u>Project Goals, Objectives, & Strategies</u> 14Jan22 – Next review is at 100% CDs; board meeting in February. 04Mar22 – NV5 to send to PMH and project team. Team to review comments and correspond as necessary to resolve them. 18Mar22 – NV5 sent to PMH on March 11. 8Apr22 – NV5 to make sure open items are resolved (e.g. ATM and bill pay). 6May22 – Team to resolve any remaining items from this list during May design review meeting. 3Jun22 – bcDG and NV5 to resolve offline. 24Jun22 – Adam to send to Hilary; may resolve on site.	IN PROGRESS	Team
1.2.	5Mar21 – Graham Team	CLOSED	
1.3.	5Mar21 – NV5 Transition	CLOSED	
1.4.	<u>Contracting Realignment</u> 17Jun22 – NV5 received comments from Bouten. Both parties are working to reach an agreement. PMH would like a completed contract to recommend to the board at the June work session, for approval at the June 30 board meeting. 24Jun22 – Bouten precon fully x'd. A201 comments sent to PK on 6/23; PK responded to A133 comments responded this morning. PK and Bouten to agree on approach to deliver contract for board work session, including resolving all comments. 8Jul22 – NV5 to meet with Bouten on contract adjustments/review needed on A201. 22Jul22 – Team hopes to present contract for board approval and execution in August.	IN PROGRESS	
2.	SCHEDULE		
2.1.	<u>4 Month Look-Ahead Schedule</u> 22Jul22 – Updated version will be distributed with these meeting minutes.	INFO	

Owner Team Meeting Minutes

2.2.	<p><u>In-Person Meetings</u> As noted at the end of meeting minutes. 8Jul22 – Board work session scheduled for 7/26. Need to confirm with Craig on if he wants NV5 and Bouten present or on virtual call for meeting. 22Jul22 – No work session in July; no in-person needs from team. August is “all hands on deck.”</p>	INFO	
2.3.	<p><u>Overall Project Schedule</u> 13May22 – NV5 to prepare revised project schedule for presentation to the Board, for team review on 5/20/22. What makes sense for a construction start date, to avoid winter weather costs (e.g. temporary heat)? Team to review with forthcoming replacement general contractor. ICE may hold up CoN issuance, which may hold up building permit issuance, which could push construction start to the fall. 20May22 – NV5 to provide two schedule possibilities: proceeding with a GCCM, or re-bidding as a stipulated sum project. PMN: schedule will be updated subsequent to negotiations.</p>	IN PROGRESS	NV5
3.	BUDGET		
3.1.	Budget Development	INFO	
3.2.	Medical Equipment (Major and Minor) (moved to item 4.12)	INFO	
3.3.	<p><u>DZA Feasibility Study</u> 8Jul22 – Updated feasibility study to complete by 9/6.</p>	9/6/22	DZA, GLH, PMH
3.4.	<p><u>Financing</u> 6May22 – Gary will continue working with PMH to identify financing options, however, final financing should not occur until the firm, fixed price construction cost is identified. 20May22 – Team is still working on the letter of conditions for USDA. 3Jun22 – USDA wants the Attorney’s Opinion of RoW prior to proceeding. Need the easements to be recorded prior to this happening. Water and sewer easement should be on the June 7 council meeting agenda for signature. Team aims to finalize these by June 10. 17Jun22 – Gary feels USDA will need minimum 2-4 weeks for additional financing approval, with an additional 2-4 weeks for DZA to update the feasibility study (total of 4-6 weeks). 24Jun22 – Gary and David are working on additional funding. 8Jul22 – Gary to follow up with USDA re additional funding. 22Jul22 – Gary to review USDA communications with Craig and David. Bouten is working to steer communications regarding subcontracting community and availability of funds for this project to ensure they understand the project is funded.</p>	IN PROGRESS	
4.	PROCUREMENT / OWNER-LED ACTIVITIES		
4.1.	GC/CM RFP	CLOSED	

Owner Team Meeting Minutes

4.2.	<p><u>Furniture & Demonstration Furniture</u> 8Apr22 – NV5 to get date from OS on revised package. 15Apr22 – OS is working through some details and questions prior to updating the furniture package. 22Apr22 – NV5 to check on this. 6May22 – Adam to speak with OS regarding project status. 13May22 – OS to prepare final package for next week. OS is also researching the most reasonable procurement timeline (buy furniture upon construction commencement and pay for warehousing vs. risk of inflation year-to-year when purchasing later in the project timeline). Merry and Brian to discuss method for collecting information and feedback on additional demo furniture. Craig requests that Brian be the lead on feedback. Best approach would be a Furniture Fair Friday in a conference room to engage staff. NV5 to facilitate this. 3Jun22 – OpenSquare will present their furniture proposal to the team; need to determine a day/time. Need to include PMH Admin team—30 minutes during Thursday at 2PM – 4PM PT is preferable. PMN: Canceled. NV5 to reschedule with PMH and OpenSquare. 17Jun22 – PMH to provide an alternative meeting date/time. 24Jun22 – June 21 does not work for OpenSquare, try 7/28. 8Jul22 – Meeting scheduled for 7/28.</p>	INFO	NV5, OpenSquare
4.3.	<u>Site Clearing</u>	CLOSED	
4.4.	<u>Geotechnical Engineer</u>	CLOSED	
4.5.	<u>Commissioning Agent</u>	CLOSED	
4.6.	<u>Security Design Consultant</u>	CLOSED	
4.7.	<p><u>New Facility Operational Meetings</u> 04Mar22 – Team to commence meetings within the coming months.</p>	INFO	NV5, Merry
4.8.	<u>bcDG Contract</u>	CLOSED	
4.9.	<p><u>Landscape Consultant</u> 11Mar22 – The Foundation would like to incorporate a donor patio/bricks, etc., and would like to know when the landscape contractor will be engaged. As of now, plan is to contract with them during April MACC process. Team to involve the Foundation thereafter. 22Apr22 – Graham received one bid for this work. (PMN) Graham indicates the bid was not compliant and therefore they did not accept it. 6May22 – Close out pending new contractor. 13May22 – PMH requests wildflower planting on fallow parts of the property, as part of the final site landscaping. 17Jun22 – Adam to send plan to Bouten. PMH needs a reasonably landscaped site but understands there might be potential to continue to enhance the landscaping once construction is complete.</p>	INFO	
4.10.	<p><u>Telecommunications Provider</u> 8Apr22 – PMH is finalizing the contract with LS Networks. 6May22 – PMH working on existing facility contract. USAC funding cannot apply until a facility is constructed, so PMH will proceed without USAC financing.</p>	INFO	
4.11.	<u>Flooding from Neighbor</u>	CLOSED	NV5

Owner Team Meeting Minutes

4.12.	<p>Medical Equipment (Major and Minor)</p> <p>14Jan22 – We need to competitively bid all new equipment (lights/booms (Stryker), imaging). Note: lights from current ORs will be moved to new Procedure Rooms, for example. RBA advises against bidding the Steris system and Pyxis system. Need to provide specific dates for “required on site” for all equipment.</p> <p>04Mar22 – NV5 to check in with RBA for next steps.</p> <p>11Mar22 – NV5 is conducting a meeting with RBA on 3/17.</p> <p>18Mar22 – Meeting was moved to 3/18.</p> <p>8Apr22 – Next steps occur after MACC is approved.</p> <p>6May22 – Adam to check with RBA on updated budget pricing. PMH may increase leased equipment by an additional \$1.4MM.</p> <p>13May22 – RBA will revisit their cost estimate and send to team for review. They will also review lease options to capture the additional \$1.4MM in leasing PMH would like to pursue.</p> <p>20May22 – NV5 to check on RBA progress.</p> <p>3Jun22 – R&B sent a list of proposed leased equipment. NV5 to send to Steve, Dave, Merry, Craig. PMH is also working on reusing more imaging equipment vs. buying or leasing new.</p> <p>17Jun22 – Adam to send to Gary. PMH team to review internally and determine which items are appropriate. NV5 to add this review to the on-site agenda for board week.</p> <p>24Jun22 – NV5 to review lease list from David.</p> <p>22Jul22 – RBA stresses the importance of executing procurement contracts this year to avoid unpredictable price increases.</p>		
5.	DESIGN / PERMITTING		
5.1.	Annexation & Zoning	CLOSED	
5.2.	<p>Certificate of Need</p> <p>PMN: SEPA comment period begins Wednesday, February 23. There will be a 30-day comment period. Once all of the agencies have submitted their comments, Steve will route them to PMH so that they can respond. Then Steve will issue a determination, likely an MDNS. The building plans are currently being reviewed which will save a lot of time. A building permit can be issued after a determination has been issued AND the water and sewer have been connected.</p> <p>11Mar22 – NV5 to add quarterly milestones for CoN reporting requirements.</p> <p>18Mar22 – Master schedule now includes CoN reporting milestones.</p> <p>6May22 – CoN will be issued once SEPA/MDNS is resolved. Adam to forward Perkins Coie comments to Craig re MDNS.</p> <p>13May22 – NV5 to ask PC to draft a letter with their comments.</p> <p>20May22 – bcDG is at work with Transpo Group and will meet today (May 20) to commence the study and expectations with WSDOT.</p> <p>3Jun22 – ICE is in progress, likely complete for WSDOT review end of June or beginning of July. NV5 sent the city a letter response to the draft MDNS on June 2.</p> <p>17Jun22 – Transpo group will have draft ready next week for team.</p> <p>24Jun22 – See comments 5.13, below.</p> <p>8Jul22 – NV5 to schedule follow up SEPA meeting with City of Prosser to continue discussion of road compromise (bcDG and ECE working on drawings for meeting).</p> <p>22Jul22 – NV5 will send draft MDNS comments to City today.</p>	IN PROGRESS	NV5, ECE, HFI

Owner Team Meeting Minutes

<p>5.3.</p>	<p><u>Water & Sewer (City)</u> 8Apr22 – NV5 to coordinate with City concerning water and sewer needs ahead of building permit. This is currently driving schedule. 22Apr22 – The City indicates work will be complete in May, which should work with groundbreaking. 6May22 – Adam to check on status. 13May22 – Per Marty on 5/12, work to be complete in May. 17Jun22 – PMN water and sewer are complete. Water is undergoing final testing for acceptance. 22Jul22 – Project is complete. Bouten will call in for Water and Sewer laterals once building construction commences.</p>	<p>IN PROGRESS</p>	<p>NV5; City of Prosser;</p>
<p>5.4.</p>	<p><u>City Permit Review</u> 21Jan22 – Graham will apply for a building permit, and PMH will pay the permit fee to the City directly. Graham to tell PMH what the total fee is. 11Feb22 – Chris to check with Bret on how the City review process is going. 04Mar22 – Graham states the City's review process is proceeding normally, as far as they know. 18Mar22 – NV5 to aggregate permit review comments in a spreadsheet (maybe a shared document). 22Apr22 – (PMN) NV5 sent link to bcDG after meeting. 6May22 – Adam to have Graham removed from building permit app. 13May22 – NV5 emailed the City on 5/12 requesting this. 24Jun22 – NV5 will ask the City to add Bouten to the permit application once the Bouten is formally engaged as GCCM. 22Jul22 – Team to check with City, DoH re status next week.</p>	<p>IN PROGRESS</p>	<p>NV5, PMH</p>

Owner Team Meeting Minutes

5.5.	<p><u>State Permit Review</u> 14Jan22 – Need to meet with DoH on requirements for the move process—transitioning from one building to another in compliance with the CoN. DoH indicates sitework may proceed ahead of formal DoH approval. 11Mar22 – DoH appears to be currently reviewing the project. We could expect comments back in the next few weeks. 18Mar22 – bcDG will submit to L&I this week. 8Apr22 – DoH has a handful of comments that must be addressed ahead of construction, but the remainder may be addressed concurrent with construction. WA DOE returned comments concerning the site (wetlands and stormwater discharge); Civil is reviewing. 15Apr22 – Merry to attend DoH call on Tuesday. 22Apr22 – DoH call went well. bcDG is working to resolve the “critical” comments needed for a building permit. The majority of comments may be resolved during construction. bcDG aims to issue revised drawings and a response letter in two weeks’ time. 6May22 – Design team was paused on comment response, but will reconvene on the comment review and provide a response to the AHJs this month (May). 13May22 – Team is working on responses this month. 20May22 – The design team intends to issue drawings associated with the comment responses. The comment responses should be ready within ~2 weeks, drawings will be forthcoming thereafter. The DoH comments are the most substantial and the team intends to respond to those in June(?). bcDG to meet with team to finalize timing on this. 24Jun22 – NV5 to facilitate answering comments that are identified in the spreadsheet as needing PMH or NV5 guidance. 8Jul22 – Team permit review comment meeting scheduled for July 11.</p>	IN PROGRESS	bcDG, DoH, PMH
5.6.	Electric Service	CLOSED	
5.7.	Program Review	CLOSED	
5.8.	Nurse Server Mockup	CLOSED	
5.9.	NV5 DD Review	CLOSED	

Owner Team Meeting Minutes

<p>5.10.</p>	<p><u>Design Progress Update</u> 6May22 – Team to address any design changes once the VE details are received from Graham. 13May22 – Graham will send VE log by next week. 20May22 – Team to review what Graham sent. 3Jun22 – bcDG is working on renderings of the revised roof options, for PMH, to review the week of June 6. Once the roof line is approved by PMH, bcDG will determine what their remaining design schedule looks like. PMH needs drawings completed by July so that the GC can provide a GMP by mid-August. 17Jun22 – bcDG is working with subconsultants to establish a shorter schedule. What could be very critical is the Buy America(n) requirement. Design team will need additional time to revise their bid documents so that it is based on Buy America(n). See item 5.16 below in these meeting minutes. 24Jun22 – We may not need a shorter design schedule if PMH obtains additional funding outside of USDA. bcDG working on incorporating major design changes and permit-related items. 22Jul22 – Need to meet to review quantity and locations of WOWs. Craig believes there should be few or none. NV5 to check with Merry and Phillip on this first. bcDG will issue CDs on July 29, 2022.</p>	<p>IN PROGRESS</p>	<p>bcDG, Graham</p>
<p>5.11.</p>	<p><u>SVID coordination</u> 11Feb22 – NV5 to request SVID to complete all work, lateral and culverts included. 11Mar22 – Design for using irrigation water? Hilary to ask ECE. PMN: ECE can't provide this service. Graham will investigate working with the landscape contractor to provide this. 18Mar22 – SVID proposes to bury the ditch on PMH property as their preferred option. If SVID is going to underground the entire ditch, which is not PMH's preference, then PMH will not contribute to costs to underground the ditch. 8Apr22 – PMH wants at least a letter from PC to SVID. If the pipe is buried, can it be placed at perimeter and not through the middle of the site? 22Apr22 – Given the cost is less than installing concrete culverts, we should proceed with undergrounding; is along the perimeter better than diagonally through site? NV5 to work with SVID on this and the location of manholes. 6May22 – Adam to send Craig cost info and timing. 13May22 – SVID would charge an additional \$30k for a perimeter routing. Team is leaning toward this option, as it clears the center of the site. NV5 to work with ECE and SVID on what this will entail (easement, especially). 3Jun22 – NV5 to maintain progress with SVID on rerouting. bcDG is working with ECE to address the neighboring subdivision's request to tap into the SVID overflow. NV5 to respond to the neighbor to let them know that we are likely rerouting the overflow. 22Jul22 – NV5 to check with SVID today on pricing. NV5 to forward update to PMH prior to board meeting.</p>	<p>IN PROGRESS</p>	<p>NV5</p>
<p>5.12.</p>	<p>PAR Process</p>	<p>CLOSED</p>	

Owner Team Meeting Minutes

<p>5.13.</p>	<p><u>Traffic Study</u> 8Apr22 – Team to coordinate Transpo Group, ECE, bcDG etc. to create a rebuttal to the draft mitigation measures. Is there a “form” that the City/State requested in the draft mitigation? 15Apr22 – Team met with the City on 4/13/22. Team will draft a response letter for the City by 4/20/22. 22Apr22 – PC reviewing; aim for a letter early the week of April 25. 6May22 – Transpo group has a proposal for the ICE study; Kurt to fwd. The study will take several (6) months. ICE should be ready 4-6 weeks from NTP to Transpo; it's up to WSDOT & their review timeline thereafter (anticipate 3-4 months). 13May22 – Kurt to forward the proposal to the team in order to proceed with the ICE. 20May22 – Team to proceed with ICE ASAP. 3Jun22 – See item 5.2 above. 17Jun22 – Draft of ICE should be ready the week of June 20. 24Jun22 – bcDG to check on status of draft. 22Jul22 – Final ICE issued to state and they returned comments on July 19. Transpo intends to return comments to WSDOT the week of 7/24 (hopefully quick turnaround). It then needs to be sent to FHWA for approval (likely monthslong turnaround). bcDG to check on whose responsibility this would be.</p>	<p>IN PROGRESS</p>	<p>ECE/bcDG</p>
<p>5.14.</p>	<p>Helipad</p>		
<p>5.15.</p>	<p><u>Pneumatic Tube System</u> 18Mar22 – NV5 will coordinate a design review meeting with PMH dept heads to sign off on station locations and features. 8Apr22 – Team to work together next week to resolve 2nd floor station locations. 15Apr22 – Team to review on site week of board work session. 6May22 – Adam to review notes from previous meetings and work to resolve the final location on the 2nd floor. 13May22 – NV5 to investigate assuming P-tube contract or GCCM assuming it. 3Jun22 – NV5 to work with Swisslog and new GC to renew contract for system. Need to ask PC—do we need to rebid? 17Jun22 – NV5 to share contact info and Bouten to reach out to them. 22Jul22 – NV5 to send other p-tube bidders to Bouten.</p>	<p>IN PROGRESS</p>	<p>NV5</p>

Owner Team Meeting Minutes

<p>5.16.</p>	<p>USDA Review 15Apr22 - USDA indicated that they recommended approval internally, but that they have not received final concurrence from their team. Adam to follow up with USDA on Monday, April 18. 22Apr22 - USDA sent their concurrence on the GC contract on April 21. NV5 sent email to USDA on 4/22 inquiring as to status of the Architect's contract. 6May22 - USDA sent their concurrence on the Architect's contract on May 4, 2022. 13May22 - NV5 to check on USDA review of drawings. 20May22 - USDA sent a summary of their status via email. They indicated they need the following prior to concurrence for construction: I show the following is needed prior to construction/bid:</p> <ul style="list-style-type: none"> • Evidence of the BofA equipment lease \$3.6MM secured • Evidence of Applicant contribution \$17,300,000 deposited in the construction account. (\$2.6 of the funds will be identified in the Out Lay Report as interim financing) • Submittal of evidence of required permits. • Approval by USDA of plans and drawings 100% • R-O-W documents need updated and submitted after permits are received. • Project Manager Resume (already submitted) • RFQ, RFQ short list, request for proposal, recommendation of Award, Executed Contract • Final Plans and specification for the project. • AIA contracts: USDA to complete review and approval of new contractor • Civil Rights Compliance Review and Limited English Proficiency review. • Non-Discrimination statement to be added as outlined in the Letter of Conditions • Posters to be posted and pictures submitted to USDA for concurrence • Certificate of Need to be submitted to USDA <p>17Jun22 - Gary understands we may need to convert to "Buy/Build America Act" should we appeal to USDA for additional funding. As of now, this is not part of the design docs/specs, and converting to the Act would incur additional time and cost. Gary to check with USDA to understand the risk of this applying to our project.</p>	<p>IN PROGRESS</p>	<p>NV5</p>
<p>5.17.</p>	<p>Bulk Oxygen System 21Jan22 - Team to review options presented by Oxarc on 1/17/22. NV5 to check budget and review w/PMH on Tuesday. 04Feb22 - NV5 to follow up on what PMH would like to do. 04Mar22 - NV5 to work with Oxarc on a new contract. 18Mar22 - NV5 coordinating a meeting date/time. 8Apr22 - NV5 to share the latest addendum with Oxarc. 22Apr22 - Team to forward bulk farm comments from DoH to Oxarc, same with the latest drawings. 6May22 - Adam to forward drawings as noted above. 20May22 - Oxygen farm is not likely to change due to VE. 17Jun22 - NV5 to facilitate meeting with Oxarc and design team. 22Jul22 - Hyperbaric is still in flux and would change system, so NV5 to request pricing from Oxarc once hyperbaric is resolved.</p>		

Owner Team Meeting Minutes

5.18.	<u>New Address</u> 22Jul22 – NV5 to check on email that stated the address is not official, yet we have a letter stating it is official.	IN PROGRESS	NV5
5.19.	<u>Lot Consolidation of Site</u> 20May22 – The City added another comment to the MDNS on May 2, 2022, which stipulates the building may not cross parcel lines. NV5 to work with civil engineer and surveyor to resolve this issue, and re-plat the property if needed. 17Jun22 – City has the application, they just need payment from PMH. David to coordinate payment. Consolidation deed is being reviewed by City legal team and will then be forwarded to the team. Once the new parcel number is created, someone from PMH team will need to record it at the County. 24Jun22 – PMH to submit application fee to the City in order for the lot consolidation to proceed. 8Jul22 – Parcel consolidation will be completed by CM and delivered to County of Benton Monday 7/11 to be recorded. 22Jul22 – This is complete, recorded, and the County will issue a new parcel number shortly.	CLOSED	
5.20.	<u>Benton County Noxious Weed Mitigation</u> 24Jun22 – The County informed PMH that there are invasive Scotch Thistles on the property. NV5 is coordinating with various vendors to apply weed control in a timely manner. The County requires action ahead of groundbreaking in the fall. 22Jul22 – NV5 worked with PMH to procure weed control services. The site was sprayed on 7/20 and 7/21/22.	CLOSED	
5.21.	<u>Stormwater Permit (SWPPP)</u> PMN: Adam emailed bcDG and ECE requesting a meeting to resolve the SWPPP application and permit process. Team to determine who is running point on the application, so that the permit is in-hand prior to construction. 22Jul22 – NV5 to check on process with ECE and Bouten.	IN PROGRESS	bcDG, ECE, NV5
6.	<u>PRE-CONSTRUCTION</u>		
6.1.	<u>Value Engineering (VE) Process</u> 3Jun22 – Team reviewed latest VE items with the board at the May work session and is proceeding with incorporating these items into the design. 17Jun22 – bcDG is incorporating previously approved VE items. Subsequent to page turn meeting and team meetings, Bouten is working with ECCM/MCCM team to vet any other VE items. 24Jun22 – Bouten reviewed VE items with electrical contractor and will send IT items to NV5 for further coordination. 8Jul22 – Bouten reviewing labor rate increases coming in fall and confirming date cut off for MACC approval from board to avoid increases. Bouten's goal is to finalize VE options/review comments by end of 7/11 week. 22Jul22 – Bouten presented lighting VE options; HEI is reviewing to ensure equivalency and will provide a recommendation to PMH by 7/25 ahead of final docs being issued next week. Team to	INFO	

Owner Team Meeting Minutes

6.2.	<u>ECCM/MCCM Procurement</u> 22Jul22 – Bouten presented an analysis for decisions on path forward (ECCM/MCCM or hard-bid). The team agreed it was in the best interest of the project to proceed with ECCM and MCCM. Bouten will need to execute ECCM/MCCM agreements before 8/31/22 to avoid ~\$450k in labor rate and equipment increases.	IN PROGRESS	
6.3.	Preconstruction Contract Amendment	CLOSED	
6.4.	CM Estimating	CLOSED	
6.5.	<u>Early Procurement</u> 22Jul22 – Bouten will likely need to commit to early procurement of long-lead equipment (e.g. Air Handling Units) early in the project. The team will work together to facilitate this as appropriate.	IN PROGRESS	
6.6.	<u>MACC prep</u> 24Jun22 – Bouten will issue an advertisement for trade outreach. 8Jul22 – Bouten current working on trade outreach/coming soon announcement.	IN PROGRESS	
6.7.	Construction Commencement	CLOSED	
6.8.	<u>Building Permit</u> 6May22 – See item 5.4 above.	IN PROGRESS	
6.9.	<u>Graham Wind-Down</u> 22Jul22 – Graham’s final change order is being signed today. Their final applications for payment will be processed thereafter.	IN PROGRESS	

The above represents the writer’s understanding of the items discussed and/or conclusions reached. It is requested that any questions, comments, omissions, and/or errors to these meeting minutes be directed in writing to this office within three (3) business days. Please contact NV5.

Next Online Meeting

Date: [Friday, July 21, 2022, at 10:00am CT / 9:00am MT / 8:00am PT; TEAMS](#)

Upcoming In-Person Meetings

None scheduled in July.

