

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser

Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

BOARD OF COMMISSIONERS – WORK SESSION
TUESDAY, June 23, 2020 - *REVISED*
6:00 PM - WHITEHEAD CONFERENCE ROOM
AGENDA

COMMISSIONERS:

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

STAFF:

Craig Marks, CEO
Merry Fuller, CNO/COO
David Rollins, CFO
Shannon Hitchcock, CCO
Kevin Hardiek, CIO
Kristi Mellema, CQO
Ro Kmetz, CHRO
Dr. Brian Sollers, CMO

GUESTS: Cassie Sauer, President & CEO, WSHA
Jacqueline Barton True, VP of Rural Health Programs
Adam Zoller, Chief Information Security Officer, Providence

I. CALL TO ORDER

A. Pledge of Allegiance

II. PUBLIC COMMENT

III. QUALITY

A. Washington State Hospital Association (WSHA) Update (**Attachment R**) **Cassie Sauer, President & CEO, WSHA**

IV. SERVICES

A. Providence IT Security Update (**Attachment H**) **Adam Zoller, Chief Information Security Officer, Providence**

B. Replacement Facility Feasibility Discussion (**Attachment J**)
(**Attachment J-1**) (**Attachment B**) **Craig**

C. YVFWC Update **Craig**

V. MEDICAL STAFF DEVELOPMENT

A. Medical Staff Model (**Attachment V**) (**Attachment W**) **Craig/Dr. Brian Sollers**

VI. EXECUTIVE SESSION

Craig

- *A.** RCW 42.30.110 (g) – Personnel – To evaluate the qualifications or an applicant for public employment or to review the performance of a public employee.

VII. ADJOURN

DRAFT

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BOARD OF COMMISSIONERS
THURSDAY, June 25, 2020 - *REVISED
6:00 PM, WHITEHEAD CONFERENCE ROOM
AGENDA

COMMISSIONERS:

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

STAFF:

Craig Marks, CEO
Merry Fuller, CNO/COO
David Rollins, CFO
Ro Kmetz, CHRO
Kevin Hardiek, CIO
Kristi Mellema, CQO
Shannon Hitchcock, CCO
Dr. Brian Sollers, CMO

I. CALL TO ORDER

- A. Pledge of Allegiance

II. PUBLIC COMMENT

III. APPROVE AGENDA

Action Requested – Agenda

IV. CONSENT AGENDA

- A. Board of Commissioners Meeting Minutes for May 28, 2020.
B. Payroll and AP Vouchers #151772 through #152307 in the amount of \$4,150,292.24;
Surplus Items Resolution #000429; #001191; Board Policies #100.0037, #100.0038; #100.0039; #100.0040.

Action Requested – Consent Agenda

V. MEDICAL STAFF DEVELOPMENT

- A. Medical Staff Report and Credentialing

1. New Appointment

Action Requested – New Appointment

Lindsey J. Smith, DO – Provisional/Active staff with requested privileges in Emergency Medicine effective June 25, 2020 through December 24, 2020.

Brandon Peterson, MD – Provisional/Consulting staff with requested privileges in Pathology effective June 25, 2020 through December 24, 2020.

Dr. Brian Sollers

James Giles, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective June 25, 2020 through December 24, 2020.

Elizabeth Walz, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective June 25, 2020 through December 24, 2020.

2. Advancement from Provisional Status

Action Requested – Advancement from Provisional Status

None.

3. Reappointment

Action Requested – Reappointment and Requested Clinical Privileges

Jeffrey Zuckerman, MD – Reappointment to Active staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

Ryan McDonald, CRNA – Reappointment to Allied Health Professional staff with requested clinical privileges in Anesthesia from June 25, 2020 through June 24, 2022.

Steven Zirker, PA-C – Reappointment to Allied Health Professional staff with requested clinical privileges in Family Medicine from June 25, 2020 through June 24, 2022.

Shannon Calhoun, DO – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

Kathryn Cambron, MD – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

Jason Grennan, MD – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

David Henley, MD – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

Jonathan Jaksha, MD – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

Steven McCormack, MD – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

Matthew Mendlick, MD – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

Gregory Peters, MD – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

Mohammed Quraishi, MD – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

Alexander Serra, MD – Reappointment to Telemedicine staff with requested clinical privileges in Diagnostic Radiology from June 25, 2020 through June 24, 2022.

VI. FINANCIAL STEWARDSHIP

- A. Review Financial Reports for May 2020 (Attachment BB)
Action Requested – Financial Reports David
- B. COVID-19 Financial Plan (Attachment I) (Attachment J) (Attachment K) David/Craig
- C. PMH Foundation Bylaws (Attachment CC)
Action Requested – PMH Foundation Bylaws Shannon
- D. PMH Foundation Scope of Service Agreement between PMH and PMH Foundation (Attachment DD) Shannon
Action Requested – PMH Foundation Scope of Service Agreement

VII. EMPLOYEE DEVELOPMENT

- *A. CEO Evaluation
Action Requested – 2019 Incentive Compensation Program Commissioner Kenny
- B. Review New Employee Orientation Program Ro

VIII. SERVICES

- A. Marketing Update Shannon

IX. QUALITY

- A. COVID-19 Update Merry/Dr. Sollers
- B. 2019 CAH Annual Review (Attachment L)
Action Requested – 2019 CAH Annual Review Kristi
- C. Contract Review Process (Attachment Q) Kristi
- D. Legislative and Political Updates Commissioner Bestebreur
- F. CEO/Operations Report Craig

X. ADJOURN

PMH
Board of Commissioners
Work Plan – FY2020

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Mission: To improve the health of our community.

| Month | Goals & Objectives | Education |
|---------|---|---|
| January | <p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve 2020 Strategic Plan and 2020 Patient Care Scorecards • Sign Financial Disclosure and Conflict of Interest Statements • Approve 2020 Risk Management and Quality Assurance Plans • Select and Approve Board Officers | <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2019 Employee Engagement Survey Results • Review 2019 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> <ul style="list-style-type: none"> • Wellness Center • Sunnyside • Astria Health • Update Architectural Services |

| Month | Goals & Objectives | Education |
|----------|---|--|
| February | <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Approve Studer Contract <p>QUALITY:</p> <ul style="list-style-type: none"> • Approve 2020 Corporate Compliance Plan • Approve 2020 Infection Prevention Control Plan • Approve 2020 Board Action Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Approve Hospital-wide Patient Monitoring System • Review and Approve 2020 Leadership Incentive Compensation Program | <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Review Customer Service Program <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Attend AHA Governance Conference <p>QUALITY:</p> <ul style="list-style-type: none"> • Review 2019 Corporate Compliance Report • Review 2019 Infection Prevention Summary |
| March | <p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve Board Polices <p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Support Providers' Day Celebration <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Approve IAFF Contract (EMS) <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Accept 2019 Audit Report | <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Review Patient Engagement Plan • Review 2019 Utilization Review Performance • Approve 2020 Utilization Review Plan <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Employee Performance Report • Regulatory Compliance <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Presentation of the 2018 Audit Report by Auditors |
| April | <p>QUALITY:</p> <ul style="list-style-type: none"> • Approve 2020 Community Benefits Report | <p>QUALITY:</p> <ul style="list-style-type: none"> • Strategic & Patient Care Score Cards • Review 2019 Community Benefits Report |

| Month | Goals & Objectives | Education |
|-------|---|--|
| | <p>EMPLOYEE DEVELOPMENT</p> <ul style="list-style-type: none"> • Conduct CEO Evaluation | <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review Employee Engagement Plan • Review 2019 Leadership Performance (LEM) <p>MEDICAL STAFF DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review 2019 FPPE/OPPE Summary |
| May | <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Support Hospital Week | <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review PMH Uniform Program <p>FINANCIAL STEWARDSHP:</p> <ul style="list-style-type: none"> • PMH Foundation Update <p>SERVICES:</p> <ul style="list-style-type: none"> • Review Replacement Facility Feasibility Study <p>MEDICAL STAFF</p> <ul style="list-style-type: none"> • Medical Staff Engagement Plan |
| June | <p>QUALITY:</p> <ul style="list-style-type: none"> • Review/Approve Board Polices • Approve 2019 CAH Annual Review | <p>QUALITY:</p> <ul style="list-style-type: none"> • Report 2020 Q1 Utilization Review • Contract Review Process <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Review New Employee Orientation Process <p>SERVICES:</p> <ul style="list-style-type: none"> • Marketing Update • Review PMH IT Security Plan |
| July | <p>EMPLOYEE DEVELOPMENT:</p> | <p>PATIENT LOYALTY:</p> <ul style="list-style-type: none"> • Review Cultural Transformation Program |

| Month | Goals & Objectives | Education |
|--------|---|--|
| | <ul style="list-style-type: none"> • Attend midsummer BOC, Medical Staff, and Leadership Engagement Activity <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve Audit Firm <p>SERVICES:</p> <ul style="list-style-type: none"> • Approve Nuclear Medicine Renovation | <p>SERVICES:</p> <ul style="list-style-type: none"> • EMS Review • Review Nuclear Medicine Services <p>QUALITY:</p> <ul style="list-style-type: none"> • Quality Committee Report • Strategic & Patient Care Score Cards <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Employee Health Update <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Review Semi-annual Financial Performance Report for PMH Clinics • Auditor Selection Review • Compare PMH Financial Metrics to National Standards (Cleverly) • Review HR/Accounting Software (IT) |
| 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>No Board Work Session</p> <p>QUALITY:</p> <ul style="list-style-type: none"> • iVantage Update <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Centralized Scheduling/POS Collections Update |

| Month | Goals & Objectives | Education |
|--------|---|--|
| | <ul style="list-style-type: none"> • Attend midsummer BOC, Medical Staff, and Leadership Engagement Activity <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Approve Audit Firm <p>SERVICES:</p> <ul style="list-style-type: none"> • Approve Nuclear Medicine Renovation | <p>SERVICES:</p> <ul style="list-style-type: none"> • EMS Review • Review Nuclear Medicine Services <p>QUALITY:</p> <ul style="list-style-type: none"> • Quality Committee Report • Strategic & Patient Care Score Cards <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> • Employee Health Update <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Review Semi-annual Financial Performance Report for PMH Clinics • Auditor Selection Review • Compare PMH Financial Metrics to National Standards (Cleverly) • Review HR/Accounting Software (IT) |
| 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>No Board Work Session</p> <p>QUALITY:</p> <ul style="list-style-type: none"> • iVantage Update <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> • Centralized Scheduling/POS Collections Update |

| Month | Goals & Objectives | Education |
|-----------|---|--|
| September | <p>QUALITY:</p> <ul style="list-style-type: none"> Review/Approve Board Polices <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> Select PMH Banking Institution | <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> Review Banking Services |
| October | | <p>QUALITY:</p> <ul style="list-style-type: none"> Conduct 2021 Strategic Planning Retreat Strategic & Patient Care Score Cards Review iVantage Update |
| November | <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> Approve AFSCME Contract <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> Approve Budget and Property Tax Request for County Commissioners | <p>QUALITY:</p> <ul style="list-style-type: none"> iVantage Update <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none"> Review LDIs and status update on key Studer initiatives <p>SERVICES:</p> <ul style="list-style-type: none"> Review draft 2021 Strategic Plan; 2021 Marketing and IT Plans; and Medical Staff Model/2021 Provider Recruitment Plan <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none"> Review draft 2020 Budget |
| December | <p>QUALITY:</p> <ul style="list-style-type: none"> Complete Board Self-Evaluations Review/Approve Board Polices Approve the 2021 Environment of Care Plan | <p>QUALITY:</p> <ul style="list-style-type: none"> Review the 2020 Environment of Care Plan |

| Month | Goals & Objectives | Education |
|--------------|--|------------------|
| | <p>SERVICES:</p> <ul style="list-style-type: none">• Approve 2021 Strategic Plan; 2021 Marketing and IT Plans; and Medical Staff Model/2021 Provider Recruitment Plan <p>FINANCIAL STEWARDSHIP:</p> <ul style="list-style-type: none">• Approve 2021 Operating and Capital Budgets <p>EMPLOYEE DEVELOPMENT:</p> <ul style="list-style-type: none">• Attend holiday celebration | |



2020 - Strategic Plan Scorecard

| Major Goal Areas & Indicators | 2020 Goal | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2020 YTD | 2019 Avg | 2018 Avg |
|---|------------|-----------|-----------|-----------|-----------|-----------|------|------|-----|------|-----|-----|-----|-----------|----------|----------|
| Patient Loyalty | | | | | | | | | | | | | | | | |
| IP - "Would Recommend" | > 85.1% | 84.4% | 85.7% | 97.2% | 95.7% | 84.4% | | | | | | | | 88.7% | 85.1% | 83.8% |
| ED - "Would Recommend" | > 80.7% | 73.8% | 80.0% | 85.0% | 77.4% | 83.3% | | | | | | | | 79.5% | 80.3% | 80.7% |
| Acute Care - "Would Recommend" | > 79.7% | 80.9% | 80.0% | 94.4% | 90.0% | 82.6% | | | | | | | | 85.4% | 78.6% | 79.7% |
| OB - "Would Recommend" | > 92.2% | 93.3% | 92.3% | 100.0% | 100.0% | 86.4% | | | | | | | | 92.8% | 92.2% | 88.6% |
| Outpatient Surgery - "Would Recommend" | > 91% | 86.4% | 83.3% | 94.3% | 85.0% | 96.3% | | | | | | | | 92.0% | 91.0% | 84.9% |
| Swing Bed - "Would Recommend" | > 94.1% | 100.0% | 50.0% | 100.0% | 0.0% | 100.0% | | | | | | | | 55.6% | 85.3% | 94.1% |
| Clinic - "Would Recommend" | > 87.1% | 92.9% | 91.1% | 87.9% | 85.2% | 87.0% | | | | | | | | 88.5% | 87.1% | 85.2% |
| Outpatient - "Would Recommend" | > 88.4% | 88.5% | 88.5% | 85.0% | 85.0% | 97.3% | | | | | | | | 89.8% | 88.4% | 84.7% |
| Medical Staff Development | | | | | | | | | | | | | | | | |
| Medical Staff Turnover | < 0.2% | 0.0% | 0.0% | 0.0% | 2.0% | 2.0% | | | | | | | | 0.0% | 0.2% | 0.6% |
| Specialty Clinic Visits | > 1063 | 1,197 | 1,101 | 1,021 | 588 | 686 | | | | | | | | 904 | 950 | 872 |
| Benton City Clinic Visits | > 1005 | 1,118 | 950 | 984 | 643 | 723 | | | | | | | | 884 | 958 | 857 |
| Prosser RHC Clinic Visits | > 1052 | 1,030 | 1,011 | 988 | 842 | 903 | | | | | | | | 955 | 960 | 821 |
| Grandview Clinic Visits | > 618 | 702 | 724 | 650 | 474 | 570 | | | | | | | | 624 | 568 | N/A |
| Women's Health Center | > 709 | 673 | 605 | 633 | 455 | 442 | | | | | | | | 562 | 469 | N/A |
| Comprehensive Pain Clinic | > 91 | 86 | 83 | 81 | 28 | 58 | | | | | | | | 67 | 80 | 55 |
| *# of Active Medical Staff | > 51 | 43 | 43 | 43 | 43 | 43 | | | | | | | | 43 | 41 | 40 |
| Employee Development | | | | | | | | | | | | | | | | |
| Average Recruitment Time (days) | < 28 | 19 | 28 | 50 | 41 | 23 | | | | | | | | 32 | 28 | N/A |
| # of Open Positions (Vacancies) | < 23 | 35.0 | 27.0 | 27.0 | 24.0 | 22.0 | | | | | | | | 27.0 | 23 | 8.8 |
| Hours of Overtime - Overtime/Total Hours Worked | < 4.5% | 7.9% | 5.4% | 6.0% | 4.0% | 4.2% | | | | | | | | 5.5% | 5.7% | 4.5% |
| Agency - Cost/Total Labor | < 8.7% | 7.7% | 9.0% | 10.3% | 8.1% | 4.5% | | | | | | | | 7.9% | 14.5% | 10.5% |
| Turnover Rate | < 0.7% | 0.4% | 0.4% | 0.7% | 1.1% | 0.4% | | | | | | | | 0.6% | 0.7% | 0.7% |
| Timely Evaluations | > 79.6% | 89.0% | 54.0% | 91.0% | 81.0% | 54.0% | | | | | | | | 73.8% | 79.6% | 60.5% |
| Education Hours/FTE | > 2.15 | 1.57 | 0.01 | 1.93 | 0.98 | 0.55 | | | | | | | | 1.01 | 1.55 | 2.15 |
| New Hire (Tenure) < 1 year | < 10% | 3% | 0% | 0% | 0% | 0% | | | | | | | | 1% | 0% | N/A |
| * Lost Workdays due to On-the-Job Injuries | < 167 | 8.00 | 8.00 | 8.00 | 16.00 | 8.00 | | | | | | | | 5.60 | 167 | 163 |
| Quality | | | | | | | | | | | | | | | | |
| ED Encounters - Left Without Being Seen | < 1.0% | 1.2% | 0.9% | 1.03% | 0.2% | 0.9% | | | | | | | | 0.8% | 1% | 1.0% |
| * Falls with Injury | < 3 | 0 | 1 | 0 | 0 | 0 | | | | | | | | 0.2 | 3 | 3 |
| Healthcare Associated Infection Rate per 100 Inpatient Days | < 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | | | | | | 0.0% | 0.1% | 0.1% |
| All-Cause Unplanned Readmissions within 30 Days | < 2.7% | 2.2% | 6.9% | 10.5% | 8.8% | 2.9% | | | | | | | | 6.3% | 5.4% | 2.7% |
| Diabetes Management - Outpatient A1C>9 or missing result | < 30.3% | 37% | 30% | 33% | 39% | 38% | | | | | | | | 35% | 30.3% | 34.50% |
| Services | | | | | | | | | | | | | | | | |
| ED Visits | > 1,023 | 1,131 | 1,000 | 874 | 526 | 700 | | | | | | | | 846 | 1,016 | 930 |
| Inpatient Admissions | > 86 | 83 | 77 | 72 | 70 | 79 | | | | | | | | 76 | 83 | 75 |
| OB Deliveries | > 38 | 38 | 26 | 38 | 36 | 39 | | | | | | | | 35 | 37 | 31 |
| Surgeries and Endoscopies | > 126 | 109 | 100 | 90 | 32 | 44 | | | | | | | | 75 | 118 | 117 |
| Diagnostic Imaging Procedures | > 2,116 | 2,466 | 2,308 | 2,078 | 1,358 | 1,784 | | | | | | | | 1,990 | 1,957 | 1,649 |
| Lab Procedures | > 12,262 | 12,098 | 11,587 | 9,776 | 7,900 | 10,591 | | | | | | | | 10,390 | 11,051 | 9,671 |
| Adjusted Patient Days | > 1,769 | 1,603 | 1,490 | 1,355 | 871 | 1,250 | | | | | | | | 1,314 | 1,624 | 1,373 |
| Therapy Visits | > 1,706 | 1,692 | 1,792 | 1,374 | 324 | 959 | | | | | | | | 1,228 | 1,145 | 1,084 |
| Outpatient Special Procedures Visits | > 225 | 268 | 226 | 319 | 222 | 211 | | | | | | | | 249 | 224 | 225 |
| Financial Performance | | | | | | | | | | | | | | | | |
| Net Days in Accounts Receivable | < 48.62 | 59.97 | 64.28 | 61.84 | 48.35 | 48.00 | | | | | | | | 48.3% | 63.79 | 50.96 |
| * Total Margin | > 7.06% | 4.50% | 1.20% | -0.20% | 16.40% | 18.90% | | | | | | | | 4.50% | 5.30% | 1.8% |
| Net Operating Revenue/FTE | > \$16,753 | \$ 16,075 | \$ 14,857 | \$ 15,320 | \$ 19,583 | \$ 19,245 | | | | | | | | \$ 17,018 | \$15,794 | \$16,094 |
| Labor as % of net Revenue | < 60.2% | 60.3% | 65.0% | 63.8% | 53.8% | 53.5% | | | | | | | | 59.3% | 59.6% | 62.6% |
| Operating Expense/FTE | < \$15,760 | \$ 15,534 | \$ 15,443 | \$ 15,969 | \$ 16,562 | \$ 15,823 | | | | | | | | \$ 15,866 | \$15,190 | \$16,190 |
| * Days Cash on Hand | > 120.39 | 96.39 | 93.02 | 97.86 | 152.33 | 221.00 | | | | | | | | 152.33 | 120.39 | 108.23 |
| Commercial % | > 28.7% | 27.1% | 27.4% | 28.8% | 28.9% | 28.8% | | | | | | | | 28.2% | 28.7% | 28.2% |
| Total Labor Expense/Total Expense | < 62% | 62.4% | 62.6% | 61.2% | 63.7% | 65.1% | | | | | | | | 63.0% | 62% | 63% |

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



2020 - Patient Care Scorecard

| Major Goal Areas & Indicators | 2019 Goal | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2020 YTD | 2019 | 2018 |
|--|-------------|---------|---------|---------|---------|---------|------|------|-----|------|-----|-----|-----|----------|--------|----------------------|
| Quality | | | | | | | | | | | | | | | | |
| Left Without Being Seen (ED & IVantage) | <1.0% | 1.24% | 0.90% | 1.03% | 0.19% | 0.86% | | | | | | | | 0.92% | 1.11% | 1.00% |
| All-Cause Unplanned 30 Day Inpatient Readmissions (AC & IVantage) | <2.7% | 2.35% | 6.67% | 9.30% | 7.89% | 2.94% | | | | | | | | 5.91% | 5.4% | 2.7% |
| Sepsis - Early Management Bundle (AC) | >84.6% | 33.33% | 50.00% | N/A | 66.67% | 100.00% | | | | | | | | 60.00% | 80.0% | 84.6% |
| Head CT Interpretation within 45 minutes - Stroke (DI) | >90% | 100.00% | 100.00% | 56.67% | 100.00% | 100.00% | | | | | | | | 83.33% | 62.16% | N/A |
| Healthcare Associated Infection Rate per 100 Inpatient Days | <0.07% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | | | | | | | | 0.00% | 0.07% | 0.10% |
| Diabetes Management - Outpatient A1C>9 or missing result (PT) | <30.25% | 37.43% | 30.27% | 32.62% | 38.79% | 37.50% | | | | | | | | 35.01% | 30.25% | 34.50% |
| Medication Reconciliation Completed | >90% | 89.26% | 99.38% | 44.72% | 89.90% | | | | | | | | | 71.27% | 90.00% | 2019 value is 85.16% |
| Turnaround time of 30 minutes or less for STAT testing (LAB) | <30 Minutes | 34 | 31 | 34 | 38 | 39 | | | | | | | | 35.2 | 30 | 30 |
| Median Time to ECG (CP & IVantage) | < 7 Minutes | 6 | 7 | 6 | 3.5 | 8 | | | | | | | | 6 | 7 | NA |
| Surgical Site Infection (OR) | <2.0% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | | | | | | | | 0.00% | 0.3% | 0.3% |
| Colonoscopy Follow-up (OR/Clinic & IVantage) | >90% | 100.00% | 100.00% | 100.00% | 100.00% | N/A | | | | | | | | 100.00% | 90.0% | NA |
| Safe Medication Scanning | >90% | 88.80% | 91.30% | 93.82% | 90.55% | 94.48% | | | | | | | | 91.79% | 90.0% | NA |
| *Overall Quality Performance Benchmark (IVantage) | >48 | 48 | 48 | 58 | 58 | 58 | | | | | | | | 48 | 48 | 0 |
| *Inductions <39 Weeks without Clinical Indications (OB & IVantage) | <1 | 0 | 0 | 0 | 0 | 0 | | | | | | | | 0 | 1 | 3 |
| *Falls with Injury | <3 | 0 | 1 | 0 | 0 | 0 | | | | | | | | 1 | 3 | 3 |

Green at or above Goal (4)

Yellow within 10% of Goal (2)

Red More than 10% below Goal (0)

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| BOARD WORK SESSION | | May 26, 2020 | | WHITEHEAD CONFERENCE ROOM | | |
|--|--|---|--|--|--|--|
| COMMISSIONERS | | STAFF | | GUESTS | | |
| | | | | COMMUNITY MEMBERS | | |
| <ul style="list-style-type: none"> • Dr. Steve Kenny • Dr. Sharon Dietrich • Keith Sattler • Glenn Bestebreur • Susan Reams • Kit Watson • Brandon Bowden | | <ul style="list-style-type: none"> • Craig Marks, CEO • Merry Fuller, CNO/COO • David Rollins, CFO • Ro Kmetz, CHRO • Shannon Hitchcock, CCO • Kevin Hardiek, CIO • Kristi Mellema, CCO • Dr. Brian Sollers | | <ul style="list-style-type: none"> • Dr. Jacobo Rivero, ACO • Christi Doornink, Director - Emergency Services • Luke Zarecor/DZA (CPA) • Joe Lodge/ DZA (CPA) • Gary Hicks/G.L.Hicks Financial, LLC | | <ul style="list-style-type: none"> • None |
| AGENDA | | DISCUSSION | | ACTION | | |
| | | | | FOLLOW-UP | | |
| I. Call to Order | | Meeting was called to order by Commissioner Bestebreur at 6:02 p.m. | | | | |
| II. Public Comment | | There was no public Comment | | None | | |
| III. MEDICAL STAFF DEVELOPMENT | | | | | | |
| A. PMH Medical Staff Engagement Plan (Attachment AA) | | Dr. Rivero and Christi Doornink presented the 2020 PMH Medical Staff Engagement Plan. Their goal is to enhance Medical Staff Satisfaction which is currently at 89%. | | None | | |
| At 6:15 the Board announced that they would go into Executive Session which was expected to last 60 minutes. | | | | | | |
| IV. EXECUTIVE SESSION | | | | | | |
| A. RCW 42.30.110 (b) Real Estate – To consider the selection of a site or the acquisition of real estate by lease | | | | None | | |

| | | | |
|--|---|--|---|
| or purchase when public knowledge regarding such consideration would cause a likelihood of increased price. | | | |
| B. RCW 42.30.110 i(iii) – Legal Counsel - Litigation or legal risks of a proposed action or current practice that the agency has identified when public discussion of the litigation or legal risks is likely to result in an adverse legal or financial consequence to the agency. | | | |
| C. RCW 42.30.110 (g) – Personnel – To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. | | | |
| The Board resumed their regular business meeting at 6:45 p.m. | | | |
| V. SERVICES | | | |
| A. Review Replacement Hospital Feasibility Study (Attachment BB) | Luke Zarecor and Joe Lodge, from DZA, discussed the results of the Feasibility Study they performed on the building of a replacement facility for PMH. Gary Hicks discussed the study in relationship to what the USDA would be looking for. The study was very favorable from the USDA (funding source) perspective. | | This matter will be discussed further at future Board Meetings. |
| VI. ADJOURN | | | |
| There being no further regular business to attend to, Commissioner Kenny adjourned the meeting at 8:03 p.m. | | | |