**Prosser Memorial Health
Replacement Hospital**



4 Month Outlook

JULY 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				30	01	02
03	04 INDEPENDENCE DAY	05	06	07	08 PROJECT TEAM MEETING	09
10	11	12	13	14	15 PROJECT TEAM MEETING	16
17	18	19	20	21	22 PROJECT TEAM MEETING	23
24	25	26	27	28	29	30
31		BOARD WORKSESSION		BOARD MEETING		

AUGUST 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	01	02	03	04	05	06
07	08	Add bidding milestones		11	12 PROJECT TEAM MEETING	13
14	15	16	17	18	19 PROJECT TEAM MEETING	20
21	22	23	24	25	26 PROJECT TEAM MEETING	27
28	29	30	31	01	02	03
	05	06			09	

****SEE ATTACHED APPENDIX FOR BID PACKAGE DESCRIPTIONS***

LEGEND

IN PERSON MEETING AND BOARD MEETING UNLESS OTHERWISE NOTED	ONLINE MEETING	PMH MEETING NO ATTENDANCE BY PROJECT TEAM	HOLIDAY FOR BOARD APPROVAL
	DELIVERANCE		

4 Month Outlook

SEPTEMBER 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28			31	01	02	03
**SEE ATTACHED APPENDIX FOR BID PACKAGE DESCRIPTIONS*				BID OPENING	PROJECT TEAM MEETING	
04	05	06	07	08	09	10
	SUBMIT TO USRA FOR ADDL FINANCING			SPECIAL BOARD MEETING Review and approve Maximum Allowable Construction Cost (MACC)	PROJECT TEAM MEETING	
11	12	13	14	15	16	17
	UPDATED FEASIBILITY STUDY FROM USRA				PROJECT TEAM MEETING	
18	19	20	21	22	23	24
					PROJECT TEAM MEETING	
25	26	27	28	29	30	
		USRA DECISION ON ADDL FINANCING				
		BOARD WORK SESSION		BOARD MEETING	PROJECT TEAM MEETING	
	03	04				

OCTOBER 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	26			29		01
02	03	04	05	06	07	08
					PROJECT TEAM MEETING	
09	10	11	12	13	14	15
				PROJECT TEAM MEETING	PROJECT TEAM MEETING	
16	17	18	19	20	21	22
					PROJECT TEAM MEETING	
23	24	25	26	27	28	29
30	31					
		BOARD WORK SESSION		BOARD MEETING		
			02	Items to be rescheduled: NEW FACILITY OPERATIONAL MEETING INVITATION NEW FACILITY OPERATIONAL MEETING (WORKING)		

PMH - Bouten MACC Bid Package Breakdown

8/23/22

1. BP-01 Earthwork & Site Utilities
2. BP-02 Building Concrete
3. BP-03 Structural Steel Supply
4. BP-04 Structural Steel Erect
5. BP-05 Metal Building
6. BP-06 Applied Fireproofing
7. BP-07 Masonry
8. BP-08 EIFS
9. BP-09a Roofing
10. BP-09b Sheet Metal/Flashing
11. BP-10 Metal Panel
12. BP-17 Framing, Drywall, Insulation

8/25/22

1. BP-11 Glazing/Storefront/ICU Doors
2. BP-13 Casework & Millwork
3. BP-14 Door & Hardware Supply
4. BP-16 Overhead Coiling Doors
5. BP-18 Floor Coverings
6. BP-19 Terrazzo Flooring
7. BP-20 Ceramic Tile
8. BP-21 Acoustical Ceilings and Treatments
9. BP-29 HVAC & Plumbing (Pre-approved MCCM)
10. BP-30 Electrical & Systems (Pre-approved ECCM)

8/30/22

1. BP-12 General Works
2. BP-15 Door & Hardware Install
3. BP-22 Paints and Coatings
4. BP-23 Wall Coverings
5. BP-24 Interior Specialties
6. BP-25 Window Coverings
7. BP-26 Elevators
8. BP-27 Pneumatic Tube
9. BP-28 Fire Suppression
10. BP-31 Asphalt Paving and Markings
11. BP-32 Site Concrete
12. BP-33 Landscape & Irrigation (Design-Build)
13. BP-34 Fencing

Coming Soon!

PROSSER MEMORIAL HEALTH REPLACEMENT HOSPITAL



What's Planned? A two story, 101,385 sf, replacement hospital for Prosser Memorial Health. The replacement hospital is new construction on a 31-acre site located at 200 Prosser Health Drive, Prosser, WA 99350. The structure consists of elevated cast in place concrete and structural steel. This new facility will house med surg, ICU, emergency rooms, imaging, pharmacy, operating rooms, sterile processing, administration space and dietary departments.

The project has been approved by the state of Washington under RCW 39.10 for the General Contractor/ Construction Manager (GC/CM) delivery method.

Bid Schedule: The following schedule is anticipated and may fluctuate slightly:

- 8/1/22: Drawings and specifications posted to plan centers
- 8/23/22 to 8/30/22: bid packages due

Advertisement & Announcements. Advertisement of specific Bid Packages and their respective bid dates will be published in the Tri Cities Herald, The Spokesman Review, Daily Journal of Commerce (DJC – Seattle), Yakima Herald, Prosser-Record Bulletin, The Grandview Herald, Tri-City Construction Council, Spokane Regional Plan Center, Builders Exchange of WA, Contractor Plan Center (CPC), Wenatchee Plan Center, Abadan Plan Room, and NAMC and OMWBE offices at least two weeks prior to bid dates. Prosser Memorial Health and Bouten Construction Company have a shared value of inclusion and diversity. As such, we encourage the participation of minority owned, women owned, veteran owned and small businesses. Please contact the Bouten Construction office with any questions on the bidding process.

Plans & Specifications. The Bid Advertisements as described above will contain information regarding availability of bid documents. Construction documents can be viewed starting August 1st at the following plan centers:

- Tri-City Construction Council
- Spokane Regional Plan Center
- Abadan Plan Room
- Wenatchee Plan Center
- Builder's Exchange of Washington
- Yakima Plan Center
- Contractor Plan Center
- Hermiston Plan Center

Informational Meetings. Bouten Construction Company, the selected General Contractor will conduct informational meetings for the local subcontracting community. These meetings are intended to provide information to all interested subcontractors regarding how the bid process will be conducted, including pertinent information regarding submitting a responsive bid package bid and the bonding and insurance requirements. All interested subcontractors are encouraged to attend.

DATES/TIMES: July 20, 2022, 2:00pm

LOCATION: IN PERSON:
Bouten Construction Company
1060 Jadwin Ave., Suite 300
Richland, WA 99352

CALL IN – MICROSOFT TEAMS:
[Click here to join the meeting](#)
Or join by entering a meeting ID
Meeting ID: 250 060 819 677 Passcode: wyJBPM
Or call in (audio only)
+1 509-931-1591 Phone Conference ID: 391 765 181#

For information, please contact: Sean Gossett, Preconstruction Manager
seang@boutenconstruction.com





 Prosser
Memorial Health

food and
nutrition
services

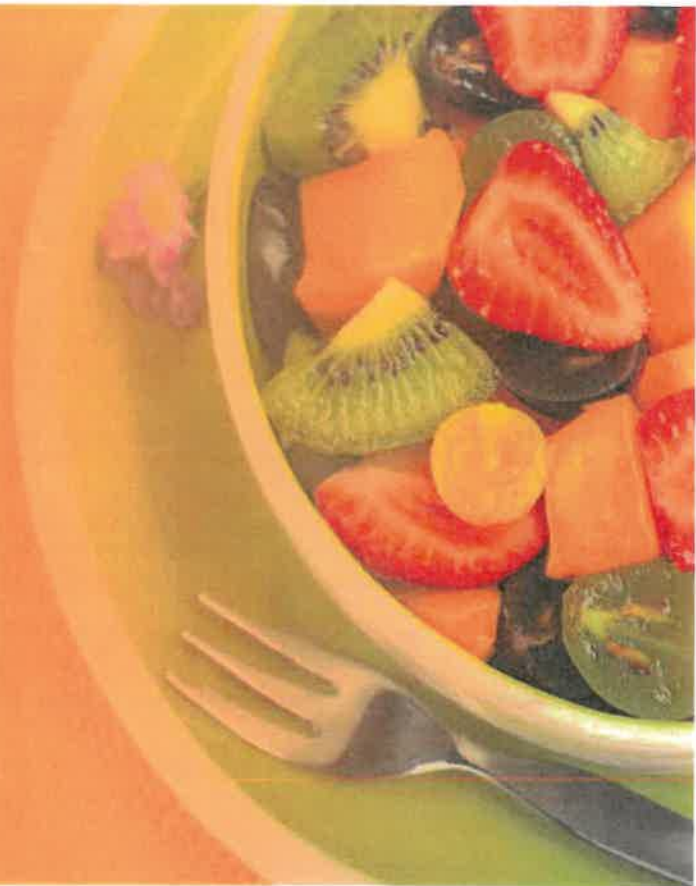
compass one
healthcare

morrison
healthcare
a united healthcare company

what's important

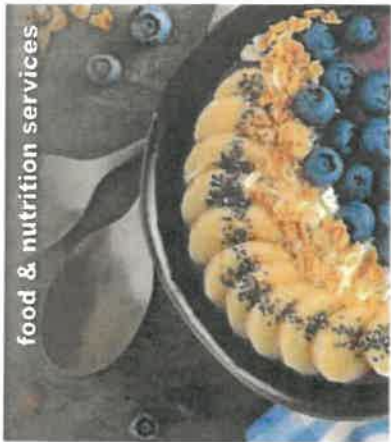
TO PROSSER MEMORIAL HOSPITAL

- Cultural Alignment
- Enhancing the Patient Experience
- Staff Engagement & Training
- The Right People, Leadership & Support
- Innovation & Best Practices
- Restaurant-Quality Food





 HEALTHCARE & SENIORS	\$4.3b 28%	     
 BUSINESS & INDUSTRY	\$4.7b 77%	     
 EDUCATION	\$3.5b 22%	     
 SPORTS & LEISURE	\$1.6b 10%	  
 VENDING & REFRESHMENTS	\$1.7b 11%	  
 DEFENSE, OFFSHORE & REMOTE	\$0.3b 2%	



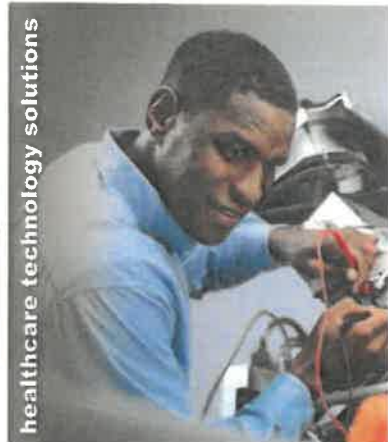
food & nutrition services



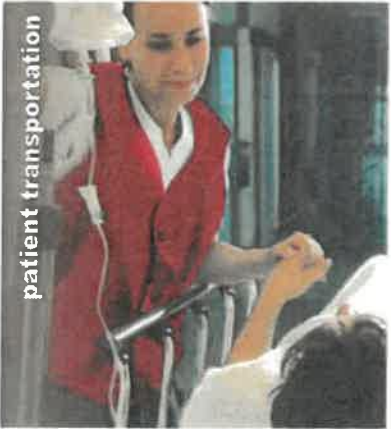
facilities management



environmental services



healthcare technology solutions



patient transportation



patient observation



ambulatory services



sterile processing

compass **one**
healthcare

facts

MORRISON
HEALTHCARE



952 Accounts



24,500+ Associates



1.4M Training Hours



217M Meals Served Annually



98.7% Client Retention Rate



REGIONAL PARTNERS





OUR *people* STRATEGY



GREAT EXPERIENCE STARTS WITH GREAT PEOPLE

RANK #1 Modern Healthcare
Best Places to Work 2021

CENTRAL PENN BUSINESS JOURNAL
LEHIGH VALLEY BUSINESS
BEST PLACES to work in PA 2020

training
APEX AWARDS
2022 WINNER

 **PRACTICE Greenhealth**

150 Top Places to Work in Healthcare (2019)

FORTUNE WORLD'S MOST ADMIRED COMPANIES 2020

Forbes 2021
THE BEST EMPLOYERS FOR NEW GRADS

Forbes 2021
THE BEST EMPLOYERS FOR DIVERSITY

FORTUNE

COMPANIES THAT CHANGE THE WORLD 2018

FAST COMPANY THE WORLD'S MOST INNOVATIVE COMPANIES 2018

food MANAGEMENT TOP 50 CONTRACT MANAGEMENT COMPANIES 2020

glassdoor
People Love Working Here!

BEST WORKPLACES COMPANIES TO WORK FOR IN THE NATION WINNER 2020

Forbes 2021
THE BEST EMPLOYERS FOR WOMEN

Forbes 2017
GLOBAL TOP REGARDED COMPANIES 2000

WORKFORCE MANAGEMENT



Attract

Retain

Develop

Engage

Perform



Performance Review

LEADERSHIP DEVELOPMENT

General Skill & Leadership Development



LinkedIn Learning

Mobile learning solution, designed to give today's modern learners just the development they need, when they need it



Harvard Manage Mentor

Three tracks supporting:
 1) Established Managers
 2) Frontline Supervisors
 3) Key Frontline Associates



Frontline Elevate

Provides Frontline associates with career development and builds skills to become strong and effective leaders



AMP

Fast-track learning opportunity focusing on management development



Morrison University

Essential Onboarding and hands-on operational learning for new leaders that join the Morrison team



SPARK

Leadership fundamentals available through self-directed eLearning modules.



LEAD

Leadership development for emerging operational and corporate leaders.

BEST SUITED FOR

Multi-unit leaders / Directors with the demonstrated drive, interest, and potential to advance to regional vice president roles

For those who aspire to take on a leadership position and have demonstrated leadership skills and initiative.

Hourly associates

First-time managers

New Morrison leaders

For entry-level managers

Mid-level managers and directors considered for higher-level management roles.

Supporting Growth from Frontline to Senior Leadership

Daily
Huddle

Hospital
Sponsored

Weekly
Minder

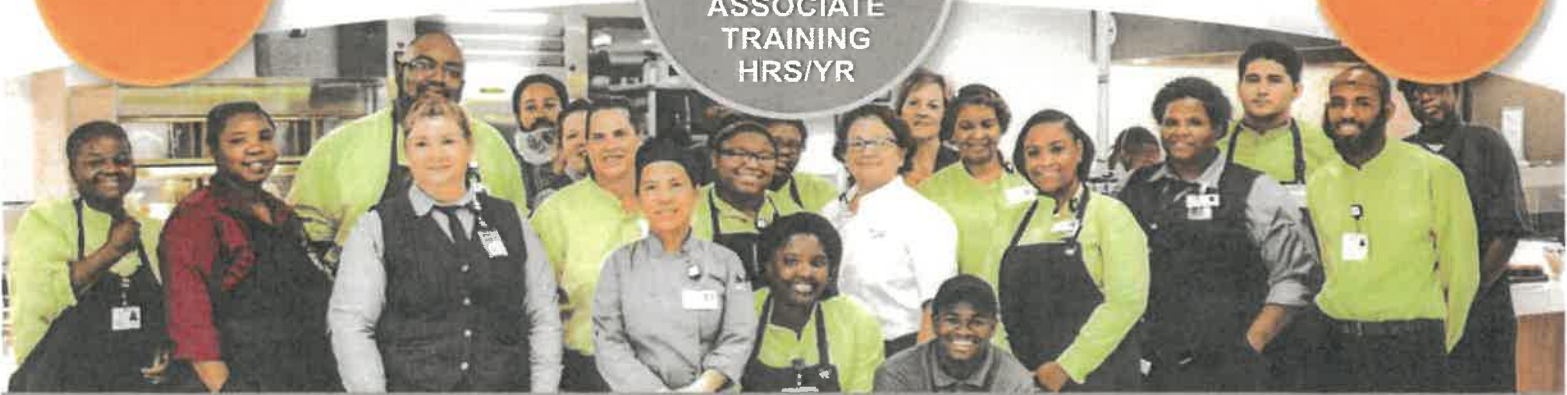
Safety
Training

Monthly
Chat

Supervisor
Training

70+

AVERAGE
ASSOCIATE
TRAINING
HRS/YR



TRAINING & ENGAGEMENT

*patient
experience*





THE POWER OF FOOD

We have a *passion* for life's flavors, preparing dishes that excite the senses and restore the body – all with the goal of *enriching* lives and *enhancing* the well-being of your patients, staff and customers. It shapes our menu, *inspires* our chefs and upholds our standards.

BELIEVE™
THE POWER OF
food

PATIENT EXPERIENCE ENHANCEMENTS



OVER 300

Patient Experience Professionals Nationwide

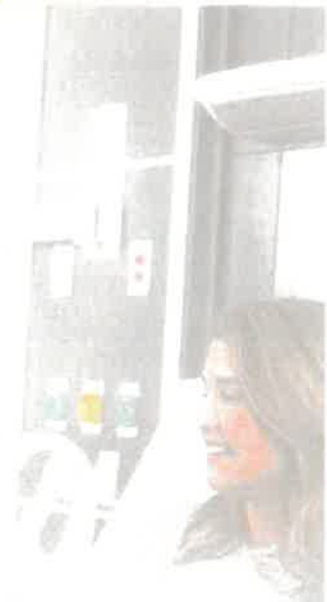
INCREASED

Satisfaction Scores



\$13 MILLION

Patient Experience Investment Annually



positive
impressions 



DEFINING
MOMENTS



ENGAGEMENT



TAILORED
TO FIT



EXPERTISE

PATIENT PERCEPTION – QUALITY DRIVERS



**Courtesy,
Taste &
Temperature**
Delicious food
brings comfort

**Accurate &
Timely Orders**

From observation and patient interviews,
timeliness and accuracy of order supports
satisfaction & overall care plan

Clinically-Accurate, Healthy Food

A hospital patient needs appetizing, nutritious food
to assist their recovery & promote health





Serving up the
RIGHT MEALS to the
RIGHT PATIENTS at the
RIGHT TIMES



PATIENT SERVICE DELIVERY MODEL



Team member brings menu to newly admitted patient



Team member visits patient and takes order on tablet



Culinary team prepares meal fresh to order



Team member delivers meal



Team member does catering rounds



Waitstaff team member retrieves soiled tray

bedside service

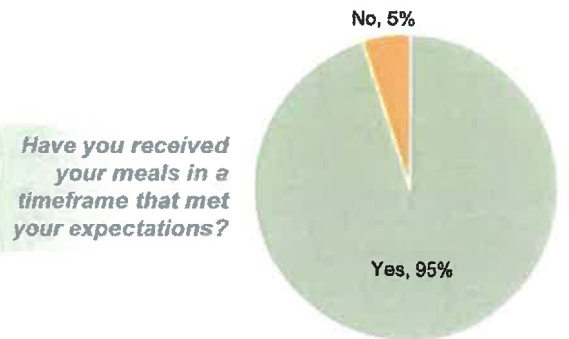
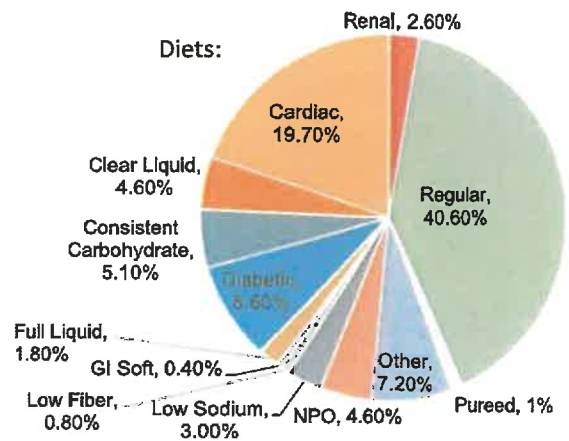




Real Time Patient Feedback

Gain access to real-time insights, feedback, and actionable data to improve patient experience by utilizing MyRounding.

Collect Patient Feedback in the Moment	Accountability
Visibility for Leaders	Take Action





culinary

FOOD HAS THE POWER TO HEAL



We have a **passion** for life's flavors, preparing dishes that excite the senses and restore the body – all with the goal of **enriching** lives and **enhancing** the well-being of your patients, residents, staff and customers. It shapes our menu, **inspires** our chefs and upholds our standards.



MENU CUSTOMIZATION



To ensure patients, no matter what their condition, never feel deprived. Our

Power of Food

menu provides patients with the nutrition they need without compromising the flavor they want.

Customized Menus that Bring Great Food to Life



THOUGHTFULLY
PREPARED



NUTRITIONALLY
BALANCED



CONSCIOUS
EFFORT



CULINARY
EXPERTISE



Best In Class Recipe Database

developed by our
culinary leaders



Menu Management Tool

that maintains
standards and
controls food cost



Accurate Nutritional Information

that meets client
and customer needs



retail SOLUTIONS





Understanding the needs and wants of your patients, residents and staff begins with data and analytics. Our dedicated analytics division, E15 is able to pull demographic preferences inside and outside of the hospital setting.



Patient Demographics



Staff Demographics



Population Demographics



RETAIL INNOVATION – SELF CHECKOUT


insta/eat



Pre-Order, Pre-Pay

volanté



Point of Sale

 mashgin



Touchless Checkout System

RETAIL DESIGN COLLECTION



Tranquil Spa



Modern Sleek



Urban Farmhouse

THE RETAIL COLLECTION

*SIGNATURE
CONCEPTS*

*ENTRÉE
RE-IMAGINED*

*POWER
BRANDS*

*POP-UP
BRANDS*



30 BRANDS 1 KITCHEN

BROTH & BOWL

STEAK

Stretched
HAND STRETCHED ARTISAN PIZZA

WALK CRAFTED
Burgers

THE ROOST
- BOUTIQUE POULTRY RESTAURANT -

BEET ROOT
- FRESH HE BURGERS -

CATHEDRAL
CHLOE

MEATBALLS CO.

TAKE A BAO
ASIAN STEAMED BUNS

NAANSENSE
INDIAN EATS

TACKLE BOX

CAULI CLUB

Fish &
CHIPPY

MELT
BOURNIE GRILLED BURGERS

LOBSTER Shack

LIBERTY STREET
BARBECUE
- FRESHLY SMOKED BBQ -

BROTHER SHOP
- BOUTIQUE BREAD & BAKERY -

ON THE VINE
- FRESH LOCAL PRODUCE -

FRUTA BOMBA
CUBAN STREET FOOD

ONE-LICIOUS

BUDDHAEUL

Ramen Republic

B.Y.O.U.
- BOUTIQUE ARTISANAL -

CAPS
- DAILY BAKED BREAD -

Hot
Dips &
Dips

Pie fics

IRON CITY
PIZZA

GRK
STREET
- FRESH Mediterranean -

TACO
Shops

CARROT GREENS
- plant based cuisine -

ENTRÉE REIMAGINED



Entrée Re-imagined is a branded experience with a flexible menu, a built-in add-on, recommended pricing, daily rotation and simplified marketing. We created concepts that look like a full-blown restaurant take over.



JACK & OLIVE

EAT WELL BE HAPPY

Grab-n-Go cuisine at its best!

Jack & Olive offers fresh and healthy meal options perfect for the customer on the move.

From handcrafted boxed salads to hearty sandwiched.
Jack & Olive provides
variety and ease.



MARKET COFFEE



Follow your nose and meet us at **Market Coffee** for your next great coffee experience. Seasonal menus crafted exclusively for Market Coffee perk up the everyday offerings with fresh gourmet pastries, signature sandwiches and grab-n-go options.





Transition

& GOVERNANCE

TRANSITION APPROACH



Why Morrison Healthcare

for a Successful Partnership



Proven Specialized Approach



Effective Leadership to Support Employee Engagement



Patient Experience & Nursing Engagement



Analytics & Innovation



Effective Transition & Governance



Operational Excellence

thank you

compass **one**
healthcare

morrison
FOOD SERVICES
A COMPANY OF THE MORRISON GROUP



SUMMER *Social*

Friday, July 22 | 5-9 PM
WIT Cellars

Enjoy dinner, music, and drinks! Wear your favorite luau attire.
All Leadership, Board of Commissioners, and Providers
invited. RSVP to Shannon Hitchcock or Annie Tiemersma in
Community Relations. Plus ones encouraged.



Annie Tiemersma
Provider Recruitment | Community Relations
PROSSER MEMORIAL HEALTH

AS OF WEDNESDAY, JULY 13, 2022

- **263 patients are currently in the GI workqueue, waiting to be reviewed and processed.**
- **87 NEW referrals that have not been processed yet, waiting on the fax.**
- **Approximately 170 still waiting for insurance authorization to be scheduled for procedure.**
- **Dr. Cohen is fully booked until into October for clinic consultation**
- **All urgent spots on calendar are full/double booked until Aug 22nd.**
- **He is currently being booked for procedures into September, there are 220 patients currently scheduled for procedures.**

Here is a quick approximate breakdown of where our patients are coming from (of the 263 from first bullet point above):

Yakima—137

Yakima Valley—45

(Mabton, Sunnyside, Grandview, Zillah, Granger, Topp, Wapato)

Prosser/Benton City—64

Tri Cities—9 (This surprised me!)

Goldendale (!) 2

I have heard that Sunnyside has a new GI provider, however when I looked it up, it is a general surgeon who does GI procedures.

Human Resources Update June 2022

I.A.F.F. Local I-24 Negotiations:

We have received notice from the International Association of Firefighters requesting to enter into contract negotiations. The current contract which has been in effect since 1/1/2020 will expire on 12/31/2022. We will be setting dates in the very near future with the intent to complete bargaining and have a executed contract in place before the expiration of the current contract. We look forward to productive and respectful dialogue.

Health & Welfare Benefits:

We are beginning to work with our insurance brokers as we make decisions for the 2023 health benefits offerings. Open enrollment will be held in Q4 2022, with the new/renewed plan(s) effective 1/1/2023. Earlier this year, PMH introduced a voluntary Long Term Care plan in response to Washington State's mandate that all people employed in Washington state own a qualified Long Term Care plan or be subject to a State-imposed .58% payroll tax on all gross earnings (no cap on the tax). As we approach the delayed implementation date of the State tax, now set for 7/1/2023, we will re-engage our broker to provide additional employee and provider education about the current tax status, any revised LTC plan regulations & requirements and any additional options for our employees, should they exist under the final LTC tax legislation.

Uniform Policy Implementation:

After some effort, beginning July 1st, PMH implemented the Departmental Uniform & Color Coding policy which standardizes the attire that specific job types are expected to wear while performing work at PMH. The rationale for the policy is to assist patients and families in identifying PMH employees by job type by standardized style/color of their uniform. The uniform vendor/partner that was chosen is SmartScrubs. The uniforms/scrubs are purchased on-line and shipped directly to the employee's home. Existing and new employees covered under the policy are provided seed money for their first order. The following job types are covered under the new policy:

Uniform Color Coding

- RN/LPN – Navy Blue Uniforms
- Medical Assistants & CNA's – Royal Blue
- Dietary – Teal Polo & Black Pants
- Registration/Admitting – Grey Polo & Black Pants
- Environmental Services – Light Blue Polo & Black Pants
- Maintenance – Light Grey Button Up Shirt & Dark Grey Pants
- Materials Management – Dark Grey Polo & Black Pants
- Cardiopulmonary (Respiratory Therapist) – Hunter Green Uniforms
- Laboratory – Wine Uniforms & White Lab Coats
- Pharmacy –Caribbean Blue Uniforms
- Radiology – Pewter Uniforms
- Therapy Services – Ruby Polo & Black Pants
- Surgery – Black Uniforms
- Ambulance – Current Uniforms

Leave Management:

The complexity and volume of leave management (FMLA, PFML, WFCA, etc.) continues to grow. As leave laws are continually expanded and updated, their utilization by our employees also increases. We are finding that the complexity of managing leaves is growing more complicated and requiring more HR focused time. Human Resources recently provided leadership with a leave management education session and resource to assist in navigating the multiple leave types. Additional efforts will be made throughout the year to remain current on leave laws to support our employees and leaders navigate the ever-growing complexities.

Human Resources Update June 2022

Employee Engagement Survey:

The 2022 Employee Engagement survey will be conducted in the 4th quarter of this year. We will use the same survey vendor, PeopleElement to support continuity (year over year) in results-reporting and leaders' familiarity with tool. Following the return of survey results in December, leaders are expected to review the results with their teams and develop an action plan addressing the team's most important item(s). Results and action plans (and progress) are to be posted on the department ASPIRE board.

HealthStream:

PMH has worked with our Learning Management vendor HealthStream to identify new (improved) education modules for the 2022 calendar year and forward. The new education modules are structured to provide the required regulatory information for required learning in a concise format followed by a succinct testing process that documents learning for every PMH employee. The new modules have been reviewed by clinical and non-clinical leadership and approved for use. The launch of the new modules is scheduled for the end of July. Other benefits of the new modules are that they are accessed using the existing learning HealthStream platform which our employees are already familiar with using, requiring no additional systems training and also provides leaders expanded tracking and management of employee learning progress is support of compliance.

EMPLOYEE ANNUAL

POOL PARTY

August 19
EJ Miller Park

Check In: 3:30 PM
Dinner by Big Dogs Grill: 4-6 PM
Swimming: 6-10 PM

All staff are invited to bring their immediate family.
Bring your lawn chairs, towels and favorite water toys!
RSVP required for dinner.

Dinner will be served in the Vineyard Conference Room
starting at 7:30pm for evening and night shift staff.

RSVP ONLINE OR EMAIL ANNIE TIEMERSMA BY AUGUST 11.
pmhannualpoolparty.eventbrite.com (password: PMH)



Prosser
Memorial Health





PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

THE PULSE

News & Events



Bottles, Brews, Barbecues

WOW, what a weekend! We'd like to extend our sincere appreciation to our sponsors, amazing volunteers, community partners, and you for making Bottles Brews Barbecues 2022 a fun-filled success. Please save the date for Saturday, June 10, 2023!





Employee Leadership Car Wash & BBQ

We had a great day celebrating our 5th Annual Employee Car Wash & BBQ! Thank you AC's Barbecue for the delicious lunch and Shorty's for the refreshing Italian Sodas! Our amazing Leadership Team washed nearly 100 cars!





Community Partner of The Year

The Prosser Thrive Coalition recognized Prosser Memorial Health as Community Partner of the Year. Pictured left to right: Annie Tiemersma, Shannon Hitchcock, and Chair of Thrive, Rachel Shaw.



Congratulations 2022 Health Occupations Class!

Congratulations to Emma Bazzell, Josie Roth, Halle Wright, Ellie Maljaars, Jorge Delgado, Monse Diaz, Kimberly Hunt, Angelina Mendoza, Abby McMurtrey, Vanessa Munoz, and Lanie Graf. Best wishes for your next adventure from all us at Prosser Memorial Health!

2022 *class of* 2022

2022 High School Graduates



Jalayah

Jalayah France, daughter of Annabelle Hansen, Medical/Surgical Registered Nurse, graduated from Hanford High School. Jalayah will be attending Columbia Basin College for a transfer degree.



Jelissa

Jay Boyle (OSP) and Rachel Boyle (Lab) would like to announce the graduation of their daughter Jelissa Boyle from Prosser High School. Jelissa will be attending Columbia Basin College beginning this Fall.



Timothy

Timothy Thomasson, son of Sasha Thomasson, has graduated with Honors from Connell High School. He will be going into the Commercial Pilot program at Big Bend Community College in the fall.



Welcome Jennifer Brindle

Help us welcome Jennifer Brindle, MD. Jennifer is now seeing patients at the Benton City Clinic.



Save the Date! Pool Party

Join us for our annual pool party on August 19th at the Prosser Aquatic Center / EJ Miller Park.



BOYS & GIRLS CLUBS
OF BENTON AND FRANKLIN
COUNTIES
PROSSER - PARK BRANCH



3RD ANNUAL DUNK TANK CHALLENGE

DONATE TO SAVE YOUR FAVORITE CONTESTANTS
TOP FUNDRAISER WILL DECIDE WHO GETS DUNKED



Johnny Prado
Branch Manager
Yakima Federal



Craig Marks
CEO, Prosser
Memorial Health



Chris Cisneros
Director Prosser
Boys & Girls Club



Brian Sellers
Doctor, Prosser
Memorial Health



Lori Stevens
District 3 Rep.
Port of Benton



Tom Glover
City Administrator
City of Prosser



Becky Jansen
Owner
Becky's Coffee



Elisa Riley
Attorney, Saxton
Riley & Riley



Sherman Clark
Whitstran
Steaks & Spirits



Mark Little
Community
Leader

Make a gift to keep them dry!
BIT.LY/PROSSERDUNKTANK2022
by AUGUST 31ST at noon



**WHO WILL
YOU SAVE?
SCAN TO
DONATE**



Changes to 403 (b) and 457 Retirement Savings Plans

USI Financial Advisors for our retirement plans will be replacing underperforming funds in the Prosser Memorial Health 403(b) Plan and 457 Plan. The funds are scheduled for exchange on August 18, 2022.

Attached are three electronic notices for your files:

- Fund Change Memo – This memo will be posted to the participant website and on SharePoint under the Retirement tab under 403(b) Documents.
- eBooklet – This is your updated Enrollment Booklet which includes a revised Investment Election Worksheet with the new funds.
- eNotices – This is your annual Fee Disclosure Notice which includes the Fund Change Memo.

Please note current eBooklet and eNotices will no longer be current as of August 17, 2022.

AFTER fund changes have taken place: August 18, 2022, employees may start using the attached electronic eNotices.

If you have questions regarding your retirement savings plans, please contact Nora Newhouse, HR Dept., ext. 6688 or email questions to: nnewhouse@prosserhealth.org.

Employees can also contact USI directly at 1-866-468-7272, Option 2 or can email questions to get401k@usi.com.

Prosser Memorial Health 403(b) Plan and 457 Plan



Date: June 27, 2022
To: Prosser Memorial Health 403(b) Plan and 457 Plan Participants
Re: Investment Option Changes

The Plan's investment committee regularly monitors all of the fund options available in the plan. Each fund must meet certain performance, expense, and management benchmarks to remain in the plan's lineup. If a fund fails to meet these benchmarks, it is placed on a "Watch List." If it has not improved its performance or corrected the deficiency within an allotted period of time, it is subject to replacement.

American Funds Fundamental Invs R6 (RFNGX) and **T. Rowe Price Growth Stock I (PRUFX)** have been scheduled for replacement with an existing fund **Vanguard 500 Index Adm (VFIAX)** and a new fund **Vanguard Growth Index Adm (VIGAX)**, respectively. The funds were selected as appropriate replacements based on their similar investment objective, lower fund expenses, and better historical performance.

The Plan will also be adding a new fund to complement the existing Target Date Series investment options: **Vanguard Target Retirement 2070 (VSVNX)**.

The table below summarizes performance and fee information for the new funds against an appropriate benchmark. Past returns are not a guarantee of future results.

Fund Performance as of May 31, 2022

Fund / Benchmark Index Name	Fund Category	Ticker	Average Annual Return			
			1 Yr	3 Yr	5 Yr	10 Yr
Vanguard 500 Index Adm	Large Blend	VFIAX	-0.35	16.40	13.35	14.36
S&P 500 TR	Index	-	-0.30	16.44	13.38	14.40
Vanguard Growth Index Adm	Large Growth	VIGAX	-9.52	17.54	14.81	15.22
CRSP US Large Cap Growth TR	Index	-	-9.49	17.59	14.85	-
Vanguard Target Retirement 2070*	Target-Date 2065+	VSVNX	-	-	-	-
Morningstar Lifetime Mod 2065 TR	Index	-	-8.57	-	-	-

*Fund Inception Date is 7/15/2022

Fund Expenses as of May 31, 2022

Fund Name	Annual Expense as %	Annual Expense per \$1000 invested	Trading Restrictions
Vanguard 500 Index Adm	0.04	\$0.40	Vanguard prohibits Transfer-In within 30 calendar days of Transfer-Out
Vanguard Growth Index Adm	0.05	\$0.50	
Vanguard Target Retirement 2070	0.08	\$0.80	

On **August 17th, 2022** plan activity (loans, distributions, transfers) will be briefly suspended in order to clear the way for the exchanges. On **August 18th, 2022**, any balances or investment elections in the old funds will automatically transfer to the replacement funds. No action is required. However, you can make changes to your account anytime at www.kp401k.com.

If you have general questions about your retirement plan, please call USI at 1-866-468-7272 and select option 2 to reach a representative. If you have any questions about your plan's investments, please ask to be transferred to a member of the investment team.

Vanguard 500 Index Admiral (USD)

Morningstar Analyst Rating™ Overall **Morningstar Rating™** Standard Index Category Index Morningstar Cat
Gold ★★★★★ S&P 500 TR USD Russell 1000 TR US Fund Large Blend
 02-07-2022 1,221 US Fund Large Blend USD

Performance 05-31-2022

Quarterly Returns	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total %
2020	-19.61	20.54	8.92	12.15	18.37
2021	6.18	8.54	0.57	11.02	28.66
2022	-4.61	—	—	—	-12.78

Trailing Returns	1 Yr	3 Yr	5 Yr	10 Yr	Incept
Load-adj Mthly	-0.35	16.40	13.35	14.36	7.36
Std 03-31-2022	15.60	—	15.95	14.60	7.87
Total Return	-0.35	16.40	13.35	14.36	7.36

+/- Std Index	+/- Cat Index	% Rank Cat	No. in Cat
-0.05	-0.04	31	1349
-0.04	0.23	21	1221
-0.04	0.12	17	1106
-0.04	—	12	807

7-day Yield	Subsidized	Unsubsidized
30-day SEC Yield 06-17-22	1.44	1.44

Performance Disclosure

The Overall Morningstar Rating is based on risk-adjusted returns, derived from a weighted average of the three-, five-, and 10-year (if applicable) Morningstar metrics.

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate, thus an investor's shares, when sold or redeemed, may be worth more or less than their original cost.

Current performance may be lower or higher than return data quoted herein. For performance data current to the most recent month-end, please call 800-662-7447 or visit www.vanguard.com.

Fees and Expenses

Sales Charges

Front-End Load %	NA
Deferred Load %	NA

Fund Expenses

Management Fees %	0.04
12b1 Expense %	NA
Gross Expense Ratio %	0.04

Risk and Return Profile

	3 Yr	5 Yr	10 Yr
Morningstar Rating™	4★	4★	5★
Morningstar Risk	Avg	Avg	Avg
Morningstar Return	+Avg	+Avg	+Avg

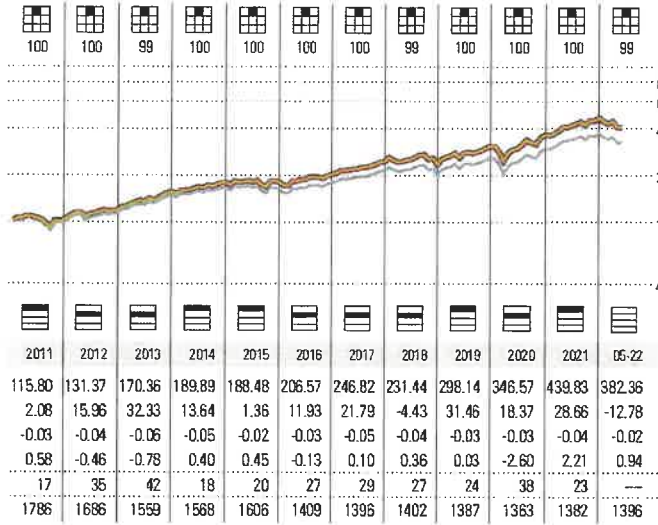
	3 Yr	5 Yr	10 Yr
Standard Deviation	18.13	16.42	13.41
Mean	16.40	13.35	14.36
Sharpe Ratio	0.90	0.78	1.02

MFT Statistics	Standard Index	Best Fit Index S&P 500 TR USD
Alpha	-0.04	-0.04
Beta	1.00	1.00
R-Squared	100.00	100.00

12-Month Yield	1.45%
Potential Cap Gains Exp	48.33%

Operations

Family:	Vanguard	Base Currency:	USD
Manager:	Multiple	Ticker:	VFIAX
Tenure:	6.2 Years	ISIN:	US9229087104
Objective:	Growth	Minimum Initial Purchase:	\$3,000



Investment Style	Equity Stocks %
Vanguard 500 Index Admiral	100
Category Average	100
Standard Index	99

Growth of \$10,000	Value
Vanguard 500 Index Admiral	41,052
Category Average	32,835
Standard Index	41,208

Performance Quartile (within category)	History
NAV/Price	-12.78
Total Return %	-0.02
+/- Standard Index	0.94
+/- Category Index	—
% Rank Cat	—
No. of Funds in Cat	—

Portfolio Analysis 05-31-2022

Asset Allocation %	Net %	Long %	Short %	Share Chg since 04-2022	Share Amount	Holdings: 505 Total Stocks, 0 Total Fixed-Income, 2% Turnover Ratio	Net Assets %
Cash	0.63	0.63	0.00	—	—	—	—
US Stocks	98.27	98.27	0.00	—	—	—	—
Non-US Stocks	1.10	1.10	0.00	⊕	338 mil	Apple Inc	6.57
Bonds	0.00	0.00	0.00	⊕	163 mil	Microsoft Corp	5.80
Other/Not Clsd	0.00	0.00	0.00	⊕	10 mil	Amazon.com Inc	2.99
Total	100.00	100.00	0.00	⊕	7 mil	Alphabet Inc Class A	1.95
				⊕	18 mil	Tesla Inc	1.81
				⊕	6 mil	Alphabet Inc Class C	1.80
				⊕	40 mil	Berkshire Hathaway Inc Class B	1.65
				⊕	57 mil	Johnson & Johnson	1.34
				⊕	21 mil	UnitedHealth Group Inc	1.33
				⊕	54 mil	NVIDIA Corp	1.33
				⊕	50 mil	Meta Platforms Inc Class A	1.27
				⊕	92 mil	Exxon Mobil Corp	1.16
				⊕	64 mil	JPMorgan Chase & Co	1.11
				⊕	52 mil	Procter & Gamble Co	1.01
				⊕	36 mil	Visa Inc Class A	0.99

Equity Style

Val	3 Yr	5 Yr	10 Yr
P/E Ratio TTM	20.1	1.00	0.98
P/C Ratio TTM	15.5	1.00	0.94
P/B Ratio TTM	3.9	1.00	0.83
Geo Avg Mkt Cap \$mil	185643	1.00	0.79

Fixed-Income Style

	Avg Eff Maturity	Avg Eff Duration	Avg Wtd Coupon	Avg Wtd Price
	—	—	—	—
	—	—	—	—
	—	—	—	—

Credit Quality Breakdown

	AAA	AA	A	BBB	BB	B	Below B	NR	Bond %
	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—

Regional Exposure

	Stocks %	Rel Std Index
Americas	98.9	1.00
Greater Europe	1.1	1.00
Greater Asia	0.0	1.00

Sector Weightings

	Stocks %	Rel Std Index
Cyclical	29.3	1.00
Basic Materials	2.5	1.00
Consumer Cyclical	10.7	1.00
Financial Services	13.4	1.00
Real Estate	2.8	1.00
Sensitive	46.3	1.00
Communication Services	8.8	1.00
Energy	4.8	1.00
Industrials	8.2	1.00
Technology	24.5	1.00
Defensive	24.4	1.00
Consumer Defensive	6.9	1.00
Healthcare	14.5	1.00
Utilities	3.0	1.00

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Vanguard Growth Index Admiral (USD)

Morningstar Analyst Rating™ Overall Morningstar Rating™ **Standard Index** **Category Index** **Morningstar Cat**
Gold ★★★★★ **S&P 500 TR USD** **Russell 1000** **US Fund Large Growth**
 07-19-2021 1,142 US Fund Large Growth Growth TR USD

Performance 05-31-2022

Quarterly Returns	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total %
2020	-13.74	29.04	13.01	11.44	40.19
2021	1.50	11.69	1.38	10.73	27.26
2022	-10.29	—	—	—	-23.95

Trailing Returns	1 Yr	3 Yr	5 Yr	10 Yr	Incept
Load-adj Mthly	-9.52	17.54	14.81	15.22	7.56
Std 03-31-2022	12.48	—	19.88	16.34	8.45
Total Return	-9.52	17.54	14.81	15.22	7.56

+/- Std Index	-9.22	1.11	1.43	0.83	—
+/- Cat Index	-3.27	-0.77	-1.32	-0.83	—

% Rank Cat	44	17	23	20	—
No. in Cat	1254	1142	1054	777	—

	Subsidized	Unsubsidized
7-day Yield	—	—
30-day SEC Yield 06-17-22	0.53	0.53

Performance Disclosure

The Overall Morningstar Rating is based on risk-adjusted returns, derived from a weighted average of the three-, five-, and 10-year (if applicable) Morningstar metrics.

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate; thus an investor's shares, when sold or redeemed, may be worth more or less than their original cost.

Current performance may be lower or higher than return data quoted herein. For performance data current to the most recent month-end, please call 800-662-7447 or visit www.vanguard.com.

Fees and Expenses

Sales Charges

Front-End Load %	NA
Deferred Load %	NA

Fund Expenses

Management Fees %	0.05
12b1 Expense %	NA
Gross Expense Ratio %	0.05

Risk and Return Profile

	3 Yr	5 Yr	10 Yr
Morningstar Rating™	4★	4★	4★
Morningstar Risk	+Avg	+Avg	+Avg
Morningstar Return	+Avg	+Avg	+Avg

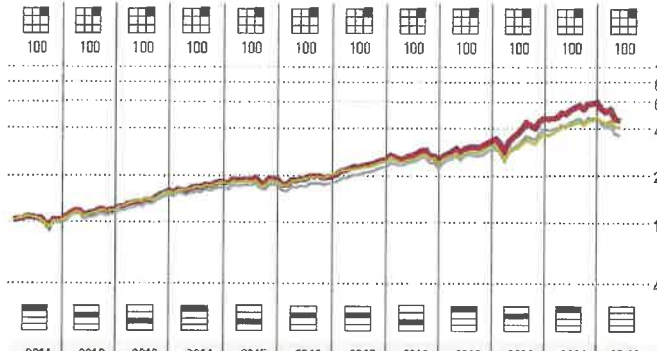
	3 Yr	5 Yr	10 Yr
Standard Deviation	21.05	18.81	15.19
Mean	17.54	14.81	15.22
Sharpe Ratio	0.85	0.77	0.97

MFT Statistics	Standard Index	Best Fit Index
Alpha	-0.12	-0.91
Beta	1.10	1.02
R-Squared	89.77	99.65

12-Month Yield	0.59%
Potential Cap Gains Exp	58.90%

Operations

Family:	Vanguard
Manager:	Multiple
Tenure:	27.5 Years
Objective:	Growth



Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	05-22
NAV/Price	31.79	36.64	47.87	53.71	54.77	57.31	72.35	69.09	93.84	130.46	165.15	125.47
Total Return %	1.87	17.01	32.40	13.63	3.30	6.12	27.80	-3.34	37.23	40.19	27.26	-23.95
-/- Standard Index	-0.24	1.01	0.01	-0.06	1.91	-5.84	5.97	1.04	5.74	21.79	-1.45	-11.19
-/- Category Index	-0.77	1.76	-1.09	0.58	-2.37	-0.95	-2.41	-1.83	0.84	1.70	-0.34	-2.06
% Rank Cat	15	30	63	14	53	28	50	63	12	28	19	—
No. of Funds in Cat	1683	1681	1712	1710	1681	1463	1363	1405	1360	1289	1237	1282

Portfolio Analysis 05-31-2022

Asset Allocation %	Net %	Long %	Short %	Share Chg since 04-2022	Share Amount	Holdings: 266 Total Stocks, 0 Total Fixed-Income, 8% Turnover Ratio	Net Assets %
Cash	0.32	0.32	0.00	—	—	—	—
US Stocks	98.58	98.58	0.00	—	—	—	—
Non-US Stocks	1.10	1.10	0.00	⊕	125 mil	Apple Inc	12.81
Bonds	0.00	0.00	0.00	⊕	61 mil	Microsoft Corp	11.31
Other/Not Clsfd	0.00	0.00	0.00	⊕	4 mil	Amazon.com Inc	5.77
Total	100.00	100.00	0.00	⊕	2 mil	Alphabet Inc Class A	3.80
				⊕	7 mil	Tesla Inc	3.48

Equity Style	Portfolio Statistics	Port Avg	Rel Index	Rel Cat
P/E Ratio TTM	27.8	1.39	1.05	⊕
P/C Ratio TTM	21.3	1.37	1.03	⊕
P/B Ratio TTM	7.7	1.99	1.02	⊕
Geo Avg Mkt Cap \$mil	299253	1.61	0.98	⊕

Fixed-Income Style	Avg Eff Maturity	Avg Eff Duration	Avg Wtd Coupon	Avg Wtd Price
	—	—	—	—
	—	—	—	—
	—	—	—	—

Credit Quality Breakdown —	Bond %
AAA	—
AA	—
A	—
BBB	—
BB	—
B	—
Below B	—
NR	—

Regional Exposure	Stocks %	Rel Std Index
Americas	99.1	1.00
Greater Europe	0.9	0.87
Greater Asia	0.0	0.00

Share Chg since 04-2022	Share Amount	Holdings:	Net Assets %
⊕	125 mil	Apple Inc	12.81
⊕	61 mil	Microsoft Corp	11.31
⊕	4 mil	Amazon.com Inc	5.77
⊕	2 mil	Alphabet Inc Class A	3.80
⊕	7 mil	Tesla Inc	3.48
⊕	2 mil	Alphabet Inc Class C	3.40
⊕	19 mil	Meta Platforms Inc Class A	2.48
⊕	19 mil	NVIDIA Corp	2.46
⊕	13 mil	Visa Inc Class A	1.89
⊕	8 mil	The Home Depot Inc	1.75
⊕	7 mil	Mastercard Inc Class A	1.73
⊕	3 mil	Thermo Fisher Scientific Inc	1.23
⊕	4 mil	Costco Wholesale Corp	1.15
⊕	15 mil	The Walt Disney Co	1.12
⊕	5 mil	Accenture PLC Class A	1.09

Sector Weightings	Stocks %	Rel Std Index
Cyclical	29.6	1.01
Basic Materials	1.9	0.75
Consumer Cyclical	18.5	1.72
Financial Services	6.6	0.49
Real Estate	2.7	0.97
Sensitive	60.1	1.30
Communication Services	13.5	1.53
Energy	0.7	0.14
Industrials	4.1	0.50
Technology	41.9	1.71
Defensive	10.3	0.42
Consumer Defensive	2.5	0.37
Healthcare	7.7	0.53
Utilities	0.0	0.00

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ASPIRE Awards



Our ASPIRE program recognizes team members who demonstrate our core values of Accountability, Service, Promoting Teamwork, Integrity, Respect and Excellence.



Dr. Terry Murphy

Please join us in congratulating Dr. Terry Murphy for receiving a Silver ASPIRE award! Dr. Murphy is recognized for exceptional patient care of an 18 month old patient in our Emergency Department. When the mother of the patient expressed her concerns of the infant's diaper rash, Dr. Murphy conducted additional testing which revealed the patient had Type 1 Diabetes. This diagnosis resulted in the patient being transferred to a children's hospital immediately. Thank you Dr. Murphy for being an advocate for your patients!



Jaron Raymond

Congratulations to Emergency Department Registered Nurse Jaron Raymond for receiving a Bronze ASPIRE award! When Jaron was taking care of a patient about to be transferred to a nearby facility, he found out the patient's husband was an inpatient in our Medical/ Surgical department. Jaron acted fast by getting the patient's husband and bringing him to the ER to see his wife before she left by ambulance. Jaron, thank you for providing this meaningful encounter for our patients!

Welcome to the Team!



Left to right: Tami Schaff, Elvia Gimlin, Lupita Diaz Sanchez, Sarai Diaz, Wendy Eller, Cassandra Hansen, Maria Fuller, Tracy Von Moos, Sandi McCall, and Cecilia Barraza.

Scavenger Hunt



WELCOME TO THE TEAM

What have you enjoyed about Prosser Memorial Health so far?

Cecilia Barraza

Environmental Services Technician

I love the friendly/family environment.

Maria Diaz

Emergency Department Technician

How they take care of their employees and listen to our concerns.

Wendy Eller

Emergency Medical Services Paramedic

The surprises that are given to the staff that is unexpected. Never worked somewhere where the employer made us feel like they cared or noticed employees.

Maria Fuller

Patient Financial Services Collector / Cash Posting

That everyone is very welcoming and learning the new job I have been doing.

Elvia Gimlin

Medical / Surgical Registered Nurse

My coworkers are all friendly, helpful definitely team players! Doctors are friendly with staff and patients.

Cassandra Hansen

Emergency Medical Services Technician

All the learning opportunities.

Sandi McCall

Environmental Services Technician

Teamwork.

Tami Schaff

Prosser & Benton City Clinics Director

Everyone here is so welcoming and quickly make you feel that you are part of the PMH family.

Tracy Von Moos

Patient Financial Services Collector / Cash Posting

The friendliness of all staff.

What is your favorite part of summer?

Cecilia Barraza

Environmental Services Technician

I love going to the beach in the summer.

Maria Diaz

Emergency Department Technician

BBQ's, Family get togethers, water parks.