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| BOARD MEETING | | May 28, 2020 | | WHITEHEAD CONFERENCE ROOM | | | |
|--|--|--|--|---|--|-----------|--|
| COMMISSIONERS | | STAFF | | MEDICAL STAFF | | GUESTS | |
| <ul style="list-style-type: none"> • Dr. Steve Kenny • Glenn Bestebreur • Susan Reams • Brandon Bowden • Sharon Dietrich, M.D. • Kit Watson • Keith Sattler | | <ul style="list-style-type: none"> • Craig Marks, CEO • Merry Fuller, CNO/COO • David Rollins, CFO • Ro Kmetz, CHRO • Kevin Hardiek, CIO • Kristi Mellema, CQO • Shannon Hitchcock, CCO | | <ul style="list-style-type: none"> • Dr. Wali Martin, Medical Staff | | None | |
| AGENDA | | DISCUSSION | | ACTION | | FOLLOW-UP | |
| I. Call to Order | | Meeting was called to order by Commissioner Kenny at 6:03 p.m. | | None | | None | |
| II. Public Comment | | None | | None | | None | |
| III. APPROVE AGENDA | | None | | Commissioner Reams made a motion to approve the Agenda. The Motion was seconded by Commissioner Dietrich and passed with 7 in favor, 0 opposed, and 0 abstained. | | | |
| IV. APPROVE CONSENT AGENDA | | None | | Commissioner Dietrich made a motion to approve the Consent Agenda. The Motion was seconded by Commissioner Bowden and passed with 7 in favor, 0 opposed, and 0 abstained. | | None | |

| AGENDA | DISCUSSION | ACTION | FOLLOW-UP |
|---------------------------------------|--|--|-----------|
| V. MEDICAL STAFF DEVELOPMENT | | | |
| B. Medical Staff Credentialing | <p>Dr. Martin presented the following New Appointment: Pratik Bhattacharya, MD – Provisional/Telemedicine staff with requested privileges in Neurology effective May 28, 2020 through November 27, 2020.</p> | <p>A motion to approve the New Appointment and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and Medical Executive Committee for the new appointment of the following providers was made by Commissioner Sattler and seconded by Commissioner Reams. The Motion passed with 7 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> • Patrik Bhattacharya, MD | None |
| | <p>Dr. Martin presented the following Advancement from Provisional Status: Becca Warnick, ARNP – Allied Health Professional staff with privileges in Family Medicine effective May 28, 2020 through September 26, 2021.</p> <p>Syed Abbas, MD – Telemedicine staff with privileges in Neurology effective May 28, 2020 through December 19, 2021.</p> <p>Abdelrahman Beltagy, MD – Telemedicine staff with privileges in Neurology effective May 28, 2020 through December 19, 2021.</p> <p>Sheila Smith, MD – Telemedicine staff with privileges in Neurology effective May 28, 2020 through December 19, 2021.</p> | <p>A motion to approve the Advancement from Provisional Status that has been reviewed and recommended by the Department Chair, the Credentialing Committee and the Medical Executive Committee for the following providers was made by Commissioner Reams and seconded by Commissioner Watson. The Motion passed with 7 in favor, 0 opposed, and 0 abstained.</p> <ul style="list-style-type: none"> • Becca Warnick, ARNP • Syed Abbas, MD • Abdelrahman Beltagy, MD • Sheila Smith, MD | None |

| AGENDA | DISCUSSION | ACTION | FOLLOW-UP |
|--|--|---|--|
| | <p>Dr. Martin presented the following Reappointments:</p> <p>Susan Whitaker DO – Reappointment to Active staff with requested clinical privileges in Emergency Medicine from May 28, 2020 through May 27, 2022.</p> <p>Danielle Whitley, MD – Reappointment to Locum Tenens staff with requested clinical privileges in Emergency Medicine from May 26, 2020 through May 27, 2022.</p> | <p>A motion to approve the Reappointment and requested Clinical Privileges that have been reviewed and recommended by the Department Chair, the Credentialing Committee and the Medical Executive Committee for the following providers was made by Commissioner Bowden and seconded by Commissioner Dietrich. The Motion passed with 7 in favor, 0 opposed and 0 abstained.</p> <ul style="list-style-type: none"> • Susan Whitaker, DO • Danielle Whitley, MD | None |
| VI. FINANCIAL STEWARDSHIP | | | |
| <p>A. Review Financial Reports for April 2020 (Attachment DD)</p> | <p>David Rollins presented the April 2020 Financial Reports.</p> | <p>Commissioner Bestebreur made a motion to approve the Financial Report for April 2020 which was seconded by Commissioner Bowden. The Motion passed with 7 in favor, 0 opposed and 0 abstained.</p> | None |
| <p>B. COVID-19 Financial Plan (Attachment E)</p> | <p>David Rollins presented the COVID-19 Financial Operations Forecast through December 2020. It was noted that there were errors in several of the expense categories when compared to the 2020 Budget.</p> | None. | <p>David will correct the COVID-19 Financial Operations Forecast for 2020 and email it to the Board.</p> |
| <p>E. PMH Foundation Update (Attachment EE)</p> | <p>Shannon Hitchcock presented an update on the PMH Foundation. The Foundation Bylaws and a Scope of Services Agreement between PMH and the Foundation are currently being reviewed by a subcommittee of the Foundation Board and will be presented to the Foundation Board and PMH Board of Commissioners for approval in June. The Foundation Board approved reimbursement of \$21,500 to PMH for the re-startup costs of the Gift Shop. The Foundation is still</p> | None | None |

| AGENDA | DISCUSSION | ACTION | FOLLOW-UP |
|--|---|--------|-----------|
| | hoping to hold a PMH Foundation Golf Tournament on September 19, pending COVID-19 restrictions at that time. | | |
| VII. EMPLOYEE DEVELOPMENT | | | |
| A. Review PMH Uniform Program) Attachment Y) | Ro Kmetz presented an overview of a proposed PMH Uniform Program. The Program was included in the 2020 Strategic Plan however, has been put on hold until 2021. | None | None |
| VIII. QUALITY | | | |
| A. COVID-19 Update | Merry Fuller presented an update on the current status of COVID-19 testing, PPE supplies, and its impact on PMH. The COVID-19 Task Force continues to meet two times weekly. | None | None |
| B. Practice Transformation Grant Update (Attachment O) | Merry Fuller gave an update on the Practice Transformation Grant including progress and achievements being made due to changes in processes. The primary focus for the remainder of 2020 will be effective and meaningful communication with patients and families. | None | None |
| C. Legislative and Political Updates | Glenn Bestebreuer gave an update on the Legislative and Political fronts from both Federal and State issues surrounding the COVID-19 pandemic. | None | None |
| D. CEO Report | Despite COVID-19, everyone had a great Hospital Week. We received several thank-you notes from employees and Craig appreciated everyone's efforts to make it a success. | | None |
| There being no further regular business to attend to, Commissioner Kenny adjourned the regular business meeting at 7:40 p.m. The Board entered Executive Session at 7:45 which was expected to last approximately 1 hour. | | | |
| IX. EXECUTIVE SESSION | | | |
| A. RCW 42.30.110 i(iii) – Contract – Litigation or legal risks of a proposed action or current practice that the agency has identified when public discussion of the litigation or legal risks is likely to result in an adverse legal or financial consequence to the agency. | | | |

| AGENDA | DISCUSSION | ACTION | FOLLOW-UP |
|---|------------|--------|-----------|
| B. RCW 42.30.110 (g) – Personnel – To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. Executive Session ended at 8:30p.m. and Open Session Resumed. | | | |
| X. ADJOURN | | | |
| There being no further regular business to attend to, Commissioner Kenny adjourned the meeting at 8:33 p.m. | | | |

DRAFT

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FINANCE COMMITTEE MEETING
WEDNESDAY, June 24, 2020
12:00 p.m. - VINEYARD CONFERENCE ROOM
AGENDA

MEMBERS:

Keith Sattler
Glenn Bestebreur
Brandon Bowden

STAFF:

Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

I. APPROVE MINUTES

Action Requested – May 26, 2020 Minutes

II. FINANCIAL STEWARDSHIP

- A. Review Financials - May (**Attachment BB**) David
Action Requested – April 2020 Financial Statements
- B. COVID-19 Financial Projection Plan (**Attachment I**) (**Attachment J**) (**Attachment K**) David
- C. Review Accounts Receivable and Cash Goal David/Stephanie
- D. Voucher Lists David
Action Requested - Voucher List (#151772 - #152307 for \$4,150,292.24)
- E. Surplus Items Resolution David
Action Requested - #000429 & #001191

III. ADJOURN

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**FINANCE COMMITTEE MEETING MINUTES
WEDNESDAY, May 26, 2020
5:00 p.m. - VINEYARD CONFERENCE ROOM**

MEMBERS:

Keith Sattler
Glenn Bestebreur
Brandon Bowden

STAFF:

Craig Marks
David Rollins
Stephanie Titus

CALL TO ORDER

Keith Sattler called the meeting to order at 5:05 p.m.

I. APPROVE MINUTES

ACTION ITEM

A motion to approve the Finance Committee Meeting minutes for April 29, 2020 as presented was made by Glenn Bestebreur. The Motion was seconded by Keith Sattler and approved.

II. FINANCIAL STEWARDSHIP

A. David Rollins reviewed the Financial Statements for April (Attachment DD). Net income of \$986,000 was driven by \$2.2 million in Federal Funds to bring PMH back to budget due to loss of revenue in March and April.

ACTION ITEM

A motion to recommend approval of the April Financial Statements as presented to the PMH Board of Commissioners was made by Glenn Bestebreur. The Motion was seconded by Brandon Bowden and approved.

B. Review Accounts Receivable and Cash Goal

Stephanie reviewed performance and work plans for continued improvement. The net accounts receivable is at 48 days and cash at 152 days.

C. Voucher List

ACTION ITEM

A motion to recommend approval of the Voucher List (#151306 - #151771 for \$4,921,713.77) as presented to the PMH Board of Commissioners was made by Glenn Bestebreur and seconded by Brandon Bowden and approved.

D. Financial Projections / COVID-19 Funds (Attachment M)

David shared that we are projecting to hit budget by year end if COVID phases out and volumes return utilizing 100% of Federal Funds.

E. Work Plan in Response to Audit Management Letter (Attachment HH and II)

Stephanie presented the Work Plan in response to the Audit Management Letter. There were no further questions.

III. ADJOURN

Having declared no further business, the meeting was adjourned at 5:52 p.m.

DRAFT

MEMORANDUM

TO: BOARD OF COMMISSIONERS
PROSSER MEMORIAL HEALTH

FROM: CRAIG J. MARKS, CEO

DATE: JUNE 2020

RE: CEO REPORT

SERVICES

1. Yakima Valley Farm Workers Clinics (YVFWC)

For the first time in several months I am not opening my Board Report with a COVID-19 pandemic update, and it sure feels good. Since I arrived at PMH, almost four years ago, we have been trying to improve our relationships with all area healthcare providers and organizations. One of the largest is YVFWC, which ceased some of their operational relationship with PMH in 2013 and began taking most of their patients to Sunnyside Hospital. Our continued efforts and Sunnyside Hospital's struggles have resulted in formal discussions between PMH and YVFWC about how we can once again work together. These discussions have gone very well, and I am pleased to report that we signed a Memorandum of Understanding (MOU) that re-establishes our relationship with YVFWC (Attachment A). The MOU goes into effect September 1, 2020 and Sunnyside Hospital was notified that YVFWC is realigning with PMH.

Our relationship with YVFWC is multi-faceted and includes assisting with their family practice residency program, the active participation of several of their providers in our call programs (OB, Peds, C-Section) and on our Medical Staff Committees. We welcome the YVFWC providers back and look forward to working with them to improve the health of our greater community. While the call contracts and specifics are still being worked out (we hope to finalize a call contract in a week or two), the addition of several more providers on our call rosters will lessen and even eliminate our need for locum tenens providers to take call. It is estimated that this change alone will save PMH more than \$500,000 per year, and enable us to provide more consistent care to all patients. This relationship will also give our specialty providers a renewed opportunity to earn referrals from the YVFWC providers and is likely to result in increased patient volumes throughout PMH. It should be noted, however, the real winners in this new relationship are the citizens of the communities we serve. By once again working together, PMH and YVFWC hope to improve the quality, availability and continuity of care provided to our greater community.

2. Replacement Facility

In May, the Board received a copy of and heard a presentation from our auditors, DZA, Luke Zarecor, (CPA) and Joe Lodge, (CPA) and our Financial Advisor (Gary Hicks) regarding the PMH replacement hospital feasibility study they completed. The results of the study were very favorable and painted a very positive picture for PMH to pursue funding from the USDA for a replacement facility. The biggest concern, understandably, is the impact the COVID-19 pandemic may have on our financial performance in 2020. Fortunately, our financial performance has remained strong (thanks to several sources of COVID-19 financial support – SBA and HHS) and is projected to remain strong throughout 2020. In fact, our current projections for 2020 show a net income of \$4.7 million (Attachment J) and a positive cash flow of approximately \$15.0 million (Attachment J-1). I have included an updated Decision Tree: Building A Replacement Hospital (Attachment B) for the Board to review. We would like to discuss this with the Board at the June Work Session and possibly establish a time frame for the Board to make a decision to pursue USDA financing. I am pushing for a time frame because it was recently announced that there are no expected increases in federal interest rates for the next two years. If that is true, we could lock into a very low interest rate (2.5-3.5%) for our project with the USDA. I look forward to hearing your thoughts on this topic.

It should also be noted, that we have been working with the City of Prosser on the establishment of an easement on our property on Gap Road and I-82 (future site of Prosser Memorial Health). The easement will be used by the City to bring water and sewer to several locations along our property. The easement will also be used in the future to bring additional utilities (e.g. natural gas, electricity) to our property. The City plans to begin work on the water/sewer project in the fall of 2020 and complete the project in the spring of 2021 (before the irrigation season begins). Our legal counsel reviewed the proposed easement and recommended several changes. Those changes have been made and the easement is now being signed by all parties and formally being adopted by the City of Prosser (Attachment C). This is a significant step in our ability to utilize our land for a new facility.

3. Sleep Lab

Despite the COVID-19 pandemic and the slowing down of most business activity in the area, this time has presented us with several expansion possibilities. One of these is the establishment of a sleep lab at PMH. We were recently contacted by Dr. Muhammad Riaz, a board-certified sleep study physician (Attachment D), who used to work in Sunnyside. Dr. Riaz had a very strong following from the area, including the Tri-Cities, and is interested in opening a sleep lab in Prosser. Dr. Riaz provides both adult and pediatric services, which is not common in the Yakima Valley. Dr. Riaz is a friend of Dr. Hashmi's and provides part-time hospitalist services at Kadlec, where he is very well respected. We are quickly putting together a business plan for this service line, as Dr. Riaz has at least one other offer. Our biggest issue with the service is space but we are exploring several possibilities. It should also be noted that this service was in our Strategic Plan for the last two years, but we could never work out the logistics, including recruiting a provider to oversee the program. We will continue to study and explore this service line and bring a business plan to the Board for review in July if the plan

shows it is feasible (meets a community need and provides a positive financial return on any investment we PMH would make).

4. Nuclear Medicine Update

We continue to aggressively pursue the completion of our Nuclear Medicine Project. The renovation of the therapy gym, that is rarely used, for nuclear medicine has been tentatively approved by the Department of Health Construction Review Services, pending our responses to their questions. We are in the process of addressing their questions and have also asked to make one change, which will benefit our surgery patients and their families. We have proposed to move the surgery waiting area into our current cafeteria space (Attachment E). With all of the COVID-19 concerns, we were very concerned with the small surgical waiting area proposed (currently Victor Huyke's office) and the inability for visitors to socially distance from each other. The cafeteria is about three times as large and provides a more relaxing space for family and friends of surgical patients. With this change, Victor would remain in his current office which is close to his staff and appropriately sized for an office. The cafeteria needs of PMH (we currently have approximately 12-15 staff that utilize this space) will be met by moving the cafeteria into the storage room next to the current cafeteria space. While this space is smaller, it should meet our needs. In addition, we plan to reserve the Vineyard Conference Room from 11:00 a.m. to 1:00 p.m. every day for staff to dine in. If the Vineyard Conference Room is used extensively by staff in the future, we would possibly convert the storage room into a consultation room for surgeons to meet with family members. This would be ideal, but we must first ensure that the needs of our staff are met. We are currently working with our architects, KDA, on the final submission to the State and the development of bid documents. We hope to have the project out for bid by the end of June.

5. Communications & Marketing Report

The first six months of 2020 haven't exactly played out like we were planning when the Marketing and Communication Plan was developed and approved last December. We started January and February with strong marketing campaigns for our Joint Replacement Program and the Prosser Heart Center hosting community lunch and learns with Dr. Strebel and a Go Red For Women Luncheon in February with Dr. Bhatti. Both events were extremely successful and helped raise the level of awareness about these two new service lines.

March, April and May have been dedicated almost solely to COVID-19 communication both internally and externally. The Communications Team has been instrumental in keeping our staff and providers informed on a daily, weekly and monthly basis with updates from myself, Dr. Sollers and the COVID-19 Task Force. I believe this open and honest communication, during a time of great uncertainty, helped our team feel less anxious and that we were as responsive to their questions, comments and concerns as we could be. In the community we've used social media, print, TV and digital ads to let the public know that we've opened the Respiratory Care | COVID-19 Clinic to assess respiratory illness and perform COVID-19 testing when necessary. The secondary message in opening this clinic was to inform patients that it was safe to come to our

clinics for regular appointments and to the hospital if you had a medical emergency, diagnostic imaging or outpatient services.

With both our internal and external communication our message is the same, that PMH is a trusted healthcare organization on the frontlines of the latest information and updates from the CDC, the Washington State Department of Health and the Washington State Hospital Association, and as we know and learn more we will share it with our staff, providers and the community. Our website, www.prosserhealth.org, is updated regularly with new information and resources people can go to if they have questions. We published a community newsletter in April that went to homes from Sunnyside to Richland, in both English and Spanish and we are planning on mailing out another one this month focused on how to stay safe and healthy as our state starts to open back up.

Through this challenging time, Prosser Memorial Health has been supported by our community in ways I would never have imagined. In turn, we have tried to help support local businesses and the community whenever an opportunity arises such as providing PMH Hygiene Stations at the Prosser Farmers Market (Attachment F). We are once again partnering with Brewminatti's as they get their live streaming concert series up and running. We also partnered with Jeff Place to put together a program highlighting the Prosser High School Senior Athletes, as many of them didn't get to finish out their high school sports career the way they would have liked (Attachment G). Within the first few hours of the program being posted online it received 11,000 views, with Prosser Memorial Health's name on every page. It was a great way to show our support to these students who have had a rough time adjusting to the "new normal".

This month we are ramping back up with comprehensive marketing campaigns for:

- Our Joint Replacement Program;
- The Prosser Heart Center;
- Our new Certified Nurse Midwife, Bailey Padilla;
- Our Pediatricians Dr. Min and Dr. Carl;
- The Dermoscope skin cancer screenings Dr. Santa-Cruz performs; and
- Safety and Cleanliness at our clinics and hospital.

We are also working behind the scenes right now on campaigns welcoming both Dr. Tieu's, Certified Nurse Midwife Rebecca (Becky) Morris and Dr. Ana Garcia, pediatrician who will see patients at our Grandview Clinic.

Prosser Memorial Health has partnered with the Thrive Coalition, the Prosser Boys & Girls Club and Comprehensive Mental Health to create and launch an online, interactive platform called Mustangs Matter addressing teen mental health. The program content is generated by students at Prosser High School asking questions of our providers and others and identifying resources they can reach out to for help. We are only in our third month of the program, but interest and feedback are growing. We are honored to be a part of this important initiative and being able to leverage our resources with other

community organizations to make it easier for kids who need help to get it and to remove the negative stigma in asking for help.

6. PMH IT Update

2020 has brought many changes to the technology sector. Attached is a short overview of some of the changes that have impacted PMH (Attachment H). PMH and Providence continue to enhance technology security across both of our networks and systems that run Epic. Providence has implemented CrowdStrike and Multi-Factor Authentication this year and has many more security enhancements lined up for the year (Attachment H). In addition, Adam Zoller, Chief Information Security Officer for Providence, will make a presentation at the June Board Work session regarding the security measures Providence is taking. PMH has replaced all of our internet circuits for all hospital and clinic locations with new fiber circuits from LS Networks that have better failover (a method of protecting computer systems from failing) and higher internet speeds. All circuits are fully operational today with internet speed increases of 10 times faster to prior speeds (50 times faster at the Grandview Clinic). All locations now have 1GB speeds making PMH internet access ready to handle future growth. This is a big win for the hospital as all locations now have very fast internet speeds and our technology environment is highly scalable for future growth.

PMH has purchased a new software program called Infosec to educate all staff and providers on email phishing attacks (the fraudulent practice of sending emails purporting to be from reputable companies in order to induce individuals to reveal sensitive information). The educational campaigns are an active learning experience executing random email phishing testing to see how staff are handling phishing emails and then adjusting needed phishing training based on the results of the testing.

Lastly, our annual Epic upgrade from Providence happened June 14, 2020. The biggest change this year was called Storyboard which changes the look and feel of Epic patient information. The screen has been redesigned for the wider monitor screens we use and to reduce clicks by making more information easily accessible from the patient information landing page. The upgrade went very well, and the feedback has been good across the board. One provider said the upgrade was "awesome"! Thank you to everyone that helped make this upgrade go smoothly!

7. ENT/Urology Equipment

With the addition of Dr. Coral Tieu, ENT and Dr. Thomas Tieu, Urology, we knew that it would be necessary to purchase/lease equipment that would enable them to fully practice their specialty. Sara Dawson, Director of Surgical Services and Tricia Hawley, Director of the Specialty Clinic, have been meeting with the doctors to evaluate the equipment we have and identify replacement and new equipment we will need. Sara and Tricia are also discussing options with multiple vendors and evaluating lease versus purchase options. The list of needed equipment is going to be significant, especially in urology which is a new service for PMH. It is anticipated that the cost of the needed equipment will be in excess of \$1.0 million. A complete list will be

brought to the Board in July and will include a business plan that will demonstrate the financial return for investing in these two specialties, and more importantly, the community need.

QUALITY

1. COVID-19 Update

The COVID-19 pandemic has disrupted lives in ways we never expected. For patients locally and across the country, the cancellation or postponement of non-emergent surgeries, clinic visits and procedures delayed important medical care and has financially devastated many hospitals and healthcare systems, even threatening the ability of many to keep their doors open. Today, as most states are "reopening", there are questions about whether COVID-19 cases will spike again and if, or when, we'll see a second wave. However, there are two things that are not in question: First, PMH along with most other hospitals are focused on being ready as communities reopen, and second, that we are as safe as ever for patients and providers. Preventing infections has always been a top priority for PMH. Our infection control practices have improved dramatically over the last decade and we have continued to make enhancements to these practices through this pandemic. We are now more prepared than ever to take care of the healthcare needs of our community.

The number of COVID-19 positive patients continues to go up locally and in several states that are reopening. The good news is that the death rate continues to drop. It appears that we are doing a better job of protecting our most vulnerable and that healthy individuals, with the ability to fight it off, are contracting the illness and making a full recovery. While most of the State of Washington is beginning to "reopen," Benton Franklin and Yakima Counties are still in Phase I of the Governor's four phase reopening plan. Benton and Franklin Counties have applied to move to Phase II, but have not yet heard back from the State. At PMH our COVID Clinic remains steady, averaging approximately 20 patients per day, with 5 positive tests per day. The recent relocation of the COVID Clinic from the Hospital to the Prosser Clinic has gone well for patients and works much better for our staff. The majority of our COVID-19 positive patients are able to recover at home, but we have seen a slight increase in the number of COVID-19 positive inpatients in the last couple of weeks and recently had six, including one in OB. It should be noted that this surge did not compromise our capacity or ability to care for non-COVID-19 patients.

The three main areas of concern regarding our preparedness during the pandemic focus on PPE (personal protective equipment), testing and treatment. Our PPE supplies are strong as PPE becomes more available. We are not experiencing any shortages and are prepared for a possible surge. Our testing capabilities have greatly improved in the last couple of weeks. We now have both the Abbott ID Now (5-10-minute turnaround time) and the Bio-Fire (45 minutes TAT) available to do immediate testing. Unfortunately, we do not have unlimited reagents, so we have had to prioritize which patients are tested on these instruments. Our highest priority patients are inpatients (including OB), surgical patients, ER patients, staff and first responders (e.g. police, fire). COVID Clinic patient tests will continue to be sent out until reagents become

more available. This is a significant improvement in our testing capabilities and will improve patient care. On the COVID-19 treatment front, we are now administering Remdesivir to our inpatients as recommended by the FDA (Food and Drug Administration). We are on an allocation for Remdesivir by the State, but our supply of the drug has kept up with the demand. We look forward to the day when there will be a COVID-19 vaccine, and hopefully, not too far into the future. Regardless, PMH is open for business and ready to address all of the healthcare needs of our greater community.

2. COVID-19 Financial Plan

Every hospital in America prepared for COVID-19 patients. In addition, every hospital stopped doing regularly scheduled procedures. As a result, expenses have remained high and revenues have virtually dried up. The American Hospital Association (AHA) reports that hospitals and health systems are projected to lose more than \$200 billion between March 1 and June 30 because of this pandemic. While the government has provided \$44 billion in relief funds, the government assistance will not make up for most of the catastrophic losses created by the pandemic. As a result, most hospitals have had to implement furloughs/layoffs, pay reductions or both. We are fortunate at PMH as we have not taken any of these actions and have no plans to do so.

At PMH, our financial performance has remained strong (with the assistance of government aid) and our projections for the remainder of the year look strong. To date, we have received \$18,464,248 of COVID-19 assistance from a variety of sources such as HHS, SBA, WSHA, CMS, etc. (Attachment I). Of these funds, we are currently only planning to return \$6,596,297 of the total to the originating source (Medicare Advanced Payment). The remainder will be used to make us whole as compared to our 2020 Budget (Attachment J). As you can see in Attachment J, we are projecting that by year end we will have a net income of \$4.7 million, which is slightly better than our budget.

We are doing better than expected because our revenue (volume) is coming back quicker than we expected. In May, our gross revenue was 65% of our budgeted gross revenue, approximately \$300,000 better than projected. In June (through June 15) our gross revenue is at 88% of budgeted gross revenue, compared to our projection of 75%. This is a very positive trend as our surgeries and other services continue to increase and bodes well for our financial future. Finally, one might ask, are we going to run out of financial assistance dollars before our volumes fully return? To date, we have utilized \$3,561,533 (net) of the financial assistance and have \$5,169,826 (net) remaining (Attachment K). Based on our projections (which have been conservative), we will have adequate financial assistance to get us through 2020 and position us well to start 2021 in January.

3. 2019 PMH Critical Access Hospital (CAH) Annual Program Review

As a condition of participation with Medicare and Medicaid, all Critical Access Hospitals must prepare an Annual Program Review (Attachment L) and have it approved by their Board per CMS guidelines. The report is an overview of the services we provide throughout Prosser Memorial Health, our volumes, our community benefit, etc. Kristi Mellema will review the 2019

PMH Annual Program Review with the Board at the June Board Meeting, and the Board will also be asked to approve it at that meeting.

4. Board Policies

Following our Board Policy to review all policies every three years, the Board will be asked to review and approve the following four policies in June: a) Medical Staff Recruitment (Attachment M); b) Exclusive Designated Medical Specialty Services (Attachment N); c) Affiliation (Attachment O); and d) Issue Resolution Procedure – Exempt Staff (Attachment P). There are several minor changes (e.g. typos, title changes, etc.) that are being recommended by Administration to make them easier to understand and comply with current PMH practices. All recommended changes are highlighted in yellow. The Policies will be placed on the June Consent Agenda for approval, however, if the Board would like to make more significant changes or discuss the proposed policies, any Commissioner may remove a policy from the Consent Agenda and place it on the regular Board Agenda, or discuss it at the June Board Work Session.

5. Contract Review

Prior to January 2020 we had been using a manual, paper system for contract management. With the upgrade of our policy and procedure program to PolicyTech we also gained the capability to have contract management oversight electronically (Attachment Q). The contracts have been uploaded into the system and have their own section for appropriate management. They can be organized by category or alphabetical. The benefits to having our contracts electronically managed is not only for ease of use, but we can assign them for review, make changes, run reports, and conduct a search for a particular one. The contract owner can be alerted electronically in advance of a contract nearing expiration or requiring annual review.

This is a system that uses rules-based workflows and alerts to keep documents moving through the process, alerting directors and managers via email and reminding document owners when to update or retire policies/contracts, all of which is done electronically through a secure cloud-based platform. When new documents are created and approved it can be assigned to staff to read and attest to reading it. Exams can be developed to accompany the policy that staff must pass before attesting. Reports can be run to check compliance. We can also add contracts in a secure private file for annual review and staff can easily search for a variety of policies with only one word. Kristi Mellema will briefly discuss our contract management at the June Board Meeting.

6. Washington State Hospital Association (WSHA) – Cassie Sauer

Cassie Sauer, President and CEO of WSHA, and Jacqueline Barton True, VP of Rural Health Programs will make a presentation to the Board at the June Board Work Session. Cassie and Jacqueline plan to attend the meeting virtually and cover several topics. These include policy and advocacy, the COVID-19 pandemic and the financial impact of the pandemic on hospitals (Attachment R). One area that Cassie is also certain to discuss is the financial goal for the Hospitals for Healthy Future Political Action Committee (formerly the Washington Hospital Political Action Committee). The goal of WSHA and the PAC is to ensure that hospitals have a meaningful voice during health care debates in

Olympia and Washington D.C., and to promote active advocacy for all Washington hospitals. Cassie and Jacqueline plan to speak for thirty minutes and will answer any questions the Board may have.

7. June Board Meetings

In June, we plan to resume our regular schedule of hosting two Board Meetings. The June Board Work Session will be held on Tuesday, June 23rd and will include a presentation by Cassie Sauer regarding recent WSHA activities. We will also have a presentation from Adam Zoller regarding IT security measures being taken by Providence and EPIC. Finally, we plan to leave time to discuss the PMH Replacement Hospital Feasibility Study and how to proceed, and our evolving relationship with the Yakima Valley Farm Workers Clinics. These are information/discussion items with no action expected. At the June regular Board meeting, several short (5-10 minutes) presentations will be made regarding the 2019 CAH Annual Review, the PMH Contract review process, the New Employee Orientation process and a Marketing/Communications update. The only action expected from these topics is the approval of the 2019 PMH CAH Annual Review.