Wendy Eller

Emergency Medical Services Paramedic

Being warm and the flowers.

Maria Fuller

Patient Financial Services Collector / Cash Posting

To be outdoors with family camping and being on the river.

Elvia Gimlin

Medical / Surgical Registered Nurse

Warm sunny days, blooming flowers, planning a garden, taking my dogs for walks and bike rides.

Cassandra Hansen

Emergency Medical Services Technician

Hiking.

Sandi McCall

Environmental Services Technician

Hot summer nights.

Tami Schaff

Prosser & Benton City Clinics Director

Longer days and I love to garden. I enjoy: blooming flowers, homegrown tomatoes and outdoor gatherings with family.

Tracy Von Moos

Patient Financial Services Collector / Cash Posting

Family gatherings.

Anniversaries

Happy Anniversary!

Thank you for being an essential part of Prosser Memorial Health's success.

Happy 1 Year

- **Crystal Rivera**
Medical/Surgical RN
- **Sara Atkinson**
Diagnostic Imaging
Ultrasonographer
- **Robert Nagel**
Medical/Surgical RN
- **Seirra Goble**
Nutrition Services cook
- **Steve Peters**
Benton City Clinic
Licensed Mental Health Counselor
- **Paul Brumfield**
Emergency Department RN
- **Esperanza Lopez-Aviles**
Prosser Clinic CMA
- **Griselda Villalobos**
Emergency Department Technician

Happy 2 Years

- **Leticia Navarro**
Emergency Department Technician
- **Griselda Cruz**
Patient Financial Services
Collector/Cash Posting/Credit
Balance
- **Dr. Lindsey Smith**
Emergency Department

Happy 3 Years

- **David Rollins**
Chief Financial Officer
- **Amy Enriquez**
Environmental Services Technician
- **Helen Kone**
Nursing Administration RN

- **Alfredo Tambanillo**
Laboratory Medical Technologist
- **Carling Vaux**
Surgical Services RN Lead
- **Annie Tiemersma**
Community Relations
Community Outreach Coordinator/
Provider Recruiter
- **Anna Atilano**
Medical/Surgical RN

Happy 4 Years

- **Shannon Hitchcock**
Office Chief Communications
Officer/ Executive Director of
the Foundation
- **Kayla Coder**
Lab Assistant II

Happy 5 Years

- **Kayla Campbell**
Grandview Clinic CMA
- **Christine Rivero**
Cardiopulmonary
Respiratory Therapist - R
- **Christopher Wells**
Surgical Services RN

Happy 7 Years

- **Cindy Raymond**
Nursing Administration
Registered Nurse

Happy 8 Years

- **Celeste Rodriguez**
Diagnostic Imaging
CT Technologist - R

Happy 9 Years

- **Ophelia Gonzalez**
Benton City Clinic CMA
- **Kirstie Wood**
Medical/Surgical RN

Happy 12 Years

- **Elizabeth Macias**
Emergency Department
Technician

Happy 13 Years

- **Rosalynn Tedeschi**
Medical/Surgical RN

Happy 15 Years

- **Jennifer Trevino**
Grandview Clinic CMA
- **Christopher Huston**
Surgical Services RN
- **Angela Garcia**
Nutrition Services Cook

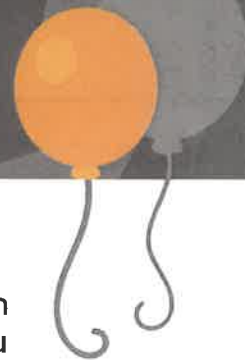
Happy 16 Years

- **Mary Lee Dawsey**
Accounting Payroll Clerk

Happy 27 Years

- **Sheri Allen**
Emergency Department RN

Birthdays



Free 20oz Busy Bean Coffee on your birthday!

On your birthday, we just want to let you know that it is a great pleasure working with truly inspirational figures like yourselves. Thank you for all the incredible support you give towards Prosser Memorial Health. Happy Birthday to you all! #ThisIsHowWeCare

July 1

- **Tammy Leighty**
Health Information Management
Technician

July 2

- **Kristi Mellema**
Chief Compliance & Quality Officer
- **Rebecca Morris**
Grandview Clinic
Certified Nurse Midwife

July 4

- **Haley Seaton**
Surgical Services
Central Sterilizing Technician

July 5

- **Patricia McClure**
Surgical Services Registered Nurse

July 6

- **Jacqueline Villanueva**
Surgical Services
Operating Room Technician
- **Maria Diaz**
Emergency Department Technician

July 7

- **Gloria Zuniga**
Information Technology
Clinical Informatics Specialist
- **Jennifer Mariscal**
Surgical Services
Certified Nurses Assistant

July 9

- **Diane Hanks**
Grandview Clinic
Psychiatric Nurse Practitioner
- **Dr. Jose Santa-Cruz**
Grandview Clinic
- **Brian Brindle**
Diagnostic Imaging Echo Technician

July 10

- **Rachel Boyle**
Laboratory Assistant II

- **Monique Saenz**
Prosser Specialty Clinic
Patient Services Representative

- **Katelyn Greene**
Ambulance Emergency Medicine
Technician

July 11

- **Briana Bouche**
Diagnostic Imaging
Nuclear Medicine Technologist

July 13

- **Alex Carballo-Martinez**
Diagnostic Imaging MRI Technician
- **Amy Shook**
Surgical Services Registered Nurse

July 14

- **Dr. Heidi Weaver**
Prosser Women's Health Center

July 15

- **Katie Fischer**
Medical/Surgical RN

July 16

- **Kristen Redman**
Medical/Surgical RN
- **Connor Speights**
Nutrition Services Dietary Aide
- **Tasha Sears**
Supply Chain Buyer

July 18

- **Dr. Suzanne Staudinger**
Benton City Clinic

- **Zach Garland**
Specialty Clinic ARNP

July 19

- **Suzanne Merk**
Emergency Department RN
- **Karen Legerski**
Emergency Department RN
- **Kathleen Atkinson**
Medical/Surgical RN

July 21

- **Christopher Murphy**
Cardiopulmonary
Respiratory Therapist

- **Dr. Jonathan Kim**
Emergency Department

July 23

- **Zaira Ruiz Campuzano**
Family Birthplace Technician

July 25

- **Dr. Coral Tieu**
Ear, Nose, Throat & Allergy Center
- **Dr. Samuel Strebel**
Prosser Orthopedic Center
- **Jennifer Smith**
Diagnostic Imaging CT Technologist

July 26

- **Victor Huyke**
Director of Nutrition Services
- **Jill Pagel**
Social Work Case Manager
& Discharge Planning

July 29

- **Christopher Huston**
Surgical Services Registered Nurse

July 30

- **Thomas Norton**
IT Help Desk Technician
- **Cecilia Garcia**
Environmental Services Technician

July 31

- **Darla Don**
Supply Chain
Inventory Control Specialist

R

E

A

C

I



LOOK INTO THE FUTURE

You don't have a crystal ball, so you can't say for sure what your retirement will look like. What you can do, however, is lay the groundwork now for the type of retirement you want. And that starts with determining where you are in your planning for retirement. It can be helpful to complete these four exercises.

Imagine Your Retirement Lifestyle

How do you envision your life in retirement? Taking a realistic look at what you want to do during your retirement can help you focus and streamline your planning. Where you plan to live in retirement is an important consideration. Do you plan to stay in your current home, downsize in your current community, or move elsewhere?

How do you plan to spend your time? Do you want to work part-time, start a business, pursue educational opportunities, or simply kick back and relax? If you plan an active retirement that includes travel, you will need more money than someone who plans to stay close to home.

Estimate Your Retirement Expenses

Once retired, you won't have the commuting costs you might have now and you won't need to purchase work-related attire. Your children may be grown and financially independent, and you may be close to paying off larger debts such as a mortgage or home equity loan. But you will still have a range of expenses. For planning purposes, it can be very helpful to try and prepare as accurate an estimate of your basic living and discretionary expenses as you can.

Basic living expenses include housing expenses, such as energy, utilities, maintenance, property taxes, condo fees, and mortgage and rent payments. They also include transportation expenses, such as car payments, gasoline, and repairs. Groceries, insurance premiums, and income taxes are also expenses you will have to consider. Discretionary expenses include travel, recreation, gifts, and entertainment.

Assess Your Current Resources

In addition to the savings in your retirement plan account, you may have other sources of retirement income, such as Social Security, individual retirement accounts, military or employer pensions, and other personal savings and investments. Try to assess what they could be worth and how much income they could produce by the time you retire. Don't forget to include projected earnings from post-retirement work or income generated by a business venture.

Compare the Projected Costs of Retirement to Your Anticipated Retirement Income

By this point, you may have an idea of whether you will have enough income to cover your projected expenses in retirement. If your numbers fall short, you may have to consider reducing your planned spending in retirement. You could also consider increasing your retirement savings now so that you will have a larger retirement nest egg. Moreover, you could even think about pushing back the date of your planned retirement to give you additional time for saving and to boost your monthly Social Security payments.

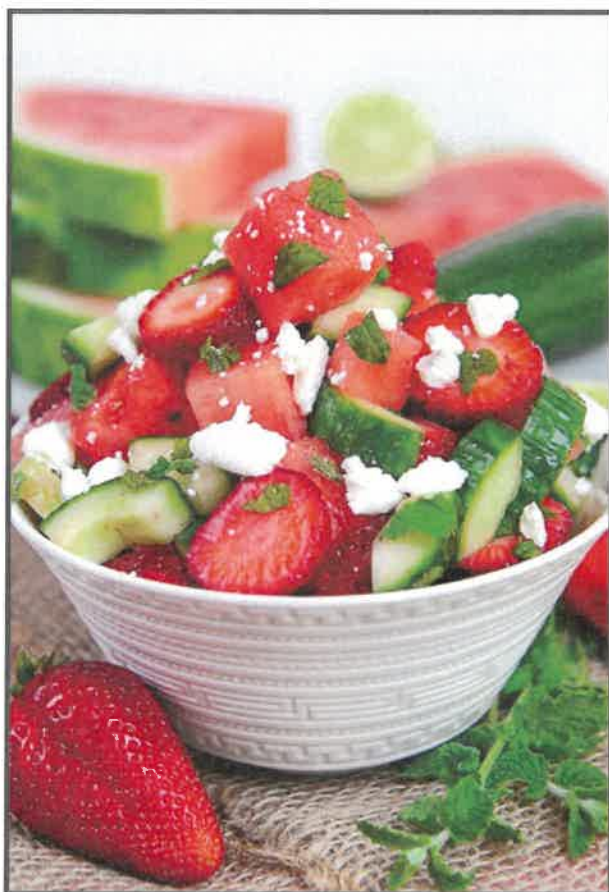
If it appears that you are not making as much progress toward retirement security as you would like, you may want to consult with an experienced financial professional to determine what additional steps you may need to take to get you on track.

This content is for general informational and educational purposes only and should not be relied upon as the only source of information. It is not intended to represent advice or a recommendation of any kind, as it does not consider the specific investment objectives, financial situation and/or particular needs of any individual or client.

If you have questions regarding your retirement plan, please contact Nora Newhouse in Human Resources, ext. 6688.

Health & Wellness

Cucumber Watermelon Strawberry Salad



Ingredients:

- 4 cups watermelon, cubed
- 2 cups strawberry, sliced
- 2 cucumbers, sliced
- lime, juiced
- 1/2 cup crumbled goat cheese or feta
- 4 tablespoons mint, chopped

Instructions:

1. Toss the watermelon, strawberry, cucumber, and lime juice in a bowl.
2. Top with the goat cheese and fresh mint!

If you make this salad ahead of time, crumble the feta or goat cheese on top just before serving.

Total Time: 10 mins

Servings: 4

Calories: 190 kcal



Prosser

Memorial Health

ProsserHealth.org

The price of lunch is open to any amount you would like to donate and may be paid through payroll deduct.



Lunch Benefit

SUPPORTING THE GOBLE FAMILY

**Friday, May 27th • 11am-1pm
PMH Courtyard**

Lunch will include hot dogs, chips, water, and dessert. All money raised will go to Seirra Goble and her family. The community may also make donations by visiting the Busy Bean Café located within the hospital.



Craig Marks

From: Annie Tiemersma
Sent: Friday, July 08, 2022 2:26 PM
To: !All Staff
Subject: Thank you for supporting the Rubalcaba Family

Follow Up Flag: Follow up
Flag Status: Flagged

Below is a note of gratitude and an update from Maria Rubalcaba, sister to Abel Rubalcaba (Seirra Goble's husband).

"I wanted to thank all of you for your support, love, and kindness in the tough times that we went thru. I wanted you all to know that my brother is finally home as of yesterday and he wanted everyone to know that his heart and thoughts are very much appreciated by everyone at PMH, that has been with him and his family in these difficult times. Thank you for the prayers of support, thank you for every hour we spent and the embrace PMH gave to our family. Our life is blessed with amazing people from our community. No words can express how much everyone has done Abel & Family. THANK YOU!!"



From: Annie Tiemersma <atiemersma@prosserhealth.org>
Sent: Friday, May 27, 2022 8:08:20 AM
To: Shannon Hitchcock <shannonh@prosserhealth.org>; !All Staff <AllStaff@Prosserhealth.onmicrosoft.com>; !Active Providers <Activeproviders@prosserhealth.org>
Subject: RE: Support the Seirra Goble Family

Join us for lunch from 11:00am – 1:00pm in the **Vineyard Conference Room**. All proceeds benefit the Seirra Goble family.

2021 LEM Leaders

Name	Rank	Scores	Animal Award
Weddle, Aurora	1	4.18	Lioness
Dawson, Sara	2	4.15	Chameleon
Miklas, Susan	2	4.15	Goose
Hitchcock, Shannon	3	4.14	Wolf
Wilson, Rusti	4	4.07	Elephant
Mellema, Kristi	5	4.00	Shark
Fuller, Merry	7	3.87	Eagle
Fischer, Brian	8	3.84	Chimpanzee
Titus, Stephanie	9	3.82	Leopard
Broussard, Steve			Giraffe

Attachment O



Prosser
Memorial Health
Balance Sheet
June 30, 2022

	Assets				Liabilities & Fund Balance				
	6/30/2022	4/30/2022	6/30/2021	12/31/2021	6/30/2022	4/30/2022	6/30/2021	12/31/2021	
Cash & Temporary Investments	10,553,645	9,514,197	6,174,622	9,316,646	Current Portion of Bonds Payable	879,553	878,201	845,060	871,489
COVID Cash Holding	145,788	395,163	2,773,753	1,546,716	Current Portion of USDA	-	-	-	-
Gross Patient Accounts Receivable	37,192,042	36,813,211	33,577,529	31,324,657	Current Portion Capital Leases	251,778	251,228	245,793	248,495
Less Allowances for Uncollectible	(23,340,000)	(22,931,000)	(20,823,000)	(19,716,000)	Accounts Payable	1,856,947	1,925,344	1,990,663	1,797,177
Net Patient Receivables	13,852,042	13,882,211	12,754,529	11,608,657	Payroll & Related Liabilities	3,495,017	3,602,754	2,741,175	3,410,607
Taxes Receivable	413,846	417,812	400,958	23,641	Cost Report Payable	440,257	417,453	1,634,100	510,126
Receivable from 3rd Party Payor	687,686	1,137,955	1,007,154	241,933	Other Payables to 3rd Parties	1,345,501	1,264,048	969,467	969,467
Inventory	595,057	502,783	399,245	570,651	Deferred LEOFF Pension	483,233	483,233	-	483,233
Prepaid Expenses	870,988	921,544	858,778	1,152,815	Deferred Tax Revenue	457,180	533,377	430,986	-
Other Current Assets	38,672	11,856	4,693	4,746	Deferred EHR Medicare Revenue	-	-	-	-
Total Current Assets	27,157,724	26,783,521	24,373,732	24,465,805	Deferred COVID Revenue	145,788	395,163	9,412,255	1,546,716
LEOFF Net Pension Asset	1,106,851	1,106,851	1,106,851	1,106,851	Accrued Interest Payable	19,670	111,081	19,670	19,670
Whitehead Fund - LGIP	1,217,425	1,216,415	1,214,227	1,214,855	Other Current Liabilities	-	-	-	-
Funded Depreciation - Cash	2,319,712	2,097,599	718,109	1,003,653	Total Current Liabilities	9,374,924	9,861,882	18,289,169	9,856,980
Funded Depreciation - TVI	16,768,158	16,956,094	16,791,856	17,537,681	Non Current Liabilities				
Bond Obligation Cash Reserve	767,539	767,536	767,501	767,520	Bonds Payable net of CP	9,190,826	9,239,647	10,026,809	9,482,042
USDA Debt Reserve Fund	-	-	-	-	USDA Financing Payable net of CP	-	-	-	-
Tax Exempt Lease Funds	-	-	26,022	-	Capital Leases net of CP	479,111	500,346	710,158	605,826
Board Designated Assets	22,179,685	22,144,495	19,517,715	21,630,560	Total Non Current Liabilities	9,669,937	9,739,993	10,736,967	10,087,868
Land	478,396	478,396	478,396	478,396	Total Liabilities	19,044,861	19,601,875	29,026,136	19,094,572
Property Plant & Equipment	47,510,279	47,352,220	43,851,458	46,165,427	Fund Balance				
Construction In Progress	5,152,556	4,652,324	3,935,973	4,226,277	Current YR Unrestricted Fund Balance	5,139,072	3,729,858	3,812,354	16,487,111
Accumulated Depreciation	(31,978,797)	(31,764,847)	(29,509,589)	(30,725,767)	Prior YR Unrestricted Fund Balance	49,065,095	49,065,095	32,587,984	32,577,984
Net Property Plant & Equipment	21,162,434	20,718,093	18,756,238	20,144,333	Restricted Fund Balance	-	-	-	-
Investment & Other Non Current Assets	1,003,745	1,005,279	1,033,349	1,023,805	Total Fund Balance	54,204,167	52,794,953	36,400,338	49,065,095
Land - Gap Road	1,745,440	1,745,440	1,745,440	1,745,440					
Net Investments & Other Non Current Assets	2,749,185	2,750,719	2,778,789	2,769,245					
Total Assets	\$ 73,249,028	\$ 72,396,828	\$ 65,426,474	\$ 69,009,943	Total Liabilities & Fund Balance	\$ 73,249,028	\$ 72,396,828	\$ 65,426,474	\$ 69,009,943



Statement of Operations
June 30, 2022

						Year to Date				Prior	
Actual	Month Ending Budget	Variance	%	Prior Year	%	Actual	Budget	Variance	%	Year	%
Gross Patient Services Revenue											
\$ 3,857,898	\$ 4,093,804	\$ (235,906)	-6%	\$ 3,464,309	11%	\$ 21,927,775	\$ 22,969,763	\$ (1,041,988)	-5%	\$ 19,902,975	10%
18,638,990	15,279,642	3,359,348	22%	14,292,979	30%	96,795,489	85,731,929	11,063,560	13%	74,492,508	30%
22,496,888	19,373,446	3,123,442	16%	17,757,288	27%	118,723,264	108,701,692	10,021,572	9%	94,395,483	26%
Deductions from Revenue											
Contractual Allowances											
5,205,426	3,979,592	(1,225,834)	-31%	3,345,847	56%	25,146,949	22,328,935	(2,818,014)	-13%	20,049,910	25%
4,701,779	4,255,768	(446,011)	-10%	3,706,068	27%	25,638,705	23,878,519	(1,760,186)	-7%	20,283,713	26%
3,257,683	2,422,908	(834,775)	-34%	2,367,321	38%	16,749,281	13,594,594	(3,154,687)	-23%	11,773,364	42%
818,520	379,068	(439,452)	-116%	424,260	93%	4,253,763	2,126,896	(2,126,867)	-100%	1,624,009	162%
13,983,408	11,037,336	(2,946,072)	-27%	9,843,496	42%	71,788,698	61,928,944	(9,859,754)	-16%	53,730,996	34%
521,022	322,123	(198,899)	-62%	468,382	11%	2,452,207	1,807,387	(644,820)	-36%	1,263,453	94%
(133,838)	349,479	483,317	138%	708,901	-119%	429,482	1,960,877	1,531,395	78%	2,266,362	-81%
14,370,592	11,708,938	(2,661,654)	-23%	11,020,779	30%	74,670,387	65,697,208	(8,973,179)	-14%	57,260,811	30%
8,126,296	7,664,508	461,788	6%	6,736,509	21%	44,052,877	43,004,484	1,048,393	2%	37,134,672	19%
249,375	126,814	122,561	97%	269,183	-7%	1,639,248	760,884	878,364	115%	613,525	167%
15,152	52,980	(37,828)	-71%	43,914	-65%	145,032	167,880	(22,848)	-14%	108,384	34%
8,390,823	7,844,302	546,521	7%	7,049,606	19%	45,837,157	43,933,248	1,903,909	4%	37,856,581	21%
Net Patient Services Revenue											
3,007,956	3,262,456	254,500	8%	2,609,505	15%	18,032,658	18,305,182	272,524	1%	15,587,143	16%
805,166	843,648	38,482	5%	624,077	29%	4,834,034	4,733,592	(100,442)	-2%	4,039,522	20%
328,737	302,815	(25,922)	-9%	268,999	22%	1,790,583	1,699,051	(91,532)	-5%	1,590,719	13%
4,141,859	4,408,919	267,060	6%	3,502,581	18%	24,657,275	24,737,825	80,550	0%	21,217,384	16%
482,125	348,831	(133,294)	-38%	364,644	32%	2,383,793	2,092,987	(290,806)	-14%	2,204,138	8%
54,282	79,849	25,567	32%	34,416	58%	298,188	467,057	168,869	36%	374,534	-20%
1,182,777	1,260,809	78,032	6%	828,536	43%	6,799,612	7,315,615	516,003	7%	5,513,917	23%
46,709	47,475	766	2%	20,830	124%	240,787	284,853	44,066	15%	253,073	-5%
319,531	452,325	132,794	29%	367,935	-13%	2,261,794	2,713,952	452,158	17%	1,727,630	31%
159,032	161,302	2,270	1%	181,177	-12%	1,104,822	967,814	(137,008)	-14%	1,035,463	7%
112,234	103,587	(8,647)	-8%	81,728	37%	583,113	621,527	38,414	6%	487,004	20%
222,140	196,422	(25,718)	-13%	185,332	20%	1,288,679	1,178,531	(110,148)	-9%	1,073,635	20%
133,508	142,414	8,906	6%	106,650	25%	686,835	849,047	162,212	19%	359,048	91%
2,712,338	2,793,014	80,676	3%	2,171,248	25%	15,647,623	16,491,383	843,760	5%	13,028,442	20%
6,854,197	7,201,933	347,736	5%	5,673,829	21%	40,304,898	41,229,208	924,310	2%	34,245,826	18%
1,536,626	642,369	894,257	139%	1,375,777	12%	5,532,259	2,704,040	2,828,219	105%	3,610,755	53%
Operating Expenses											
Sub-Total Labor Costs											
80,517	76,314	4,203	6%	75,669	6%	475,715	457,881	17,834	4%	441,051	8%
(186,482)	2,935	(189,417)	-6454%	(13,526)	1279%	(736,978)	17,607	(754,585)	-4286%	(28,899)	2450%
(21,447)	(46,681)	25,234	-54%	(32,877)	-35%	(205,262)	(280,087)	74,825	-27%	(223,640)	-8%
-	347	(347)	-100%	-	0%	73,338	2,084	71,254	3419%	13,087	460%
(127,412)	32,915	(160,327)	-487%	29,266	-535%	(393,187)	197,485	(590,672)	-299%	201,599	-295%
\$ 1,409,214	\$ 675,284	\$ 733,930	109%	\$ 1,405,043	0%	\$ 5,139,072	\$ 2,901,525	\$ 2,237,547	77%	\$ 3,812,354	35%
Net Income (Loss)											
Non Operating Income											
Tax Revenue											
Investment Income											
Interest Expense											
Other Non Operating Income (Expense)											
Total Non Operating Income											
Net Income (Loss)											



Statement of Operations 13-month Trend

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Gross Patient Services Revenue													
Inpatient	\$ 3,464,309	\$ 3,689,003	\$ 4,327,455	\$ 3,536,125	\$ 3,463,893	\$ 3,043,354	\$ 3,406,566	\$ 3,605,247	\$ 3,288,747	\$ 3,726,370	\$ 4,138,763	\$ 3,310,749	\$ 3,857,898
Outpatient	14,292,979	13,202,982	14,529,135	13,294,650	12,964,572	13,593,213	14,195,193	13,346,293	14,047,763	17,199,727	16,039,568	17,523,148	18,638,990
Total Gross Patient Services Revenue	17,757,288	16,891,985	18,856,590	16,830,775	16,428,465	16,636,567	17,601,759	16,951,540	17,336,510	20,926,097	20,178,331	20,833,897	22,496,888
Deductions from Revenue													
Contractual Allowances													
Medicare	3,345,847	3,421,358	3,603,120	3,526,574	3,000,655	3,266,390	3,200,913	3,393,158	3,902,405	3,785,864	4,551,851	4,308,246	5,205,426
Medicaid	3,706,068	3,771,972	4,364,148	3,880,351	3,619,215	3,668,725	3,909,940	4,012,377	2,920,563	4,802,755	4,652,839	4,548,393	4,701,779
Negotiated Rates	2,367,321	2,132,345	2,645,102	2,028,743	2,278,447	2,412,022	2,549,312	2,379,307	2,584,862	2,978,601	2,714,651	2,834,178	3,257,683
Other Adjustments	424,260	177,968	308,420	442,001	648,306	368,145	398,392	199,926	624,993	626,880	1,328,948	654,495	818,520
Gross Contractual Allowances	9,843,496	9,503,643	10,920,790	9,877,669	9,546,623	9,715,282	10,058,557	9,984,768	10,032,823	12,194,100	13,248,289	12,345,312	13,983,408
Charity Care	468,382	237,782	303,523	375,097	285,889	296,306	599,602	341,961	354,814	452,226	343,536	438,650	521,022
Bad Debt	708,901	575,286	287,566	114,155	(144,638)	103,191	(114,798)	214,560	(24,155)	243,688	(92,400)	221,628	(133,838)
Total Deductions From Revenue	11,020,779	10,316,711	11,511,879	10,366,921	9,687,874	10,114,779	10,543,361	10,541,289	10,363,482	12,890,014	13,499,425	13,005,590	14,370,592
Net Patient Services Revenue	6,736,509	6,575,274	7,344,711	6,463,854	6,740,591	6,521,788	7,058,398	6,410,251	6,973,028	8,036,083	6,678,906	7,828,307	8,126,296
COVID Grant Revenue	226,430	85,966	6,628,311	1,106,281	337,283	1,496,853	25,046	455,985	107,900	50,843	712,772	52,506	249,375
Other Operating Revenue	86,667	(52,827)	26,327	16,804	206,955	19,922	28,650	118,972	(76,453)	23,220	50,187	21,129	15,152
Net Revenue	7,049,606	6,608,413	13,999,349	7,586,939	7,284,829	8,038,563	7,112,094	6,985,208	7,004,475	8,110,146	7,441,865	7,904,634	8,390,823
Operating Expenses													
Salaries	2,609,505	2,774,116	2,838,758	3,349,881	2,742,169	2,734,884	3,303,928	2,972,517	2,772,043	2,865,229	2,980,200	3,595,919	3,007,956
Benefits	624,077	713,049	573,865	578,262	832,824	685,761	68,030	827,743	492,813	753,577	929,136	864,394	805,166
Purchased Labor	268,999	384,634	308,636	270,875	152,018	427,135	310,891	250,000	386,545	269,484	288,146	267,672	328,737
Sub-Total Labor Costs	3,502,581	3,871,799	3,721,259	4,199,018	3,727,011	3,847,780	3,682,849	4,050,260	3,651,401	3,888,290	4,197,482	4,727,985	4,141,859
Professional Fees - Physicians	364,644	326,073	375,128	368,393	344,807	333,691	399,338	407,364	333,806	386,705	382,778	391,045	482,125
Professional Fees - Other	34,416	45,335	103,477	39,174	62,259	82,246	30,749	41,222	61,379	103,229	64,244	(26,169)	54,282
Supplies	828,536	951,041	1,328,441	1,114,451	1,255,438	877,373	1,080,455	1,134,236	1,003,996	1,100,475	961,608	1,416,520	1,182,777
Purchased Services - Utilities	20,830	57,017	49,501	44,629	34,396	26,701	33,590	49,802	23,513	49,904	37,431	33,429	46,709
Purchased Services - Other	367,935	249,401	365,859	400,511	277,356	423,787	458,116	335,478	381,919	365,468	382,103	477,295	319,531
Rentals & Leases	181,177	202,763	194,310	215,090	147,779	180,858	111,591	181,248	191,423	236,771	216,425	119,924	159,032
Insurance License & Taxes	81,728	81,479	81,749	120,304	90,770	97,105	92,103	99,053	87,858	87,811	101,813	94,344	112,234
Depreciation & Amortization	185,332	186,035	185,801	186,122	195,247	204,290	268,228	212,599	211,565	215,248	220,078	207,039	222,140
Other Operating Expenses	106,650	101,802	80,833	96,773	109,760	152,045	92,216	158,066	105,914	110,506	100,267	78,539	133,508
Sub-Total Non-Labor Expenses	2,171,248	2,200,946	2,765,099	2,585,447	2,517,812	2,378,096	2,566,386	2,619,068	2,401,373	2,656,117	2,466,756	2,791,966	2,712,338
Total Operating Expenses	5,673,829	6,072,745	6,486,358	6,784,465	6,244,823	6,225,876	6,249,235	6,669,328	6,052,774	6,544,407	6,664,238	7,519,951	6,854,197
Operating Income (Loss)	1,375,777	535,668	7,512,991	802,474	1,040,006	1,812,687	862,859	315,880	951,701	1,565,739	777,627	384,683	1,536,626
Non Operating Income													
Tax Revenue	75,669	70,182	75,744	71,831	73,342	71,831	73,097	74,817	80,262	88,426	77,100	74,594	80,517
Investment Income	(13,526)	575	466	2,347	11,834	(24,802)	(146,092)	476	476	(571,938)	11,722	8,769	(186,482)
Interest Expense	(32,877)	(31,404)	(32,572)	(33,739)	(32,265)	(32,361)	(20,143)	(31,143)	(60,844)	(21,572)	(30,723)	(39,532)	(21,447)
Other Non Operating Income (Expense)	-	-	4,200	-	-	-	6,000	-	81,261	14,920	(2,497)	(20,347)	-
Total Non Operating Income	29,266	39,353	47,838	40,439	52,911	14,668	(87,138)	44,150	101,155	(490,164)	55,602	23,484	(127,412)
Net Income (Loss)	\$ 1,405,043	\$ 575,021	\$ 7,560,829	\$ 842,913	\$ 1,092,917	\$ 1,827,355	\$ 775,721	\$ 360,030	\$ 1,052,856	\$ 1,075,575	\$ 833,229	\$ 408,167	\$ 1,409,214
Total Margin	19.8%	8.6%	53.8%	11.1%	14.9%	22.7%	11.0%	5.1%	14.8%	14.1%	11.1%	5.1%	17.1%
Margin (Non Operating Income)	19.5%	8.1%	53.7%	10.6%	14.3%	22.5%	12.1%	4.5%	13.6%	19.3%	10.4%	4.9%	18.3%
Salaries as a % of Net Revenue	37.0%	42.0%	20.3%	44.2%	37.6%	34.0%	46.5%	42.6%	39.6%	35.3%	40.0%	45.5%	35.8%
Labor as a % of Net Revenue	49.7%	58.6%	26.6%	55.3%	51.2%	47.9%	51.8%	58.0%	52.1%	47.9%	56.4%	59.8%	49.4%
Operating Expense change from prior month	0%	7%	7%	5%	-4%	-4%	-4%	3%	-7%	1%	3%	16%	6%
Gross Revenue change from prior month	6%	-5%	12%	-11%	-13%	-12%	-7%	-10%	-8%	11%	7%	10%	19%
Net Revenue change from prior month	15%	-6%	112%	-46%	-48%	-43%	-49%	-50%	-50%	-42%	-47%	-44%	-40%




Prosser
Memorial Health
Statement of Cash Flows
June 30, 2022

CURRENT MONTH Actual		YEAR TO DATE Actual
	NET INCOME TO NET CASH BY OPERATIONS	
1,409,214	NET INCOME (LOSS)	5,139,072
222,140	Depreciation Expense	1,288,679
-	Amortization	-
-	Loss (Gain) on Sale of Assets	-
1,631,354	TOTAL	6,427,751
	WORKING CAPITAL	
415,870	Decrease (Increase) in Assets	(2,855,848)
(486,958)	Increase (Decrease) in Liabilities	(482,056)
1,560,266	NET CASH PROVIDED BY OPERATIONS	3,089,847
	CASH FLOWS FROM INVESTING ACTIVITIES	
(658,291)	Capital Purchasing	(2,271,131)
-	Proceeds on Capital Assets Sold	-
(76,712)	Investment Activity	(433,520)
(735,003)	NET CASH USED BY INVESTING ACTIVITIES	(2,704,651)
825,263	NET CHANGE IN CASH	385,196
	CASH BALANCE	
32,053,855	BEGINNING	32,493,922
32,879,118	ENDING	32,879,118
825,263	NET CASH FLOW	385,196



Prosser
Memorial Health
Direct Cash Flow Statement
June 30, 2022

	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022
CASH FLOWS FROM OPERATING													
PAYMENTS RECEIVED													
Commercial	2,942,914	2,651,970	2,898,177	3,130,632	3,153,931	2,875,267	3,330,492	2,870,461	2,644,488	3,345,808	3,083,155	3,080,772	3,456,092
Medicaid	1,744,690	1,672,738	1,588,232	2,103,782	1,687,063	1,529,067	1,709,233	1,527,015	1,438,583	1,933,332	1,793,945	1,717,575	1,999,159
Medicare	2,032,441	1,638,886	1,879,928	1,638,399	1,603,757	1,599,329	1,813,966	1,682,223	1,406,927	1,706,618	1,682,098	1,847,438	2,223,897
VA	18,589	64,834	88,287	56,988	52,706	66,281	119,229	83,053	37,616	94,447	100,585	74,713	18,848
Worker's Comp	148,895	146,239	100,236	109,063	145,456	130,592	154,764	154,456	80,761	125,210	100,871	123,467	196,392
Self Pay	149,680	168,795	121,182	163,813	108,110	129,044	97,535	65,480	93,400	120,387	66,663	98,505	69,161
Other Non Patient Payments	425,634	53,644	435,091	101,670	1,465,202	2,014,478	112,073	266,052	212,934	467,464	425,160	996,244	538,087
Cash Received (Patients, Insurance, Other)	7,462,843	6,397,106	7,111,133	7,304,347	8,216,225	8,344,058	7,337,292	6,648,740	5,914,709	7,793,266	7,252,477	7,938,714	8,501,636
Patient Refunds	(19,388)	(21,959)	(1,590)	(35,193)	(28,515)	(30,265)	(30,265)	(37,922)	(9,381)	(52,430)	(26,079)	(30,262)	(15,402)
AP Expenses	(2,503,723)	(2,425,738)	(3,291,615)	(3,276,658)	(3,837,948)	(3,398,633)	(1,628,648)	(3,425,965)	(2,483,587)	(4,162,503)	(4,176,244)	(4,332,217)	(3,764,079)
Settlement LumpSum Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
Payroll Expenses	(2,527,250)	(3,843,249)	(2,646,771)	(2,640,425)	(3,402,985)	(2,684,405)	(4,109,423)	(2,878,211)	(2,861,203)	(2,826,391)	(3,848,358)	(2,937,045)	(3,013,974)
Loan/Interest Expense	(171,436)	(57,467)	(57,467)	(114,934)	(57,467)	-	(456,436)	(57,467)	(57,467)	(57,467)	(57,467)	(57,467)	(224,627)
NET CASH PROVIDED BY OPERATING	2,241,046	48,693	1,113,690	1,237,137	889,310	2,230,755	1,112,520	249,175	503,071	694,475	(855,671)	581,723	1,483,554
CASH FLOWS FROM INVESTING ACTIVITIES													
Capital Purchasing	(756,111)	(509,764)	(337,064)	(421,857)	(175,878)	(772,834)	(386,876)	(641,743)	(216,418)	(134,128)	(249,106)	(371,445)	(658,291)
NET CASH USED BY INVESTING ACTIVITIES	(756,111)	(509,764)	(337,064)	(421,857)	(175,878)	(772,834)	(386,876)	(641,743)	(216,418)	(134,128)	(249,106)	(371,445)	(658,291)
NET CHANGE IN CASH	1,484,935	(461,071)	776,626	815,280	713,432	1,457,921	725,644	(392,568)	286,653	560,347	(1,104,777)	210,278	825,263
CASH BALANCE													
BEGINNING	26,981,155	28,466,090	28,005,019	28,781,645	29,596,925	30,310,357	31,768,278	32,493,922	32,101,354	32,388,007	32,948,354	31,843,577	32,053,855
ENDING	28,466,090	28,005,019	28,781,645	29,596,925	30,310,357	31,768,278	32,493,922	32,101,354	32,388,007	32,948,354	31,843,577	32,053,855	32,879,118
NET CASH FLOW	1,484,935	(461,071)	776,626	815,280	713,432	1,457,921	725,644	(392,568)	286,653	560,347	(1,104,777)	210,278	825,263



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Memorial Health

Key Operating Statistics

June 30, 2022

Month Ending				Key Volumes	Year to Date				Prior Year	Change
Actual	Budget	Variance	%		Actual	Budget	Variance	%		
302	248	54	22%	Inpatient Acute Days	1,705	1,496	209	14%	1,587	7%
120	148	(28)	-19%	Inpatient Swing Days	482	893	(411)	-46%	586	-18%
422	396	26	7%	Total Inpatient Days	2,187	2,389	(202)	-8%	2,173	1%
120	148	(28)	-19%	Inpatient Admissions	646	893	(247)	-28%	646	0%
122	148	(26)	-18%	Inpatient Discharges	638	893	(255)	-29%	648	-2%
8	11	(3)	-29%	Swing Bed Discharges	29	68	(39)	-58%	49	-41%
2,461	1,874	587	31%	Adjusted Patient Days	11,841	11,304	537	5%	10,306	15%
14.07	13.20	0.87	7%	Average Daily Census	12.08	13.20	(1.11)	-8%	12.01	1%
711	700	11	2%	Adjusted Discharges	3,454	4,224	(770)	-18%	3,073	12%
2.48	1.68	0.80	48%	Average Length of Stay - Hospital	2.67	1.68	1.00	59%	2.45	9%
14.00	13.04	0.96	7%	Average Length of Stay - Swing Bed	14.00	13.04	0.96	7%	11.96	17%
56%	53%	3%	7%	Acute Care Occupancy (25)	48%	53%	-4%	-8%	48%	1%
38	49	(11)	-23%	Deliveries	274	298	(24)	-8%	274	0%
337	185	152	82%	Surgical Procedures	1,499	1,115	384	34%	973	54%
1,419	1,068	351	33%	Emergency Dept Visits	7,487	5,447	1,040	16%	5,801	29%
14,738	13,808	930	7%	Laboratory Tests	85,935	83,310	2,625	3%	86,031	0%
3,091	2,812	279	10%	Radiology Exams	17,202	16,967	235	1%	17,904	-4%
1,422	1,334	88	7%	PMH Specialty Clinic	8,648	8,046	602	7%	7,512	15%
730	856	(126)	-15%	PMH - Benton City Clinic Visits	4,504	5,165	(661)	-13%	4,783	-6%
1,122	1,274	(152)	-12%	PMH - Prosser Clinic Visits	6,819	7,684	(865)	-11%	8,110	-16%
960	955	5	0%	PMH - Grandview Clinic Visits	5,728	5,765	(37)	-1%	3,838	49%
708	670	38	6%	PMH - Women's Health Clinic Visits	3,620	4,042	(422)	-10%	3,894	-7%
LABOR FULL-TIME EQUIVALENT										
319.85	345.07	25.22	7%	Employed Staff FTE's	314.93	345.07	30.14	9%	277.81	13%
34.70	34.75	0.05	0%	Employed Provider FTE	33.48	34.75	1.27	4%	30.49	10%
354.55	379.82	25.27	7%	All Employee FTE's	348.41	379.82	31.41	8%	308.30	13%
307.10	303.86	(3.24)	-1%	Productive FTE's	307.21	303.86	(3.35)	-1%	276.14	11%
13.52	18.65	5.13	28%	Outsourced Therapy FTE's	13.54	18.65	5.11	27%	15.53	-13%
8.53	11.65	3.12	27%	Contracted Staff FTE's	7.89	11.65	3.76	32%	7.19	10%
22.05	30.30	8.25		All Purchased Staff FTE's	21.43	30.30	8.87	29%	22.72	-6%
9.42	12.00	2.58	22%	Contracted Provider FTE's	7.52	12.00	4.48	37%	8.33	-10%
386.02	422.12	36.10	9%	All Labor FTE's	377.36	422.12	44.76	11%	339.35	11%



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Memorial Health

Financial Operations

June 30, 2022

	YTD 2021	YTD 2022	YTD Budget 2022		YTD 2021	YTD 2022	YTD Budget 2022
Utilization				Key Ratios			
Admissions	646	646	893	Operating Margin (%)	9.5%	12.1%	6.2%
Adjusted Admissions	3,064	3,498	4,224	Excess Margin (%)	10.0%	11.3%	6.6%
Average Daily Census	8.8	9.4	8.3	Operating EBIDA Margin (Operating Cash Flow)	12.4%	14.9%	8.8%
Adjusted Occupied Beds	41.6	51.0	39.1	Average Expense per Adjusted Patient Days	3,323	3,404	3,647
Average Length of Stay (days)	2.5	2.6	1.7	Average Net Revenue per Adjusted Patient Days	3,603	3,720	3,804
Outpatient Revenue %	78.9%	81.5%	78.9%	Net Accounts Receivable (days)	59.46	55.08	53.68
Total Yield (net patient revenue)	4.0%	-15.4%	20.7%	Current Ratio (x)	1.33	2.90	3.80
Hospital Case Mix Index	0.99	0.99	1.00	Cash on Hand (days)	140	152	109
Average Charge Per Patient Day	9,159	10,026	9,616	Cushion Ratio (x)	127.29	160.18	43.67
Financial Performance (\$000)				Return on Equity (%)	10.47%	9.48%	11.01%
Net Patient Revenue	37,135	44,053	43,004	Capital Spending Ratio	2.95	2.83	0.61
Total Operating Revenue	37,857	45,837	43,933	Average Age of Plant (Years)	13.74	12.41	10.52
Total Operating Expense	34,246	40,305	41,229	Debt Service	3.49	4.54	6.55
Income (Loss) from Operations	3,611	5,532	2,704	Debt-to-Capitalization (%)	25%	17%	12.78%
Excess of Revenue Over Expenses	3,812	5,139	2,902	Patient Revenue Sources by Gross Revenue (%)			
EBIDA (Operating Cash Flow)	4,684	6,821	3,883	Medicare	32.2%	31.6%	32.2%
Additions to Property, Plant, and Equipment	3,841	2,271	369	Medicaid	30.8%	30.7%	30.8%
				Commercial Insurance	29.3%	31.6%	29.3%
				Self-pay and Other	4.4%	3.0%	4.4%
Balance Sheet (\$000)				Labor Metrics			
Unrestricted Cash and Investments	8,948	10,699	16,686	Productive FTE's (incl contract labor)	307.19	336.16	346.16
Accounts Receivable (gross)	33,578	37,192	26,541	Total FTE's (incl contract labor)	339.35	377.36	422.12
Net Fixed Assets	18,756	21,162	31,774	Labor Cost (incl benefits) per FTE - Annualized	125,047	130,683	117,208
Current and Long-Term Liabilities (excluding LT debt)	18,289	9,375	7,884	Labor Cost (incl benefits) as a % of Net Operating Revenue	56.0%	53.8%	56.3%
Long-Term Debt	10,027	9,191	8,928	Net Operating Revenue per FTE - Annualized	223,112	242,936	208,155
Total Liabilities	28,316	18,566	16,812	Operating Expense per FTE - Annualized	201,832	213,615	195,344
Net Worth	36,400	54,204	55,460				

Contacts:			
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Stephanie Titus	Director of Finance	(509) 786-5530	stitus@prosserhealth.org



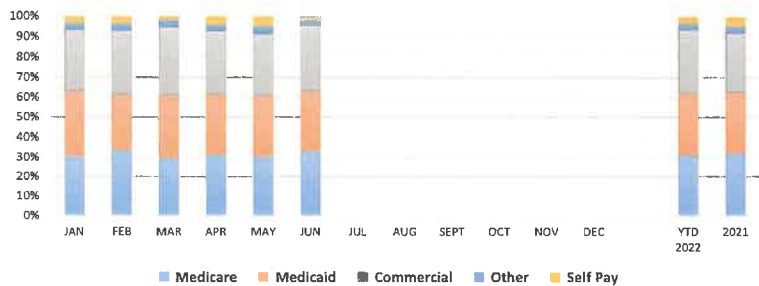
**Revenue by Financial Class
June 30, 2022**

Month	Medicare	Medicaid	Commercial	Other	Self Pay	Total
JAN	30.6%	33.1%	29.9%	3.4%	3.0%	100.0%
FEB	33.6%	28.3%	31.5%	3.4%	3.2%	100.0%
MAR	29.6%	31.8%	33.6%	3.5%	1.5%	100.0%
APR	31.5%	30.2%	31.5%	2.9%	3.9%	100.0%
MAY	30.8%	30.7%	30.4%	3.8%	4.4%	100.0%
JUN	33.3%	30.1%	32.3%	2.1%	2.2%	100.0%
JUL						
AUG						
SEPT						
OCT						
NOV						
DEC						
YTD 2022	31.6%	30.7%	31.6%	3.2%	3.0%	100.0%
2021	32.2%	30.8%	29.3%	3.3%	4.4%	100.0%

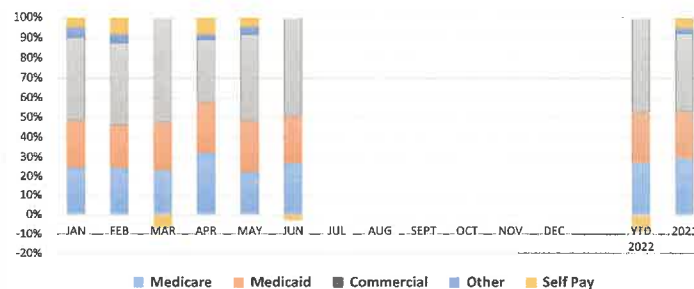
**Net Revenue by Financial Class
June 30, 2022**

Month	Medicare	Medicaid	Commercial	Other	Self Pay	Total
JAN	24.9%	23.6%	42.0%	5.2%	4.3%	100.0%
FEB	24.7%	21.6%	41.5%	4.6%	7.6%	100.0%
MAR	23.6%	24.0%	54.5%	3.8%	-6.0%	100.0%
APR	32.6%	25.2%	31.8%	2.7%	7.7%	100.0%
MAY	22.5%	26.2%	43.6%	3.9%	3.9%	100.0%
JUN	27.4%	23.4%	51.3%	-0.2%	-1.9%	100.0%
JUL						
AUG						
SEPT						
OCT						
NOV						
DEC						
YTD 2022	27.7%	25.1%	48.2%	7.0%	-8.0%	100.0%
2021	29.8%	23.5%	39.5%	2.7%	4.5%	100.0%

2022 Gross Revenue by Financial Class

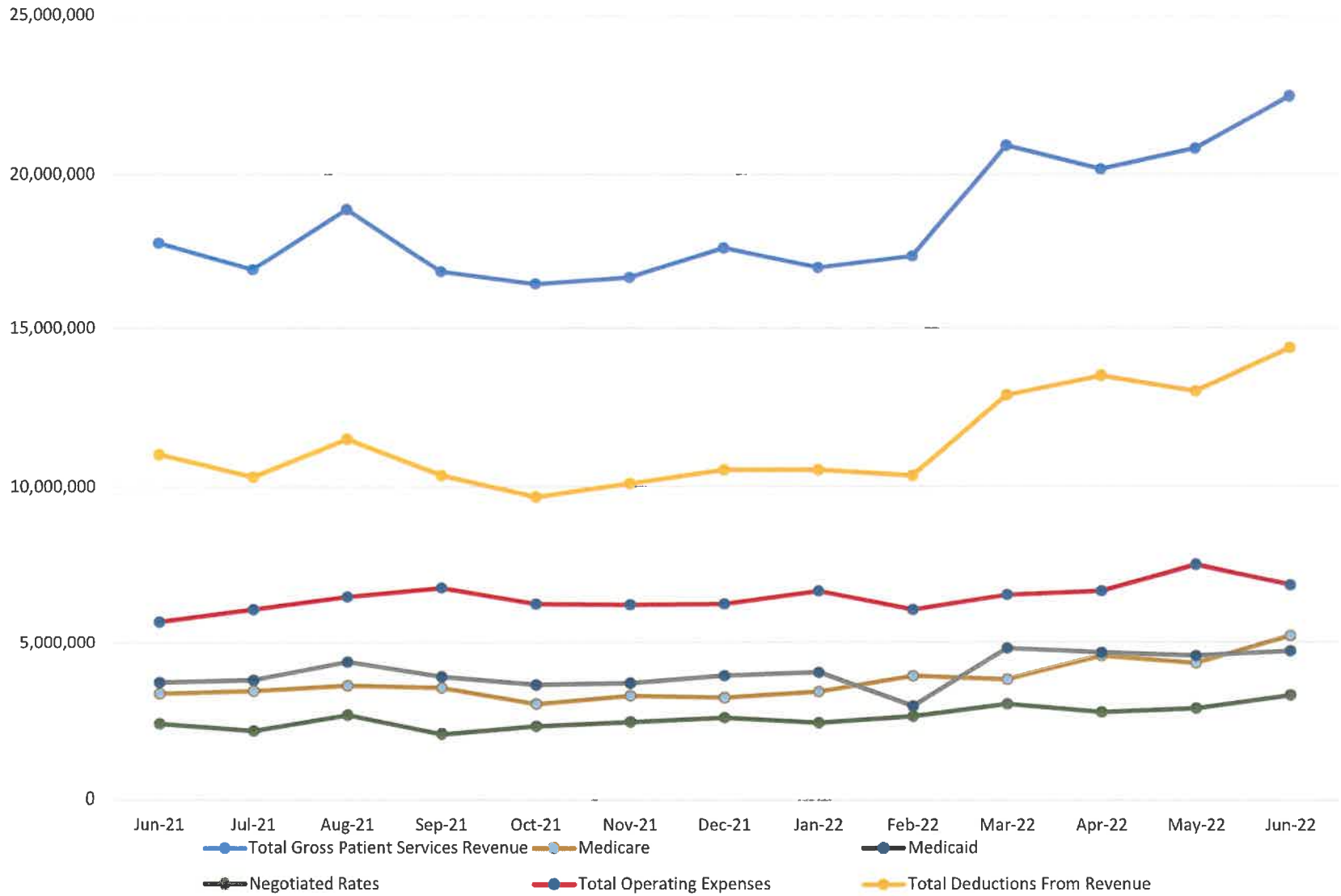


2022 Net Revenue by Financial Class

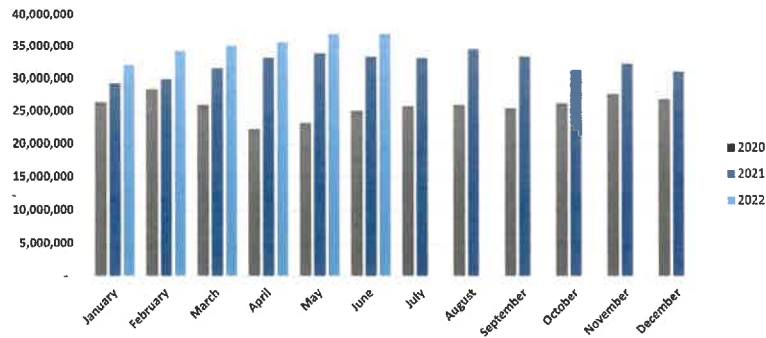




Prosser Memorial Health



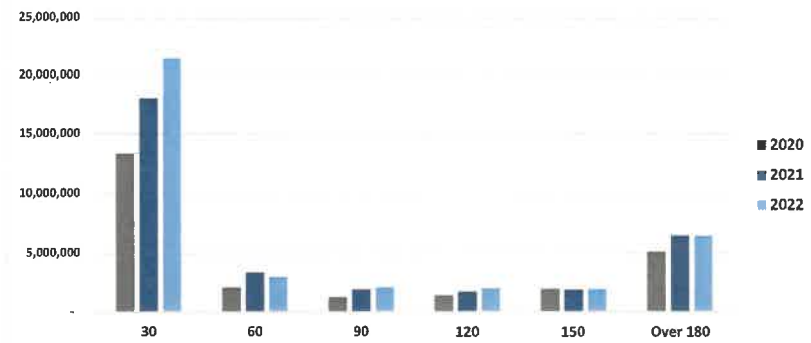
AR Balance Trend - 2020-2022



AR Balance Trend

	2017	2018	2019	2020	2021	2022	% Change
January	13,660,199	16,931,510	19,428,531	26,540,403	29,542,976	32,260,939	9%
February	14,529,841	16,911,324	19,146,130	28,567,785	30,120,411	34,474,143	14%
March	15,115,376	14,989,166	19,513,147	26,130,696	31,816,016	35,287,961	11%
April	15,752,955	15,852,894	19,692,139	22,350,961	33,444,324	35,889,741	7%
May	15,131,907	16,812,980	19,455,887	23,319,876	34,107,637	37,192,042	9%
June	15,446,995	16,291,895	21,223,053	25,197,275	33,577,529	37,117,042	11%
July	15,918,959	15,979,415	20,206,074	25,943,825	33,378,224		
August	17,412,422	16,633,907	20,028,246	26,144,421	34,777,364		
September	17,547,651	17,129,789	23,681,156	25,640,562	33,643,597		
October	15,948,473	16,950,256	25,724,222	26,432,788	31,514,355		
November	16,292,336	17,374,013	25,655,024	27,862,474	32,541,479		
December	16,777,361	17,137,550	25,486,600	27,102,309	31,324,657		