MEDICAL STAFF DEVELOPMENT

1. Medical Staff Recruitment

While many areas of the healthcare industry slowed down or stopped during this pandemic, provider recruitment at PMH is not one of those areas. For the past couple months, we have been having discussion with a pediatrician from the Yakima Valley about the possibility of joining us in Grandview. I am excited to tell you that Dr. Ana Garcia, has agreed to join the PMH Team and will work in the Grandview Clinic (Attachment S). Dr. Garcia has been providing services in Sunnyside for the past nine years and is currently Chief of Staff at Sunnyside Hospital. Dr. Garcia met with many of our providers, including our pediatricians, and was liked by everyone. She also comes highly recommended by several Sunnyside Hospital providers, including Dr. Tamera Schille – YVFWC Pediatrician. Dr. Garcia plans to begin with us in August or early September. Please join me in welcoming Dr. Garcia to PMH!

We were also successful in finding an experienced Certified Nurse Midwife (CNM) to join the Prosser Women's Health Center. Rebecca (Becky) Morris, CNM, recently interviewed with us and everyone was impressed with her experience, work ethic, personality and her commitment to her patients (Attachment T). Becky's background in all areas of Women's Health made her a perfect match for our opportunity. Becky plans to join us in early August and will work in the Grandview and Benton City Clinics. Please join me in welcoming Becky to the Prosser Area and PMH!

For the past four years we have been aggressively building our Medical Staff and enhancing the services we offer to the communities we serve. This has not been inexpensive, as we have often utilized provider recruitment firms and their fees range from \$40,000-\$50,000 per placement. Now that most of our recruitment efforts are complete, we are contemplating

using a program called Practice Match (Attachment U) to assist us in future recruitment efforts. While we are still evaluating the program (e.g. checking references), there are significant potential savings. If everything checks out, we plan to contract with Practice Match in the near future. Finally, I want to mention that several specialists (hand surgeon, sleep medicine specialist) have reached out to us with an interest in joining us. We are currently working with our Medical Staff and Leadership Team to determine if we should pursue any of the providers. It sure is a lot easier when the providers come to us, stay tuned.

2. Medical Staff Engagement

Last month Dr. Rivero and Christi Doornink-Osborn presented our Medical Staff Engagement Plan for 2020. One of the cornerstone events in that Plan has been the Medical Staff/Board/Leadership dinner cruise on the Columbia River. The event was scheduled to be held on July 10th this year, but because of the pandemic we have postponed, but not cancelled the event. We have rescheduled the dinner cruise for Friday, September 25th. While we are usually worried that it will be too hot in July, that will not be a concern in late September. It may be jacket weather, but it will once again provide us an opportunity to socialize and get to know each other better. The delay will also give some of our newest providers a chance to meet everyone in an informal manner. We are also planning to use this event to thank Dr. Combs and Alan Steen, CRNA, for their many years of service to PMH. Get your RSVP's in early as the boat will fill up quickly!

3. Dr. Weslee Chew

While we have had much to celebrate the past couple of years, especially as it relates to provider recruitment, I was saddened when Dr. Chew recently informed me that he is going to pursue a new opportunity near Seattle. Dr. Chew went to school and trained in the Seattle area and believes that moving back to his area will be the best move for his career development. His long-term goal is to return to PMH sometime in the future, however, Dr. Chew plans to continue working at PMH until October. Dr. Chew has provided outstanding patient care at PMH and will be greatly missed. We wish him nothing but the best in his future endeavors.

The departure of Dr. Chew has caused us to think about our Medical Staff Model and re-evaluate how we provide general surgery. One of the challenges that we have is that our general surgeons are performing 60-70% GI procedures and only 30-40% general surgery procedures. A new model under consideration is to replace Dr. Chew with a gastroenterologist (GI), rather than hiring another general surgeon (Attachment V). This model may better meet the needs of our community and increase provider satisfaction. This model may also be financially rewarding for PMH as GI specialists provide a good return on investment (Attachment W). We will continue to explore and discuss our options in the coming weeks with the Medical Staff and Leadership Team.

EMPLOYEE DEVELOPMENT

1. Employee Engagement

While it is not officially summer yet, we kicked it off on June 5th by celebrating National Donut Day (Attachment X). We invited Blissful Bites, a local donut truck that makes fresh donuts, back to PMH to thank our staff and forget about the COVID-19 pandemic for a few moments. It was also interesting to learn about the history of National Donut Day and its connection back to our Veterans who fought for the freedoms we enjoy today. While not the healthiest choice (all in moderation), the donuts were well received. On July 2, we will be celebrating the Fourth of July at PMH. The Leadership Team will once again be washing the cars of our staff, Board and Medical Staff, and providing a good old-fashioned picnic lunch with all the fixings (provided by AC's Barbeque). We will be conducting the event at both the hospital and the Benton City Clinic. We encourage everyone to come on over and get your car washed while you enjoy a picnic lunch. There will be more details coming out about this event in the near future (Attachment Y). Also included in your packet you will find the June Employee Newsletter (Attachment Z) which highlights some of our May activities including our Hospital Week festivities, which were conducted despite the challenges provided by the COVID-19 pandemic.

2. Management By Strengths (MBS)

The annual Employee Engagement Survey we conduct with our staff and providers each October has identified communication as an area that needs improvement year after year. As we drilled down into what "communication" means to the team it was clear that it means many different things to different people. Since we've seen communication improve among the leadership team, we realized that one of the tools we have provided to this group to strengthen communication is a personality assessment tool provided to us by the Studer Group called Management by Strength (MBS). Each leader takes the online assessment survey and is assigned a color that helps define their personality AND how they prefer to receive communication and how they deliver it. Attached is a 1-page reference sheet of our leaders and their defined "color" as a quick reference tool we use (Attachment AA). An MBS trainer from Studer has presented the findings to the leadership team and how to use the information to be a better communicator and teammate. Starting July 1, Shannon Hitchcock and Kristi Mellema will work with each department leader to have their teams take the MBS survey, interpret what the results mean to the individual, to the team, and to Prosser Memorial Health as a whole. We will also have our providers take the MBS. This will go a long way in improving our communication and understanding of one another. We will also do this for the Board if they are interested in taking the survey.

3. New Employee Orientation

For my first couple of years at PMH we were hearing that new staff at PMH didn't feel well oriented to our organization. Up to that point, orientation of new staff was the responsibility of Department Leaders. Unfortunately, the orientations were not consistent and lacked definition of what should be included. As a result, Human Resources and the Leadership Team did a complete overhaul of our new employee orientation. The orientation is now coordinated by HR

with almost all members of the Leadership Team presenting to the group. The orientation lasts one day and provides a wonderful overview of what PMH is all about. We cover our history, Mission, Vision, Values and everything in between. Our new program provides an excellent way for our new staff to meet our Leadership Team and begin to engage with our organization. Ro Kmetz will briefly review this program with the Board at their June meeting.

FINANCIAL STEWARDSHIP

1. Financial Performance - May

Like April, May continued the trend of poor financial performance because of low volumes, but being saved by financial assistance (Attachment BB). In May our gross revenue was 35% (\$4.9 million) below budget and 25% (\$3.0 million) below last May. Fortunately, we had COVID-19 relief funds (\$1.3 million) to make up for our volume declines and ended the month right at our budgeted net revenue of \$5.6 million. For the first time in several months, our expenses were less than budget by \$526,324, which resulted in an operating income of \$1.0 million compared to our budget of \$462,387. After adding in our non-operating income, our total net income (bottom line) for May was a profit of \$1,070,603 compared to a budget of \$521,464. All things considered, May was a good financial month for us, especially as our volumes start to increase and return to normal.

Year-to-date our financial performance also remains strong due to COVID-19 financial assistance we have received. With the addition of \$3.5 million of net financial assistance, we currently have a net income of \$2.0 million compared to a budget of \$1.5 million. We are in a very good position for the rest of the year, especially if our business continues to return at a faster pace than projected. It should be noted that there is still a lot of uncertainty about how to financially record all of the COVID-19 financial assistance because there has been little guidance given by the federal government. As a result, we are following the recommendations of our auditors, DZA, and our financial consultants, Moss Adams, to ensure we are appropriately recording the financial assistance we receive. As a result of all the financial assistance, many of our closely monitored metrics have dramatically improved. For example, cash flow for May was a positive \$10.25 million and year-to-date it is a positive \$18.56 million. This has assisted in raising our days cash on hand to 221.0 days compared to 120.55 days last May. In addition, our net days in accounts receivable are down to 48 days, the lowest they have been in several years. In fact, most of our key financial metrics are now better than last year and our 2020 budget. Our goal is to continue this strong financial performance through the remainder of 2020.

2. PMH Foundation Update

On behalf of the Foundation Board of Directors, myself, Shannon Hitchcock and Stephanie Titus, thank you to everyone who has donated to the Foundation this year! This time last year our employee payroll deduct donations were at \$1,112 from January-June. This year we are at \$11,036! That is an amazing jump in donations and says a lot about employee and board support and commitment to the good work our Foundation does. Thank you!

Mark your calendar, and cross your fingers, that we will be able to host the first annual Wine Country Classic Golf Tournament Saturday, September 19th at Black Rock Creek Golf Course. Look for more information to come out later this month.

Also, thank you for your support of the Foundation Gift Shop and Busy Bean Café. Proceeds from these two areas fund the Prosser Memorial Health Auxiliary Scholarship Program. For the second year in a row we are able to fund three \$2,000 scholarships. Later this month we will announce the Auxiliary Scholarships recipients. We will award one \$2,000 scholarship to a high school student from the Kiona-Benton School District and two \$2,000 scholarships from Prosser High School. Sadly, we didn't have any applicants from the Grandview School District even though we reached out to them many times. We hope to see more applicants from all three school districts next year.

Finally, the PMH Board will be asked to approve the revised PMH Foundation Bylaws (Attachment CC) and the Scope of Service Agreement between PMH and the Foundation (Attachment DD), which was recently approved electronically by the Foundation, at the June Board meeting.

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.

Stay well!

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") is effective the ____ day of June, 2020, by and between Prosser Public Hospital District, Benton County, aka Prosser Memorial Health ("PMH") and Yakima Valley Farm Workers Clinic ("YVFWC"), collectively the "Parties".

WITNESSETH

WHEREAS, the Parties wish to document their arrangement regarding the allocation of Pediatric Hospital Admission and OB/GYN on-call coverage ("Call") responsibilities at Prosser Memorial Hospital ("Hospital") among providers employed by YVFWC and other providers who participate in PMH call.

NOW, THEREFORE, in consideration of the premises set forth above and the mutual benefits, covenants and agreements set forth below, the Parties agree as follows:

1. Effective September 1, 2020, YVFWC providers and PMH assigned providers will share Call at Hospital according to the Call Schedule prepared and distributed by PMH and accepted by YVFWC. Call responsibilities will be allocated among those providers approved by PMH for Call. Further it is agreed that Call obligations for YVFWC providers will not exceed 1:4, i.e. one call obligation for YVFWC for every four Calls scheduled for PMH designated providers. Call coverage will be provided during the designated hours established by PMH on the Call Schedule.
2. The Parties agree that in order to ensure patients' information and future care remain with their respective primary care provider's practice, a patient tracker will be developed and monitored monthly. Each Party agrees not to solicit or encourage patients to transfer care to said Party or otherwise away from the patients' current primary care provider or other provider unless the Party has the prior written approval of the other Party.
3. Each Party shall be responsible for its own acts or omissions and the acts or omissions of its providers for any and all claims, liabilities, injuries, suits, demands, and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect caused or alleged to have been caused by that Party or its employees or representatives in the performance or omission of any act or responsibility of that Party under this MOU. Each Party warrants and represents that it has, and will maintain during the term hereof, general and professional liability insurance with a nationally recognized carrier having limits and terms consistent with those of organizations of like size, operation and value, in their respective industries.
4. While complying with the provisions of Sections 7 and 8 below, the Parties agree that wherever possible they will work together to enhance the healthcare of their respective communities.
5. The Parties agree that this MOU can be terminated at any time by one Party giving written notice to the other, provided that each Party shall use its best efforts to give at least 90 days' notice to the other Party of its desire to terminate this MOU.

6. The parties agree that this MOU is a non-binding expression of intent. It is not contemplated that either party would have the right to seek any remedy in the event any of the terms contained herein are breached.
7. The Parties acknowledge that PMH has entered into and will enter into separate written Call coverage agreements with any provider or employing entity who will be compensated by PMH for providing any type of Call scheduled by PMH. The Parties further acknowledge that PMH utilizes assigned and unassigned patient care arrangements with various providers and retains the right to determine which providers provide care to any given patient(s), then under the care of PMH, at any given time.
8. The Parties acknowledge that providing Call services is a requirement of having privileges at PMH and, therefore, there is no separate financial consideration given by PMH for the Call services. Nothing in this MOU shall be construed to require either Party, or any health care provider retained or employed by either Party, or who has a financial interest in or financial arrangement with the other Party, to refer patients to the other Party, or to utilize the other Party to provide services to patients, or otherwise generate business for a Party or for any of their medical facilities or programs. Notwithstanding any unanticipated effect of any of the provisions herein, the Parties intend to comply with 42 U.S.C. 1320a-7b(b), commonly known as the federal Anti-Kickback Statute, 42 U.S.C. 1395nn, commonly known as Stark II, Stark III ("Stark Laws"), and any federal or state law provision governing fraud and abuse or self-referrals under the Medicare or Medicaid programs, or any other federal or state health care program, as such provisions may be amended from time to time. This MOU shall be construed in a manner consistent with compliance with such statutes and regulations and the personal services exception, and the Parties agree to take such actions as are necessary to construe and administer this MOU consistent with said compliance. In the event any court or administrative agency of competent jurisdiction determines that this MOU violates any of such statutes or regulations, then the Parties agree to take such actions as are necessary to amend this MOU for compliance with the applicable statutes or regulations, as provided herein.
9. In addition to the promises of Section 7 above, the Parties intend to comply with all applicable statutes, rules and regulations regarding incidental benefits provided to providers on a hospital's medical staff and this MOU shall be construed in a manner consistent with compliance with such statutes and regulations.
10. Each Party agrees and acknowledges that patients affected as a result of this MOU have the right to see whomever they choose with respect to their healthcare needs and that this MOU does not bind such patients in any way.
11. This MOU may be executed in several or separate counterparts, each of which shall be deemed an original and all of which together shall constitute but one and the same instrument.
12. Each Party represents that all necessary action, if any is required, for the individual signing this MOU to have the authority to act for and bind the Party on behalf of whom they sign, has taken place.

13. If any provision of this MOU is held to be invalid or unenforceable for any reason, the remaining provisions will continue in full force. The Parties agree to replace any invalid provision with a valid provision that most closely approximates the intent and economic effect of the invalid provision.

14. This MOU sets forth the entire understanding and agreement of the Parties as to the subject matter of this MOU. It may only be changed by a writing signed by both Parties.

Prosser Public Hospital District, Benton County, Yakima Valley Farm Workers Clinic
aka Prosser Memorial Health

By: _____

By: _____

Its: _____

Its: _____

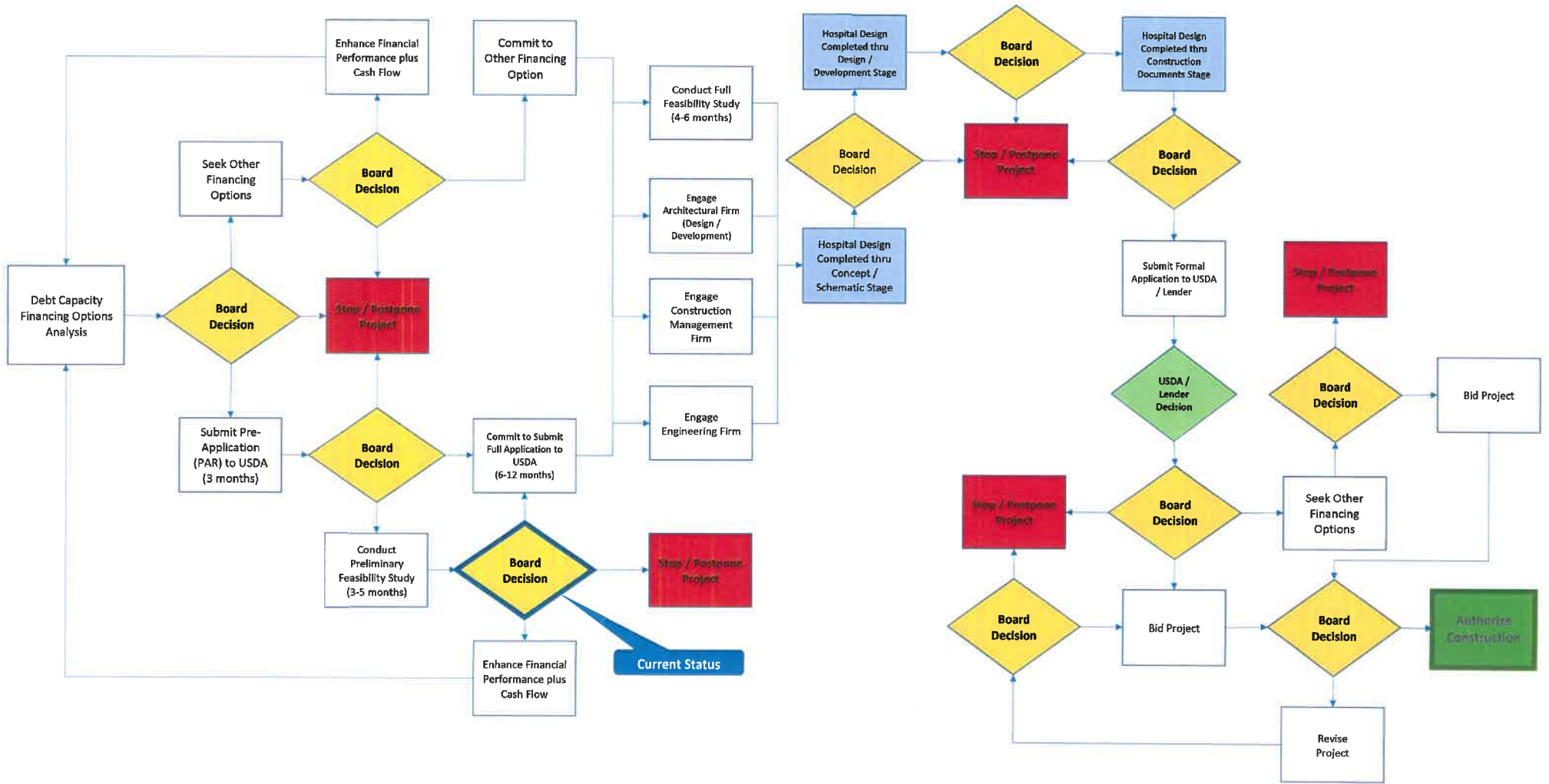
Date: _____

Date: _____

Prosser Memorial Health

Decision Tree: Building A Replacement Hospital

Presented: June 23, 2020



Attachment B

Current Status

DRAFT

After recording return to:

Saxton Riley & Riley
Attorneys at Law
1112 Meade Avenue
Prosser, Washington 99350

1. Document Title: Construction, Access, and Utility Easement
2. Reference Numbers of Documents Assigned or Released: n/a
3. Grantors: Prosser Public Hospital District
4. Grantees: City of Prosser, Washington.
5. Legal Description: Portion of Section 35, Township 9 North, Range 24 East
- 6.

[X] additional legal is on page 1 - 2 of the document.

Parcel Number: Portion of: 1-3594-200-0012-000, 1-3594-200-0011000, and 1-3594-200-0010-000

CONSTRUCTION, ACCESS, AND UTILITY EASEMENT

THIS CONSTRUCTION, ACCESS, AND UTILITY EASEMENT (the "Easement"), made this ____ day of _____, 2020 by and between Prosser Public Hospital District, a municipal corporation, with an address of 723 Memorial Street, Prosser, Washington 99350 ("Grantor") and the city of Prosser, Washington, a municipal corporation, with an address of 601 7th Street, Prosser, Washington 99350 ("Grantee").

RECITALS:

A. Grantor is the owner of the following described real property situated in Benton County, Washington, described as follows (hereinafter referred to as "Easement Property"):

Public Utility, Access, and Construction Easement

A strip of land being a portion of the hereinafter described Parcel 'A', said strip being 30.00 feet wide and lying 15.00 feet on each side of the following described line:

Commencing at the Northwest corner of Section 35, Township 9 North, Range 24 East, W.M.;

Thence South 0°14'14" East 1321.55 feet to the Westerly extension of the North line of said Parcel 'A';
Thence North 89°52'15" East along said North line and its Westerly extension 65.00 feet to the Point of Beginning of said centerline;
Thence South 0°14'14" East 754.67 feet to a point that is 15.00 feet Northerly of the Southerly line of said Parcel 'A' as measured perpendicular thereto;
Thence South 54°01'30" East parallel with said Southerly line 194.65 feet to the point of curvature of a curve concave to the Northeast and having a radius of 2895.00 feet;
Thence Southeasterly parallel with said Southerly line along said curve consuming a central angle of 4°39'56" an arc length of 235.74 feet;
Thence South 64°39'08" East parallel with said Southerly line 157.21 feet;
Thence North 88°47'13" East 102.17 feet to a point hereinafter referred to as Point 'X' and the terminus of said centerline;

AND TOGETHER with a strip of land being a portion of the hereinafter described Parcel 'A', said strip being 20.00 feet wide and lying 10.00 feet on each side of the following described line:

Beginning at the aforementioned Point 'X', said point being on a curve concave to the Northeast, the center of said curve bearing North 20°23'35" East 2860.00 feet;
Thence Southeasterly along said curve consuming a central angle of 10°57'13" an arc length of 546.77 feet;
Thence South 82°58'50" East 127.02 feet to the Easterly line of said Parcel 'A' and terminus of said centerline;

Where the above described strips outside lines meet, lines will be trimmed and or extended to intersect each other.

Parcel 'A'

The Southeast quarter of the Southwest quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington;

EXCEPT therefrom any portion lying within State Highway I-82 right of way.

AND the North half of the Southwest quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington;

AND the Southwest quarter of the Southwest quarter of the Northwest quarter of Section 35, Township 9 North, Range 24 East, W.M., Benton County, Washington;

EXCEPT therefrom any portion lying within State Highway I-82 right of way.

B. Grantee is a municipal corporation that owns a right of way and utility system depicted on Exhibit "A" attached hereto and incorporated herein by this reference ("Grantee's Property"). Grantee's property also includes any right-of-way or public utility easement owned by Grantee that is not shown on Exhibit "A" which is now owned or hereafter acquired by Grantee.

C. Grantee has requested, and Grantor wishes to grant to Grantee an exclusive permanent easement upon, over, and across the Easement Property, for the operation, maintenance and use of underground utilities, including, without limitation, to facilitate an utility extension across I-82 to property within Grantee's Urban Growth Area, including, but not limited to, 4,300 feet of new water and sewer main, with stub outs for future development, and installation of approximately 260 feet of casing pipes for proposed water, sewer, and future utilities.

NOW, THEREFORE, in consideration of the mutual benefits to be achieved by this grant of this easement, the parties do hereby agree as follows:

1. Recitals. The recitals set forth hereinabove are incorporated herein by this reference as fully as if set forth herein verbatim.

2. Grant of Easement. Grantor hereby grants, declares, dedicates, creates and establishes for the use and benefit of Grantee's Property and the Grantee's assigns a nonexclusive perpetual easement upon, over, and across the Easement Property, for the construction, operation, maintenance and use of the Utility Improvements and any other public improvement or rights associated therewith or otherwise useful or necessary in connection with the use and enjoyment of the Easement Property for any utility purpose, together with the rights of ingress and egress over and upon the Easement Property for the purposes of construction, reconstruction, installation, maintenance, replacement, repair and cleaning (collectively, "Grantee's Work") of any installed Utility Improvements.

This Easement and Grantee's rights hereunder shall at all times be subject to the rights of Grantor. Grantor hereby reserves unto itself, and its successors and assigns, the right to utilize the Easement Property for access purposes as deemed necessary, advisable, appropriate or convenient by Grantor that do not materially adversely affect Grantee's rights under this Easement.

3. Construction of Utility Improvements.

a. Grantee's Work shall be performed at Grantee's sole cost and expense. Grantee may remove trees, brush, and other improvements currently located on the Grantor's Property as reasonably necessary to complete Grantee's Work. Title to any such material removed shall be vested in Grantee in consideration of any damages incurred as a result of such growth and the cost of removal of the same.

b. Grantee shall be solely responsible for obtaining all necessary permits for Grantee's Work and for the compliance with such permits and all governmental regulations and code requirements pertaining to Grantee's Work.

4. Maintenance. The Utility Improvements shall be maintained by Grantee in good working order and condition at its sole cost and expense. It is further stipulated that Grantee, its agents, employees, successors and assigns, shall, as soon as practicable after exercising any right herein conveyed, restore all property of the Grantor to its former condition, including without

limitation, re-seeding grass areas and including cultivated and established lawn.

5. Compliance. The rights and easements granted hereunder, and the performance by Grantee shall be materially compliant with all applicable statutes, ordinances, permits, rules and regulations of all applicable governmental authorities, including, but not limited to, all permits, conceptual or otherwise, issued by all applicable governmental authorities having jurisdiction over the Easement Property, as the same may be amended from time to time hereafter. By acceptance of the easement granted herein and notwithstanding anything herein to the contrary, and to the extent allowable under applicable law, Grantee agrees to defend, indemnify and hold harmless the Grantor, its officers, agents, and employees, from and against any and all costs (including attorney's fees), expenses, damages, liabilities, claims, suits and judgments for injury or death to persons or damage to property of Grantor arising out of or in any way resulting from Grantee's activities or exercise of its respective rights granted hereunder, and those of Grantee's assigns, franchisees, assigns, licensees, contractors, and subcontractors. This covenant shall run with the land.

6. Successors and Assigns. This Easement and the obligations hereunder shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns, and the benefits and burdens hereof shall run with the Easement Property and Grantee's Property. Grantee may allow its franchisee's to use the easement to install utilities. Grantee shall provide a copy of all applications for Franchises received by Grantee after the date of this document to Grantor within 20 days from the date Grantee receives such application.

7. Enforcement. The easements, covenants and agreements contained herein shall be enforceable by suit for damages, specific performance, declaratory judgment and/or injunctive relief, in addition to any other remedy provided by law or equity.

8. Time is of the Essence. Time is of the essence with respect to all matters set forth herein.

9. Attorneys' Fees. In the event any litigation should arise over the interpretation, scope, or enforcement of any part of this Easement, the prevailing party in such litigation shall be entitled to recover its reasonable attorneys' fees and other legal expenses relating thereto, including, without limitation, those incurred at or before the trial level and any appellate, bankruptcy or administrative proceedings.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF the parties have caused this Easement to be executed on the day and year first above written.

GRANTOR:

CRAIG MARKS, SUPERINTENDENT

GRANTEE:

RANDY TAYLOR, MAYOR

ATTEST:

RACHEL SHAW, CITY CLERK

Approved as to form:

HOWARD SAXTON, CITY ATTORNEY

NOTARY PAGE FOLLOWS

STATE OF BENTON

County of Washington

SS.

I certify that I know or have satisfactory evidence that Craig Marks is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as the Superintendent of the Prosser Public Hospital District to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: _____

NOTARY PUBLIC IN AND FOR THE STATE OF
WASHINGTON, RESIDING AT _____

MY COMMISSION EXPIRES: _____

NOTARY'S PRINTED NAME:

Attachment D

Muhammad Riaz, MD
Email: hmriazmalik08@gmail.com
Cell: 8057047910

EDUCATION

King Edward Medical College
M.B., B.S

Lahore, Pakistan
12/1999-04/2005

Drexel University College of Medicine
M.S Clinical Research

Philadelphia, PA
09/2010-05/2013

INTERNSHIP AND RESIDENCY

University of California San Francisco, Fresno
Family Medicine

Fresno, CA
06/2011-06/2014

FELLOWSHIP

University of Michigan
Sleep Medicine

Ann Arbor, MI
07/2014-07/2015

LICENSES

Medical Board of California

Current, Active

Michigan State Medical License

Current, Active

Washington State Medical License

Current, Active

Idaho State Medical License

Current, Active

Texas Medical License

Current, Active

VISA STATUS

Us Citizen

BOARD CERTIFICATION

Diplomate, American Board of Family Medicine
Diplomate, American Board of Sleep Medicine
Diplomate American Board of Obesity Medicine

07/2014
07/2015
04/2018

CLINICAL EXPERIENCE

Astria Health Center (Full Time Physician)
Medical Director, Sleep Medicine

Grandview, Yakima, WA
10/2016-04/2020

Kadlec Regional Medical Center (Per Diem Physician)
Per Diem Hospitalist

Richland, WA
12/2019-Present

| | |
|---|--|
| Multi-care Spokane Valley Hospital (Locum tenens physician) <i>Locum Tenens Hospitalist</i> | Spokane, WA 09/2018-09/2019 |
| Twin Cities Community Hospital (Full Time Physician) <i>Full Time Hospitalist</i> | Templeton, CA 07/2015-07/2016 |
| Sierra View District Hospital (Locum tenens physician) <i>Locum Tenens Hospitalist</i> | Porterville, CA 07/2015-07/2019 |
| Klickitat Hospital (Locum tenens physician) <i>Locum Tenens Hospitalist</i> | Goldendale, WA 12/2017-3/2018 |
| Banner Lassen Hospital (Locum tenens physician) <i>Locum Tenens Hospitalist</i> | Susanville, CA 06/2016-10/2016 |
| Central California Urgent Care (Locum tenens physician) <i>Urgent Care Physician</i> | Fresno, CA 01/2014-11/2014 |
| United Health Centers (Locum tenens physician) <i>Primary Care Physician</i> | Sanger, CA 01/2014-06/2014 |
| Nafees Fatima Clinic <i>Medical Officer</i> | Lahore, Pakistan 05/2007 - 01/2008 |
| Abdul Ghani Hospital <i>Medical Officer</i> | Lahore, Pakistan 05/2005 - 01/2006 |

FACULTY/ACADEMIC APPOINTMENTS

| | |
|--|--|
| FMH College of Medicine and Dentistry <i>Lecturer Biochemistry</i> | Lahore, Pakistan 02/2006 - 04/2007 |
|--|--|

PUBLICATIONS

Peer-reviewed journal articles

Muhammad Riaz, Ravula S, Obesso D, Gaurav Nigam, Alp Sinan Baran. The Effect of Torso Elevation On Minimum Effective Continuous Positive Airway Pressure for Treatment of Obstructive Sleep Apnea. In Press, Sleep Breath, June 2019

Gaurav Nigam, Macario Camacho, Muhammad Riaz: The effect of nonbenzodiazepines sedative hypnotics on apnea-hypopnea index. Annals of Thoracic Medicine. 2019 Jan-March; 14(1):49-55.

Gaurav Nigam, Muhammad Riaz, Edward T Chang, Macario Camacho: Natural history of treatment-emergent central sleep apnea on positive airway pressure: A systematic review. Annals of Thoracic Medicine 2019 April; 13(2):8.

Gaurav Nigam, Macario Camacho, Edward T Chang, Muhammad Riaz: Exploring sleep disorders in patients with chronic kidney disease. Nature and Science of Sleep. 2018 Jan; 31; 10:35-43

Muhammad Riaz, Bruce Ragsdale, Zia Ur Rahman, Gaurav Nigam: Drug rash with eosinophilia and systemic symptoms (DRESS) caused by phenytoin. BMJ Case Rep. 2017 Aug 22;2017.

Gaurav Nigam, Macario Camacho, Muhammad Riaz: Rapid Eye Movement (REM) Rebound on Initial Exposure

to CPAP Therapy: A Systematic Review and Meta-Analysis. *Sleep Science and Practice* (2017) 1:13

Macario Camacho, Omojo O. Malu, Yoseph A. Kram, Gaurav Nigam, Muhammad Riaz, Sungjin A. Song, Anthony M. Tolisano, Cleto A. Kushida: Nasal Dilators (Breathe Right Strips and NoZavent) for Snoring and OSA: A Systematic Review and Meta-Analysis. *Pulmonary Medicine* 10/2016; 2016(6).

Gaurav Nigam, Muhammad Riaz: Probing the prevalence of central sleep apnea in patients with chronic kidney disease. *Sleep Breath*. 2016 Dec; 20(4):1275-1276.

Gaurav Nigam, Muhammad Riaz. Pathophysiology of central sleep apnea in chronic kidney disease. *Saudi journal of kidney diseases and transplantation*. 2016 Sep; 27(5):1068-1070.

Gaurav Nigam, Charu Pathak, Muhammad Riaz: A Systematic Review of Central Sleep Apnea in Patients with Chronic Kidney Disease. *Sleep Breath*. 2016 Sep;20(3):957-64.

Gaurav Nigam, Muhammad Riaz. Sleep Related Breathing Disorder in an Adult Female: Thinking Out of the Box. *The West Indian medical journal*. 2016 July; DOI: 10.7727/wimj.2016.171

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Gaurav Nigam, Charu Pathak, Muhammad Riaz: Alopecia Areata and Narcolepsy: A tale of Obscure Autoimmunity. *BMJ Case Rep*. 2016 Apr 8;2016. pii: bcr2015211523.

Muhammad Riaz, Susan Hughes, Ivan Gomez, Roger Mortimer: Stress Ulcer Prophylaxis in Hospitalized Patients, Subsequent use in Primary Care, and Physician's Opinion about Acid Suppressive Therapy. *Southern Medical Journal*, 03/2016; 109(3):158-164

Gaurav Nigam, Charu Pathak, Muhammad Riaz: The Practice of Bypassing In-Laboratory PAP Titration During Treatment of Obstructive Sleep Apnea: A Breach of our "Do No Harm" Oath? *J Sleep Disord Ther* 2016, 5: 24

Muhammad Riaz, Gaurav Nigam: A Large Increase in Slow Wave Sleep. *J Pulm Resp Med*, 05/2016; 6: 342.

Gaurav Nigam, Muhammad Riaz, Charu Pathak, Anita Shelgikar: Use of Auto-titrating Positive Airway Pressure Devices for Sleep disordered Breathing: The Good, the Bad and the Ugly. *J Pulm Resp Med*, 05/2016; 6:336.

Gaurav Nigam, Charu Pathak, Muhammad Riaz: A Sleep-Disordered Breathing Pattern Related to Positive Airway Pressure Therapy. *Ann Am Thorac Soc*. 2015 Dec;12(12):1892-5.

Muhammad Riaz, Victor Certal, Gaurav Nigam, et al: Nasal Expiratory Positive Airway Pressure Devices (Provent) for OSA: A Systematic Review and Meta-Analysis. *Sleep Disord*. 2015;2015:734798.

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Gaurav Nigam, Muhammad Riaz, Helena M Schotland, Alan S Eiser: Continuous Positive Airway Pressure- Emergent Protracted Central Apneas with Profound Oxygen Desaturation. *Am J Respir Crit Care Med*. 2015 Oct 1;192(7):e49-50.

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Gaurav Nigam, Muhammad Riaz, Shelley D Hershner, Cathy A Goldstein, Ronald D Chervin: Sleep Related Scratching: A Distinct Parasomnia? *J Clin Sleep Med*. 2016 Jan; 12(1):139-42

Gaurav Nigam, Muhammad Riaz, Neeraj Kaplish: An Unanticipated Pattern of Sleep-Disordered Breathing in a

Patient with Multiple Sclerosis. Ann Am Thorac Soc. 2015 Aug;12(8):1243-6.

Macario Camacho, Muhammad Riaz, Armin Tahoori, Victor Certal, Clete A. Kushida: Mathematical Equations to Predict Positive Airway Pressures for Obstructive Sleep Apnea: A Systematic Review. Sleep Disord. 2015;2015:293868.

Muhammad Riaz, Victor Certal, Macario Camacho: Portable Power Supply Options for Positive Airway Pressure Devices. Rural and Remote Health 03/2015; 15(3).

Macario Camacho, Muhammad Riaz, Robson Capasso, Chad M Ruoff, Christian Guillemineault, Clete A Kushida, Victor Certal: The Effect of Nasal Surgery on Continuous Positive Airway Pressure Device Use and Therapeutic Treatment Pressures: A Systematic Review and Meta-Analysis. Sleep. 2015 Feb 1;38(2):279-86

Victor F Certal, Soroush Zaghi, Muhammad Riaz, Antonio S Vieira, Carlos T Pinheiro, Clete Kushida, Robson Capasso, Macario Camacho: Hypoglossal Nerve Stimulation in the Treatment of Obstructive Sleep Apnea: A Systematic Review and Meta-analysis. Laryngoscope. 2015 May;125(5):1254-64.

Muhammad Y Sheikh, Rahim Raoufi, Pradeep R Atla, Muhammad Riaz, Chad Oberer, Michael J Moffett: Prevalence of Cirrhosis in Patients with Thrombocytopenia Who Receive Bone Marrow Biopsy. Saudi J Gastroenterol. 2012 Jul-Aug;18(4):257-62.

Mukhtar Ahmad, Muhammad Tahir Majeed, Mohammad Jawaid Sabzwari, Muhammad Riaz, Muhammad Umair: Estimation of Total Serum Sialic Acid and its Comparison with CA 15-3 tumor marker in breast cancer patients. Professional Med J Journal 14 (01), 98-103.

Mohammad Jawaid Sabzwari, Mukhtar Ahmad, Muhammad Tahir Majeed, Muhammad Riaz, Muhammad Umair: Serum Sialic Acid Concentration and Type II Diabetes Mellitus. Professional Med J 13 (4), 508-10.

Mohammad Jawaid Sabzwari, Mukhtar Ahmad, Muhammad Tahir Majeed, Muhammad Riaz, Muhammad Umair: Comparative study between Total Serum Sialic Acid and Carcinoembryonic Antigen in Cancer Patients. Professional Med J 13 (03), 344-348.

Books

Muhammad Riaz, Fauziya Hassan: *Central Congenital Alveolar Hypoventilation Syndrome*. Case Book Of Sleep Medicine, Second Edition edited by Eric J.Olson, John W.Winkelman, 06/2015: chapter Sleep Related Breathing Disorders, Section 2: Central Congenital Alveolar Hypoventilation Syndrome: pages 232-38; American Academy of Sleep Medicine., ISBN: 978-0-9657220-3-2

Muhammad Riaz, Fauziya Hassan: *Late-Onset Central Hypoventilation with Hypothalamic Dysfunction*. Case Book of Sleep Medicine, Second Edition edited by Eric J.Olson, John W.Winkelman, 06/2015: chapter Sleep Related Breathing Disorders. Section 2: A Case of Late-Onset Central Hypoventilation with Hypothalamic Dysfunction: pages 242-50; American Academy of Sleep Medicine., ISBN: 978-0-9657220-3-2

Conference Proceedings

Muhammad Riaz, Nigam G, Kaplish N: *REM-sleep behavior disorder presenting as hypnopompic hallucinations*, Sleep, Seattle; 06/2015

Muhammad Riaz, Gaurav Nigam: *Early onset RBD in 35-year-Old Man with Non-violent Dream Enactment Behaviors*. University of Michigan, Ann Arbor; 06/2015.

Muhammad Riaz, Gaurav Nigam: *Refractory hypersomnia in a 60 year-Old Man despite Adequate Treatment of OSA*. University of Michigan, Ann Arbor; 06/2015.

Muhammad Riaz, Susan Hhughes, Ivan Gomez: *Sleep Disordered Breathing in Patients on Long Term Opiates*. Society of Teachers of Family Medicine, San Antonio, Texas; 05/2014

Muhammad Riaz, Ivan Gomez, Thomas Lauck, Susan Hughes: *Knowledge and Attitudes about Stress Ulcer Prophylaxis: A National Survey of Primary Care Residency Programs*. Society of Teachers of Family Medicine, San Antonio, Texas; 05/2014

Muhammad Riaz, Aman Gill, Michael Moya, Susan Hughes, Roger Mortimer, Ivan Gomez: *Prevalence of Proton Pump Inhibitors in Hospitalized Patients with Subsequent Overuse in Primary Care Setting*. Society of Teachers of Family Medicine, Baltimore, Maryland; 05/2013

LANGUAGE FLUENCY

English (Advanced)

Hindi (Fair)

Punjabi (Native/functionally native)

Urdu (Native/functionally native)

OTHER AWARDS/ACCOMPLISHMENTS

- Peer Reviewer: Medical Journals including The Cochrane Library, British Medical Journals, Sleep Science and Practice, Nature and Science of Sleep
- Resident teacher of the year 2014: UCSF Fresno Family Medicine
- Family Medicine Resident Award for Scholarship 2013: Association of Family Medicine Residency Directors and North American Primary Care Research Group
- Best Resident Research Poster: UCSF Fresno FM Expo, 2012
- National Talent Merit Scholarship: Higher secondary school certificate (HSSC; 1999) and Secondary school certificate (SSC; 1996) examinations
- Shaheen Academic Scholarship: Regional Academic Performance, PAK (1999-2004)
- Roll of Honor: Govt. Zamindar College, PAK (1999)

ELECTRONIC HEALTH RECORD EXPERIENCE

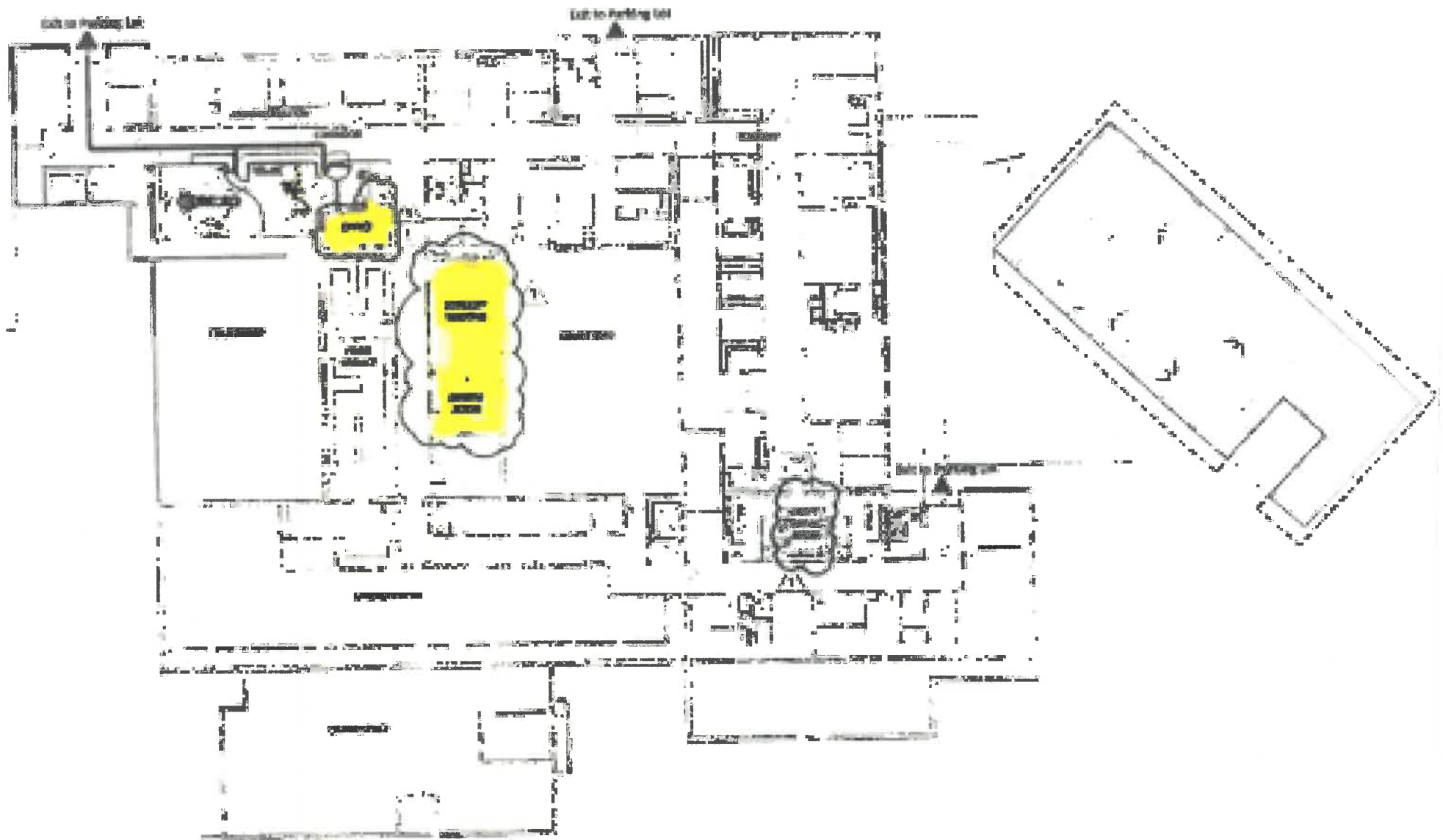
- Epic Advanced
- Cerner Advanced
- Medtech Advanced
- Centricity Advanced
- NextGen Basic
- Medtronics Advanced
- Somnostar Advanced

CLINICAL RESEARCH PROFILE

https://www.researchgate.net/profile/Muhammad_Riaz40

<https://orcid.org/0000-0001-9512-3334>

<https://scholar.google.com/citations?user=LSZgH04AAAAJ&hl=en>



2 Lower Floor Code / Infection Control Plan

2024 P 30





Thank you!
Annie

Annie Tiemersma
Community Outreach Assistant | Community Relations
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jeffplace@outlook.com • June 1,

Prosser Senior Spotlight

Mustang Football Kicked Off a Successful 2019-20 Sports Year

The 2019-20 high school sports season ended abruptly this past March due to Covid-19. Unfortunately, the spring sports seniors had their hopes and dreams ended without a single game or event being played (for most).

Schools (and parents) all across the state are coming up with all kinds of ideas to soften the blow. There are virtual senior nights, posters, banners plus the stadiums are turning on their lights on the football stadium.

Some schools are electing to award them letters or other special honors as well. But, make no mistake, there is no replacing practice, games or senior leadership.

Despite the heartbreak, not only for the athletes, but *all seniors (sports or no sports)*, here is a brief summary of the 2019-20 Prosser Mustang seniors and their teams. *Each athlete and team was dependent on the information we received.* But, every effort was made to honor seniors in some way.

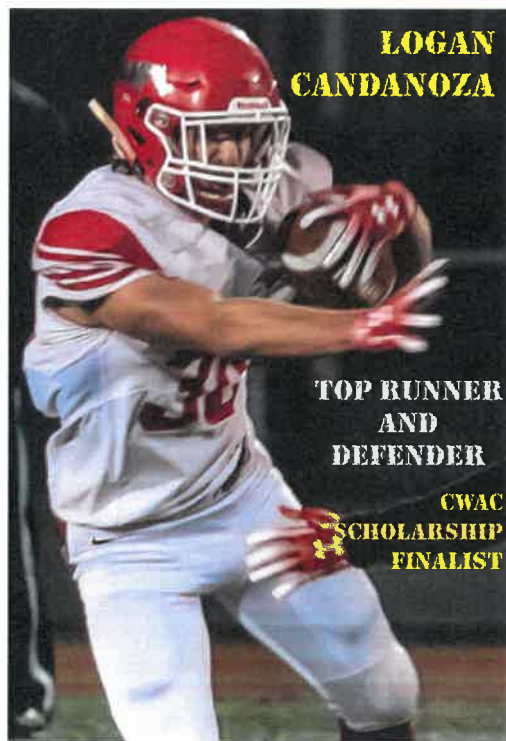
We start with the fall. *It is continued on Page 4.*

FALL SPORTS FOOTBALL

Head Coach: Corey Ingvalson

The unknown; adversity and perseverance was the story line for the 2019 Mustang football team.

They started out 0-2, lost their quarterback and were forced to play someone at the position (sophomore Kaiden Rivera) who hadn't really performed there since made school



**LOGAN
CANDANOZA**

**TOP RUNNER
AND
DEFENDER**

**CWAC
SCHOLARSHIP
FINALIST**

(Ross Courtney photo)

Will Thompson had an outstanding senior year and was the team's primary deep threat. He averaged nearly 20 yards per catch and was a first-team all-league selection at receiver. He often used his 6-foot-2 height and quick burst to get open.

Joining him as a first-team selection was **Anthony Kernan**. Not big in height at 5-foot-7, he had a seven foot heart. Also quick, he made the most difficult catch and often got

open on third and long.

Also a standout defensive back, he covered opponents like

made his mark. A first-team all-CV selection, he often gave opponents field position or no hope for a return.

There were six other seniors who made 2019 special and at times, had very bright moments as Prosser came within two games of the state championship game.

5-foot-8, 165-lb **Diego Chavez** threw a bowling ball when he replaced Candanoza at running back. He often came up with key plays and there is no doubt he could start for most teams.

Ian Moreno brought great athleticism and was a key member of the team. He could jump into tomorrow and had several big plays.

Lisandro Santillan was the team's kickoff man. Another great athlete, his boots were deep and high enough that kept opponents from having long returns.

Gabe Stutzman was the Swiss army-knife of the team. He was primarily a running back, but could play any position that was needed. He is another player that could have started for any CWAC team.

5-foot-10, 225-lb **Donnie Miller** was fun to watch. He played both ends of the ball on the line and if you kept your eye on him, you would see that he was hard to handle.

The sixth senior may have been the heart and soul of the team, but his year ended in a big 21-6 win against Ellensburg.

5-10, 190-lb **Jake Coleman** played defensive line and linebacker, along with the line. He had the ability to be a great skill position player as well. Possessed with all-star ability, his season was cut short with a severe neck injury (2 broken vertebrae) that ended



PRESENTED BY:

Prosser
 Memorial Health

WINTER OF CONTENTEN

MUSTANG BASKETBALL, WRESTLING IMPRESSIVE

BOYS' BASKETBALL

Head Coach: Toby Cox

Prosser boy's basketball (19-8) will miss several seniors who led them to the opening game of the state tournament. It was unfortunate they lost 64-60 to Toppenish (the top-rated RPI team) as the Wildcats had their best year since the Steve Myers era in the 1990's.

An argument could be made the Mustangs were also at their level and may have earned a state trophy if the RPI brackets would have been more favorable. Prosser was the only team to beat Toppenish during the regular season and every contest went down to the final seconds or the final shot.

Prosser also had its share of adversity battling injuries and sickness all year. Head coach, Toby Cox, often said he never had the same five players at any practice for weeks due to injury or sickness.

They also had to replay the second half of a game against the Grandview Greyhounds, who they beat both times but only got one win in the column.

Perhaps the toughest senior to replace will be 6-foot-5 Calvin Maljaars, who was a second team all-CWAC selection.

Most teams had difficulties matching up with him and his game really improved as he learned to play the boards and get put backs, or block shots.

He was a marked man all season and at one point, had to play with a face mask due to a broken nose.

Another key senior was Saul Quinones (saw-uhl key-own-ees), who played point guard and sacrificed scoring to distribute the ball.

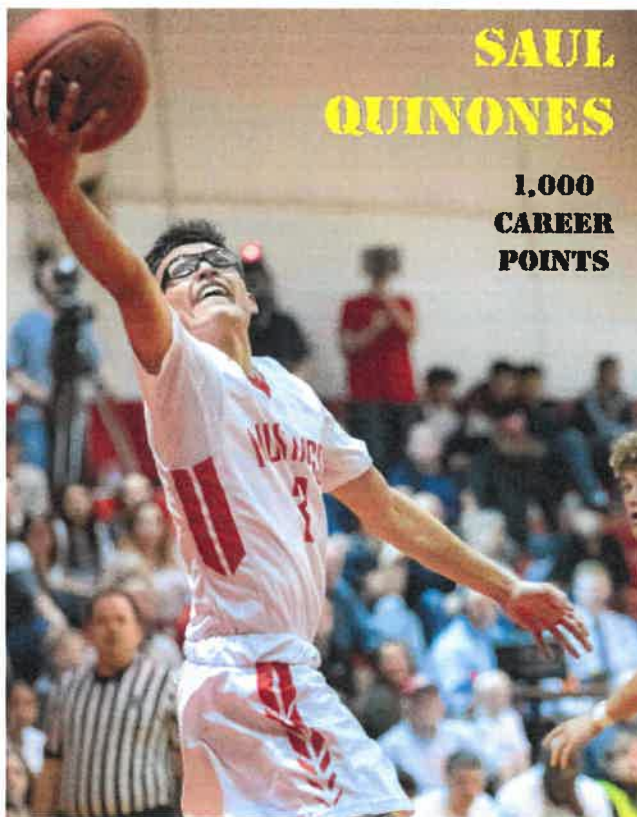
The 6-foot guard, was deadly shooting three-point shots on the wing and in the final seconds of a close game, it seemed like he either got the winning shot or rallied his team to victory.

As a bonus, he scored 1,000 career points and was an honorable mention all-league selection.

The shortest player on the team, 5-foot-5 Liroy Rivera, had perhaps the biggest heart.

A part-time starter, he often played at key moments in the game and his quickness often frustrated much taller opponents. Rivera also made some very big shots during the year.

6-foot-1 Ian Moreno was an important player off the bench and his athleticism was impressive



SAUL QUINONES

1,000 CAREER POINTS

(Ross Courtney photo)

went up against bigger players to rip down rebounds under the back boards. He also improved a lot during the year and put together some impressive scoring flurries.

Lisandro Santillan (lus-on-dro son-tea-on), was a 6-foot-1 reserve who had his moments as well. He was often steady when he checked in and will be missed, too.

SEASON CAPTION: (13-5, 19-8) Tied for 3rd in the CWAC (with Ephrata) and dealt Toppenish their only regular season loss. The Mustangs played at 2A state in the SunDome, where they lost a thriller to Toppenish (64-60) in their fourth meeting of the year.

HIGHLIGHTS: Making it to state and the nine point win over the Wildcats. They also had a pair of 1,000 point scorers. Senior Saul Quinones and junior Haden Hicks, who should become the school's all-time leading career scorer next season.

SENIORS: Calvin Maljaars, Ian Moreno, Saul Quinones, Liroy Rivera, Lisandro Santillan.

GIRL'S BASKETBALL

Head Coach: Kyler Bachofner

The young Lady Mustang basketball team featured only one senior but she will be missed.

Cabby Olivarez was a high-energy dynamo

Central Washin University.

HIGHLIGHT scrappy play an six of seven in J They beat a hot team at districts

SENIOR: G: Olivarez, a seco all-CWAC select

BOYS' WRE

Head Coach: Ju

The Prosser wrestlers were senior Logan Candanoza an 9th at the 2A I Classic XXXII.

Logan Candanoza, was a two-spo star who lost 1b state cham (5-2) to undef Isaias Ramire Toppenish.

Candanoza the tilt with t consecutive pi year, he was t state (170 lbs) two years ago

Prosser ha other seniors. Baletto (126-l Horeb Yopez lbs).

SEASON CA but prov counts a Huizar state.

HIG nine poi pair of 1 and jun school's season.

SEN Candan



Calvin Maljaars

PRESENTED BY:
Prosser
 Memorial Health

He

The girls h (145-lbs), Me: Yanez190 lbs. available

Spring Sports Heartbreak!

Pandemic Wrecks Dreams of Senior Athletes and Coaches

Call it the "Season of Heartbreak," as several senior athletes saw their spring hopes dashed due to Covid-19.

Balls were not hit, runners stopped running and jumpers, jumping. There were no more birdies, eagles or pars.

The season was lost just after the state basketball finished in March. At first, there was hope a short season and state might be completed by the end of May.

However, that never happened.

At this time, there may be no summer ball or practices. Some sports could be played in the fall, but don't hold your breath. For the seniors, this was a tough blow. Here is a sketch of each sport and their seniors.

2020 BASEBALL

Head Coach: Steve Schorzman

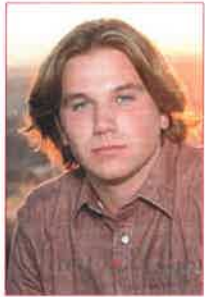
Last spring, Prosser finished second to Quincy in the CWAC Division 2 by one game. The new-look was done to help the schools that aren't developed as much as Ellensburg and Selah. The thought was to help them play teams that are more equal in talent and help them find success. Prosser was 6-7, 7-11 overall with five of their division losses against the big five of Division 1.

At Districts, the team lost 6-4 to Ephrata and head coach, Steve Schorzman was excited for his team's prospects this year.

"This would have been a good team and would have competed against anyone," stated the coach. "We had the defense, the offense but our issue would have been thin pitching."

"We had the Ace (we needed) but after that, we would have been done in against upper end pitching," he continued. "But Othello and Grandview are probably the ones bitter about it (the season being canceled) the most. Othello in particular was positioned to compete for the top."

PRESENTED BY:
 **Prosser**
 Memorial Health



Jake Coleman

"Anthony Cromwell was another 3-year starter who would have been our starting CF and P who is as dependable as it gets at the lead-off spot."

"Cristian Malave was a 2-year starter in the OF who adjusted completely to whatever we needed and whatever position and would have hit in the 2 hole."

"Blake Lowry was a 2-year starter who would have P and played OF but also could play SS as well where his ability to play multiple positions was huge and would have hit clean up."

"Zander Yager would have P and played 1B and exemplified commitment to the program and continued to evolve and grow each year to whatever was needed."

2020 FASTPITCH

Head Coach: Steven Yager

Last year, Prosser won the CWAC Division 2 under the new split alignment for their most successful season in years.

With a record of 8-5 in league with all their losses coming against the Division 1 teams, they were 14-9 overall and averaged nine runs per game. They were 1-2 at districts with both their losses coming to perennial state placers, Selah and Ellensburg.

They lost a lot of seniors, but 20 girls had turned out this year and head coach Steve Yager was excited about the prospects for this year. "We were a young team," he said.