AR Age Comparative 2020-2022



AR Age Balance Comparative

	30	60	90	120	150	Over 180
2016	7,007,423	2,522,637	1,877,430	1,784,253	2,032,083	1,805,069
2017	7,966,706	1,873,299	1,198,195	690,185	938,114	2,780,496
2018	10,448,596	1,799,088	1,136,439	573,703	671,015	1,663,055
2019	13,335,701	2,101,833	1,358,930	855,852	1,288,381	2,282,355
2020	13,376,306	2,081,299	1,245,254	1,394,910	1,961,314	5,138,192
2021	18,098,058	3,379,916	1,924,303	1,746,419	1,906,230	6,522,603
2022	21,490,358	3,022,664	2,153,235	2,023,901	1,971,070	6,530,815

AR Percentage of Total Balance

2016	41%	15%	11%	10%	12%	11%
2017	52%	12%	8%	4%	6%	18%
2018	64%	11%	7%	4%	4%	10%
2019	63%	10%	6%	4%	6%	11%
2020	53%	8%	5%	6%	8%	20%
2021	54%	10%	6%	5%	6%	19%
2022	53%	8%	6%	5%	5%	18%



Prosser

Memorial Health

Lease Schedule

As of:

June 30, 2022

Building Rentals

Lease	Effective Date	Term Date	Auto Renew	Payment Amount		2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Total
Prosser Professional Center	May-17	April-32		20,687.55	RHC	253,240	255,698	260,838	263,369	263,369	268,663	271,270	276,722	282,174	287,790	45,020		3,222,270
Prosser Professional Center	May-17	April-32		9,583.00	Therapy	115,000	116,650	120,000	121,188	123,600	124,824	127,308	128,568	131,127	132,425	95,930		1,566,620
Prosser Family Fitness Pool	Jul-15	Jul-22		32,812.50	Therapy	73,625	16,000	16,000	16,000	16,000	8,000							408,125
Benton City Professional Center	May '12	2027		14,000.00	Family Med	168,000	168,000	168,000	168,000	168,000	56,000							1,232,000
Benton City Professional Center	May '12	2027		4,775.00	Pain Clinic	57,300	57,300	57,300	57,300	57,300	19,100							420,200
Yakima Valley Farmworkers	Oct-06	Oct-47		16,539.93	Spec Clinic	190,400	62,400	63,960	65,559	67,198	68,878	70,600	72,365	74,174	76,028	77,929	79,877	1,366,327
Chardonnay Building with Builder	Jun-13	Jun-28		9,082.00	OB/GYN	108,984	108,984	108,984	108,984	108,984	108,985	49,951						921,824
Total Building Leases						966,549	785,032	795,082	800,400	804,451	654,449	519,129	477,656	487,475	496,244	218,880	79,877	9,137,366

A -

- 41770060 BUILDING RENTAL -PT
- 41770721 BUILDING RENTAL -ST
- 41770722 BUILDING RENTAL -OT

Leased Equipment

Lease	Effective Date	Term Date	Payment Amount															Total
Stryker - Fee per Case agreement	Mar-18	Mar-23	7,739.16			92,870	23,217											394,697
Biomerieux	Dec-19	Dec-24	798.70			9,584	9,584	8,786										47,922
Flex Financial (MAKO)	Oct-19	Oct-24	21,157.04			233,779	233,779	175,335										1,168,897
Karl Storz	Mar-21	Aug-23	5,838.37			70,060	46,707											175,151
Leaf	Sep-16	Sep-20	7,807.00	Renewed		93,684	93,684	93,684										336,000
Baxter - Infusion Pumps	Aug-17	Aug-22	193.80			1,550												6,202
Baxter - Spectrum SW	Aug-17	Aug-22	60.00			480												1,920
Quadient	Apr-20	Jul-25	282.00			3,384	3,384	3,384	1,974									17,766
Total Equipment Leases						505,393	410,356	281,188	1,974	-	-	-	-	-	-	-	-	2,701,560
Total Future Leases						1,471,942	1,195,388	1,076,270	802,374	804,451	654,449	519,129	477,656	487,475	496,244	218,880	79,877	11,838,926



Capital Expenditure Budget

GL #	DEPARTMENT	YEAR	DESCRIPTION	APPROVED COST	Spent To Date	Purchase Date
60700	Med/Surg	2022	Sit to Stand Chair	10,000		
		2022	Blanket warmer	6,000		
		2022	Child Cribs (x2)	18,000		
		2022	Sleeper Sofa - Room 4	5,500		
		2022	Zoll Monitor	50,000		
70100	Family Birthplace	2022	Draeger Infant Warmer	13,224		
70200	Surgical Services	2021	Colonoscope Sterilizer	80,000	86,166	5/1/2022
		2022	Erbe	72,062	49,320	1/1/2022
		2022	Olympus Colonoscopes (x4)	185,038	185,038	11/24/2021
		2022	Stryker SPY-PHI (blood flow monitor)	115,000	121,951	6/1/2022
		2022	Mejardine Aca Blade	13,500		
		2022	Gastroscopes (x2)	46,000		
70700	Laboratory	2022	Flexible Uteroscope	15,500		
		2021	Nova Biomedical Stat Profile	13,227		
		2022	Chemistry Freezer	6,658	6,332	5/1/2022
71400	Diagnostic Imaging	2022	RALS middleware interface	29,363		
		2022	Bugsy - EPIC module IC surveillance	90,000		
		2021	TEE Service Line	132,234	31,480	*on going
71800	Cardiopulmonary	2022	t-STAT blood analyzer	11,868		
		2022	Philips V60 BIPAP Interface	43,322		
72000	Physical Therapy	2022	PFT Interface (Easy Pro)	15,000		
		2022	Hamilton Ventilator Interface	15,000		
72000	Physical Therapy	2022	Chattanooga Vectra GENSYS	5,736		
72300	Emergency Dept	2022	Chattanooga Vectra GENSYS	5,736		
		2022	Stryker Stretchers (x3)	22,300		
		2022	ED EHR Module	10,000		
		2022	Metro Carts (x2)	15,000		
		2022	Altrix Unit	30,000		
		2022	Level 1 Unit	8,000		
72500	OSP	2022	Zoll Monitor	50,000		
		2021	Exam Chair	11,000		
		2021	Blanket Warmer	5,000		
72600	Benton City	2022	New Patient Care divider curtains	7,000		
		2021	Security Cameras	12,000		
		2022	Repainting of Building	38,622		
72630	Grandview	2022	Remodel for Provider Office	7,020		
		2022	Venue Go Ultrasound	44,890		
72640	Women's Health	2022	Cabinet and Desk Remodel	15,000		
		2022	Blanket Warmer	5,000		
72700	Specialty Clinic	2022	Fluid Warmer	5,000		
		2022	Medtronic PII Capsule	17,889	16,019	1/1/2022
		2022	Provation Prof Fees Documenting SW	26,405	26,405	1/31/2022
84600	Environmental Services	2022	Olympus Scopes	56,104		
		2022	Carpet Shampooer	13,000		
		2022	Floor Scrubber	15,000		
85400	Information Technology	2022	Virtual Desktop Expansion	91,471		
		2022	Replacement Firewall	33,201	42,975	6/1/2022
		2022	Server Storage Archiving	14,000		
		2022	Interpreter Compliance HW/SW	20,000	5,780	*on going
85600	Scheduling Call Center	2022	Call Center Cubicle Set up	30,000	813	4/30/2022
87400	Employee Health	2022	@Net Health Agility	18,500		
			2022 Capital Items	1,401,400	\$ 65,339	
			2021 Carryover Approved Capital Items	212,234	\$ 31,480	
			TOTAL	\$ 1,613,634	\$ 572,279	
NON BUDGETED CAPITAL - BOARD APPROVED DURING 2022						
70200	Surgery	2022	Universal Driver (Stryker)		26,728	1/1/2022
70200	Surgery	2022	WM-DP# Mobile Workstation		70,539	2/1/2022
70200	Surgery	2022	Neptune 3 Rover		17,157	3/1/2022
85300	Patient Financial Svcs	2021	COVID Business Office Remodel		78,491	4/1/2022
					\$ 192,915	
					\$ 765,194	



Prosser

Memorial Health

As of:
June 30, 2022

Capital Project Expenditures

<u>Project Name</u>	<u>Budget</u>	<u>Apr-22</u>	<u>May-22</u>	<u>Jun-22</u>
CIP - New Prosser Hospital		3,916,344	4,268,385	4,762,150
CIP - Gap Rd Land Improvement		118,571	118,571	118,571
	78,400,000	4,034,915	4,386,956	4,880,721
CIP - DI TEE Project	132,234	-	-	-
CIP - Dermatology Clinic	235,000	229,108	244,961	245,439
CIP - Beaker Lab System	788,596	-	-	-
CIP - Call Center	30,000	813	813	813
CIP - 1511 Meade Ave		12,378	12,378	12,378
CIP - PFS Office Remodel	35,328	-	-	-
Asset Clearing:				
<i>Karl Storz Instruments & Stryker Equip</i>		-	-	-
<i>Medivators</i>		57,107	-	-
<i>Fisher Healthcare (Isotemp Freezer)</i>		5,831	-	-
<i>Olympus Equipment</i>		-	-	-
<i>TD100 System Additional Cost</i>			2,216	2,216
<i>Stryker Ceiling Exam Lights</i>		-	-	-
<i>Zoll Medical - Remote View X-series</i>		5,000	5,000	5,000
<i>Additional Cost to Firewall</i>				209
<i>16 Ipads (CDW Intrep Project)</i>				5,780
	81,093,614	4,345,152	4,652,324	5,152,556

Attachment P



Organization	Purpose	Award	Date Rec'd	Amount Recognized in FY2020	Amount Recognized in FY2021	Amount Recognized in FY2022	Balance Remaining	Repayment	Other Notes
Greater Columbia Accountability of	Telehealth Application Funding for relief	\$ 6,000	4/3/2020	\$ 6,000			\$ -	\$ -	Received for initial telehealth expenditures
CMS Medicare Advanced Benefits	Advance of Medicare Payments	\$ 6,591,980	4/21/2020	\$ -			\$ -	\$ 6,591,980	Three months worth of Medicare payments advanced to PMH. REPAID 11/30/2020
US Bank SBA Economic Injury Disaster	Payroll Protection Forgiveness Loan	\$ 10,000	4/30/2020	\$ 10,000			\$ -	\$ -	US Bank SBA grant deposited into our account.
US Bank SBA Payroll Protection Program Loan (PPPL)	Payroll Protection Forgiveness Loan	\$ 6,350,235	5/4/2020	\$ -	\$ 6,350,235		\$ -	\$ -	SBA PPP - To be forgiven and recognized in 2021.
HHS	Provider Relief Payment	\$ 760,801	4/10/2020	\$ 760,801			\$ -	\$ -	CARES Act: Stimulus for highly effected areas
HHS	Provider Relief Payment	\$ 271,197	4/24/2020	\$ 271,197			\$ -	\$ -	CARES Act: Stimulus for highly effected areas
HHS	CARES Provider Relief Fund - Rural Allocation	\$ 4,170,732	5/6/2020	\$ 2,353,778	\$ 1,816,954		\$ 0	\$ -	Each CAH will receive at least \$1,000,000 with the average CAH/Rural Hospital to receive \$4,000,000 and each Rural Health Clinic to receive at least \$100,000 with the average to be about \$160,000. NARHC.ORG (National Association of Rural Health Clinics)
HHS	Provider Relief Payment	\$ 150,680	6/15/2020	\$ 150,680			\$ -	\$ -	CARES Act: Phase 1 (2% Net Income)
HHS	Provider Relief Payment	\$ 103,253	6/25/2020	\$ 103,253			\$ -	\$ -	CARES Act: Safety Net Distribution
HHS	RHC COVID-19 Testing Program	\$ 49,461	5/20/2020	\$ 49,461			\$ -	\$ -	HHS: RHC COVID-19 Testing Program
WSHA	ASPR PPE purchase from WSHA	\$ 20,000	5/21/2020	\$ 20,000			\$ -	\$ -	Grant funds thru WSHA for Staff PPE
Medicaid SRDSH	SRDSH reallocation of addt'l funds	\$ 29,382	5/22/2020	\$ 29,382			\$ -	\$ -	The SRDSH amount that is funded by the H5NA fund, is set by RCW at \$1,909,000, and the federal matching funds has historically been 50%. Due to the current COVID-19 pandemic, congress passed the CARES ACT, which increase the federal matching percentage to 56.2% effective 1/1/2020
HHS	RHC COVID-19 Testing Program	\$ 49,461	6/9/2020	\$ 49,461			\$ -	\$ -	HHS: RHC COVID-19 Testing Program
HHS	Provider Relief Payment	\$ 1,300,000	7/20/2020	\$ -	\$ 1,300,000		\$ -	\$ -	CARES Act: (\$100,000 per RHC; \$1,000,000 for CAH)
HRSA (WA DOH)	SHIP Grant Hospital COVID Funding	\$ 83,136	7/27/2020	\$ 83,136			\$ -	\$ -	HRSA Rural Hospital SHIP Grant COVID Funding
Molina	PCP Stabilization Payment	\$ 25,434	8/4/2020	\$ 25,434			\$ -	\$ -	Molina Healthcare provided COVID pmt to providers
HHS	RHC COVID-19 Testing Program	\$ 49,461	12/7/2020	\$ -	\$ 49,461		\$ -	\$ -	HHS: RHC COVID-19 Testing Program
WWSA	HCA CARES COVID Funding	\$ 370,982	12/31/2020	\$ 370,982			\$ -	\$ -	WWSA - CARES funding distributed to hospitals.
WWSA	HCA CARES COVID Funding	\$ 7,913	1/25/2021	\$ -	\$ 7,913		\$ -	\$ -	WWSA - CARES funding distributed to hospitals.
HCA	HCA CARES COVID Funding - RHC	\$ 9,439	4/15/2021	\$ -	\$ 9,439		\$ -	\$ -	HCA - CARES funding distributed to RHCs.
HCA	HCA CARES COVID Funding - RHC	\$ 3,511	4/15/2021	\$ -	\$ 3,511		\$ -	\$ -	HCA - CARES funding distributed to RHCs.
HHS Stimulus - RHC	RHC COVID-19 Testing Program	\$ 200,000	6/10/2021	\$ -	\$ 200,000		\$ -	\$ -	HHS: RHC COVID-19 Testing Program
HHS Stimulus - RHC	RHC COVID-19 Testing Program	\$ 100,000	8/17/2021	\$ -	\$ 100,000		\$ -	\$ -	HHS: RHC COVID-19 Testing Program
HCA	HCA CARES COVID Funding - RHC	\$ 252,684	10/12/2021	\$ -	\$ 252,684		\$ -	\$ -	HCA - CARES funding distributed to RHCs.
HHS	Provider Relief Payment	\$ 1,679,462	11/23/2021	\$ -	\$ 132,745	\$ 1,400,928	\$ 145,788	\$ -	HHS: Phase 4 PRF Funds Distribution
HHS	Provider Relief Payment	\$ 228,453	1/26/2022	\$ -	\$ -	\$ 228,453	\$ -	\$ -	HHS: Phase 4 PRF Funds Distribution Bonus payment
Medicaid SRDSH	SRDSH reallocation of addt'l funds	\$ 35,586	3/11/2022	\$ -	\$ -	\$ 35,586	\$ -	\$ -	SRDSH 56.2% Additional Allocation of Funds
Medicaid SRDSH	SRDSH reallocation of addt'l funds	\$ 16,674	3/11/2022	\$ -	\$ -	\$ 16,674	\$ -	\$ -	SRDSH 56.2% Additional Allocation of Funds
Totals		\$ 22,925,919		\$ 4,283,567	\$ 10,222,942	\$ 1,681,642	\$ 145,788	\$ 6,591,980	

Craig Marks

From: Cassie Sauer <CassieS@wsha.org>
Sent: Friday, July 08, 2022 10:14 AM
Subject: Member Briefing on Financial Survey Results

Follow Up Flag: Flag for follow up
Flag Status: Flagged

External Email: Please Proceed with Caution

Dear WSHA member CEOs, CFOs, Government Affairs Leaders and Communication Leaders:

On Thursday, July 21, we will release aggregate results of WSHA's Q1 financial survey of our members to the media. The results of the survey show the extreme financial stress our health care system is under. We expect our release will generate questions for each of you.

Please join us for a member briefing on **Monday, July 18 at 8 a.m.** to hear the results ahead of the media briefing. In addition to the survey results, we'll share talking points we plan to use. We hope you will use these with your community and amplify them with your own organization's story.

The briefing on WSHA's survey results is part of our commitment to tell the hospitals' story to ensure the public and policy makers understand the critical role hospitals play in their communities. We do not believe there is appreciation for the fragile financial position hospitals are in across Washington State, how this situation is affecting access to care now and the even bigger impact it will have if the situation continues. We are hopeful to make progress on this issue during the 2023 state legislative session, but need your help laying the groundwork.

To join the member briefing, [use this ZOOM LINK](#)

Thank you,
Cassie Sauer

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Craig Marks

From: Beth Zborowski <BethZ@wsha.org>
Sent: Tuesday, July 19, 2022 5:09 PM
To: Craig Marks
Subject: WSHA Q1 Financial Survey Results Talking Points & Summary

External Email: Please Proceed with Caution

Hello excellent WSHA member CEOs, CFOs, Government Affairs and Public Relations teams,

Thank you for taking the time to attend yesterday's member briefing on the results of WSHA's Q1 Financial Survey.

Included at the bottom of this email you will find talking points and a high-level one-page summary of the survey results. We ask that you keep this information confidential until after WSHA's media briefing on Thursday, July 21 at 11 a.m. An invitation to listen into the media briefing was sent to this group earlier today. To register to join the media briefing, please visit: https://wsha-org.zoom.us/meeting/register/tZEvcOCtqjkuHt00xV6c_KpA70lwxucdyua1

The line-up of speakers for the media briefing include:

- Mary Shepler, Chief Nursing Officer, EvergreenHealth
- Tom Legel, Chief Financial Officer, Confluence Health
- Susan Stacey, Chief Executive, Providence Inland Northwest Washington
- Cassie Sauer, Chief Executive Officer, WSHA
- Eric Lewis, Chief Financial Officer, WSHA

We hope you will use the talking points to tell your own hospital's story. Developing local advocates is critical to building statewide support for the solutions we are proposing to state agencies and legislators. We appreciate your partnership in advocating for sustainable access to vital hospital services.

Sincerely,

Beth Zborowski
Senior Vice President, Member Engagement and Communications
Washington State Hospital Association
Pronouns: she/her
Email: bethz@wsha.org | Phone: (206) 577-1807 | Cell: (208) 412-3886

First Quarter – 2022 Financial Survey Talking Points

Embargoed until 12:00 p.m. Thursday, July 21, 2022

WSHA surveyed all acute care hospitals in Washington on their quarterly financial results as of March 31, 2022 and 2021. The survey included all operations of their health system along with details on their COVID Relief, employee wages/benefits, and temporary labor expenses.

This survey represents all hospital systems and almost 13,000 (97%) hospital beds across the state and the employment of over 112,000 people by hospitals. Hospitals and health systems also employ thousands of physicians, many through medical groups.

Key audiences: legislators, hospital staff, community and business leaders, and the media

Key Findings & Topline Messages:

- **Hospitals are critical community infrastructure.** Washingtonians rely on hospitals to be there to care for heart attacks, strokes, trauma, appendicitis, cancer, and other emergency and acute needs. Access to this specialized care is threatened by unsustainable financial losses.
- **Hospitals and health systems across Washington state lost nearly \$1 billion in the first quarter of 2022,** and these losses continued in the 2nd quarter. We expect hospitals will face continued losses through the rest of the year.
- **These losses are not sustainable and are impacting hospital and health systems capacity and could have long-term impacts on availability of services to patients.**
- **There are several factors contributing to hospital financial losses, including:**
 - Low Medicaid reimbursement as urban hospitals have not received a rate increase in more than 20 years,
 - High inflation and labor shortages have resulted in labor, drug and supply costs increasing faster than payment rates,
 - More complex patients whose care costs are much higher than reimbursement,
 - A large and increasing number of patients ready for discharge who are not able to secure placement in nursing homes or other post-acute care facilities. This situation is extremely costly to hospitals and threatens patient access to needed inpatient services.
 - Federal funding used to keep hospitals operating in 2020 and 2021 has run out for urban hospitals.
- **Since the start of the pandemic, hospitals and health systems have worked to maintain access to health care services, however on-going losses cannot be sustained forever.** Hospitals and health systems need positive margins to:
 - Increase wages to recruit and retain staff
 - Reinvest in equipment, facilities, or new services needed by the community
 - Maintain critical community health services that do not generate revenue and are not core to the acute hospital care mission. Some examples include dental and outpatient clinic services, among others.
- **On-going large financial losses will result in less access to health care for patients** as some hospitals are forced to close inpatient units or limit availability of certain services. Ultimately continuation of these losses threatens hospitals with bankruptcy/closure
- **Hospitals are asking the state to address some of the factors driving these losses.** Specifically, issues around long-length of stay patients, increasing support for post-acute and behavioral health services, and increasing hospital Medicaid rates.

Detailed talking points

- **Concerning and unsustainable trend:** In aggregate for hospitals across the state, the net loss for was approximately negative \$929 million for the first three months of 2022 which represents a negative 13% total margin. **Consider sharing your organization's losses.**
- **This means hospitals and health systems across Washington State have experienced negative margins and cash flow for the first six months of 2022 and anticipate massive losses to continue through the rest of the year.** This trend is unsustainable at a time when the cost of labor and supplies are increasing due to high inflation.
- These losses are inclusive of government COVID relief funds. Federal relief payments have ended, and hospitals are no longer receiving additional funds.
- The causes for of these unsustainable losses include:
 - Hospital reimbursement growing much slower than inflation.
 - Hospitals cannot increase their prices to cover increasing costs of labor and supplies. Hospital reimbursement for services is locked into fixed government fee schedules and contracts with insurance companies.