"So I was really looking forward to see what the younger girls could do and who was willing to step up."

The Lady Mustangs had only two



Anthony Cromwell

Quincy, who are moving to the 1A level.

Information on the following sports were limited:

2020 BOY'S GOLF

Head Coach: Andy Hall

SENIORS: Noah Blount, Donnie M Wyatt York.

2020 GIRL'S GOLF

Head Coach: Jeff Willoughby

SENIORS: Tedra Everett.

2020 BOY'S SOCCER

Head Coach: Ricky Ruiz

Prosser hopes were looking after a 3-11 season 1 spring. They had several seniors (12) who hoped to lead way.

SENIORS: Jesus A Michael Baletto, Alexander Chavez, Dominique Dansen, Carlos Flores, Justus Flores, Jared Garcia, Johan Gar Adrian Orozco, Nimshi Rodriguez, Davi Ruelas, Alan Valencia.

2020 BOY'S TENNIS

Head Coach: Don Judy

Returning all-league selections Peter Felicijan (2nd team singles).

SENIORS: Samuel Avalos, Felicijan, Jose Montano, Roman Rodriguez, Lisandro Santillan, I Visser.

2020 GIRL'S TENNIS

Head Coach: Don Judy

SENIORS: Juliana Arment Cally Chen, Lily Morton, Andre Sanchez.

2020 TRACK

Head Coach: Cory Ingvalson

Prosser finished 25th at state last year. Only Ellensburg (4th), Selah and Ephrata (20th) were CWAC teams that placed higher. Individual results not available.

Returning Senior All-League Selects

(Fall Sports from the Front Page)

VOLLEYBALL

Head Coach: Wendy Meirndorf

The Mustang volleyball team was young featuring only two seniors, but they had an outstanding fall season.

They won their first six matches before losing three-in-a-row and finished the year with a 6-0 run.

During the post-season, they beat Othello, lost to Selah and downed Ephrata 3-2. Their year came to an end with a 3-1 cross-over match to Cheney of the GNL, which will be a 3A school next year.

Overall, they were 14-4, 6-3 in league, tied for third.

Jenna Schnellbach, a 5-9 outside hitter, earned first-team all-CWAC honors and was a CWAC Scholarship finalist. She was also on the court for Miss Prosser.

Abby Baze, played the important position of Libero. They are a player specialized in defensive skills who must wear a contrasting jersey color from their teammates and cannot block or attack the ball when it is entirely above net height.

SEASON CAPTION: (10-3, 13-5) third place (tied with Ephrata) in the CWAC behind Ellensburg and Selah. They had nine shutouts over opponents.

HIGHLIGHTS: Started the year 6-0, lost three and then finished 6-0 heading into districts. They were eliminated by Cheney of the Greater Spokane League in a glue-crossover.

SENIORS: Abby Baze (L), Jenna Schnellbach (OH).

CROSS-COUNTRY

Head Coach: Teresa Rodda

The Prosser cross-country team finished 7-2 in the CWAC.

Nati VerMulum was a second team all-CWAC selection for the Mustangs and competed at state. She finished 68th with a one-mile time of 6:28.2 and an overall time of 20:59.60.

Andrew Zepeda finished 89th at the 2A state meet at Sun Willows in



Jenna Schnellbach

Pasco for the boys. He had a one-mile time of 5:09 and a finish of 17:15.9.

The entire roster was not available at press time.

SEASON CAPTION: 7-2 league record, third place in the CWAC.

HIGHLIGHTS: The team finished with five consecutive regular-season wins.

SENIORS:

GIRL'S SOCCER

Head Coach: Ricky Ruiz

The fall girl's soccer team started hot, lost several close games. They were a tough, defensive team.

Haley Van Winkle was an honorable mention all-CWAC selection as a mid-fielder.

Alyssa Galindo played the mid-fielder position. She was also on the Miss Prosser court.

Susana Lopez was a defender.

Sophie Muller was a mid-fielder.

Lesly Orellana was a defender.

SEASON CAPTION: The Lady Mustangs (5-8, 5-12) started league 3-0 before losing six heart-braking matches. Three of their losses was by a single goal, three more by just two.

HIGHLIGHTS: Prosser swept Toppenish and Wapato and lost to Grandview 0-1.

SENIORS: Hayley Van Winkle (MF), Alyssa Galindo (MF), Susana Lopez (D), Sophie Muller (MF), Lesly Orellana (D).

GIRL'S SWIM & DIVE

Head Coach: Alice Perkins

The fall Swim and Dive team participated in four final events at state. Although they didn't place near the top, they showed a lot of heart and determination.

Madisen Mendez made the preliminary finals of the 100 Fly where she finished 17th at state. She also was on the 200-Meter Relay team.

Brooklyn Schultz was on

Prosser's state 200 Free Relay and 400 Free Relay.

Tedra Everett was the second swimmer on the state 400 Relay for Prosser that made the preliminaries.

SEASON CAPTION: Prosser was 3-3 in the combined CWAC/GNL swim standings.

HIGHLIGHTS: An 84-81 win over Selah followed by a 122-33 victory against East Valley and 118-38 win over Clarkston.

SENIORS: Tedra Everett, Rachel Forrister, Madison Mendez, Alexa Rutherford, Brooklyn Schultz.

(Winter Sports from Page 2)

BOYS' SWIM & DIVE

Head Coach: Leonard Wright

Prosser competed in the CWAC/GNL Swim and Dive League this past year.

Paden Rude and **Christian Malave** both competed at state in the 'B' Finals of the Prosser 200 Medley Relay and the 400 Free Relay.

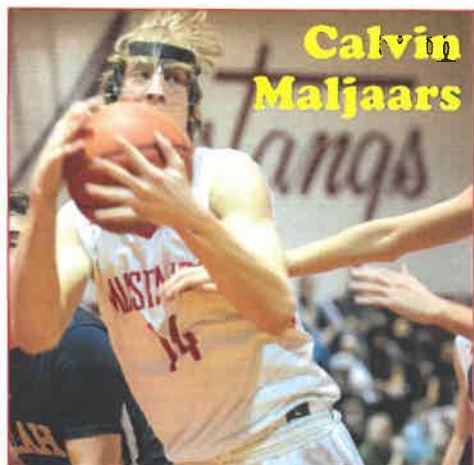
SEASON CAPTION: (10-3, 13-5) third place (tied with Ephrata) in the CWAC behind Ellensburg and Selah. They had nine shutouts over opponents.

HIGHLIGHTS: Junior Coleman Wright had a great showing at state finishing sixth in the 200-yard Individual medley.

SENIORS: Peter Felicijan, Christian Malave, Paden Rude.



About the Action Shots



Calvin Maljaars

Vision

Patients
Employees
Medical Staff
Quality
Services
Financial



Prosser
Memorial Health

Mission: To improve the health of our community.

Values

Accountability
Service
Promote Teamwork
Integrity
Respect
Excellence

Current Technology Security Measures

- Palo Alto Firewall (URL Filtering, SSL Decryption, Packet inspection / filter)
- McAfee Antivirus Virus Scanning
- Imprivata Single Sign On
- Microsoft IronPort Secure Email, Filtering, and Protection
- Annual External Penetration Testing
- CIS20 Critical Security Controls Annual Gap Analysis
- Nessus continuous vulnerability scanning
- Splunk Infrastructure Monitoring
- Manage Engine Mobile Management – Encrypted Mobile Devices
- Windows Bit Locker – Hard Drive Encryption
- McAfee Host Intrusion Protection (Email Server)
- Duo Multi Factor Authentication (MFA) – in production 4/2020
- Infosec Phishing Testing and Training – in production 6/2020

Future Technology Security Measures

- Updated on-boarding/off-boarding – coming in 2020
- Added Security Cameras – coming in 2020
- Security Audit – coming in 2020

- Addition of Security Contractor – coming in 2020, possibly Providence

Providence St. Joseph Technology Security Enhancements

Simplification, Modernization & Innovation: Progress Check

Threat Defense



98%+ coverage; enterprise saturation; several key wins

Security Ops & Analytics



Fully phased-in, continuing visibility expansion

Vulnerability Management



Started roll-out in mid-May, 75% coverage (110,000+)

Security Automation



Fully deployed, partnering with other Catholic Healthcare Orgs for best practice sharing

Remote Device Connection



June go-live; seamless connection to always-on VPN with built-in cybersecurity protections

Governance, Risk, Compliance



July/August go-live; modernizes and simplifies how we manage risk, exceptions, and govern IT



| Organization | Purpose | Outstanding | | | | Date Rec'd | Repayment | Funding Type | Other Notes |
|--|---|---------------|---------------|-----------|------------|------------|----------------|--------------|--|
| | | Award | Received | Amt | ETA | | | | |
| Greater Columbia Accountability of Health | Telehealth Application Funding for relief during the COVID19 crisis | \$ 6,000 | \$ 6,000 | \$ - | April 2020 | 4/3/2020 | \$ - | EFT | Alana and Kevin applied for receipt |
| HHS | Stimulus Payment | \$ 760,801 | \$ 760,801 | \$ - | April 2020 | 4/10/2020 | \$ - | EFT | Attestation completed within 30 days of funds received (completed 4/17/2020) |
| CMS Medicare Advanced Benefits | Advance of Medicare Payments | \$ 6,596,297 | \$ 6,596,297 | \$ - | April 2020 | 4/21/2020 | \$ (6,596,297) | EFT | Three months worth of Medicare payments advanced to PMH. Due to be repaid in November 2020 with zero forgiveness |
| HHS | Stimulus Payment | \$ 271,197 | \$ 271,197 | \$ - | April 2020 | 4/24/2020 | \$ - | EFT | Attestation completed within 30 days of funds received (completed 4/27/2020) |
| US Bank SBA Economic Injury Disaster Loan (EIDL) | Payroll Protection Forgiveness Loan | \$ 10,000 | \$ 10,000 | \$ - | May 2020 | 4/30/2020 | \$ - | EFT | US Bank SBA grant deposited into our account. |
| US Bank SBA Payroll Protection Program Loan (PPPL) | Payroll Protection Forgiveness Loan | \$ 6,350,235 | \$ 6,350,235 | \$ - | May 2020 | 5/4/2020 | \$ - | EFT | Original submission amount \$5,951,625 but based on US Bank calculator actual submission amount was higher (employer paid taxes accounted for post 100K salary cap); 15 documents submitted 4/21 as requested most recently |
| HHS | CARES Provider Relief Fund - Rural Allocation | \$ 4,170,732 | \$ 4,170,732 | \$ - | May 2020 | 5/6/2020 | \$ - | EFT | 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. We received \$4,170,732. NARHC.ORG (National Association of Rural Health Clinics) |
| HHS | Stimulus Payment | \$ 49,461 | \$ 49,461 | \$ - | May 2020 | 5/20/2020 | \$ - | EFT | CARES Act: Rural specific relief funds for rural health clinics |
| WSHA | ASPR PPE purchase from WSHA | \$ 20,000 | \$ 20,000 | \$ - | May 2020 | 5/21/2020 | \$ - | CHECK | 2. HRSA will issue NoA for the SHIP COVID-19 funds within 2-4 weeks. Paid \$6,254 for delivered WSHA PPE 4/16/2020 |
| Medicaid SRDSH | SRDSH reallocation of add'l funds | \$ 29,382 | \$ 29,382 | \$ - | May 2020 | 5/22/2020 | \$ - | EFT | The SRDSH amount that is funded by the HSNFA 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 | Stimulus Payment | \$ 49,461 | \$ 49,461 | \$ - | June 2020 | 6/9/2020 | \$ - | EFT | CARES Act: Rural specific relief funds for rural health clinics |
| HHS | Stimulus Payment | \$ 150,680 | \$ 150,680 | \$ - | June 2020 | 6/16/2020 | \$ - | EFT | CARES Act: Rural specific relief funds for rural health clinics |
| HRSA (WA DOH) | SHIP | \$ 83,136 | | \$ 83,136 | June 2020 | | \$ - | CHECK | 1. Other than confirming your hospital list from the FY 2020 MCC, we (HRSA) will not need any application information up front. There will be follow up information requested as a condition on your award and quarterly reporting requirements for the hospitals receiving SHIP COVID-19 funds. |
| | | | | \$ - | | | | | |
| | | | | \$ - | | | | | |
| | | | | \$ - | | | | | |
| | | | | \$ - | | | | | |
| | | | | \$ - | | | | | |
| Totals | | \$ 18,547,384 | \$ 18,464,248 | \$ 83,136 | | | \$ (6,596,297) | | |



STATEMENT OF OPERATIONS

| | Actual 2018 | Actual 2019 | Budget 2020 | Projected 2020 | | | |
|---|--------------------|---------------------|---------------------|---------------------|---------------|--------------------|--------------------------|
| Gross Patient Services Revenue | | | | | | | |
| Inpatient | 29,604,722 | 32,299,988 | 34,564,819 | 2,264,831 | 7.0% | 30,402,360 | (4,162,459) -12% |
| Outpatient | 88,786,759 | 109,767,804 | 125,833,980 | 16,066,176 | 14.6% | 108,915,075 | (16,918,905) -13% |
| Total Gross Patient Services Revenue | 118,391,481 | 142,067,791 | 160,398,799 | 18,331,008 | 12.9% | 139,317,434 | (21,081,365) -13% |
| Contractual Allowances | | | | | | | |
| Medicare | 20,525,466 | 27,928,741 | 32,236,053 | 4,307,311 | 15.4% | 27,915,474 | (4,320,578) -13% |
| Medicaid | 26,511,175 | 31,140,292 | 35,645,007 | 4,504,715 | 14.5% | 30,387,257 | (5,257,750) -15% |
| Negotiated Rates | 14,177,999 | 16,817,667 | 20,591,779 | 3,774,112 | 22.4% | 16,832,948 | (3,758,832) -18% |
| Other Adjustments | 1,230,238 | 1,343,734 | 2,251,696 | 907,962 | 67.6% | 2,033,352 | (218,344) -10% |
| Gross Contractual Allowances | 62,444,878 | 77,230,435 | 90,724,536 | 13,494,100 | 17.5% | 77,169,031 | (13,555,505) -15% |
| Charity Care | 2,108,996 | 1,671,832 | 2,001,181 | 329,350 | 19.7% | 2,084,155 | 82,974 4% |
| Bad Debt | 2,325,567 | 4,031,596 | 4,220,415 | 188,818 | 4.7% | 4,532,952 | 312,538 7% |
| Total Deductions From Revenue | 66,879,441 | 82,933,863 | 96,946,132 | 14,012,269 | 16.9% | 83,786,138 | (13,159,993) -14% |
| Net Patient Services Revenue | 51,512,040 | 59,133,929 | 63,452,668 | 4,318,739 | 7.3% | 55,531,296 | (7,921,371) -12% |
| HHS Federal Funds | | | | | | 5,202,730 | 5,202,730 |
| Other Grants related to COVID19 | | | | | | 6,000 | 6,000 |
| Paycheck Protection Program (Net of Medicare) | | | | | | 2,857,606 | 2,857,606 |
| Other Operating Revenue | 704,674 | 1,680,884 | 1,140,583 | (540,301) | -32.1% | 975,205 | (165,378) -14% |
| Net Revenue | 52,216,714 | 60,814,813 | 64,593,251 | 3,778,438 | 6.2% | 64,572,837 | (20,414) 0% |
| Operating Expenses | | | | | | | |
| Salaries | 23,106,905 | 27,475,682 | 28,602,691 | 1,127,009 | 4.1% | 28,416,965 | (185,727) -1% |
| Benefits | 6,299,128 | 6,260,014 | 6,623,166 | 363,152 | 5.8% | 6,800,039 | 176,873 3% |
| Purchased Labor | 3,345,598 | 2,843,126 | 2,359,009 | (484,117) | -17.0% | 2,592,982 | 233,973 10% |
| Sub-Total Labor Costs | 32,751,631 | 36,578,823 | 37,584,866 | 1,006,044 | 2.8% | 37,809,985 | 225,119 1% |
| Professional Fees - Physicians | 3,477,937 | 4,047,076 | 3,799,311 | (247,765) | -6.1% | 3,861,455 | 62,145 2% |
| Professional Fees - Other | 741,499 | 509,434 | 542,457 | 33,023 | 6.5% | 581,326 | 38,869 7% |
| Supplies | 5,194,133 | 7,040,429 | 7,749,096 | 708,667 | 10.1% | 7,312,890 | (436,206) -6% |
| Purchased Services - Utilities | 480,365 | 491,784 | 536,197 | 44,413 | 9.0% | 518,408 | (17,789) -3% |
| Purchased Services - Other | 4,093,714 | 3,320,394 | 3,364,521 | 44,127 | 1.3% | 3,262,649 | (101,873) -3% |
| Rentals & Leases | 1,888,737 | 2,132,297 | 2,262,944 | 130,648 | 6.1% | 2,159,669 | (103,276) -5% |
| Insurance License & Taxes | 584,572 | 738,376 | 733,737 | (4,639) | -0.6% | 987,142 | 253,405 35% |
| Depreciation & Amortization | 1,988,410 | 2,443,594 | 2,720,000 | 276,406 | 11.3% | 2,737,276 | 17,276 1% |
| Other Operating Expenses | 1,292,044 | 1,259,784 | 1,470,060 | 210,276 | 16.7% | 1,357,818 | (112,242) -8% |
| Sub-Total Non-Labor Expenses | 19,741,411 | 21,983,167 | 23,178,324 | 1,195,157 | 5.4% | 22,778,634 | (399,690) -2% |
| Total Operating Expenses | 52,493,042 | 58,561,990 | 60,763,190 | 2,201,200 | 3.8% | 60,588,619 | (174,571) 0% |
| Operating Income (Loss) | (276,328) | 2,252,823 | 3,830,061 | 1,577,238 | 70.0% | 3,984,218 | 154,157 4% |
| Non Operating Income | | | | | | | |
| Tax Revenue | 821,456 | 846,680 | 833,589 | -13,091 | -1.5% | 848,652 | 15,063 2% |
| Investment Income | 215,615 | 335,335 | 272,476 | (62,859) | -18.7% | 253,323 | (19,153) -7% |
| Interest (Expense) | (171,572) | (355,382) | (403,586) | (48,225) | 13.6% | (390,178) | 13,408 -3% |
| Other Non Operating (Expense) | (161,830) | 71,875 | 25,870 | (46,005) | -64.0% | 29,053 | 3,183 12% |
| Total Non Operating Income | 703,669 | 898,528 | 728,349 | (170,179) | -18.9% | 740,850 | 12,501 2% |
| Net Income (Loss) | \$ 427,341 | \$ 3,151,351 | \$ 4,558,410 | \$ 1,407,059 | 44.6% | 4,725,067 | 166,657 4% |
| Operating Margin | -0.54% | 3.81% | 6.04% | | | 7.17% | |
| Total Margin | 0.82% | 5.18% | 7.06% | | | 7.32% | |

Attachment J

| | January | February | March | April | May | June | July | August | September | October | November | December | 2020 |
|---|-------------------|-------------------|-------------------|------------------|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| Gross Patient Services Revenue | | | | | | | | | | | | | |
| Inpatient | 2,864,636 | 3,010,011 | 2,635,344 | 2,206,745 | 2,520,285 | 2,200,000 | 2,200,000 | 2,300,000 | 2,400,000 | 2,707,117 | 2,600,000 | 2,758,272 | 30,402,360 |
| Outpatient | 10,071,001 | 9,445,153 | 8,882,599 | 5,357,211 | 6,692,398 | 8,500,000 | 8,900,000 | 9,630,200 | 9,877,224 | 10,751,255 | 10,237,979 | 10,570,054 | 108,915,075 |
| Total Gross Patient Services Revenue | 12,935,637 | 12,455,164 | 11,517,943 | 7,563,956 | 9,212,683 | 10,700,000 | 11,100,000 | 11,930,200 | 12,277,224 | 13,458,372 | 12,837,979 | 13,328,327 | 139,317,434 |
| | 5% | 16% | -7% | -24% | -17% | -28% | -22% | -21% | -17% | -12% | -9% | -5% | -12% |
| | 1% | 2% | -14% | -49% | -40% | -24% | -13% | -6% | -1% | -2% | 0% | -18% | -13% |
| | 2% | 1% | 31% | 41% | -35% | -25% | -15% | 11% | -8% | -6% | -3% | -1% | -13% |
| Contractual Allowances | | | | | | | | | | | | | |
| Medicare | 2,632,393 | 2,720,808 | 1,872,267 | 995,183 | 1,611,449 | 2,281,835 | 2,325,623 | 2,430,204 | 2,527,642 | 2,888,188 | 2,733,675 | 2,896,207 | 27,915,474 |
| Medicaid | 2,462,158 | 2,881,363 | 2,564,561 | 2,088,300 | 1,938,730 | 2,229,307 | 2,328,866 | 2,542,950 | 2,630,908 | 2,963,209 | 2,807,769 | 2,949,137 | 30,387,257 |
| Negotiated Rates | 1,970,832 | 1,535,802 | 1,259,890 | 363,732 | 1,146,693 | 1,282,000 | 1,395,850 | 1,487,366 | 1,524,543 | 1,654,713 | 1,580,424 | 1,631,103 | 16,832,948 |
| Other Adjustments | 152,100 | 143,288 | 395,710 | 40,602 | (68,462) | 171,200 | 177,600 | 190,883 | 196,436 | 215,334 | 205,408 | 213,253 | 2,033,352 |
| Gross Contractual Allowances | 7,217,483 | 7,281,261 | 6,092,428 | 3,487,817 | 4,628,410 | 5,964,342 | 6,227,939 | 6,651,403 | 6,879,529 | 7,721,444 | 7,327,275 | 7,689,700 | 77,169,031 |
| Charity Care | 70,465 | 207,726 | 147,685 | 40,927 | 49,448 | 149,800 | 177,600 | 233,267 | 269,167 | 256,760 | 266,567 | 266,567 | 2,084,155 |
| Bad Debt | 366,493 | 154,253 | 325,725 | 268,555 | 255,700 | 374,500 | 398,244 | 429,487 | 454,257 | 511,418 | 487,843 | 506,476 | 4,532,952 |
| Total Deductions From Revenue | 7,654,441 | 7,643,240 | 6,565,838 | 3,797,299 | 4,933,558 | 6,488,642 | 6,803,783 | 7,295,634 | 7,567,053 | 8,502,030 | 8,071,877 | 8,462,743 | 83,786,138 |
| Net Patient Services Revenue | 5,281,196 | 4,811,924 | 4,952,105 | 3,766,657 | 4,279,075 | 4,211,358 | 4,296,217 | 4,634,567 | 4,710,171 | 4,956,342 | 4,766,101 | 4,865,583 | 55,531,296 |
| | 59% | 61% | 57% | 50% | 54% | 61% | 61% | 61% | 62% | 63% | 63% | 63% | |
| HHS Federal Funds | | | | 2,200,384 | - | | 800,360 | 701,803 | 569,091 | 690,945 | 240,146 | - | 5,202,730 |
| Other Grants related to COVID19 | | | | 6,000 | - | | | | | | | | 6,000 |
| Paycheck Protection Program (Net of Medicare) | | | | - | 1,325,149 | 1,483,023 | 49,434 | | | | | | 2,857,606 |
| Other Operating Revenue | 54,446 | 48,156 | 79,111 | 53,953 | 64,385 | 160,502 | 48,412 | 48,412 | 160,502 | 48,412 | 48,412 | 160,502 | 975,205 |
| Net Revenue | 5,335,642 | 4,860,080 | 5,031,216 | 6,026,994 | 5,668,609 | 5,854,883 | 5,194,423 | 5,384,781 | 5,439,764 | 5,695,699 | 5,054,659 | 5,026,086 | 64,572,837 |
| | 106% | 101% | 93% | 113% | 101% | 101% | 100% | 100% | 100% | 100% | 96% | 92% | 100% |
| | | Lost Revenue | (351,441) | (1,526,099) | (1,295,132) | (1,397,858) | (849,794) | (701,803) | (569,091) | (690,945) | (475,089) | (464,441) | (7,975,469) |
| Operating Expenses | | | | | | | | | | | | | |
| Salaries | 2,390,097 | 2,319,195 | 2,438,079 | 2,243,147 | 2,292,652 | 2,342,640 | 2,351,161 | 2,400,159 | 2,385,460 | 2,480,189 | 2,375,660 | 2,398,526 | 28,416,965 |
| Benefits | 577,012 | 555,392 | 440,583 | 739,833 | 604,325 | 562,761 | 547,157 | 553,569 | 551,645 | 564,043 | 550,363 | 553,356 | 6,800,039 |
| Purchased Labor | 249,096 | 283,557 | 329,407 | 261,699 | 135,882 | 189,400 | 183,816 | 190,893 | 188,770 | 202,452 | 187,354 | 190,657 | 2,592,982 |
| Sub-Total Labor Costs | 3,216,205 | 3,158,144 | 3,208,069 | 3,244,679 | 3,032,859 | 3,094,801 | 3,082,133 | 3,144,621 | 3,125,875 | 3,246,685 | 3,113,377 | 3,142,538 | 37,809,985 |
| | 6% | 3% | 3% | 3% | 3% | -5% | 0% | 0% | 0% | 0% | 1% | 0% | 1% |
| Professional Fees - Physicians | 389,778 | 279,808 | 267,635 | 419,725 | 288,245 | 316,609 | 316,609 | 316,609 | 316,609 | 316,609 | 316,609 | 316,609 | 3,861,455 |
| Professional Fees - Other | 43,960 | 58,785 | 19,051 | 93,438 | 49,659 | 45,205 | 45,205 | 45,205 | 45,205 | 45,205 | 45,205 | 45,205 | 581,326 |
| Supplies | 619,449 | 675,545 | 762,215 | 527,615 | 481,223 | 547,304 | 591,024 | 601,111 | 614,081 | 628,795 | 625,728 | 638,800 | 7,312,890 |
| Purchased Services - Utilities | 43,249 | 43,969 | 40,757 | 31,315 | 46,337 | 44,683 | 44,683 | 44,683 | 44,683 | 44,683 | 44,683 | 44,683 | 518,408 |
| Purchased Services - Other | 261,428 | 230,546 | 359,733 | 222,165 | 228,231 | 280,078 | 280,078 | 280,078 | 280,078 | 280,078 | 280,078 | 280,078 | 3,262,649 |
| Rentals & Leases | 194,404 | 170,987 | 167,981 | 152,417 | 153,829 | 188,579 | 188,579 | 188,579 | 188,579 | 188,579 | 188,579 | 188,579 | 2,159,669 |
| Insurance License & Taxes | 60,430 | 99,269 | 87,383 | 85,150 | 58,860 | 85,150 | 85,150 | 85,150 | 85,150 | 85,150 | 85,150 | 85,150 | 987,142 |
| Depreciation & Amortization | 222,577 | 227,538 | 224,010 | 228,367 | 229,348 | 229,348 | 229,348 | 229,348 | 229,348 | 229,348 | 229,348 | 229,348 | 2,737,276 |
| Other Operating Expenses | 104,447 | 103,657 | 107,679 | 92,318 | 92,182 | 122,505 | 122,505 | 122,505 | 122,505 | 122,505 | 122,505 | 122,505 | 1,357,818 |
| Sub-Total Non-Labor Expenses | 1,939,722 | 1,890,104 | 2,036,444 | 1,852,510 | 1,627,914 | 1,859,461 | 1,903,181 | 1,913,268 | 1,926,237 | 1,940,952 | 1,937,884 | 1,950,957 | 22,778,634 |
| | 1% | 0% | -4% | -4% | -17% | -7% | -1% | 1% | 0% | -1% | 1% | 1% | -2% |
| Total Operating Expenses | 5,155,927 | 5,048,248 | 5,244,513 | 5,097,189 | 4,660,773 | 4,954,262 | 4,985,314 | 5,057,888 | 5,052,112 | 5,187,636 | 5,051,261 | 5,093,495 | 60,588,619 |
| | 105% | 105% | 103% | 101% | 90% | 95% | 100% | 100% | 100% | 100% | 100% | 100% | |
| Operating Income (Loss) | 179,715 | (188,168) | (213,297) | 929,805 | 1,007,836 | 900,622 | 209,109 | 326,893 | 387,652 | 508,063 | 3,398 | (67,409) | 3,984,218 |
| Non Operating Income | | | | | | | | | | | | | |
| Tax Revenue | 71,840 | 65,599 | 77,314 | 73,881 | 69,589 | 70,061 | 70,061 | 70,061 | 70,061 | 70,061 | 70,061 | 70,061 | 848,652 |
| Investment Income | 22,527 | 22,036 | 19,425 | 18,000 | 12,391 | 22,706 | 22,706 | 22,706 | 22,706 | 22,706 | 22,706 | 22,706 | 253,323 |
| Interest (Expense) | (32,996) | (19,892) | (33,218) | (35,750) | (32,897) | (33,632) | (33,632) | (33,632) | (33,632) | (33,632) | (33,632) | (33,632) | (390,178) |
| Other Non Operating (Expense) | (222) | - | - | 500 | 13,684 | 2,156 | 2,156 | 2,156 | 2,156 | 2,156 | 2,156 | 2,156 | 29,053 |
| Total Non Operating Income | 61,149 | 67,743 | 63,521 | 56,631 | 62,767 | 61,291 | 61,291 | 61,291 | 61,291 | 61,291 | 61,291 | 61,291 | 740,850 |
| Net Income (Loss) | 240,864 | (120,425) | (149,776) | 986,436 | 1,070,603 | 961,913 | 270,400 | 388,184 | 448,943 | 569,354 | 64,689 | (6,118) | 4,725,067 |
| Operating Margin | 3.40% | -3.91% | -4.31% | 24.69% | 23.55% | 21.39% | 4.87% | 7.05% | 8.23% | 10.25% | 0.07% | -1.39% | 7.17% |
| Total Margin | 4.51% | -2.48% | -2.98% | 16.37% | 18.89% | 16.43% | 5.21% | 7.21% | 8.25% | 10.00% | 1.28% | -0.12% | 7.32% |