- Between 60% and 80% of hospital patients are on government programs – Medicare and Medicaid. These programs significantly underpay hospitals compared to what it cost to provide services.
- Medicaid paid 63% of the cost of care in 2020. Due to cost increases, some hospitals were paid as low 42% of costs in the 1st quarter of 2022. Most urban hospitals have not had a Medicaid rate increase in more than 20 years. Our state Medicaid payments are among the lowest in the country.
- Medicare only increases reimbursement between 1% and 3% percent each year.
- Costs to operate hospitals have increased significantly due to general inflation, labor shortages, drug costs, and supply chain disruptions.
 - Labor shortages are massive, which is increasing costs significantly and making operations unstable. Hospitals have had to increase their workforce spending. **Share your organization's experience with shortages and efforts you've taken to recruit and retain staff.**
 - To recruit and retain staff, hospitals increased employee compensation by an average of 10% per employee in the first quarter of 2022 compared to the prior year.
 - **To meet high patient care needs, hospitals have increased their use of temporary labor by 84%. Hourly rates for these temporary workers increased an astonishing 63%, an increase of \$292 million in temporary labor costs when comparing 2022 to 2021. Share your temporary labor costs.**
 - Inflation of needed supplies, drugs, purchased services and other costs has been significant over the last two years.
- The last COVID relief dollars were delivered to Washington hospitals/health systems in December of 2021 with almost all funding used for COVID related employee and supply expenses and lost revenues incurring in 2021 or earlier. **Share the amount of federal relief received and how/when it was used.**
- Hospitals also had significant nonoperating investment losses in the first quarter of 2022.
- Most of these losses are from are large urban hospitals. Combined, large hospital systems lost \$797 million or 86% percent of the losses statewide.
- All 52 urban hospitals/health systems had negative margins totaling \$929 million in losses.
- Independent rural hospitals fared a little better with 18 out of 32 experiencing negative margins.
- These financial challenges are happening at a national level, but Washington state's hospitals losses are larger due to low Medicaid rates, more patients being ready for discharge with no place for them to go, challenges with our behavioral health treatment system, and several other factors.
- Hospitals in Washington state were also the first to be hit with the COVID-19 pandemic and are continuing to treat patients with this illness, often at a loss.
- Hospitals are experiencing an elevated level of extremely sick patients across our state and the costs of treating these patients far exceeds reimbursement amounts. Therefore, the higher number of patients is resulting in larger losses.
 - One hospital shared with WSHA examples of claims for Medicaid patients that received inpatient care for Covid. The sample included 12 patients with lengths of stay ranging from 11 to 63 days. For these cases, the combined actual cost of care was about \$900,000, though Medicaid paid only \$430,000 with the remaining cost of over a half million dollars borne by the hospital. Since there is yet no specific payment category for Covid, Medicare and Medicaid are currently paying 120% of the normal payment for respiratory admissions such as pneumonia, far short of the increased complexity, length of stay, and cost of care for these patients.
 - A children's hospital shared examples of a range of inpatient and outpatient claims including both very complex cases such as heart surgery and more routine cases such diabetes care. In most cases, the Medicaid payment was less than half the hospital's actual cost to provide the service. In one example involving surgery for a child with complications of autism and obesity, Medicaid only paid 12 percent of the hospitals' actual cost to provide the care.
- **Consider sharing your own organization's examples of underpayment.**

- Negative margins and a lack of reserves is creating capacity challenges and threatens the ability to sustain health care services. Without a small positive margin and/or reserves, hospitals and health systems struggle to:
 - Increase wages to recruit and retain staff
 - Pay principle on debt
 - Reinvest in equipment, facilities, or new services needed by the community Maintain critical community health services that do not generate revenue and are not core to the acute hospital care mission. Some examples include dental and behavioral health services, among others.
 - On-going large financial losses will result in less access to health care for patients as some hospitals will be forced to close inpatient units or limit availability of certain services. Ultimately continuation of this threatens hospitals with bankruptcy/closure.
 - Consider sharing how you foresee ongoing losses impacting care in your community.

There are actions the state can take to address the current financial crisis.

- The most immediate request from Washington’s hospitals is to help address the difficult to discharge problem.
 - Between 10 and 20 percent of hospital patients statewide do not have a need for hospital-level care but are stuck in the hospital. Many of these patients are in the state’s care.
 - These patients are not getting the support they need and occupy tremendous amount of valuable hospital space. A patient in the hospital for 60 days displaces 20 normal-stay patients.
 - Caring for these with little or no payment is stressful to staff, financially devastating, and impacts other patients. Specifically, in the short-term we are asking the state to:
 - Fix the guardianship interpretation when a patient lacks capacity and needs long-term care in the Medicaid program. Not allowing family to consent to long-term care placement is an equity issue.
 - Fund “bed-readiness” programs that hospital pay for placement in long-term care. Hospitals cannot and should not be using precious resources for lifesaving and critical care for patients who would be better served in long-term care.
 - Fund rapid response teams in long-term care to ensure they have adequate staffing to take patients who need to be discharged from acute care hospitals; and
 - Fund respite care for all patients who have a developmental disability who are living in hospitals.
- During the 2023 legislative session, our priorities will include:
 - An increase to Medicaid rates for hospitals.
 - New funding to support post-acute care providers to ensure the state’s health care system flows as it should and provides people with access to care that they need in an appropriate setting – rather than becoming stuck in hospitals without the need for specialized care provided by hospitals.
 - Support for behavioral health patients in crisis to allow intervention prior to an emergency department visit.

WSHA, July 2022

First Quarter – 2022 Financial Survey Results Summary

Washington State Acute Care Hospitals Financial Survey - Final First Quarter 2022			
Description	January - March 2022	January - March 2021	% Change Prior Year
Revenue			
Total Operating Revenues	\$ 7,161,776,806	\$ 6,837,662,041	5%
Expenses			
Employee Wages/Benefits	\$ 3,865,184,648	\$ 3,513,243,582	10%
Temporary Labor Costs	\$ 437,582,901	\$ 145,695,543	200%
Other Expenses	\$ 3,551,795,522	\$ 3,413,063,963	4%
Total Operating Expenses	\$ 7,854,563,071	\$ 7,072,003,088	11%
Operating Loss			
Net Operating Loss	\$ (692,786,264)	\$ (234,341,047)	-196%
Operating Loss Percentage	-10%	-3.4%	
Non-Operating Loss			
Net Non-Operating Loss	\$ (292,866,113)	\$ 300,753,005	
Federal COVID Relief			
COVID Relief Funds	\$ 56,478,581	\$ 116,115,042	-51%
Net Loss			
Net Loss	\$ (929,173,796)	\$ 182,527,000	
Net loss Percentage	-13%	2.7%	
Full-time Equivalent (FTEs) and Employee and Temporary Costs per FTE			
Temporary Labor FTE's	6,308	3,425	84%
Employed FTE's	112,795	112,748	0%
Temporary Labor Cost per FTE	\$ 277,495	\$ 170,164	63%
Employee Wages and Benefits per FTE	\$ 137,069	\$ 124,640	10%
Standard and Poor's: For a healthy bond-rating, hospitals' operating margins should be 4-5%. For an excellent bond rating, a margin of at least 6% is recommended.			
Data aggregated from the Financial Survey distributed in May 2022. Acute care hospitals representing 97% of beds and admissions responded to the survey.			

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Prosser

Memorial Health

Physician Clinics Consolidated

Income Statement As Of: June 30, 2022

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	14,697,524	11,402,570	3,294,953	29%	9,634,777	5,062,747	53%
Deductions From Revenue	(6,065,359)	(4,490,938)	(1,574,420)	35%	(4,038,370)	(2,026,988)	50%
Net Patient Revenue	8,632,165	6,911,632	1,720,533	25%	5,596,406	3,035,758	54%
Other Operating Revenue	3,804	200,000	(196,196)	-98%	1,528	2,276	149%
Provider Salaries	4,646,284	4,968,670	322,386	6%	4,047,145	599,139	15%
Clinical Support Salaries	1,644,301	1,688,359	44,057	3%	1,427,796	216,505	15%
Benefits	591,827	425,897	(165,931)	-39%	336,384	255,444	76%
Purchased Labor	39,214	17,112	22,102	129%	-	39,214	0%
Total Salaries and Benefits	6,921,627	7,100,037	222,615	3%	5,811,325	1,110,302	19%
Professional Fees	299,224	121,100	(178,124)	-147%	112,316	186,908	166%
Supplies	541,089	677,231	136,142	20%	396,435	144,654	36%
Utilities	27,930	39,100	11,170	29%	36,123	(8,193)	-23%
Purchased Services	152,307	151,802	(40,969)	-27%	128,237	24,070	19%
Rentals & Leases	459,693	455,811	32,025	7%	473,393	(13,701)	-3%
Other Direct Expenses	27,045	50,172	(22,366)	-45%	50,473	(23,428)	-46%
Total Non Salary Expenses	1,507,288	1,495,215	(12,073)	-1%	1,196,977	310,311	26%
Total Expenses	8,428,915	8,595,253	166,338	2%	7,008,302	1,420,613	20%
Contribution Margin	207,054	(1,483,621)	1,690,675	-114%	(1,410,368)	1,617,422	-115%
FTE's							
Provider Staff	28.73	29.10	0.37	1%	24.62	(4.11)	-17%
Clinic Staff	61.38	70.54	9.16	13%	47.05	(14.33)	-30%
Contracted	1.13	1.20	0.07	6%	1.03	(0.10)	-10%
Total	91.24	100.84	9.60	10%	72.70	(18.54)	-26%
Employed							
Hours Paid	86,427	95,654	9,227	10%	73,979	(12,448)	-17%
Hours Worked	75,271	76,523	1,252	2%	64,806	(10,465)	-16%
Contracted							
Hours	1,087	960	(127)	-13%	1,069	(18)	-2%
Total Worked Hours	76,358	77,483	1,125	1%	65,875	(10,483)	-16%
Unit of Service (UOS) Total Visits	30,420	31,786	(1,366)	-4%	28,225	(2,195)	-8%
Productivity (Worked Hours / UOS)	2.51	2.44	0.07	3%	2.33	(0.18)	-7.6%
<i>Avg Physician Productivity</i>	<i>53,783</i>	<i>56.6%</i>			<i>51,210</i>	<i>55.1%</i>	<i>2.6%</i>
Clinic Providers' PMH Gross Revenue	\$ 53,270,079						



Prosser
 Memorial Health
 Prosser Family and Women's Health Clinic
 Income Statement As Of: June 30, 2022
 RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	4,184,360	3,677,292	507,068	14%	3,545,334	639,026	18%
Deductions From Revenue	(1,046,090)	(919,323)	(126,767)	14%	(886,334)	(159,757)	18%
Net Patient Revenue	3,138,270	2,757,969	380,301	14%	2,659,001	479,270	18%
Other Operating Revenue	-	-	-	0%	1,028	(1,028)	-100%
Provider Salaries	1,056,020	1,137,130	81,109	7%	1,050,095	5,926	1%
Clinical Support Salaries	572,812	581,746	8,934	2%	474,809	98,004	21%
Benefits	125,326	122,757	(2,570)	-2%	102,006	23,320	23%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	1,754,159	1,841,633	87,474	5%	1,626,909	127,249	8%
Professional Fees	122,234	80,750	(41,484)	-51%	86,550	35,684	41%
Supplies	130,570	175,178	44,609	25%	172,093	(41,523)	-24%
Utilities	13,690	13,700	10	0%	13,270	420	3%
Purchased Services	64,655	40,150	(24,505)	-61%	42,784	21,871	51%
Rentals & Leases	179,859	181,500	1,641	1%	184,657	(4,798)	-3%
Other Direct Expenses	9,313	8,640	(673)	-8%	19,577	(10,264)	-52%
Total Non Salary Expenses	520,321	499,918	(20,402)	-4%	518,931	1,390	0%
Total Expenses	2,274,480	2,341,551	67,071	3%	2,145,840	128,640	6%
Contribution Margin	863,790	416,418	447,373	107%	514,188	349,602	68%
FTE's							
Provider Staff	7.86	8.00	0.14	2%	7.49	(0.37)	-5%
Clinic Staff	21.86	22.25	0.39	2%	17.47	(4.38)	-25%
Contracted	1.13	1.00	(0.13)	-13%	1.03	(0.10)	-10%
Total	30.85	31.25	0.40	1%	25.99	(4.86)	-19%
Employed							
Hours Paid	28,452	29,040	588	2%	25,401	(3,051)	-12%
Hours Worked	24,973	23,232	(1,741)	-7%	22,189	(2,784)	-13%
Contracted							
Hours	1,087	960	(127)	-13%	1,069	(18)	-2%
Total Worked Hours	26,060	24,192	(1,868)	-8%	23,258	(2,802)	-12%
Unit of Service (UOS) Total Visits	10,439	11,824	1,385	12%	12,004	1,565	13%
Productivity (Worked Hours / UOS)	2.50	2.05	(0.45)	-22%	1.94	(0.56)	-29%



Prosser

Memorial Health

Benton City Clinic

Income Statement As Of: June 30, 2022

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	1,410,542	1,319,674	90,868	7%	1,151,030	259,512	23%
Deductions From Revenue	(352,636)	(329,918)	(22,717)	7%	(287,758)	(64,878)	23%
Net Patient Revenue	1,057,907	989,755	68,151	7%	863,273	194,634	23%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	412,263	538,883	126,620	23%	563,032	(150,769)	-27%
Clinical Support Salaries	321,927	299,194	(22,733)	-8%	245,497	76,430	31%
Benefits	68,559	69,157	598	1%	60,640	7,919	13%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	802,749	907,234	104,484	12%	869,169	(66,419)	-8%
Professional Fees	2,143	-	(2,143)	0%	900	1,243	138%
Supplies	86,753	81,270	(5,483)	-7%	67,204	19,549	29%
Utilities	4,516	5,800	1,284	22%	6,325	(1,810)	-29%
Purchased Services	22,732	26,500	3,768	14%	23,344	(612)	-3%
Rentals & Leases	84,620	97,050	12,431	13%	114,799	(30,180)	-26%
Other Direct Expenses	4,342	5,395	1,053	20%	11,498	(7,157)	-62%
Total Non Salary Expenses	205,105	216,015	10,910	5%	224,070	(18,966)	-8%
Total Expenses	1,007,854	1,123,248	115,394	10%	1,093,239	(85,385)	-8%
Contribution Margin	50,053	(133,493)	183,545	-137%	(229,967)	280,019	-122%
FTE's							
Provider Staff	3.95	5.00	1.05	21%	5.12	1.17	23%
Clinic Staff	10.28	13.00	2.72	21%	8.48	(1.80)	-21%
Contracted	-	-	-	0%	-	-	0%
Total	14.23	18.00	3.77	21%	13.60	(0.63)	-5%
Employed							
Hours Paid	13,660	17,280	3,620	21%	14,141	481	3%
Hours Worked	11,600	13,824	2,224	16%	12,283	683	6%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	11,600	13,824	2,224	16%	12,283	683	6%
Unit of Service (UOS) Total Visits	4,504	5,208	704	14%	4,871	367	8%
Productivity (Worked Hours / UOS)	2.58	2.65	0.08	3%	2.52	(0.05)	-2%



Prosser

Memorial Health

Grandview Clinic

Income Statement As Of: June 30, 2022

RURAL HEALTH CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	2,070,333	1,435,011	635,323	44%	909,714	1,160,619	128%
Deductions From Revenue	(517,583)	(358,753)	(158,831)	44%	(527,634)	10,051	-2%
Net Patient Revenue	1,552,750	1,076,258	476,492	44%	382,080	1,170,670	306%
Other Operating Revenue	3,804	200,000	(196,196)	-98%	500	3,304	661%
Provider Salaries	645,760	577,840	(67,920)	-12%	453,633	192,128	42%
Clinical Support Salaries	248,371	338,261	89,889	27%	227,341	21,031	9%
Benefits	112,103	73,102	(39,001)	-53%	50,389	61,715	122%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	1,006,235	989,203	(418,975)	-12%	731,362	274,873	38%
Professional Fees	-	21,600	21,600	100%	8,531	(8,531)	-100%
Supplies	76,746	95,390	18,644	20%	61,207	15,539	25%
Utilities	7,885	8,750	865	10%	7,894	(9)	0%
Purchased Services	19,188	17,750	1,438	8%	18,878	310	2%
Rentals & Leases	65	300	(235)	-78%	246	(181)	-74%
Other Direct Expenses	5,506	9,350	(3,844)	-41%	11,889	(6,383)	-54%
Total Non Salary Expenses	109,389	153,140	(43,751)	-29%	108,644	745	1%
Total Expenses	1,115,625	1,142,344	26,719	2%	840,006	275,618	33%
Contribution Margin	440,929	133,915	307,015	229%	(457,426)	898,356	-196%
FTE's							
Provider Staff	7.03	5.90	(1.13)	-19%	4.64	(2.39)	-52%
Clinic Staff	10.83	14.60	3.77	26%	8.45	(2.38)	-28%
Contracted	-	-	-	0%	-	-	0%
Total	17.86	20.50	2.64	13%	13.09	(4.77)	-36%
Employed							
Hours Paid	17,150	19,680	2,530	13%	13,617	(3,533)	-26%
Hours Worked	15,097	15,744	647	4%	11,667	(3,431)	-29%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	15,097	15,744	647	4%	11,667	(3,431)	-29%
Unit of Service (UOS) Total Visits	5,728	5,813	1,140	18%	3,838	(1,890)	-49%
Productivity (Worked Hours / UOS)	2.64	2.71	0.07	3%	3.04	0.40	13%



Prosser

Memorial Health
Dermatology Clinic

Income Statement As Of: June 30, 2022

PROVIDER BASED CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	608,661	438,597	170,064	39%	-	608,661	0%
Deductions From Revenue	(359,110)	(254,386)	(104,724)	41%	-	(359,110)	0%
Net Patient Revenue	249,551	184,211	65,340	35%	-	249,551	0%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	219,437	223,200	3,763	2%	-	219,437	0%
Clinical Support Salaries	27,832	27,292	(540)	-2%	-	27,832	0%
Benefits	20,490	12,386	(8,105)	-65%	-	20,490	0%
Purchased Labor	-	-	-	0%	-	-	0%
Total Salaries and Benefits	267,759	262,878	(418,975)	-12%	-	267,759	0%
Professional Fees	-	-	-	0%	-	-	0%
Supplies	61,280	112,224	50,944	45%	-	61,280	0%
Utilities	1,839	2,100	261	12%	-	1,839	0%
Purchased Services	1,473	21,450	(19,977)	-93%	-	1,473	0%
Rentals & Leases	28,189	27,000	1,189	4%	-	28,189	0%
Other Direct Expenses	-	5,069	(5,069)	-100%	-	-	0%
Total Non Salary Expenses	92,782	167,843	(75,061)	-45%	-	92,782	0%
Total Expenses	360,541	430,721	70,179	16%	-	360,541	0%
Contribution Margin	(110,991)	(246,510)	135,519	-55%	-	(110,991)	0%
FTE's							
Provider Staff	0.93	1.00	0.07	7%	-	(0.93)	0%
Clinic Staff	1.42	3.20	1.78	56%	-	(1.42)	0%
Contracted	-	-	-	0%	-	-	0%
Total	2.35	4.20	1.85	44%	-	(2.35)	0%
Employed							
Hours Paid	2,256	4,032	1,776	44%	-	(2,256)	0%
Hours Worked	2,020	3,226	1,205	37%	-	(2,020)	0%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	2,020	3,226	1,205	37%	-	(2,020)	0%
Unit of Service (UOS) Total Visits	1,195	828	1,140	18%	-	(1,195)	0%
Productivity (Worked Hours / UOS)	1.69	3.90	2.21	57%	-	(1.69)	0%



Prosser

Memorial Health
Specialty Clinic

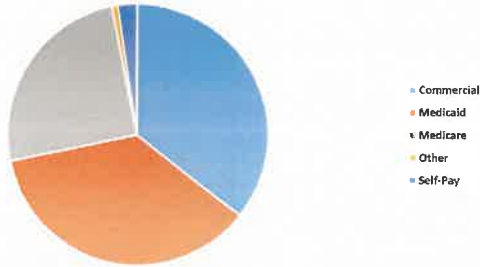
Income Statement As Of: June 30, 2022

PROVIDER BASED CLINIC

	YTD Actual	YTD Budget	Variance	% Var	YTD Prior	Variance	% Var
Clinical Patient Revenue	6,423,627	4,531,997	1,891,631	42%	4,028,698	2,394,929	59%
Deductions From Revenue	(3,789,940)	(2,628,558)	(1,161,382)	44%	(2,336,645)	(1,453,295)	62%
Net Patient Revenue	2,633,687	1,903,439	730,249	38%	1,692,053	941,634	56%
Other Operating Revenue	-	-	-	0%	-	-	0%
Provider Salaries	2,312,803	2,491,617	178,814	7%	1,980,385	332,418	17%
Clinical Support Salaries	473,359	441,866	(31,493)	-7%	480,150	(6,791)	-1%
Benefits	265,348	148,495	(116,853)	-79%	123,349	141,999	115%
Purchased Labor	39,214	17,112	22,102	129%	-	39,214	0%
Total Salaries and Benefits	3,090,724	3,099,090	(418,975)	-12%	2,583,884	506,840	20%
Professional Fees	174,847	18,750	(156,097)	-833%	16,335	158,512	970%
Supplies	185,740	213,168	27,428	13%	95,932	89,809	94%
Utilities	-	8,750	8,750	100%	8,634	(8,634)	-100%
Purchased Services	44,259	45,952	(1,693)	-4%	43,232	1,027	2%
Rentals & Leases	166,960	149,961	16,999	11%	173,692	(6,732)	-4%
Other Direct Expenses	7,885	21,718	(13,833)	-64%	7,508	377	5%
Total Non Salary Expenses	579,691	458,299	121,392	26%	345,332	234,359	68%
Total Expenses	3,670,415	3,557,389	(113,026)	-3%	2,929,216	741,199	25%
Contribution Margin	(1,036,728)	(1,653,951)	617,223	-37%	(1,237,163)	200,435	-16%
FTE's							
Provider Staff	8.96	9.20	0.24	3%	7.37	(1.59)	-22%
Clinic Staff	16.99	17.49	0.50	3%	12.65	(4.34)	-34%
Contracted	-	0.20	0.20	100%	-	-	0%
Total	25.95	26.89	0.94	4%	20.02	(5.93)	-30%
Employed							
Hours Paid	24,909	25,622	713	3%	20,820	(4,089)	-20%
Hours Worked	21,582	20,498	(1,084)	-5%	18,668	(2,914)	-16%
Contracted							
Hours	-	-	-	0%	-	-	0%
Total Worked Hours	21,582	20,498	(1,084)	-5%	18,668	(2,914)	-16%
Unit of Service (UOS) Total Visits	8,554	8,113	1,140	18%	7,512	(1,042)	-14%
Productivity (Worked Hours / UOS)	2.52	2.53	0.00	0%	2.49	(0.04)	-2%

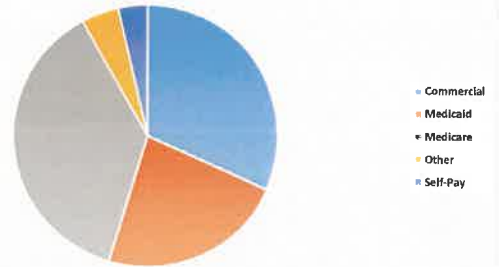
Revenue By Financial Class

Benton City Clinic



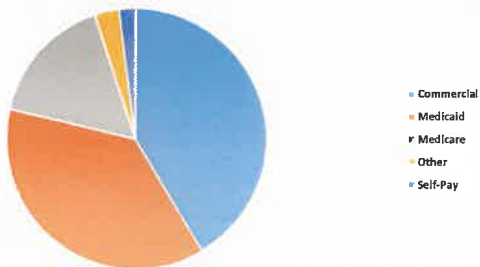
Revenue by Financial Class		
Commercial	501,699	36%
Medicaid	510,662	36%
Medicare	352,997	25%
Other	10,991	1%
Self-Pay	34,193	2%
Grand Total	1,410,542	

Specialty Clinic



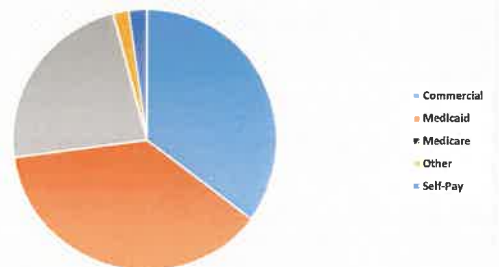
Revenue by Financial Class		
Commercial	2,041,174	32%
Medicaid	1,469,790	23%
Medicare	2,392,205	37%
Other	289,579	5%
Self-Pay	230,879	4%
Grand Total	6,423,627	

Prosser Clinic



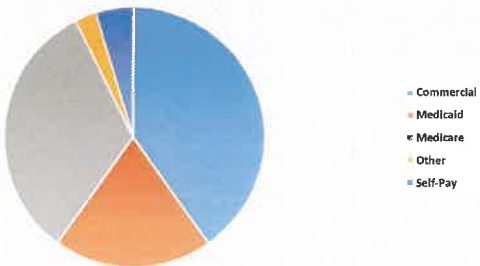
Revenue by Financial Class		
Commercial	1,728,254	41%
Medicaid	1,564,175	37%
Medicare	673,952	16%
Other	131,336	3%
Self-Pay	86,643	2%
Grand Total	4,184,360	

Grandview Clinic



Revenue by Financial Class		
Commercial	732,479	35%
Medicaid	775,979	37%
Medicare	476,505	23%
Other	39,990	2%
Self-Pay	45,380	2%
Grand Total	2,070,333	

Dermatology Clinic



Revenue by Financial Class		
Commercial	243,975	40%
Medicaid	121,185	20%
Medicare	197,731	32%
Other	16,365	3%
Self-Pay	29,405	5%
Grand Total	608,661	



Prosser

Memorial Health

CLINICAL PROVIDER VISITS BY MONTH

Benton City Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2021 YTD
CARL	190	149	171	131	204	164							1,009	904
DUNHAM													-	7
LUTHER	209	204	236	116	260	120							1,145	1,073
MICROULIS													-	540
PADILLA	20	17	21	26	26	37							147	-
PETERS	52	54	64	55	67	40							332	-
SPOMER	-	32	70	85	69	86							342	-
STUADINGER	179	121	195	163	191	199							1,048	931
BRINDLE						32							32	-
ZHMUROUSKI													-	164
ZIRKER													-	938
TOTAL	650	577	757	576	817	678	-	-	-	-	-	-	4,055	4,557

Prosser Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2021 YTD
CHARVET (PC)	150	109	128	115	95	139							736	749
CHARVET (WH)	7	12	21	10	22	23							95	99
COOKS	126	129	142	140	135	129							801	-
DUNHAM													-	1,128
GARLAND	126	158	191	149	168	118							910	-
GILSTAD	25	50	39	36	18								168	-
HANNAN	16	14	18	20	19	8							95	-
MIN													-	992
MORRIS	210	192	174	202	219	134							1,131	1,184
MORSE	203	178	229	102	131	121							964	1,153
OCANNOR	169	172	172	189	191	167							1,060	1,559
P MORRIS	14	3	-	1	9	0							27	-
PADILLA	179	141	173	158	250	212							1,113	1,128
PROCTOR			1										1	-
R MORRIS													-	215
SOLLERS	168	251	297	163	139	254							1,272	1,388
WEAVER	138	192	167	198	186	208							1,089	1,055
ZHMUROUSKI													-	689
TOTAL	1,531	1,601	1,752	1,483	1,582	1,513	-	-	-	-	-	-	9,462	11,338