PROSSER MEMORIAL HOSPITAL CASH FLOW PROJECTION

| | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | |
|------------------------------------|------------|------------|------------|------------|------------|-------------|------------|------------|------------|------------|-------------|------------|------------|
| LEGACY EPIC PAYMENTS | 435,534 | 173,325 | 213,577 | 85,257 | 234,782 | - | - | - | - | - | - | - | 1,142,475 |
| WAMT EPIC PAYMENTS | 4,588,449 | 4,444,741 | 5,345,293 | 4,991,077 | 3,456,369 | - | - | - | - | - | - | - | 22,825,929 |
| CASH COLLECTION BUDGET 2020 | - | - | - | - | 652,127 | 2,608,508 | 4,201,778 | 4,759,694 | 4,334,082 | 4,671,794 | 4,842,250 | 5,330,024 | 31,400,257 |
| Non-Patient AR | - | - | - | 436,565 | 41,404 | - | 1,122,456 | - | - | - | 3,324,027 | - | 4,924,452 |
| PPT | - | 181,262 | - | - | - | - | - | 181,262 | - | - | 181,262 | - | 543,786 |
| COVID-19 FUNDING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| PPT - Telehealth Funding | - | - | 6,000 | - | - | - | - | - | - | - | - | - | 6,000 |
| HHS Stimulus | - | - | - | 760,801 | - | - | - | - | - | - | - | - | 760,801 |
| HHS Stimulus pt 2 | - | - | - | 271,197 | - | - | - | - | - | - | - | - | 271,197 |
| HHS Stimulus pt 3 | - | - | - | - | 4,170,732 | - | - | - | - | - | - | - | 4,170,732 |
| HHS Stimulus - RHCs | - | - | - | - | 49,461 | 200,141 | - | - | - | - | - | - | 249,602 |
| Payroll Protection Program - SBA | - | - | - | - | 6,350,235 | - | - | - | - | - | - | - | 6,350,235 |
| SBA Forgivable | - | - | - | 10,000 | - | - | - | - | - | - | - | - | 10,000 |
| WSHA PPE ASPR | - | - | - | - | 20,000 | - | - | - | - | - | - | - | 20,000 |
| MEDICARE ADVANCE LOAN | - | - | - | 6,591,980 | - | - | - | - | - | - | (6,591,980) | - | - |
| SHIP - HRSA | - | - | - | - | - | 83,136 | - | - | - | - | - | - | 83,136 |
| Medicaid SRDSH | - | - | - | - | 29,382 | - | - | - | - | - | - | - | 29,382 |
| Grant | - | - | 10,808 | - | - | - | - | - | - | - | - | - | 10,808 |
| SHIP Grant | 10,000 | - | - | - | - | - | - | - | - | - | - | - | 10,000 |
| TOTAL CASH RECEIPTS | 5,033,983 | 4,799,328 | 5,575,678 | 13,146,877 | 15,004,492 | 2,891,785 | 5,324,234 | 4,940,956 | 4,334,082 | 4,671,794 | 1,755,559 | 5,330,024 | 76,806,310 |
| Payroll | 1,527,867 | 1,477,361 | 1,466,223 | 1,459,786 | 2,132,841 | 1,427,477 | 1,427,477 | 1,427,477 | 1,427,477 | 2,149,590 | 1,427,477 | 1,427,477 | 18,778,530 |
| AP | 1,531,455 | 2,091,594 | 2,588,669 | 1,908,966 | 1,731,168 | 1,628,430 | 1,597,025 | 1,988,676 | 1,589,632 | 1,589,697 | 1,987,140 | 1,589,716 | 21,822,169 |
| CRNA | 80,000 | 80,000 | 80,000 | 80,000 | 80,000 | 80,000 | 80,000 | 80,000 | 80,000 | 80,000 | 80,000 | 80,000 | 920,000 |
| Building Rental (Benton City) | 18,775 | 18,775 | 18,775 | 18,775 | 18,775 | 18,775 | 18,775 | 18,775 | 18,775 | 18,775 | 18,775 | 18,775 | 225,300 |
| Building Rental (Chardonay) | 38,750 | 38,750 | 38,750 | 38,750 | 38,750 | 38,750 | 38,750 | 38,750 | 38,750 | 38,750 | 38,750 | 38,750 | 465,005 |
| Building Rental (ValleyVista) | 16,107 | 16,107 | 16,107 | 16,107 | 16,107 | 16,107 | 16,107 | 16,107 | 16,107 | 16,107 | 16,107 | 16,107 | 193,290 |
| Durbin Pool Rental | - | - | 32,813 | - | - | 32,813 | - | - | - | 32,813 | - | - | 32,813 |
| HMA Weekly | 269,554 | 259,867 | 428,029 | 565,038 | 252,416 | 235,813 | 236,090 | 295,591 | 236,630 | 236,635 | 295,794 | 236,635 | 3,548,092 |
| HMA Monthly | - | 54,185 | 106,284 | 53,895 | 52,252 | 52,252 | 52,252 | 52,252 | 52,252 | 52,252 | 52,252 | 52,252 | 632,383 |
| Payroll Taxes | 386,207 | 546,784 | 541,745 | 534,762 | 774,815 | 516,040 | 516,040 | 516,040 | 516,040 | 516,040 | 773,305 | 516,040 | 6,653,858 |
| Excise | 51,096 | 39,246 | 54,674 | 50,497 | 50,497 | 50,497 | 50,497 | 50,497 | 50,497 | 50,497 | 50,497 | 50,497 | 599,492 |
| Severance/Incentive PR Payouts | - | - | 292,492 | - | - | - | - | - | - | - | - | - | 292,492 |
| Stryker | 32,645 | 32,645 | 32,645 | 32,645 | 32,645 | 32,645 | 32,645 | 32,645 | 32,645 | 32,645 | 32,645 | 32,645 | 391,734 |
| Celtic Leasing | 2,547 | 2,547 | 2,547 | 2,547 | 5,093 | - | 2,547 | 2,547 | 2,547 | 2,547 | 2,547 | 2,547 | 30,560 |
| Cisco/Compunet | - | - | - | - | - | - | - | - | - | - | 418,579 | - | 418,579 |
| GE US Bank | - | - | 22,330 | 22,330 | 22,330 | 22,330 | 22,330 | 22,330 | 22,330 | 22,330 | 22,330 | 22,330 | 223,303 |
| Bank of America | 57,467 | 57,467 | 57,467 | 57,467 | 57,467 | 57,467 | 57,467 | 57,467 | 57,467 | 57,467 | 57,467 | 57,467 | 689,602 |
| US Bank Bond Payment | - | - | - | - | - | - | - | - | - | - | 270,000 | - | 270,000 |
| US Bank Interest Payment | - | - | - | - | 118,019 | - | - | - | - | - | 118,019 | - | 236,038 |
| Subtotal | 4,012,469 | 4,715,329 | 5,779,550 | 4,821,567 | 5,363,176 | 4,209,397 | 4,125,672 | 4,599,155 | 4,196,292 | 4,141,220 | 6,383,798 | 4,174,051 | 60,236,594 |
| Capital Spend: | | | | | | | | | | | | | |
| CASH | 201,770 | 6,870 | - | 33,000 | 41,404 | 48,000 | 52,451 | 125,000 | 160,967 | 184,601 | 360,000 | 98,363 | 1,312,426 |
| CAPITAL LEASE | - | - | - | 403,565 | - | - | 1,122,456 | - | - | - | - | - | 1,526,021 |
| OPERATING LEASE | - | - | - | - | 38,200 | - | - | - | - | - | - | - | 38,200 |
| SubTotal CASH expenditures | 201,770 | 6,870 | - | 33,000 | 41,404 | 48,000 | 52,451 | 125,000 | 160,967 | 184,601 | 360,000 | 98,363 | 1,312,426 |
| Total CASH Expenditures | 4,214,239 | 4,722,199 | 5,779,550 | 4,854,567 | 5,404,580 | 4,257,397 | 4,178,123 | 4,724,155 | 4,357,259 | 4,325,821 | 6,743,798 | 4,272,414 | 61,549,020 |
| INFLOW | 5,033,983 | 4,799,328 | 5,575,678 | 13,146,877 | 15,004,492 | 2,891,785 | 5,324,234 | 4,940,956 | 4,334,082 | 4,671,794 | 1,755,559 | 5,330,024 | 72,808,792 |
| OUTFLOW | 4,214,239 | 4,722,199 | 5,779,550 | 4,854,567 | 5,404,580 | 4,257,397 | 4,178,123 | 4,724,155 | 4,357,259 | 4,325,821 | 6,743,798 | 4,272,414 | 57,834,104 |
| CASH FLOW | 819,744 | 77,129 | (203,873) | 8,292,311 | 9,599,912 | (1,365,612) | 1,146,111 | 216,801 | (23,177) | 345,973 | (4,988,239) | 1,057,610 | 14,974,688 |
| Cash Balance | 537,370 | 557,697 | 634,157 | 8,034,564 | 18,221,165 | 16,855,553 | 18,001,664 | 18,218,464 | 18,195,287 | 18,541,260 | 13,553,020 | 14,610,631 | |
| Current Investments Less GE Escrow | 14,802,418 | 14,563,664 | 15,254,399 | 15,523,878 | 15,753,671 | 15,753,671 | 15,753,671 | 15,753,671 | 15,753,671 | 15,753,671 | 15,753,671 | 15,753,671 | |
| Total Cash Balance | 15,339,788 | 15,121,361 | 15,888,556 | 23,558,442 | 33,974,836 | 32,609,224 | 33,755,135 | 33,977,135 | 33,948,958 | 34,294,931 | 29,306,691 | 30,364,302 | |



Prosser

Memorial Health

| Organization | Purpose | Received | Recognized Net Revenue | Unallocated Balance |
|--|---|----------------------|------------------------|---------------------|
| Greater Columbia Accountability of Health | Telehealth Application Funding for relief during the COVID19 crisis | \$ 6,000 | \$ 6,000 | \$ - |
| HHS | Stimulus Payment | \$ 760,801 | \$ - | \$ 760,801 |
| HHS | Stimulus Payment | \$ 271,197 | \$ - | \$ 271,197 |
| US Bank SBA Payroll Protection Program Loan (PPPL) | Payroll Protection Forgiveness Loan | \$ 6,350,235 | \$ 1,325,149 | \$ 2,167,480 |
| WSHA | ASPR PPE purchase from WSHA | \$ 20,000 | \$ 20,000 | \$ - |
| HHS | CARES Provider Relief Fund - Rural Allocation | \$ 4,170,732 | \$ 2,200,384 | \$ 1,970,348 |
| US Bank SBA Economic Injury Disaster Loan (EIDL) | Payroll Protection Forgiveness Loan | \$ 10,000 | \$ 10,000 | \$ - |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals | | \$ 11,588,965 | \$ 3,561,533 | \$ 5,169,826 |

Attachment K



To Improve the Health of our Community!

**CRITICAL ACCESS HOSPITAL (CAH)
Annual Program Review
2019**

Our Mission

To improve the health of our community.

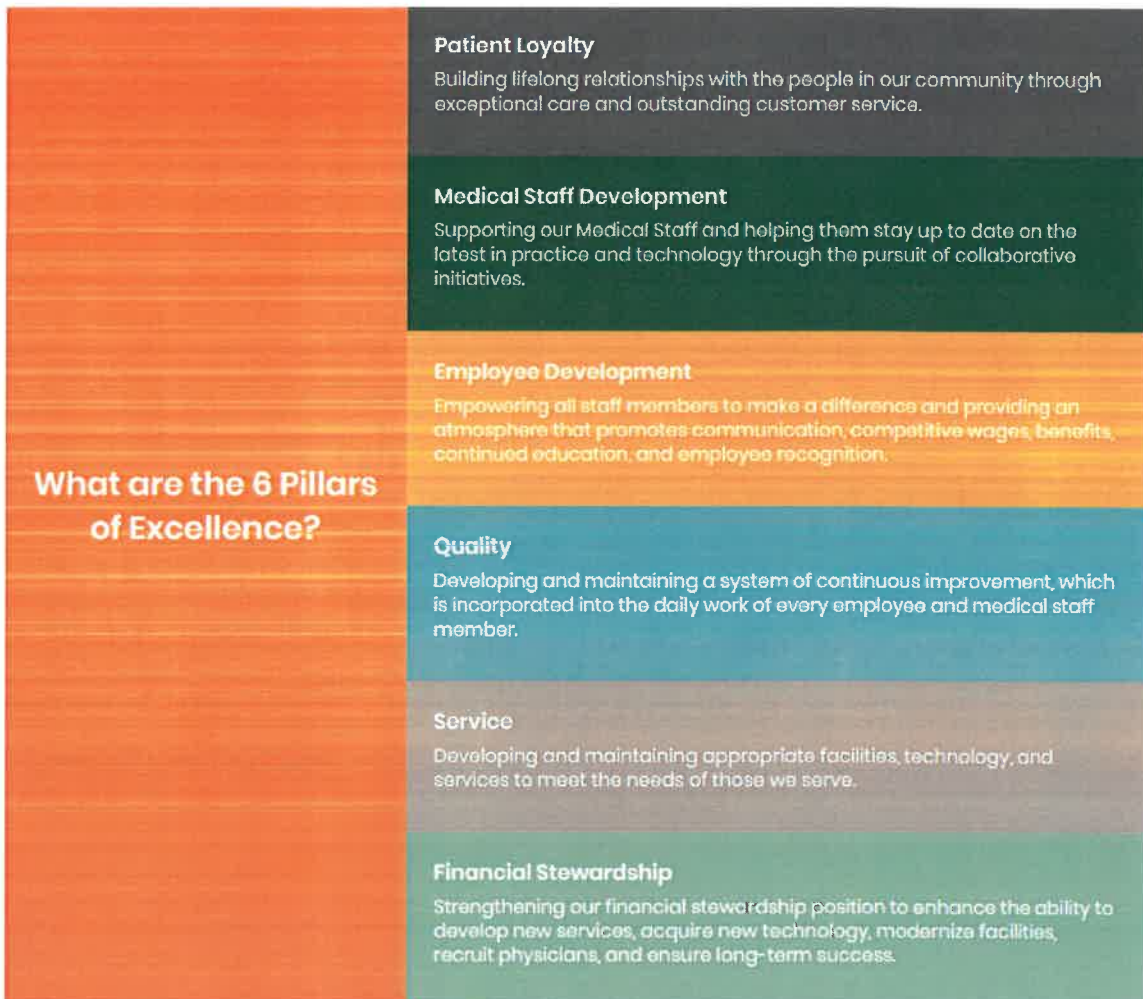
Our Vision

Become one of the top 100 Critical Access Hospitals in the country through the achievement of the six (6) Pillars of Excellence.

Our Values

- Accountability
- Services
- Promote Teamwork
- Integrity
- Respect
- Excellence

Pillars of Excellence



Purpose:

This review is to document Prosser Memorial Health's (PMH) compliance with Federal regulations and Critical Access Hospital (CAH) Condition of Participation for CAH (CFR 485.641): *The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes review of the following:*

1. The utilization of CAH services, including at least the number of patients served and the volume of services;
2. A representative sample of both active and closed clinical records;
3. The CAH's health care policies.

Data Sources:

Information used for this Annual Report was obtained through the following mechanisms:

1. Utilization review
2. Peer review
3. Committee, department, and/or team minutes
4. Incident reports
5. Patient satisfaction and complaint data
6. EPIC reports and other sources as applicable

Purpose of Review:

- To determine if utilization of services were appropriate to meet the community needs
- To determine compliance with established policies and procedures
- Identify changes, if needed, in the program services and/or policies

1. 2019 Utilization of Hospital Services

PMH is licensed for 25 hospital beds. Ten of those beds are licensed as swing beds and six as nursery beds. During no time in 2019 did the number of patients exceed the limits the facility is licensed to serve.

A total of 544 inpatients were admitted into the acute care setting and 141 swing bed patients, which accounted for a combined total of 3,599 patient days in 2019. Outpatient surgical productivity significantly increased by 1.38%. There was a decrease of inpatient surgical procedures by 12.64%. There was a 9.81% increase in the number of patients seen by the Emergency Department. Outpatient special procedures increased by approximately 40.89% during this reporting period. Finally, Inpatient Billed Lab Tests decreased by 2.53% and Outpatient Billed Lab Tests increased by 14.15%.

Volume of Services

| Inpatient/Outpatient Services | 2018 | 2019 | % Change 2018 to 2019 |
|---|--------|---------|--------------------------|
| Average Length of Stay | 2.32 | 2.43 | 4.74% |
| Hospital Admits | 894 | 992 | 10.96% |
| Swing Bed Admits | 132 | 141 | 6.82% |
| Medicare Admits | 297 | 321 | 7.48% |
| Medicaid Admits | 316 | 352 | 8.08% |
| ED Visits | 11,162 | 12,190 | 9.21% |
| Births | 388 | 439 | 13.14% |
| Observation Admits | 548 | 576 | 5.11% |
| OSP Procedures | 2,705 | 2,688 | -0.52% |
| IP Surgery Procedures | 228 | 226 | -0.88% |
| OP Surgery Procedures | 1,176 | 1,192 | 1.36% |
| IP Billed Lab Tests | 23,883 | 25,170 | 5.39% |
| OP Billed Lab Tests | 92,167 | 107,440 | 16.57% |
| IP Diagnostic Imaging Exams | 739 | 912 | 23.41% |
| OP Diagnostic Imaging Exams | 19,047 | 22,572 | 18.51% |
| IP Physical Therapy Patients | 176 | 142 | -19.32% |
| OP Physical Therapy Patients | 5,454 | 5,261 | -3.54% |
| Swing Bed Physical Therapy Patients | 357 | 364 | 1.96% |
| IP Speech Therapy Patients | 68 | 57 | -16.18% |
| OP Speech Therapy Patients | 1,075 | 1,322 | 22.98% |
| Swing Bed Speech Patients | 109 | 162 | 48.62% |
| IP Occupational Therapy Patients | 141 | 118 | -16.31% |
| OP Occupational Therapy Patients | 661 | 635 | -3.93% |
| Swing Bed Occupational Therapy Patients | 225 | 260 | 15.56% |
| Prosser Surgical Group Visits | 10,459 | 11,404 | 9.04% |
| Benton City Clinic Visits | 10,287 | 11,493 | 11.72% |
| Prosser Clinic Visits | 9,854 | 11,522 | 16.93% |
| Grandview Clinic Visits | -- | 6,812 | -- |
| Women's Health Center Visits | -- | 5,627 | -- |

Average Length of Stay

The average length of stay for the inpatient unit was 2.43 days for 2019, compared to 2.32 days in 2018. This is a 4.74% increase. The average length of stay for the swing bed unit was 15.18 days for 2019, compared to 14.85 days in 2018. This is a 2.22% increase.

Bed Limitation Compliance

PMH has been consistently compliant with the 25-bed limitation. Our capacity meets the community need. Our length of inpatient stay has increased to 2.43 days and our swing bed stay has increased to 15.18 days in response to our hospitalist program's ability to meet the needs of the community. Our mission to treat our local patients without a need for transfers is being fulfilled.

We monitor our total bed capacity and length of stay at each midnight, as well as at a daily interdisciplinary team meeting to assure we are meeting the needs of our patients in a timely and efficient manner.

Weekly interdepartmental team meetings are held and comprehensive assessments are completed per regulations on all swing bed patients. PMH utilizes the InterQual Criteria set to monitor admissions and continued stays to meet Medicare guidelines on all admitted patients.

On-Call Staffing

The Emergency Department continues to be staffed with in-house providers 24 hours a day, seven days a week. A schedule for on call modalities is maintained by Medical Staff Services and made available online for easy access. The surgical staff services call schedule is up to date and available in the Emergency Department for after hour needs.

Appropriate Patient Transfers

Records of patient transfers are continuously reviewed by nurse auditors, the Emergency Department Medical Director, the Emergency Department Committee, and/or Hospitalist. Selected records are reviewed by the Medical Staff Quality Improvement Committee (MSQIC) and a physician consultant.

Inpatient & Emergency Department Record Review

Trauma, stroke, STEMI, rapid response, code blue, chest pain, sepsis, and pneumonia records are reviewed by the appropriate specialty committees. Audits of 10% of Emergency Department records are performed. Contracted providers are also included in the record reviews by the

MSQIC. The Emergency Department Medical Director monitors quality of care to ensure that admission, diagnosis, and treatment meet the standard of care.

Nosocomial Infection Rate

The nosocomial incident/infection rate remains less than 2%. Infection rates are tracked and reported through the Medicine Committee. No trends or infection problems were noted in the past year (**Attachment A**). Emphasis continues to be finding an effective way to monitor hand washing compliance.

Appropriate Use of Medications

PMH's pharmacist reviews patient records receiving multiple medications and the administration process to prevent adverse drug reactions. The pharmacist also reviews patient care records for proper medication administration as well as the tracking and trending of medication errors for immediate process improvement. (**Attachment B**). Any changes made to the drug formulary are reviewed and approved by the Pharmacy & Therapeutics Committee.

Provider Evaluation

The quality and appropriateness of the diagnosis and treatment furnished by all providers (MD, DO, ARNP, PA) is reviewed and evaluated by the Medical Staff Quality Improvement Committee (MSQIC), a physician consultant, and the standard quality of care reviews by the Medical Staff. All findings and/or recommendations of the evaluations are taken into consideration and appropriate remedial or corrective actions are taken to address any deficiencies if needed. Outcomes for all remedial or corrective actions are documented.

Year in Review – A Summary

CY-2019 was an eventful year for PMH, as reflected in the excerpts from the January 2020 CEO Report to the Board of Commissioners (BOC):

1. 2019 Strategic Plan Annual Report

Our journey to make Prosser Memorial Health great continued at a rapid pace in 2019 as evidenced by the 2019 Strategic Plan Annual Report. The objectives in the Plan were developed with input from our entire team and served as a roadmap for us to follow as we pursued our Mission, Vision and Values. We focused on our six Pillars of Excellence Goals, and the related objectives that would enable us to strengthen our organization and achieve our goals. The great news is that we were very successful in 2019, with improvement or steady performance in just about every Pillar of Excellence. We were able to improve in four Pillars (Patient Loyalty, Employee Development, Services, and Financial Stewardship), while we have significant opportunity for improvement in one Pillar (Quality) and one remained constant and strong (Medical Staff Development). The Quality Pillar will be an area of focus for us in 2020. We experienced a significant turnaround in Financial Stewardship from the

prior year with an increase in our total margin to 5.4% compared to 0.6% last year. This improvement is significant as we pursue the development of a replacement hospital. Some of the accomplishments in the report include the opening of the Grandview Clinic; the acquisition of the Prosser Women's Health Center; the recruitment of 7 new Medical Staff members; the addition of robot assisted joint replacement surgery; the initiation of the feasibility study for a replacement hospital; and strong patient, staff and Medical Staff engagement, etc. It should be noted, however, some of the objectives in the plan were not achieved in 2019 but have been included in our 2020 Strategic Plan. Our accomplishments in 2019 could not have happened without the support of everyone on the Prosser Memorial Health team.

2. Employee Engagement Survey

A key area of focus at PMH is our Employee Development Pillar, which focuses on staff satisfaction and engagement. A key to achieving high patient satisfaction scores is to have engaged staff and Medical Staff. The best way to objectively measure engagement/satisfaction is to conduct a survey of our staff, which we do annually. One can also look at proxies, such as turnover rate, as another good engagement/satisfaction metric. Our staff turnover rate in 2017 was 13.2%, it decreased to 8.4% in 2018 and remained at 8.4% in 2019. These turnover rates are extremely low for healthcare where turnover rates often exceed 20%.

This year our engagement survey was once again conducted by People Element during the month of November. Our participation level was 74.5% which was very comparable to the participation level last year at 76.0%. One of the key metrics in the survey and our Employee Development Pillar Goal, is an employee's satisfaction with PMH. Our performance on this question has improved each of the last 4 years, from 83.0% in 2016, 83.2% in 2017, 85.0% in 2018 and 85.6% in 2019. While we have not yet reached our Pillar Goal of 90%, we are improving each year and will never quit trying to improve.

3. Medical Staff Engagement Survey

Like the Employee Engagement Survey, the Medical Staff Engagement Survey was also conducted during the month of November by People Element. Our Medical Staff participation level of 75% was slightly lower than the 82% participation level last year but remains high compared to other hospitals. Dr. Sollers is to be commended for encouraging Medical Staff members to participate. The key metric in the survey used to measure Medical Staff satisfaction with PMH showed a slight decline from 90.6% last year to 89.0% in 2019. We are never satisfied with a decline, but a satisfaction score of 89% is still very good. We will never stop trying to improve and plan to exceed our pillar goal of 90% next year.

Review of Services

Emergency Medical Services

- Trauma Verified, Advanced Life Support (ALS) Ambulance that provides 24-hour service to the communities of Prosser, Grandview, Mabton, Patterson, Bickleton and Sunnyside and the surrounding areas.
- Provide pre-hospital care in accordance with Benton/Franklin and Yakima County's Pre-Hospital Care Protocols.
- Ensure that there is a smooth transition of continuum of patient care at receiving medical facility.
- Community Paramedic Program - this program offers a no-charge, post discharge visit to patients whose care was affiliated with PMH. This visit includes:
 - Discharge instruction reinforcement,
 - Medication reviews,
 - Physical evaluations, and
 - Referrals to appropriate facilities for further care.

Pharmacy Services

- Preparation and distribution of medications to Pyxis machines.
- Protocol prescribing of medications, laboratory studies, and nursing care.
- Storage, distribution, and control of medications.
- Clinical and drug utilization monitoring, general.
- Clinical and drug utilization monitoring, specific.
- Appropriateness of drug therapy.
- Drug information service.

Diagnostic Imaging Department

- 3D/4D Ultrasound
- CAT Scans
- 3D Mammography
- MRI
- Digital X-Ray
- Echocardiograms
- Bone Density
- Fluoroscopy

Laboratory

- Evaluation of test orders.
- Collection and processing of specimens.
- Performance of various tests.
- Maintenance of sufficient transfusion product inventory.
- Ensuring accurate test results by monitoring quality control.
- Maintenance of instrumentation.
- Billing of services rendered.
- Reporting of patient test results.
- Interaction with providers on a technical level regarding current/new technologies.
- Sustaining staff support levels to accommodate facility requirements.
- On-site CLIA waived laboratory services provided at Grandview, Prosser and Benton City clinics.

Accounting Office

- Plan and carry out policies relating to all phases of accounting.
- Maintain work practices in accordance with the established standards and criteria and with developing corrective plans, as needed.
- Assume the responsibility for all fiscal related tasks within the hospital. This includes all aspects of payroll preparation, accounts payable, and general ledger accounting.
- Work closely with management and staff to resolve hospital financial related problems, to ensure proper coding of expenses, and to correct any financial inconsistencies.
- Education of hospital personnel on payroll preparation, accounts payable submittal and tracking, budgeting and variance reporting, and how to read/use the reports distributed to management from the Accounting Department.
- Provide accurate preparation and timely distribution of payroll, accounts payable, and the month-end general ledger processing.
- Provide accurate and relevant reports to the CFO for presentation to the Board of Commissioners in advance of monthly Board meetings.
- Provide accurate accounting of all hospital financial data and assistance in correcting financial inconsistencies.
- Provide timely and accurate preparation and submission of all financial related reporting in accordance with hospital reporting requirements and state and federal requirements.

Health Information Management

- Collect, maintain, and make available to authorized users, timely, accurate, and complete patient health information.

- Manage, analyze, and utilize data vital for patient care.
- Ensure consumer health information is readily available only to those who need it, when they need it.
- Ensure the appropriate and rightful access to health information only to those legally authorized to do so.
- Ensure the quality, security, and availability of health information as it follows the patient through the health system.
- Monitor the quality of patient information, ensuring that the information is maintained and protected in accordance with federal, state, and local regulations.
- Manage records processing, monitoring of record completion, release of patient information, clinical coding of diagnoses and procedures, birth defects monitoring, and birth registration completion.
- Protect the confidentiality of health records as mandated by law, HIPPA regulations, professional standards and the employer's policies.
- Provide accurate and timely information to our PMH physician's, employees, medical clinics, internal and external customers.
- Ensure accurate coding for reimbursement and clinical care.
- Ensure accuracy of coded data by keeping abreast of coding guidelines and reimbursement reporting requirements.
- Ensure that providers have access to charts and answer any questions they may have when completing them.
- Track physicians' deficiencies to ensure that charts are being completed within the time period specified by the medical staff in their rules and regulations.

Patient Registration Department

- Responsible for obtaining accurate and complete information on the patients we serve including, demographic, insurance, and payment information.
- Obtain appropriate signatures on all required paperwork at the time of registration.
- Direct incoming calls to the appropriate hospital department/representative.
- Monitor and evaluate the quality of the registration process, with a benchmark of 95% registration accuracy.
- Assessment of the registration data through auditing.
- Implement corrective measures to assure improvement/resolution of registration issues.
- Document quality assurance activities and report findings, actions, and results to the PMH Quality Committee.
- Annual review of the effectiveness of the Departmental Quality Improvement Plan.
- Collect all copays and or past due balances.
- Review and provide documents to patients regarding Rights & Responsibility, Consents to Treat and HIPPA.

Information Technology (IT) Services

- Provide network, hardware and software support including upgrades and installations.
- Troubleshoots computer related problems for users.
- Consults, recommends, engineers and builds selections of new equipment and software packages.
- Ensure efficient functioning of the financial systems applications computer system, including updates of both the operating and application systems.
- Ensures HIS HIPAA Compliance.
- Ensures LAN/WAN is within industry standards.
- Reads and complies with hospital and departmental policies and procedures.
- Maintains confidentiality of all departmental and hospital information according to procedures.

Care Transitions

- Discharge Planning and Social Work intervention.
- Complete the IDT (Interdisciplinary Team) CM Portion of inter-disciplinary care plan.
- Complete discharge phone calls on swing bed patients.
- Complete quarterly Time Studies and submit to controller.
- Participate in the Total Joint Program for pre-op education and discharge planning needs.
- Medicare compliance with notices as needed: Medicare Important Messages, Notices of Medicare Non-Coverage, DSHS Appeal notifications for swing beds, Leave of Absence forms completion and policy compliance.
- Assist the CPP program when Care Management needs are identified in the community.
- EPIC support regarding Care Transitions workflows.
- Coordinator and Lead for the Care Transformations Grant.
- EDIE (Emergency Department Information Exchange) program oversight and case management.
- Complete Swing Bed in person admission evaluations at Tri-City Hospitals PRN.
- Monitor the EPIC EMR for appropriate accommodation codes.
- Complete inpatient and observation insurance notifications and clinical submissions.
- Assist PMH in Medicare compliance with Medicare Outpatient Observation Notifications.
- Participate in the Total Joint Replacement program as a nurse liaison for the Recovery Coach App.
- Maintain UR and Swing Bed Policies.
- Swing Bed Admissions facilitator including completion of Comprehensive Assessments.

- Swing Bed authorizations and complete insurance clinical submissions.
- Medicare compliance with Swing Bed Certifications, and PASRR's.
- Handle any Medicare Discharge Appeals and the administering of HINN's.
- Insurance Appeals and Denials as needed.
- Maintain UR scorecard and refer charts to MSQI as needed.

Dietary

- Offers appetizing nutritious foods prepared and served under sanitary conditions and at appropriate temperatures. Patient likes and dislikes are considered along with special dietary concerns.
- Tele-dietician consults are available upon request.

Emergency Department Services

- Level IV Trauma Center, Level III Stroke Center and Cardiac Level II.
- Staffed 24 hours a day, 7 days a week, 365 days a year with a physician trained in Advanced Trauma Life Support (ATLS), Advanced Cardiac Life Support (ACLS), 2 registered nurses certified in Advanced Cardiac Life Support, Pediatric Advanced Life Support and/or Emergency Nurse Pediatric Course and Trauma Nursing Core Course as well as an ED Technician/Interpreter who is specially trained to assist with procedures in the department that work 24 hours a day, 7 days a week.
- Prepared to meet the medical needs of any patient that presents to the emergency room. The department sees patients through all phases of acuity from the clinic patient to the acutely ill and the patient with multiple traumas.
- Multiple transfer agreements are in place to assure that patients who present to PMH and need additional services are transferred to a tertiary center for appropriate care.

Perinatal Services

- Four LDRP suites, three post-partum beds, and nursery beds, staffed 24 hours a day within the Family Birthplace.
- High volume – Term vaginal births.
- High risk – cesarean sections, preterm labors who present in active labor.
- Births \geq 36 weeks gestation precipitous births, inductions and augmentation of labor.
- Total care management of the woman in labor.
- Ante partum testing and screening for labor management.
- Monitoring and evaluation of the fetus during pregnancy.
- Evaluation and resuscitation of the newborn at birth and during the transitional period.
- Management of postpartum care to all delivered women.

- Management of care to well newborns.
- Emergency preparedness to handle obstetrical and neonatal emergencies.
- Credentialing and Competence Validation.
- Advocate for breastfeeding and lactation support.
- Childbirth education classes.
- Little Wings Program for pregnancy losses under 19.6/7 weeks.

Surgical Services

Pre-op

- Coordinate with physician/clinic to schedule cases
- Pre-op phone call
- Prepare for the case utilizing preference card and communication
- Patient assessment, teaching, discharge planning

Intra-op

- Surgical procedures
- Aseptic technique for infection prevention
- Safety – positioning, cautery, fire, sharps, etc.
- Availability of necessary instrumentation, equipment, and in good working condition
- Staff competence
- Good relationship with physicians
- Documentation

Post-op

- Airway management
- Patient assessment
- Pain management
- Discharge criteria
- Discharge instructions with a focus on infection prevention and prevention of re-admission
- Patient education
- Follow-up phone calls
- Accuracy in patient charges

Outpatient Special Procedures

- Coordinate with pre-op staff and physician's offices to schedule pre-op nursing visits.
- Coordinate with Hospitalists and anesthesia providers to schedule pre-op consultations.
- Patient Assessment.
- IV Medication Therapy.
- Antibiotics, Iron infusion Therapy.

- IV Hydration Therapy.
- Injection Service.
- Administration of Blood Products.
- Wound Care and Dressing Changes.
- Patient Education.
- Central Line Care.
- PICC Line Insertion.
- Monitoring of post-procedure patients in the continuum of care in the outpatient setting.

Employee Health

- Meet with new hires to ensure immunization
- Generate lab titers to assess immunity to TB, Hepatitis B, MMR, varicella
- Administer vaccine(s) as indicated
- Education and follow up with employees on exposures
- Annual TB evaluation
- Annual influenza vaccination
- Annual respiratory protection training
- Maintain employee health files
- Provide education to staff as needed
- Assist Cardiopulmonary and Safety with the Respiratory Protection Plan

Environmental Services Department

- Provides clean, infection free, and visually pleasing patient care and work environments. The department currently provides these services to the following facilities:
 - PMH Hospital
 - Edgar E. Whitehead Center (Annex Building)
 - Stephen Kenny Center (Annex Building)
 - ENT & Allergy Clinic
 - Emergency Medical Services Building
 - Specialty Clinic (Suite @ Valley Vista Medical Group)

Laundry Services Department

- Provide adequate supply of clean, infection and defect free linen, scrubs, towels and blankets.
- Gather soiled linen from hospital areas daily
- Weigh, sort, and launder soiled linen.
- Dry, fold and distribute processed laundry to appropriate departments.
- Inventory and maintain adequate supply levels.

- Provide laundry services to PMH Hospital eight (8) hours per day seven (7) days per week, including holidays.
- Provides laundry services within the hospital and to the Specialty Clinic, Benton City Clinic, EMS Services, Prosser Physical Therapy & Rehab, Women's Health Clinic, Prosser Clinic, ENT/Allergy Clinic, and Grandview Clinic.
- A total of 217,788 pounds of laundry was done in 2019. This indicates an increase of 2.18% from 2018, where a total of 213,144 pounds of laundry was done.

Maintenance Department

- Physical plant facilities, operating systems and equipment preventive maintenance and repairs.
- Hospital and clinic department specific equipment inspection, preventive maintenance and repairs.
- Hospital and clinic biomedical equipment inspection, preventive maintenance and repairs.
- Regulatory compliance activities such as inspection, testing, maintenance and repairs to life safety and critical systems and equipment.
- 24-7 availability for facility emergencies, emergency courier services; including transport for patients meeting specific criteria.
- Electrical safety testing and inspection of electrical systems and equipment.
- Internal communication systems and equipment troubleshooting, repairs and installations.
- Plumbing and water delivery systems maintenance and minor repairs.
- Light carpentry and wall repairs.
- Building interior and exterior painting and repairs.
- Grounds, roads and parking lot maintenance and repairs, including ice and snow control for PMH and Valley Vista Medical Center campuses and other District facilities.
- General building maintenance and repairs.
- Other services as required.

Cardiopulmonary Department

- Electrocardiograms (ECG/EKG)
- 24-7 Day Holter Monitor
- Cardiac Stress Test with Echo
- Cardiac Stress Test without Echo
- Chemical Stress Test
- Cardioversion Assistance
- Arterial Blood Gases
- Pulmonary Function Test

- Multiple Pulse Oximetry
- Spot Check Pulse Oximetry
- Overnight Pulse Oximetry Studies
- Home Oxygen Qualification Testing
- Aerosol Treatments
- IPV Therapy
- Lung Expansion Therapy
- Chest Physiotherapy
- High Risk Newborn Delivery Assistance
- C-Section Assistance
- Out of Facility Transports
- Mechanical Ventilation
- Newborn Hearing Screenings
- Bi-Level/CPAP Therapy and Trending
- Oxygen Therapy and Trending
- Nitrous Oxide Therapy
- Airway Maintenance Suctioning
- Respiratory Assessment
- Respiratory Therapy Protocols
- Respiratory Education
- Intubation Assistance
- Smoking Cessation Education
- Respiratory Protection N95 Mask Fitting

Acute Care-Swing Bed Services

- Staffed 24 hours/day, 7 days a week, 365 days a year with a mix of Registered Nurses, Licensed Practical Nurse, and Certified Nursing Assistants according to the needs of the current patient type and the census. Cardiac arrhythmias with or without telemetry monitoring.
- Multi-system diseases such as respiratory disorders, gastrointestinal disorders, genitourinary disorders, gynecological disorders, neurological disorders, endocrine disorders, hematological disturbances, oncology complications, and infectious diseases.
- Management of the post-surgical patient.
- Extended care for those patients not well enough to be discharged to community, yet not ill enough to qualify for acute care services that may benefit from Swing Bed:
 - Rehabilitation Services (PT, OT, &/or ST)
 - Wound care that may be difficult to manage at home
 - IV antibiotics
 - Strengthening
 - Caregiver training
 - Respiratory Adjunct Therapy

- Automated External Cardiac Defibrillators

Women's Health Center

- Obstetrical care
- Gynecological care
 - Pap smears
 - Cultures
- Hysteroscopy
- Novasure Ablation
- MyoSure
- Colposcopy
- Leep
- Birth Control
 - Nexplanon
 - Skyla
 - Paraguard
 - Kyleena
 - Mirena
 - Depo
 - Pills
 - patches
- Osteopathic Manipulative Treatment (OMT)
- Pessary care
- Hormone Replacement Therapy (HRT pellets)
- Infertility Treatments

Specialty Clinics

The Specialty Clinics are comprised of the ENT & Allergy Center, General Surgery Center, Orthopedic Center, and Cardiology Center. Services provided per Center are as follows:

- ENT & Allergy
 - Sinus Infections
 - Allergy Testing (Environmental & Food)
 - Allergy Immunotherapy
 - Snoring & Sleep Apnea
 - Dizziness
 - Speech Problems
 - Larynx Disorders
 - Recurrent Ear Infections
 - Hearing Diagnostics (adult and peds)

- Tympanometry
- Custom Sporting and Recreational Ear Protection
- Occupational Hearing Protection
- Tinnitus Evaluation
- Hearing Device Evaluations
- Hearing Devices
- General Surgery
 - Varicose Veins
 - Removal & Biopsy of Lumps
 - Thyroid Surgery
 - Breast Surgery
 - Hernia Repair
 - Gallbladder Removal
 - Colonoscopies
 - Laparoscopy Cholecystectomy
 - Polyp removals
 - Appendectomy
 - Splenectomy
 - Bowel Surgery (resection, and obstructions)
 - Hemorrhoids, Fissures & Fistulas
 - Endoscopy of the Colon, Esophagus & Lungs
 - EMG diagnostics
 - Wound Care
- Orthopedic Surgery
 - Arthroscopic surgery of the elbow, shoulder, knee and ankle
 - Arthroscopic rotator cuff and reconstructive shoulder stabilization
 - Ligament reconstruction and meniscus repair of the knee
 - General Fracture Care
 - Total Joint Replacement, including knee, hip
 - Fracture, tendon, nerve and ligament treatment of the hand
 - Splinting
 - Casting
 - Joint Injections
- Podiatry/Foot & Ankle
 - Arthroscopic Ankle Surgery
 - Foot & Ankle Fractures
 - Bunions & Hammertoes
 - Amputations

- Ankle Instability
- Tendon and Ligament Repairs (Achilles)
- Tendon Injections
- Joint Injections
- Implant removals
- Planter Fautitis
- Debridement
- Adult & Pediatric Flatfoot
- Non-Healing Wounds of the Foot & Ankle
- Allograft Treatment (none healing dm ulcers)
- Ingrown Toenail Procedures
- Plantar Wart Excision
- Custom-Molded Foot Orthotics
- Diabetic Foot and Nail Care
- Heel Pain
- Splints
- Casting
- Wound care
- Cardiology
 - ECG Diagnostic / Interpretations
 - Holter Monitor Diagnostic / Interpretations
 - Echo Stress Test
 - Dobutamine Stress Test
 - Management of Valvular Heart Disease
 - Heat Failure Tx and Management
 - Preventative Cardiology
 - Coronary Artery Disease
 - Cardiac Oncology
 - Venous Thromboembolic Disease
 - Echocardiography and Transesophageal Echo
 - Cardioversion
 - Pericardial Diseases
 - Hypertension Management
 - Hyperlipidemia Management

Quality Assurance

- Engaged with iVantage Health Analytics which provides comprehensive advisory services and analytics to the healthcare industry. They use a methodology called the

Hospital Strength INDEX which is the industry standard for assessing and benchmarking rural and Critical Access Hospital performance. iVantage publishes the annual Top 100 Critical Access Hospital list.

- Continued collaboration with Washington State Hospital Association (WSHA) in MBQIP, which includes inpatient and outpatient reporting to CMS, Emergency Transfers, HCAHPS surveys and reporting of predefined data through the Quality Benchmarking System (QBS) which allows for comparison of like facilities in Alaska, Washington and Oregon.
- Strategic Plan and Patient Care Scorecards are populated monthly with quality metric data and presented to the Board on a quarterly basis. The Strategic Plan Scorecard contains 44 metrics under six (6) pillars. The Patient Care Scorecard contains 13 metrics **(Attachment C)**.
- Quality boards are used as a tool to display metrics, highlight superior patient care, and generally standardize the cultural transformation of quality improvement at PMH.
 - Examples of content to display include:
 - HCAHPS scores (if applicable)
 - Quality/Process Improvement goal updates
 - Any interdepartmental quality measures that pertain to the department specifically
 - Inspirational messages or pictures
 - Completed and/or in progress quality or process improvement projects

Primary Care

The Primary Care Clinics are comprised of Grandview Clinic, Prosser Clinic and Benton City Clinic/Pain Management Clinic. Services provided as follows:

- Routine Preventive Care
- Pediatric Care
- Women's Health
- Occupational Health
 - Pre-Employment Drug Screenings
 - Post-Accident Drug Testing
 - L&I Care
 - Workers Compensation
 - Lab Tests
 - Immunizations
 - Return to Work
 - Vision Tests

- Nutritional Counseling
- Mask Fitting
- Pulmonary Tests
- Pain Management
- DOT Physicals
- Cold & Flu
- Cuts & Rashes
- Sinus Infections & Earaches
- Bumps & Bruises
- Urinary Tract Infection
- Mental Health
- After Hours Care

Prosser Physical Therapy and Rehab

- Creating a plan of care for each patient, with patient outcome goals, and communicating that plan of care to both the patient and their doctor.
- Ensuring that lines of communication are open between patient, therapist, doctor and insurance carrier, when appropriate.
- Providing appropriate therapeutic care through modalities, exercise and instruction
- Tracking patient progress through successive therapy appointments.
- Discharging patient when goals have been met or other circumstances indicate discharge is appropriate.

Community Relations Department

- Facilitation of marketing efforts for appropriate departments within the Prosser Public Hospital District.
- Communicates efficiently and effectively with CEO, Administrative Team, Leadership Team, Hospital employees, Board of Commissioners, community leaders, patients and the public at large.
- Observes and conforms to hospital policies, programs, mission and goals. Works through appropriate channels to update or change any of the above.
- Consistently strives to enhance PMH image in all dealings with employees, external customers, physicians, Board members and the public.
- Prioritizes work to produce high quality results in a timely, reliable manner with regard to meeting deadlines, communicating effectively, assisting departmental communication and enhancing PMH image.
- Practices and demonstrates good judgment, tact, and diplomacy in all written and interpersonal communication.

- Demonstrates enthusiasm, integrity and loyalty in dealings with public, employees and patients as described in PMH's Expectations for Customer Service.
- Demonstrates an understanding of inter-departmental hospital organization and assists department managers in communication efforts.

Community Outreach/Benefit

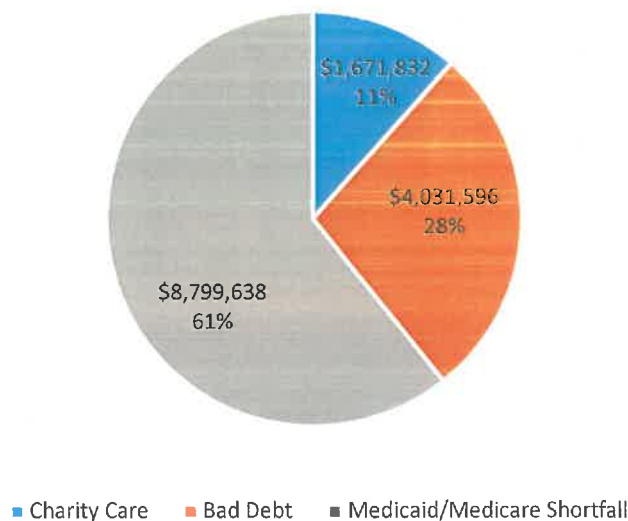
At Prosser Memorial Health (PMH), we believe that a healthy and safe community is a strong community. Our commitment to healthier families comes to life in the programs and activities that we provide to the community. The following events were conducted in 2019 as a benefit to our community:

- January 17, 2019: Hip and Knee Pain Lunch & Learn, Dr. Hutson. Best Western, Sunnyside.
- January 31, 2019: Occupational Health Lunch & Learn. Best Western, Prosser.
- February 7, 2019: Go Red Health Fair.
- February 14, 2019: Stop the Bleed Training, Zillah Warehouse.
- February 22, 2019: Ribbon Cutting & Open House, Grandview Clinic.
- February 27, 2019: Gut Health & Cancer Screenings Lunch & Learn, Dr. Chew. Best Western, Prosser.
- March 20, 2019: Mental Health Lunch & Learn, Heather Morse. Prosser Senior Center.
- March 28, 2019: Gut Health & Cancer Screenings Lunch & Learn, Dr. Huang. Best Western, Sunnyside.
- April 24, 2019: Stop the Bleed Training, West Benton County Fire Department.
- April 27, 2019: Prosser Science Expo.
- April 30, 2019: Prosser Career Fair.
- May 9, 2019: Mother's Day Pamper Party, Prosser Clinic.
- May 15, 2019: Valley Vista Health Fair.
- May 16, 2019: Foundation Scholarship Presentations.
- May 16, 2019: Benton City Clinic Summer Safety Party.
- June 6, 2019: Prosser High School Scholarship Ceremony.
- June 11, 2019: Grandview Clinic Summer Safety Event.
- August 2, 2019: Big Latch Event, Grandview.
- August 6, 2019: Benton City National Night Out.
- August 8, 2019: Breakfast & Learn at Prosser Community Center. Dr. Z.
- August 8, 2019: Grandview Parade.
- August 9, 2019: YVFR Livestock Auction.
- August 10, 2019: YVFR PMH Booth.
- August: EWU Project Hope Students Job Shadow at PMH for one week.
- August 22, 2019: Benton County Fair & Rodeo Sponsorship Day.
- August 27, 2019: House of Crosses Ribbon Cutting.
- August 30, 2019: Whitstran Resource Center Literacy Night with Dr. Min.

- September 2, 2019: State’s Day Parade.
- September 5, 2019: Health Occupation Students Family Night.
- September 10, 2019: Stop the Stigma, Kimberly Starr and Heather Morse, Sharehouse.
- September 11, 2019: Red Cross Blood Drive at PMH.
- September 14, 2019: Benton City DAZE, Sponsorship, Parade and Concert Check In.
- September 17, 2019: Diabetes and Wound Care Breakfast & Learn, Dr. Chew and Jay Boyle. Prosser Community Center.
- September 20, 2019: First House of Crosses Communal Burial.
- October 5, 2019: Hometown Health Fair at PMH.
- October 5, 2019: WSU 100th Anniversary Celebration, PMH provided painting activity on pumpkins.
- October 4-5, 2019: Tri Cities Women’s Expo with Kristal Oswalt and Jessica Luther.
- October: Annual Health Fair.
- October 8, 2019: Ideal Protein Lunch & Learn with Kristal Oswalt. Prosser Best Western.
- October 23, 2019: Benton PUD Senior Days, PMH provided BP Checks.
- October 26, 2019: Touch-A-Truck Prosser City Park.
- November 11, 2019: Veteran’s Day Breakfast, Clore Center.
- November 13, 2019: Diabetic Forum, Clore Center.
- November 30, 2019: Gingerbread Build-Off Event.
- December 5, 2019: Botox Party at Prosser Clinic.
- December 8, 2019: Grandview Rotary Dinner, PMH Sponsored.
- December 10, 2019: Flu & You Facebook Live, Dr. Santa-Cruz, Dr. Min, Dr. Murphy.

In 2019, PMH provided the following patient financial assistance:

2019 Uncompensated Care



| | |
|--------------------------------------|---------------------|
| Charity Care Program | \$1,671,832 |
| Bad Debt | \$4,031,596 |
| Medicaid/Medicare Shortfall | \$8,799,638 |
| Total 2019 Uncompensated Care | \$14,503,066 |

2. Review of Closed/Active Records

The following summarizes the number of records reviewed in 2018.

All charts, that triggered according to pre-defined criteria (IP & OP General Screening, Emergency Services, Obstetrical Screening, Surgical Screening, Other [new physician proctoring, focused review]), were reviewed by the Medical Staff Quality Improvement Committee.

- Emergency Department – 58
- Internal Medicine – 31
- Obstetrics – 27
- Pediatrics – 24
- Anesthesia – 6
- Surgical Cases – 13
- Radiology - 14

3. Health Care Policies – Reviewed and New in 2018

Per policy #860-0062 *Policy/Procedure/Pre-Printed Orders Development*, on an annual basis the author, department manager/supervisor, or committee chairperson will review policies, procedures and pre-printed orders. An electronic signature and date of review will be entered as per policy #860-0066 *Policies and Procedures Usage on Sharepoint*.

| Department | # of Policies Reviewed | Department | # of Policies Reviewed |
|-----------------------------|------------------------|----------------------|------------------------|
| Medical Staff Services | 3 | Acute Care Services | 5 |
| Family Birthplace | 2 | Anesthesia | 1 |
| Laboratory | 150 | Diagnostic Imaging | 175 |
| Pharmacy | 9 | Cardiopulmonary | 40 |
| Emergency Services | 2 | Grandview Clinic | 1 |
| Emergency Medical Services | 1 | Laundry Services | 18 |
| Social Services – UR | 12 | Materials Management | 1 |
| Environmental Services | 23 | Patient Registration | 13 |
| Administration & Compliance | 1 | Human Resources | 33 |
| HIM | 2 | Infection Control | 2 |
| Nursing Services | 82 | Employee Health | 1 |
| Privacy | 4 | | |

Per policy #860-0062 *Policy/Procedure/Pre-Printed Orders Development*, when creating new policies, the author will review similar policies and/or procedures for duplication, contradictions or consolidations, content will contain pre-defined elements, and the author will present the new policy to the Policy & Procedure Committee for approval.

| Department | # of New Policies | Department | # of New Policies |
|----------------------------|--------------------------|-----------------------------|--------------------------|
| Medical Staff Services | 3 | Acute Care Services | 3 |
| Family Birthplace | 1 | Anesthesia | 1 |
| Laboratory | 39 | Diagnostic Imaging | 62 |
| Pharmacy | 2 | Cardiopulmonary | 10 |
| Emergency Services | 1 | Grandview Clinic | 1 |
| Emergency Medical Services | 1 | Laundry Services | 3 |
| Social Services – UR | 1 | Materials Management | 1 |
| Environmental Services | 2 | Administration & Compliance | 1 |
| Human Resources | 6 | HIM | 2 |
| Infection Control | 2 | Nursing Services | 5 |
| Employee Health | 1 | Privacy | 3 |



2019 - Infection Prevention & Control Score Card

| Major Goal Areas & Indicators | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2019 YTD | 2018 | Goal |
|--|-------|-------|--------|--------|-------|-------|-------|--------|-------|-------|-------|-------|----------|--------|--------|
| Catheter Associated Urinary Tract Infections - # of Events | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 |
| Central Line Associated Bloodstream Infections - # of Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MRSA Bacteremia - # of events | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 4 | 0 | 0 |
| Hospital Onset C. Difficile - # of Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| Community Onset Inpatient C. Difficile - # of Events | 0 | 1 | 1 | 2 | 1 | 0 | 1 | 1 | 0 | 0 | 3 | 3 | 13 | 15 | 0 |
| Community Onset-Healthcare Associated C. Difficile - # of | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| NHSN Reportable Surgical Site Infections - # of Events | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Overall Surgical Site Infection Rate | 0.70% | 0.00% | 0.00% | 0.00% | 0.85% | 0.68% | 0.00% | 0.00% | 0.97% | 0.00% | 0.00% | 0.00% | 0.28% | 0.14% | <2% |
| Healthcare Associated Infection Rate per 100 Inpatient Days | 0.28% | 0.00% | 0.00% | 0.00% | 0.28% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.05% | 0.12% | <1% |
| Hand Hygiene/PPE Compliance Rate | 97.0% | 95.0% | 98.00% | 95.00% | ##### | ##### | ##### | 99.00% | ##### | ##### | ##### | ##### | 98.00% | 94.00% | 90.00% |
| Employee Exposures - # of Events | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 0 |
| Employee Influenza Vaccination Rate | | | 94% | | | | | | | | | | 94% | 96% | >95% |

Measure Definitions

- Catheter Associated Urinary Tract Infections** - UTI occurring as a result of an indwelling urinary catheter in place for >2 calendar days prior to the UTI diagnosis. Does not include straight catheterization, calendar days. Eligible lines: Permanent central lines include tunneled catheters and implanted catheters, i.e. ports. Temporary central lines and umbilical catheters are also included. See NHSN Organism List.
- MRSA Bacteremia** - Positive blood culture growth of Methicillin-Resistant Staphylococcus Aureus. Monitored in inpatient areas and Emergency Department.
- Hospital Onset C. Difficile** - C. Difficile positive stool specimen collected greater than 3 days after admission to the hospital (on or after day 4).
- Community Onset Inpatient C. Difficile** - C. Difficile positive stool specimen collected as an outpatient (ED patient) or an inpatient less than or equal to 3 days after admission to the facility (days 1, 2 or 3 of admission).
- Community Onset-Healthcare Associated C. Difficile** - C. Difficile positive stool specimen collected in a patient discharged from a facility < 4weeks prior to current date of stool specimen collection.
- NHSN Reportable Surgical Site infections** - Hip arthroplasty, knee arthroplasty, abdominal hysterectomy and colon surgeries with infection occurring 30 days after procedure date or up to 1 year for procedures in which an implant is used.
- Overall Surgical Site Infection Rate** - # of infections occurring within 30 days after procedure/total procedures.
- Healthcare Associated Infection Rate per 100 Inpatient Days** - Any infection occurring as a result of inpatient hospitalization (inpatient surgeries, CAUTI, CLABSI, C. Diff) calculated as a rate per 100 inpatient days.
- Hand Hygiene/PPE Compliance Rate** - Total number of observations in which proper hand hygiene and PPE is used/total number of observations.
- Employee Exposures** - Any event in which an employee is exposed to a communicable disease, blood, bodily fluid or needlestick injury.
- Employee Flu Vaccination Rate** - Number of employees who provide documentation of or receive the current season influenza vaccine/total number of employees. 380/404=94% 12 declinations