Specialty Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2021 YTD
BHATTI	208	223	145	225	248	252							1,301	1,247
CLIFFORD	220	238	310	181	202	286							1,437	1,302
COHEN	22	72	104	95	81	75							449	-
DUNHAM	169	152	153	137	98	100							809	129
GARLAND				10	10	17							-	-
HALVORSON	158	136	146	153	125	154							872	930
HUANG													-	54
LIEBE	31	40	44	28	48	32							223	-
LOVATO	16	26	23	19	13	18							115	-
STREBEL	128	100	134	131	144	115							752	704
TIEU CORAL	144	155	194	165	152	194							1,004	993
TIEU THOMAS	164	149	214	149	95	54							825	799
UNGER	37	40	38	30	49	33							227	624
TOTAL	1,297	1,331	1,505	1,323	1,265	1,330	-	-	-	-	-	-	8,014	6,782

Grandview Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2021 YTD
DENNIS					23	44							67	-
GARZA	148	159	187	109	150	194							947	767
GLOVER	95	100	142	134	99	137							707	206
HANKS	136	120	128	141	150	106							781	794
PARK	56	97	116	116	132	100							617	274
PROCTOR	102	98	129	139	104	170							742	-
R MORRIS	82	53	71	60	85	64							415	187
SANTA-CRUZ	222	176	215	147	218	130							1,108	971
ZHMUROUSKI													-	282
TOTAL	841	803	988	846	961	945	-	-	-	-	-	-	5,317	3,481

Dermatology Clinic

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	2021 YTD
NYLANDER	161	183	202	205	188	256							1,195	-

Footnote: Information above only includes visits by provider, not clinic staff/nurse visits



Prosser

Memorial Health

CLINICAL PROVIDER REVENUE BY QUARTER

	Q1	Q2	Q3	Q4	TOTAL	2021 YTD
BHATTI	1,381,351	1,840,057			3,221,408	2,763,908
BRINDLE		24,549			24,549	
CARL	345,201	239,763			584,964	262,884
CHARVET	305,068	197,115			502,183	211,283
CLIFFORD	1,575,784	992,811			2,568,595	1,770,835
COHEN	1,309,405	2,678,339			3,987,744	-
COOKS	378,931	228,925			607,856	-
DENNIS		27,831			27,831	
DUNHAM	307,630	296,312			603,942	302,235
GARLAND	421,446	238,499			659,945	-
GARZA	474,785	306,246			781,031	237,674
GILSTAD	142,533	53,457			195,990	-
GLOVER	244,127	200,783			444,910	44,318
HALVORSON	631,875	516,779			1,148,654	1,117,906
HANKS	179,056	186,530			365,586	180,609
HANNAN	83,093	51,159			134,252	76,395
HUANG	-	-			-	327,275
LIEBE	18,936	15,800			34,736	19,605
LOVATO	99	192			291	3,830
LUTHER	444,040	306,391			750,431	302,699
MICROULIS	480	-			480	148,726
MIN	9,547	-			9,547	307,539
R MORRIS	520,803	131,871			652,674	145,663
MORSE	197,871	122,052			319,923	254,994
NYLANDER	277,529	343,515			621,044	-
OCONNOR	763,116	545,538			1,308,654	554,207
P MORRIS	485,860	336,616			822,476	335,142
PADILLA	870,395	461,227			1,331,622	472,686
PARK	310	178,455			178,765	-
PETERS	36,332	33,468			69,800	-
PROCTOR	365,213	245,955			611,168	-
SANTA-CRUZ	548,945	340,503			889,448	394,293
SOLLERS	2,286,750	1,677,075			3,963,825	2,338,043
SPOMER	67,591	151,999			219,590	-
STREBEL	2,996,270	2,778,203			5,774,473	3,896,452
STUADINGER	370,178	326,210			696,388	253,698
TIEU CORAL	1,619,952	1,479,354			3,099,306	2,421,480
TIEU THOMAS	1,350,403	1,103,099			2,453,502	2,192,406
UNGER	5,093,169	5,350,563			10,443,732	5,242,783
WEAVER	1,672,515	1,468,658			3,141,173	2,258,201
ZHMUROUSKI	12,267	4,737			17,004	352,245
ZIRKER	184	403			587	203,370
TOTAL	27,789,040	25,481,039	-	-	53,270,079	29,393,384



**WINE
COUNTRY**
Classic
presented by

 **Prosser**
Memorial Health Foundation

Friday, September 9, 2022
Canyon Lakes Golf Course
Kennewick, WA
Start Time: 9:00 AM

Proceeds from the Wine Country Classic directly benefit Prosser Memorial Health programs.

Register online at prosserhealth.foundation

Annie Tiemersma
Provider Recruitment | Community Relations
PROSSER MEMORIAL HEALTH
723 MEMORIAL ST | PROSSER, WA 99350
o: (509) 786 6600

QUALITY COMMITTEE REPORT 2022

The Quality Committee was created in 2019 with the first meeting on 01/28/2019. This Committee meets monthly with Department Presentations, Hand Hygiene/EOC Compliance, Medication and Patient Scanning Compliance and Patient Care Scorecard as standing agenda items. This allows for these important topics to be discussed at each meeting to keep them at the forefront of the Directors minds as well as to serve as an educational moment.

New in 2022 was the addition of 6-month follow ups on the presentations given earlier in the year. The intent of these follow up presentations are to show the progress of the Quality metrics that were being worked on earlier in the year.

We have also had numerous other topics on the agenda, such as: Patient Satisfaction, Pharmacy & Therapeutic Scorecard, Clinic Risk Assessments, Cardio Lab Referral Tracker, Surgical Services Dashboard and The Chartis Group (iVantage) reports.

So far in 2022, we have had twelve different department presentations and eight six-month follow up presentations:

- **January –**
 - Specialty Clinic – Clinic Provider Dashboards
 - Materials Management – Expired or Damaged Goods 2021/Supply Log
 - *Department 6-Month Follow up*
 - Accounting
- **February –**
 - Diagnostic Imaging – Radiology Case Reviews/Discrepancies
 - Grandview Clinic – Shingrix Adult Vaccination Rate for 2022
 - Environmental Services – EVS Quality Assurance and Improvement
 - *Department 6-Month Follow up*
 - ED/EMS
 - Laboratory
- **March –** Canceled due to March Madness
- **April –**
 - HR – 2022 Quality Improvement Update for PMH Employee File Audits
 - HIM – 2022 HIM Quality Presentation to Improve Revenue Cycle Performance
 - *Department 6-Month Follow up*
 - Maintenance Department
 - Cardiopulmonary

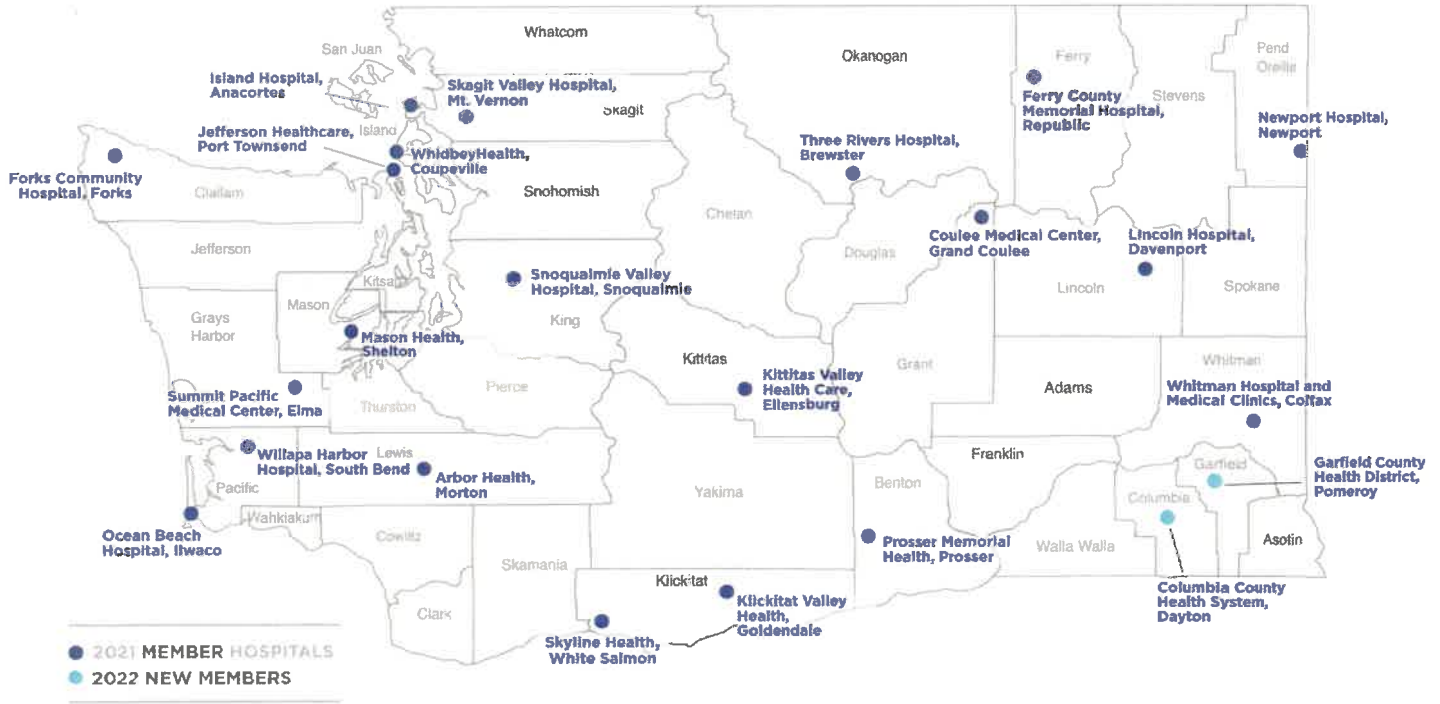
- **May –**
 - Community Relations – Recruitment, Onboarding and Retention Plan for 2022
 - Care Transitions – Variance Days
 - *Department 6-Month Follow up*
 - Dietary
 - Pharmacy
- **June –**
 - Surgical Services – 2022 Surgical Services Quality Project – Consent to Treat Forms Correctly and Fully Completed
 - No scheduled 6-month presentation in June
- **July –**
 - Accounting – Implementing Employee Expense Reimbursement through Payroll
 - IT – PMH Quality Goals (Time to Resolution on Tickets, Phishing Rate Below the Industry Average, IT Project Dashboard, Replace Exam Room, and Patient Room Workstations with Virtual Desktops)
 - *Department 6-Month Follow Up*
 - Materials Management

These presentations have been engaging and educational. It gives everyone an inside picture of what each department is working on from a Quality perspective. The goal of the presentations is to share objective and measurable data to show how the individual department is moving the needle to improve quality of care for all our patients.





23 MEMBERS ■ 23 COUNTIES 582,000 LIVES



BOARD OF DIRECTORS

- Julie Petersen, CEO & Past Chair | Kittitas Valley Healthcare
- Josh Martin, CEO & Chair | Summit Pacific Medical Center
- Tom Wilbur, CEO & Past Secretary/Treasurer | Newport Hospital & Health Services
- Eric Moll, CEO | Mason Health
- Robb Kimmes, CEO | Skyline Health
- Leslie Hiebert, CEO | Klickitat Valley Health
- Heidi Anderson, CEO | Forks Community Hospital
- Mike Glenn, CEO | Jefferson Healthcare
- Tyson Lacy, CEO | Lincoln Hospital & North Basin Clinics
- Leianne Everett, CEO & Secretary/Treasurer | Arbor Health
- Larry Cohen, CEO | Ocean Beach Hospital & Medical Clinics
- Jennifer Reed, CEO | Ferry County Memorial Hospital
- Renee Jensen, CEO | Snoqualmie Valley Hospital
- Vacant, CEO | WhidbeyHealth Medical Center
- Matthew Kempton, CEO | Willapa Harbor Hospital
- Hank Hanigan, CEO | Whitman Hospital & Medical Clinics

Letters from the Board



FROM ELYA PRYSTOWSKY EXECUTIVE DIRECTOR AT THE RURAL COLLABORATIVE

I am at a loss for words when trying to describe the adversity our rural hospital members faced in 2021. This year we endeavored to meet this adversity head on with service, service and more service.

- We grew the multi-employer retirement plan to over \$135 million dollars and saved our members' employees over \$155,681. in fees.
- We expanded our delegated credentialing program, now offering the service to 13 members for over 480 providers and expanding the number of plans from three to five.
- We now offer a grant writing service to our members, with \$65,000 dollars awarded in 2021 and over \$1.5 million planned for 2022.
- We launched two new committees, the Accountable Care Organization and Rural Health Clinic Committee, allowing even more opportunity for our members to network, share best practices and identify new solutions to today's challenges.
- We extended our communication network to more workers in each member facility, totaling nearly 600 people and counting.

When reflecting on the year, I think the quote that sits on my desk as I type: "I slept and dreamt that life was joy. I awoke and saw that life was service. I acted and behold, service was joy." – Rabindranath Tagore

It is truly a joy to work for this organization, alongside its amazing staff and with the brain trust of individuals working within each health system.

FROM JULIE PETERSEN, CEO KITITAS VALLEY HEALTHCARE OUTGOING BOARD CHAIR

As you can see from Elya's summary, 2021 was a build year for the Collaborative. The Collaborative continues to increase its value to Members year-over-year. This is true both financially, and in its growing support network.

Elya focused this year on aligning and supporting the network of Collaborative committees for maximum impact. As the year drew to a close, I noticed that I was hearing mention of the Collaborative's name more and more frequently throughout the walls of Kittitas Valley Healthcare.

It has been an honor to serve as the board's chair for the past two years. I know the Collaborative will be in good hands with Josh as the new chair starting in 2022. Over to you, Josh!

FROM JOSH MARTIN, CEO SUMMIT PACIFIC MEDICAL CENTER INCOMING BOARD CHAIR

While the rural health systems in Washington focused on the COVID crisis and staffing shortages in 2021, Elya steered the Collaborative to new heights. CEO participation at the Board meetings in 2021 was at an all-time high of 86%. We added three new Critical Access Hospital members in 2021 and will likely add more in 2022. This growth is a demonstration of the Rural Collaborative's reputation and influence throughout the state as a network of innovative, committed rural health leaders.

As I step into the role of Board Chair this next year, I want to take a moment to recognize and appreciate the incredible leadership Julie Peterson brought to the Rural Collaborative over the last two years as the Board Chair. She was instrumental in aligning our collective efforts and supporting Elya. I stand by the Collaborative's bold vision to accelerate the advancement of rural healthcare and I know Twenty-One rural hospital CEOs stand behind us as we lead the charge into this next year.

OUR VISION

To accelerate the advancement of rural healthcare

- LEVERAGE THE SYNERGY & WISDOM OF OUR MEMBERS
- HARNESS THE VALUE THAT A NETWORK OF RURAL HEALTH SYSTEMS PROVIDES
- IMPROVE PERFORMANCE OF OUR MEMBERS AND THE HEALTH OF THE COMMUNITIES WE SERVE, MEETING MEMBERS WHERE THEY ARE.

OUR VALUES

- INTEGRITY - WE BUILD TRUST THROUGH OUR HONEST DISCOURSE AND COLLECTIVE WORK
- SYNERGY - WE ARE STRONGER, WISER AND MORE EFFECTIVE TOGETHER
- COMMITMENT - WE ARE COMMITTED TO EACH OTHER AND THE SUCCESS OF OUR MEMBERS
- INNOVATION - WE FOSTER CHANGE AND ENDLESS IMPROVEMENT

OUR PURPOSE

- TO SUPPORT COLLABORATIVE MEMBERS TO BETTER SERVE THEIR COMMUNITIES.
- TO OVERCOME THE CHALLENGES OF RURAL HEALTHCARE.
- TO TAKE ADVANTAGE OF THE OPPORTUNITIES THAT A COLLECTIVE PROVIDES.
- TO SPEAK WITH ONE RURAL VOICE.

OUR MISSION

We defend, create and design the future of rural health care through collective strategy and action.





"I don't think I would have been as successful as I was in 2021 if it weren't for my peers in the HR Committee. Being able to reach out and get answers from different hospitals was amazing. I don't know how to put it into words how much it helped. This past year, I find myself reaching out to my peers in the Collaborative before the consultants."

**HEATHER MCCLEARY | HR DIRECTOR
AT COULEE MEDICAL CENTER**

"Rural facilities tend to be isolated from other institutions and as such do not have a lot of connections with peers. The Collaborative gives us that connection with our peers."

**THERESA HOLLINGER | CNO AT
NEWPORT HOSPITAL & HEALTH SERVICES**

"When we have a question, we have a place to go."

**MICHELE TIERNEY | DIRECTOR OF
CLINICS AT MASON HEALTH**

"From the very beginning, the ability to be able to network with the quality leaders was critical."

**HEIDI HEDLUND | MANAGER
QUALITY & RISK AT SKYLINE HEALTH**





"Everybody needs to know that they are not alone. What I found for myself, and what we found as an organization, is that we are so very NOT alone. That sense of comradery and mutual support during times of stress and trouble is more valuable than gold."

ANNIE STONE | CHIEF CLINICAL OFFICER AT KLICKITAT VALLEY HEALTH

-
- 1. GRANT FROM THE MOLINA HEALTHCARE CHARITABLE FOUNDATION FOR OUR RURAL QUALITY DASHBOARD PROJECT
 - 2. JEFFERSON HEALTHCARE
 - 3. SARAH WILLIAMSON, CHAR HANCOCK, JULIE TAYLOR AND LEIANNE EVERETT, ARBOR HEALTH
 - 4. DEBORAH DILLON, FORKS COMMUNITY HOSPITAL
 - 5. MASON HEALTH
 - 6. KITTITAS VALLEY HEALTHCARE PEDIATRICS TEAM
 - 7. ELISE CUTTER AND CAROL NORTHUP, ISLAND HOSPITAL
 - 8. HALLOWEEN AT KLICKITAT VALLEY HEALTH
 - 9. RENEE JENSEN, SNOQUALMIE VALLEY HOSPITAL
 - 10. NICOLE EDDINS, MASON HEALTH
 - 11. PROSSER GIVING VACCINES AT THE VINEYARD

PHOTO: THE PARTNERSHIP FOR OUR FOOD SOCIETY

6.

7.

8.

9.

10.

11.

TOTAL PATIENTS SERVED IN 2021

622,907



TOTAL CHILDREN SERVED IN 2021

55,093

TOTAL OUTPATIENT VISITS 1,763,832

PRIMARY CARE CLINIC VISITS: 784,080

SPECIALTY CLINIC VISITS: 337,782

TELEHEALTH VISITS: 51,719

URGENT CARE: 81,494

EMS / AMBULANCE: 11,270

EMERGENCY DEPARTMENT VISITS: 206,234

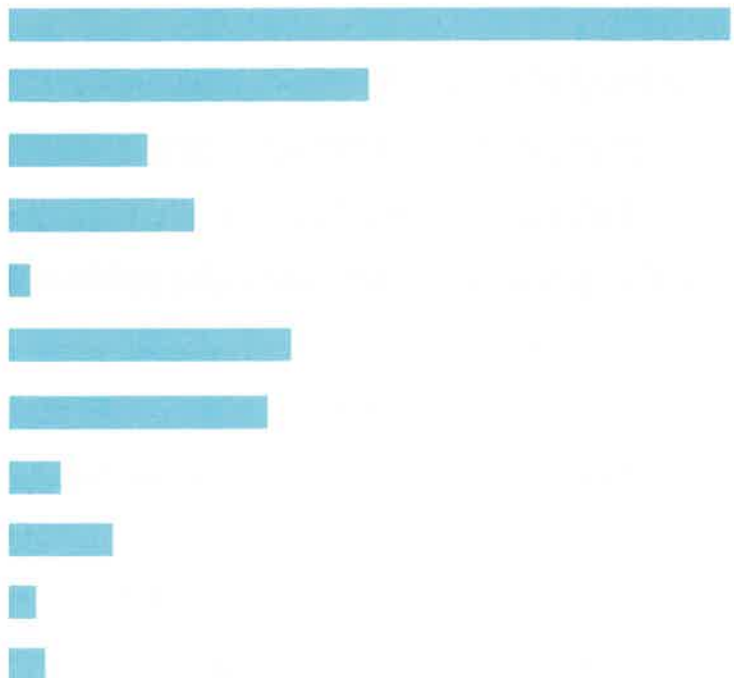
PHYSICAL THERAPY VISITS: 190,890

OCCUPATIONAL THERAPY: 27,769

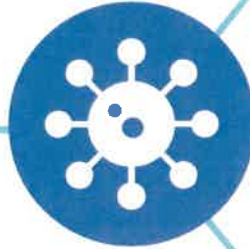
RESPIRATORY THERAPY: 42,538

SPEECH THERAPY: 12,949

BEHAVIORAL HEALTH VISITS: 17,107



238,236
COVID-19 TESTS



3,759
COVID PATIENT-DAYS

190,847
COVID VACCINATIONS

3,227
BABIES DELIVERED



TOTAL NET PATIENT SERVICE REVENUE
\$1,547,310,185

CARES ACT DOLLARS
\$80,093,205

GRANT DOLLARS RECEIVED
\$14,736,564

CHARITY CARE
\$22,955,291



Member Savings & Benefits

Through Collaborative programs and joint member contracting negotiations

Legal Consult \$77,261

Recruitment \$654

PACS \$32,922

Data Analytics \$72,007

Compliance Hot Line \$82,148

Grant \$125,738

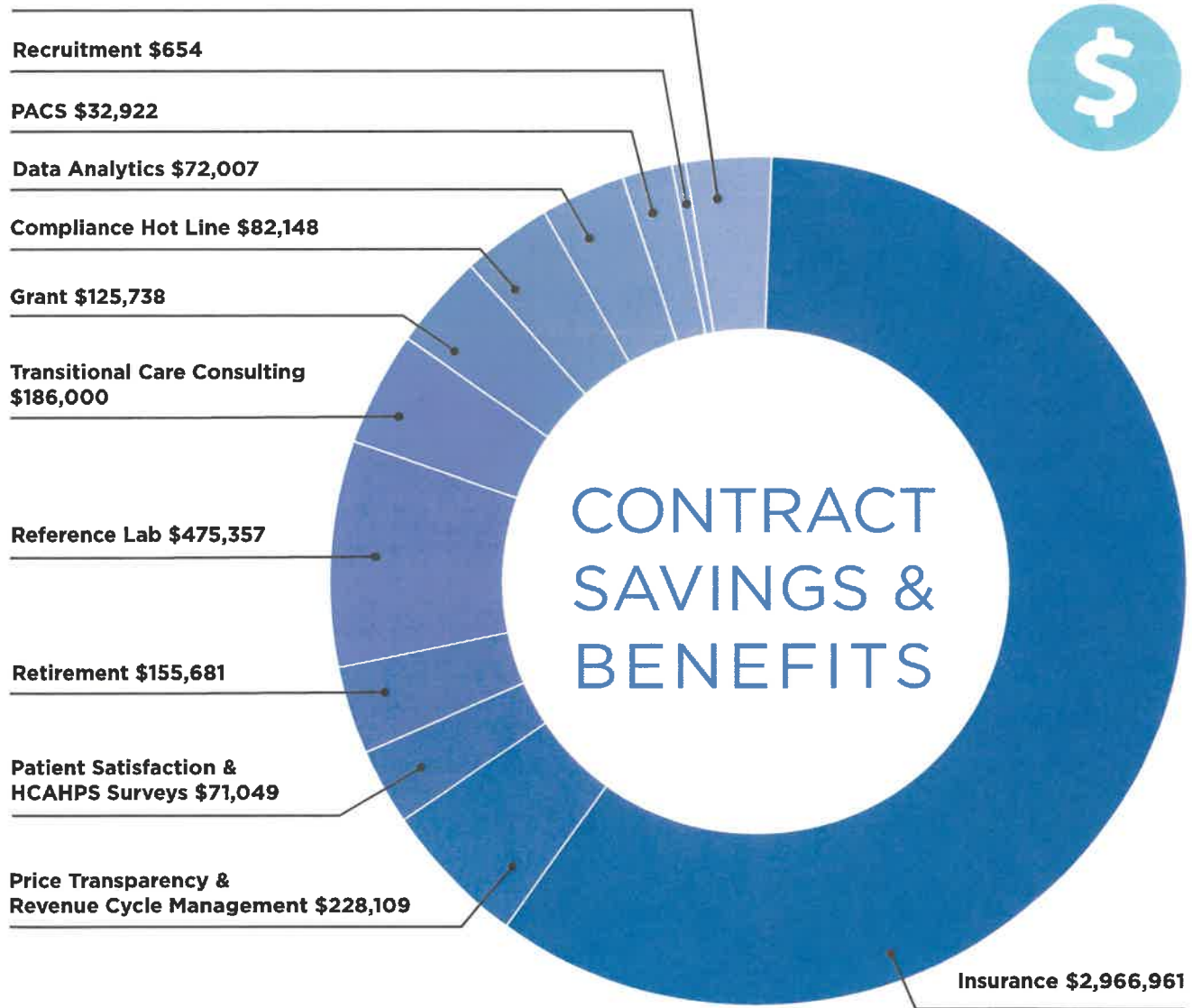
Transitional Care Consulting
\$186,000

Reference Lab \$475,357

Retirement \$155,681

Patient Satisfaction &
HCAHPS Surveys \$71,049

Price Transparency &
Revenue Cycle Management \$228,109



TOTAL SAVINGS \$4,473,887.15

ROI 2019 3.6:1 ▪ ROI 2020 5.5:1 ▪ ROI 2021 8.9:1

2021 RETREAT SPONSORS



FRONT ROW: ELYA PRYSTOWSKY, MAGGIE MOORE, KAROL DIXON
BACK: HEATHER MULLER, PAUL KENNELLY





**THE RURAL
COLLABORATIVE**
leaders in health transformation

**365 COOPER POINT ROAD NW, SUITE 102
OLYMPIA, WA 98502**

www.ruralcollaborative.com