Definitions reviewed and updated per CDC/NHSN Surveillance Definitions 2019 - 3/20/2019 S. Mills

2019 Prosser Memorial Health Pharmacy and Therapeutics Dashboard

| Ref. | Metric | Goal | 2018 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD | |
|-----------------------|---|-------|------|-------|-------|-----|-------|-------|-------|-------|-------|-------|-----|-------|-------|-----|-------|
| QUALITY/SAFETY | | | | | | | | | | | | | | | | | |
| CMS | Medication Events by Type (Data Source: UHC Reports) *more than one contributing cause | | | | | | | | | | | | | | | | |
| | Ordering | 0 | 8* | | | 2 | 2* | 2* | 2* | | 1 | 2* | | | | 11* | |
| | Transcription | 0 | 1* | | | 1 | | | 1* | | | | | 1 | | 3 | |
| | Dispensing | 0 | 8* | 1 | | | | 2* | 3 | | | 2* | 2 | 1* | | 11* | |
| | Administration | 0 | 18* | 2 | 2 | 2 | 3* | 3 | 2* | 2 | 2 | 1 | 5 | 2* | 2 | 28* | |
| | Documentation | 0 | 13* | | | | | 1* | 1 | | | | | | | | 2* |
| | No Error/ADR | | 5* | | | | | | | | 1 | | | | | | 1 |
| | Narcotic Waste Documented | 95% | | 92.2% | 87.4% | 94% | 95.4% | 84.5% | 94.2% | 96.7% | 97.7% | 95.5% | 98% | 92.7% | 89.2% | | 93.31 |
| | Medication Events by Harm (Data Source: UHC Reports) ^same event reported twice | | | | | | | | | | | | | | | | |
| | Unsafe Condition | 0 | 5 | 1 | | | | | 2 | | | 1 | 1 | 1 | | | 6 |
| | Near Miss | 0 | 15 | | | 1 | 1 | | 3 | | 1 | | | 1 | | | 7 |
| | No Harm | 0 | 17 | | 2 | 4 | 2 | 4 | 1 | 2 | 3 | 3 | 4 | 1 | 2 | | 28 |
| | Emotional Distress | 0 | 4 | | | | 1 | | | | | | | | | | 1 |
| | Additional Treatment | 0 | 1 | 1 | | | | | | | | | 2 | | | | 3 |
| | Temporary Harm | 0 | 2 | 1 | | | | | | | | | | | | | 1 |
| Permanent Harm | 0 | 0 | | | | | | | | | | | | | | | |
| Severe Permanent Harm | 0 | 0 | | | | | 1 | | | | | | | | | 1 | |
| Total # Med Errors | Raw # | 44 | 3 | 2 | 5 | 4 | 5 | 6 | 2 | 4 | 4 | 7 | 3 | 2 | | 47 | |
| Medication Trend/RCA* | Raw # | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | |
| NPSG WSHA | Washington State Hospital Association Medication Safety Initiatives (Data Source: EPIC Reports) | | | | | | | | | | | | | | | | |
| | Inpatients receiving warfarin | Raw # | | 3 | 3 | 4 | 1 | 3 | 4 | 4 | 2 | 2 | 1 | 0 | 1 | | 28 |
| | Patients with INR >5 | Raw # | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Inpatients on hypoglycemic agents | Raw # | | 33 | 23 | 41 | 26 | 26 | 33 | 31 | 14 | 18 | 16 | 23 | 20 | | 304 |
| | BG <50 after agent admin | Raw # | | 0 | 0 | 0 | 1 | 0 | 4 | 2 | 2 | 0 | 0 | 0 | 0 | | 9 |
| | Inpatients receiving opioids | | | 84 | 74 | 78 | 83 | 80 | 92 | 85 | 33 | 56 | 82 | 47 | 65 | | 859 |

2019 Prosser Memorial Health Pharmacy and Therapeutics Dashboard

| Ref. | Metric | Goal | 2018 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD |
|----------|---|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Patients receiving naloxone due to over sedation | | | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 4 |
| | Anticoagulant Safety | Goal: To reduce the incidence of ADE related to anticoagulants (< 0.56/100 admissions). N= # of patients INR >5 after any warfarin administration. D = # of patients on warfarin | | | | | | | | | | | | | | |
| | Hypoglycemic Agent Safety | Goal: To reduce the incidence of ADE related to hypoglycemic agents (< 0.56/100 admissions). N= # of patients with a BG level <50 after hypoglycemic agent. D = # of patients on hypoglycemic agents. | | | | | | | | | | | | | | |
| | Opioid Safety | Goal: To reduce the incidence of ADE related to hypoglycemic agents (< 0.56/100 admissions). N= # of inpatients receiving naloxone <24 hrs after opioid administration related to over sedation. D= # patients receiving opioids. | | | | | | | | | | | | | | |
| NPSG | Medication Reconciliation (Data Source: Manual Chart Abstraction) | | | | | | | | | | | | | | | |
| | Charts Reviewed | Raw # | | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 14 | | |
| | ED Medication Rec | | | 90 | 63.5 | 87 | 57 | 80 | 72.9 | 81.4 | 60 | 88.9 | 100 | 100 | | |
| | Admission Med Rec | 90% | | 100 | 82.5 | 95.7 | 86 | 80.5 | 85.7 | 85.7 | 80 | 88.9 | 100 | 80 | | |
| | Transition of Care Med Rec | 90% | | 100 | 100 | 100 | 73 | 70 | 80 | 90 | 87 | 100 | 90 | 100 | | |
| | Discharge Med Rec | 90% | | 100 | 93.3 | 100 | 96 | 87.5 | 86.7 | 81.5 | 86.7 | 100 | 100 | 100 | | |
| | Hospital Roll Up | 90% | | 95.9 | 78.3 | 92.5 | 75 | 83.6 | 80.6 | 84 | 73.2 | 95.2 | 99.1 | 97.4 | | |
| | Med Errors related to Med Reconciliation | | | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 4 |
| CMS C276 | Infection Control/EOC Rounds | | | | | | | | | | | | | | | |
| | Remote Storage Outdates | 90% | 99.3% | 100 | 100 | 100* | 100 | 100* | 100 | 84 | 100 | 95.6 | 93.5 | 79.2 | 73.9 | 93.7 |
| C278 | Proper Medication Storage | 90% | 99.3% | 100 | 100 | 100* | 100 | 100* | 100 | 84 | 100 | 95.6 | 93.5 | 79.2 | 73.9 | 93.7 |
| CMS C272 | Annual Policy & Procedure Review | | | | | | | | | | | | | | | |
| | # P&P Due for Review | Raw # | 55 | 40 | 40 | 33 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | |
| | # P&P Annual Review Done | 100% | 10 | 0 | 7 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Safe Medication Administration Scanning Compliance | | | | | | | | | | | | | | | |
| | Hospital Roll Up | 90% | | 86.73 | 85.66 | 85.2 | 85.74 | 87.74 | 87.19 | 86.79 | 90.91 | 91.58 | 88.69 | 89.26 | 88.28 | 87.89 |
| | Emergency Department | 90% | | 76.69 | 66.14 | 70.99 | 70.52 | 74.12 | 76.94 | 78.14 | 82.78 | 78.09 | 80.48 | 76.69 | 73.95 | 75.13 |
| | Labor and Delivery | 90% | | 76.71 | 79.66 | 82.61 | 81.78 | 86.54 | 87.02 | 89.62 | 87.23 | 91.52 | 84.48 | 83.48 | 87.62 | 84.92 |
| | Nursery | 90% | | 74.77 | 73.58 | 77.17 | 82.71 | 73.94 | 80.77 | 89.81 | 70.73 | 87.50 | 82.64 | 87.84 | 86.18 | 80.16 |

2019 Prosser Memorial Health Pharmacy and Therapeutics Dashboard

| Ref. | Metric | Goal | 2018 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD |
|--|-------------------------------------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | OSP | 90% | | 83.05 | 85.32 | 89.69 | 88.24 | 91.07 | 91.89 | 91.14 | 94.34 | 84.21 | 91.21 | 93.64 | 94.39 | 89.35 |
| | Acute Care/Swing | 90% | | 92.89 | 94.10 | 90.81 | 92.47 | 94.02 | 90.85 | 89.32 | 94.64 | 94.82 | 91.55 | 93.68 | 93.67 | 92.60 |
| | Intra-OP | 90% | | 81.25 | 89.66 | 84.21 | 88.89 | 82.93 | 88.37 | 67.86 | | | | | | 83.53 |
| | Post-OP | 90% | | 78.82 | 81.08 | 84.37 | 82.09 | 86.11 | 90.66 | 91.61 | 76.56 | 0 | 100 | | | 84.32 |
| PATIENT LOYALTY (Data Source: PRC Dashboard for HCAHPS) | | | | | | | | | | | | | | | | |
| HCAPS | Communication about Medications-ALL | >75 | | 63.5 | 81.3 | 79.17 | 75 | 88.2 | 91.67 | 83.3 | 82.1 | 75 | 66.7 | 72.9 | 75 | 78.8 |
| | Medication Explanation | >75 | | 76.9 | 87.5 | 83.33 | 93.5 | 94.1 | 100 | 100 | 100 | 77.8 | 77.8 | 83.3 | 100 | 89.9 |
| | Side Effects Explained | >75 | | 50.0 | 75.0 | 75.0 | 56.3 | 82.4 | 83.3 | 66.7 | 64.3 | 72 | 55.6 | 62.5 | 50 | 67.7 |
| | Aspire Board Updated | | | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | | | | |

CMS= Center for Medicare and Medicaid Condition of Participation; NPSG= National Patient Safety Goal; WSHA= Washington State Hospital Association Patient Safety Initiatives; HCAPS= Patient Satisfaction Survey results; SP=2018 Strategic Plan; Studer= PMH Cultural transformation [initiative](#); * See Action log



2019 - Patient Care Scorecard

Attachment C

| Major Goal Areas & Indicators | 2019 Goal | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2019 YTD | 2018 Avg | 2017 Avg |
|---|-----------|---------|--------|--------|---------|---------|---------|---------|--------|--------|---------|--------|---------|----------|----------|----------|
| Quality | | | | | | | | | | | | | | | | |
| ED Encounters - Left Without Being Seen | <1.0% | 0.75% | 0.00% | 0.73% | 0.52% | 1.54% | 1.62% | 1.43% | 1.06% | 2.09% | 1.01% | 1.53% | 0.65% | 1.11% | 1.00% | 0.92% |
| ED 72 Hour Readmissions | <2.8% | 3.30% | 2.97% | 4.10% | 3.45% | 2.26% | 2.77% | 2.15% | 2.77% | 2.54% | 1.81% | 2.46% | 2.31% | 2.74% | 2.8% | 2.6% |
| Decision to Admit to Unit (Average in Minutes) | <51.6 | 48.2 | 49.7 | 56.4 | 55.7 | 58.2 | 56.7 | 63.3 | 66.1 | 83.5 | 86.4 | 80.3 | 70.0 | 64.4 | 51.6 | N/A |
| All-Cause Unplanned 30 Day Inpatient Readmissions | <2.7% | 4.35% | 9.09% | 11.11% | 7.55% | 1.92% | 5.45% | 4.35% | 5.00% | 4.00% | 5.88% | 2.22% | 4.26% | 5.37% | 2.7% | 3.7% |
| VTE-1 - Venous Thromboembolism Prophylaxis | >94.1% | 94.74% | 95.45% | 83.78% | 97.14% | 100.00% | 90.91% | 92.00% | 94.44% | 85.71% | 88.00% | 89.74% | 100.00% | 92.44% | 94.1% | 98.3% |
| Sepsis - Early Management Bundle | >84.6% | 100.00% | 0.00% | 66.67% | 100.00% | 100.00% | 100.00% | 100.00% | N/A | N/A | 100.00% | 66.67% | 100.00% | 80.00% | 84.6% | 25.0% |
| Diabetes Management - Outpatient A1C>9 or missing result | <34.5% | 41.89% | 22.68% | 27.97% | 25.00% | 29.29% | 26.53% | 27.88% | 30.06% | 32.69% | 29.03% | 40.71% | 34.78% | 30.25% | 34.5% | 29.9% |
| Breast Cancer Screening - Mammogram within 24 months | >50% | 54.34% | 52.73% | 58.75% | 59.89% | 54.91% | 61.63% | 61.45% | 54.82% | 48.40% | 56.44% | 49.66% | 56.68% | 55.92% | 50.0% | 41.9% |
| Head CT Interpretation within 45 minutes - Stroke | >90% | 100.00% | NA | 33.33% | 100.00% | 42.86% | 25.00% | 66.67% | 75.00% | 57.14% | 100.00% | NA | 100.00% | 62.16% | N/A | N/A |
| Falls with Injury | <3 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 3 | 3 | 3 |
| Healthcare Associated Infection Rate per 100 Inpatient Days | <0.1% | 0.00% | 0.28% | 0.00% | 0.00% | 0.00% | 0.28% | 0.00% | 0.28% | 0.00% | 0.00% | 0.00% | 0.00% | 0.07% | 0.1% | 0.14% |
| Inductions <39 Weeks without Clinical Indications | <2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 3 | 2 |
| Admission Medication Reconciliation Completed | >90% | 95.91% | 78.31% | 92.50% | 74.71% | 83.63% | 77.78% | 83.62% | 73.18% | 95.18% | 99.09% | 97.44% | 75.95% | 85.16% | N/A | N/A |
| | | | | | | | | | | | | | | | | |
| Green at or above Goal (4) | | | | | | | | | | | | | | 5 | 20 | |
| Yellow within 10% of Goal (2) | | | | | | | | | | | | | | 5 | 10 | |
| Red More than 10% below Goal (0) | | | | | | | | | | | | | | 3 | 0 | |
| Cumulative Total - goal is year end number | | | | | | | | | | | | | | | | 30 |
| Year End Goal = Combined Quality Score of 63.7% or higher | | | | | | | | | | | | | | | | 57.69% |

2019 - Strategic Plan Scorecard

| Major Goal Area & Indicators | 2019 Goal | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2019 YTD | 2018 Avg | 2017 Avg |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Patient Loyalty | | | | | | | | | | | | | | | | |
| IP - "Would Recommend" | >83.81% | 83.6% | 81.9% | 83.6% | 87.5% | 84.6% | 87.5% | 83.3% | 91.7% | 93.4% | 73.9% | 76.2% | 81.3% | 85.1% | 83.8% | 85.0% |
| ED - "Would Recommend" | >80.7% | 88.6% | 70.7% | 86.5% | 71.4% | 81.8% | 72.7% | 81.3% | 76.2% | 85.0% | 83.3% | 82.1% | 80.0% | 80.3% | 80.7% | 78.5% |
| Acute Care - "Would Recommend" | >79.7% | 78.9% | 97.7% | 80.0% | 100.0% | 75.0% | 83.2% | NA | 85.7% | 100.0% | 57.1% | 75.0% | 73.7% | 78.6% | 79.7% | 79.0% |
| OB - "Would Recommend" | >88.6% | 100.0% | 86.7% | 94.4% | 100.0% | 92.9% | 83.3% | 90.0% | 100.0% | 90.0% | 100.0% | 78.6% | 92.3% | 92.2% | 88.6% | 91.5% |
| Outpatient Surgery - "Would Recommend" | >84.9% | 91.7% | 80.0% | 90.9% | 100.0% | 66.7% | 88.1% | NA | NA | NA | NA | NA | NA | 91.0% | 84.9% | 86.4% |
| Swing Bed - "Would Recommend" | >94.1% | N/A | 50.0% | 100.0% | 100.0% | 66.7% | 100.0% | 80.0% | 100.0% | 66.7% | 66.7% | 0.0% | 100.0% | 95.3% | 94.1% | 91.4% |
| Clinic - "Would Recommend" | >85.2% | 92.1% | 84.7% | 78.9% | 84.6% | 83.7% | 91.3% | 84.3% | 85.0% | 83.2% | 84.9% | 95.4% | 86.4% | 87.1% | 85.2% | 90.6% |
| Outpatient - "Would Recommend" | >84.7% | 91.7% | 91.3% | 87.8% | 80.0% | 96.3% | 79.2% | NA | NA | NA | NA | NA | NA | 88.4% | 84.7% | 85.1% |
| Reduce Medical Practice Expense/Total Expense (25% Reduction) | <\$23,033 | \$ 14,904 | \$ 16,492 | \$ 22,888 | \$ 18,469 | \$ 17,245 | \$ 15,123 | \$ 22,888 | \$ 42,194 | \$ 22,888 | \$ 22,888 | \$ 22,888 | \$ 22,888 | \$ 22,888 | \$ 17,599 | \$ 39,055 |
| Medical Staff Development | | | | | | | | | | | | | | | | |
| Medical Staff Turnover | <0.6% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 2.4% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% | 0.6% | 0.9% |
| Specialty Clinic Visits | >1,161 | 1,059 | 760 | 945 | 964 | 1,049 | 929 | 1,034 | 863 | 932 | 1,078 | 903 | 837 | 950 | 872 | 809 |
| Benton City Clinic Visits | >992 | 1,059 | 721 | 880 | 1,034 | 1,062 | 881 | 944 | 1,005 | 907 | 1,149 | 938 | 813 | 950 | 857 | 728 |
| Prosser RHC Clinic Visits | >1,285 | 1,011 | 824 | 1,025 | 1,030 | 1,078 | 914 | 935 | 891 | 901 | 1,080 | 912 | 921 | 960 | 821 | 490 |
| Grandview Clinic Visits | >345 | 284 | 359 | 534 | 564 | 603 | 560 | 603 | 718 | 578 | 737 | 612 | 656 | 568 | N/A | N/A |
| Comprehensive Pain Clinic | >76 | 60 | 67 | 58 | 73 | 88 | 80 | 69 | 84 | 72 | 105 | 103 | 96 | 80 | 55 | N/A |
| *\$ Active Medical Staff | >44 | 40 | 40 | 40 | 40 | 40 | 39 | 39 | 40 | 41 | 42 | 43 | 43 | 41 | 40 | 32 |
| Employee Development | | | | | | | | | | | | | | | | |
| Average Recruitment Time (days) | <45 | 25 | 44 | 18 | 17 | 13 | 42 | 64 | 12 | 38 | 17 | 40 | 2 | 28 | N/A | N/A |
| \$ of Open Positions (Vacancies) | <8.8 | 12.0 | 10.0 | 9.0 | 12.0 | 26.0 | 31.0 | 22.0 | 43.0 | 33.0 | 24.0 | 29.0 | 27.0 | 23.2 | 8.8 | 11.8 |
| Hours of Overtime - Overtime/Total Hours Worked | <4.5% | 7.2% | 5.1% | 5.1% | 5.4% | 4.9% | 6.0% | 5.7% | 5.6% | 5.9% | 5.8% | 6.3% | 7.3% | 5.9% | 4.5% | 5.9% |
| Agency - Cost/Total Labor | <10.5% | 8.0% | 10.0% | 11.0% | 11.0% | 10.4% | 5.0% | 85.1% | 8.0% | 9.0% | 7.0% | 8.0% | 7.4% | 13.9% | 10.5% | 14.7% |
| Turnover Rate | <0.7% | 1.8% | 0.4% | 1.5% | 0.4% | 0.0% | 0.7% | 0.7% | 0.7% | 1.4% | 0.4% | 0.7% | 0.7% | 0.7% | 0.7% | 1.1% |
| Timely Evaluations | >70% | 69.0% | 66.0% | 68.0% | 84.0% | 83.0% | 57.0% | 95.0% | 87.0% | 84.0% | 87.0% | 83.0% | 82.0% | 79.6% | 60.5% | 38.7% |
| Education Hours/FTE | >2.15 | 0.50 | 1.88 | 2.00 | 0.93 | 1.59 | 1.01 | 1.39 | 2.23 | 1.71 | 1.88 | 1.95 | 0.92 | 1.50 | 2.15 | 1.36 |
| New Hire (Tenure) <1 year | <10% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | N/A | N/A |
| Quality | | | | | | | | | | | | | | | | |
| ED Encounters - Left Without Being Seen | <1.0% | 0.8% | 0.0% | 0.7% | 0.5% | 1.5% | 1.4% | 1.4% | 1.1% | 2.1% | 1.0% | 1.5% | 0.7% | 1.1% | 1.0% | 0.9% |
| * Falls with Injury | <3 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 3 | 3 | 3 |
| Healthcare Associated Infection Rate per 100 Inpatient Days | <0.1% | 0.0% | 0.3% | 0.0% | 0.0% | 0.0% | 0.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | 0.1% | 0.1% |
| All-Cause Unplanned Readmissions within 30 Days | <2.7% | 4.4% | 9.1% | 11.1% | 7.6% | 1.9% | 5.5% | 4.4% | 5.0% | 4.0% | 5.9% | 2.2% | 4.3% | 5.4% | 2.5% | 2.7% |
| Admission Medication Reconciliation | >90% | 96% | 78% | 93% | 75% | 84% | 78% | 84% | 73% | 95% | 99% | 97% | 76% | 85% | N/A | N/A |
| Services | | | | | | | | | | | | | | | | |
| ED Visits | >955 | 1,042 | 775 | 1,098 | 954 | 974 | 1,048 | 979 | 940 | 1,103 | 892 | 1,179 | 1,084 | 1,016 | 930 | 847 |
| Inpatient Admissions | >80 | 87 | 65 | 90 | 91 | 87 | 85 | 72 | 96 | 75 | 82 | 74 | 88 | 83 | 75 | 82 |
| OB Deliveries | >34 | 32 | 24 | 35 | 39 | 39 | 42 | 31 | 47 | 34 | 37 | 24 | 49 | 37 | 31 | 23 |
| Surgeries and Endoscopies | >132 | 138 | 109 | 111 | 124 | 117 | 147 | 118 | 116 | 103 | 117 | 104 | 114 | 118 | 117 | 117 |
| Diagnostic Imaging Procedures | >1,914 | 1,884 | 1,590 | 1,908 | 2,004 | 1,954 | 1,973 | 1,841 | 1,781 | 1,882 | 2,416 | 1,925 | 2,324 | 1,957 | 1,649 | 1,471 |
| Lab Procedures | >10,251 | 12,115 | 10,195 | 13,377 | 11,935 | 11,389 | 11,991 | 10,647 | 10,024 | 10,233 | 10,444 | 10,141 | 10,999 | 11,051 | 9,671 | 8,771 |
| Adjusted Patient Days | >1,410 | 1,374 | 1,293 | 1,489 | 1,774 | 1,612 | 1,679 | 1,622 | 1,538 | 1,654 | 1,694 | 1,658 | 1,591 | 1,624 | 1,373 | 1,288 |
| Outpatient Procedures Visits | >245 | 210 | 217 | 214 | 224 | 182 | 188 | 279 | 321 | 178 | 233 | 225 | 217 | 224 | 225 | 2402 |
| Financial Performance | | | | | | | | | | | | | | | | |
| Net Days in Accounts Receivable | <48.62 | 51.69 | 54.25 | 53.70 | 53.19 | 50.59 | 55.21 | 50.74 | 50.68 | 58.76 | 63.41 | 63.41 | 63.79 | 58.76 | 50.96 | 52.95 |
| * Total Margin | >4.56% | 12.90% | 0.80% | 8.90% | 11.10% | 8.20% | 9.70% | -15.40% | 1.50% | 4.00% | 5.40% | -7.60% | 15.30% | 5.40% | 1.8% | 3.5% |
| Net Operating Revenue/FTE | >\$16,330 | \$ 19,022 | \$ 14,574 | \$ 16,851 | \$ 16,624 | \$ 17,570 | \$ 16,163 | \$ 11,073 | \$ 14,353 | \$ 16,059 | \$ 16,230 | \$ 14,462 | \$ 15,949 | \$ 15,949 | \$ 16,094 | \$ 15,961 |
| Labor % of Net Revenue | <60.2% | 57.3% | 64.8% | 58.8% | 58.9% | 58.0% | 48.9% | 75.0% | 61.9% | 44.2% | 59.5% | 64.7% | 56.4% | 59.1% | 62.6% | 60.1% |
| Operating Expense/FTE | <\$15,508 | \$ 15,859 | \$ 14,733 | \$ 15,592 | \$ 15,127 | \$ 16,371 | \$ 13,612 | \$ 13,019 | \$ 14,275 | \$ 15,499 | \$ 15,699 | \$ 15,775 | \$ 15,190 | \$ 15,190 | \$ 16,190 | \$ 14,076 |
| *Days Cash on Hand | >134.35 | 96.35 | 93.03 | 93.58 | 98.03 | 119.75 | 125.50 | 131.87 | 128.87 | 120.39 | 119.19 | 116.88 | 107.10 | 120.39 | 108.23 | 121.81 |
| Commercial% | >28.2% | 26.7% | 32.9% | 28.0% | 32.0% | 28.4% | 29.0% | 28.9% | 29.2% | 28.7% | 28.3% | 28.2% | 28.4% | 28.7% | 28.2% | 26.7% |
| Green - at or above Goal | | | | | | | | | | | | | | | | |
| Yellow - within 10% of Goal | | | | | | | | | | | | | | | | |
| Red - More than 10% below Goal | | | | | | | | | | | | | | | | |
| *Cumulative Total - goal is year end number | | | | | | | | | | | | | | | | |

**PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE**

| | | |
|--------------------------|---------------------------|----------------------|
| DEPARTMENT: | BOARD OF COMMISSIONERS | PAGE 1 OF 2 PAGE (S) |
| REGARDING: | MEDICAL STAFF RECRUITMENT | NUMBER: 100.0037 |
| DEPARTMENTS AFFECTED: | BOARD OF COMMISSIONERS | AMENDED: |
| EFFECTIVE DATE: | 11-30-17 | REVIEWED: |

POLICY

It is recognized that in the competitive healthcare environment of today, Prosser Memorial Health (PMH) is involved in the recruitment of healthcare providers.

It is preferable, but rare today, that providers recruit providers to their own practice. In the case of new services, or in the event there is not an existing practice that is willing or able to accept a desired provider, then PMH must recruit in order to assure that the number of providers serving the PMH Service **area** **Area** is adequate in number and type of providers (physicians and **allied health professionalsAdvanced Practice Clinicians**). Toward that end, the Medical Staff and the PMH staff will **annually** review **annually** our current complement of providers and submit suggestions on specific provider needs as part of the strategic planning process.

Recommendations for recruitment reflecting the input of the Medical Staff will be made to the Board. Administration will prepare annually a Provider Recruitment Plan based on this input which will determine recruiting targets for the year which will be expressed in the PMH Strategic Plan and PMH Medical Staff Model.

When the Board of Commissioners decides to recruit another provider to the community, it will be with the full knowledge of the Medical Staff. Every effort will be made to work with an existing practice in this recruitment process.

PROCEDURE

Annually, the Medical Staff and Administration shall recommend to the Board a list of provider recruitment targets which, upon Board approval, shall serve as Administration's guideline for recruitment. If necessary during the year, Administration shall recommend to the Board the addition to or deletion from the approved list of recruitment targets as circumstances within the community or in the makeup of the Medical Staff warrant.

Business Plans and budgets for the practices shall be established in advance, approved by the Board, and reviewed annually with the Board.

Administration will report to the Board on any exceptions to the above policy.

**PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE**

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 3 PAGE (S)
REGARDING: EXCLUSIVE DESIGNATED MEDICAL NUMBER: 100.0038
SPECIALTY SERVICES
DEPARTMENTS
AFFECTED: BOARD OF COMMISSIONERS AMENDED:
EFFECTIVE DATE: 6-29-17 REVIEWED:

POLICY

Prosser Memorial Health (PMH) does, on occasion, enter into agreements with individual physicians or designated physician groups or other healthcare providers to provide certain specialized medical services and administrative services at PMH.

Such contracts may result, or have resulted, in instances whereby the contracting provider group may be designated to provide such services at the Medical Center to the exclusion of other medical or administrative providers.

The Board of Commissioners and Administrative **veon** of PMH have taken into consideration the overall best interests of PMH in making such determination that these services will be exclusive to Anesthesiology, Radiology, Emergency Medicine, Pathology and Hospital **lists**.

IMPLEMENTATION

For the purpose of setting forth criteria considered by **the Medical Center PMH** in making such decisions in the past, as well as establishing guidance for further decisions, the PMH Board of Commissioners believes it is in the best interest of PMH to establish the rationale by means of Board resolution.

The following criteria ~~is~~are to be considered in making a determination as to whether such services need to be provided on an exclusive basis:

1. The nature of the specialized service by an individual provider or group of providers will benefit PMH and its patients in:
 - a. Providing a sufficient volume of provider services to allow the providers involved to maintain and improve their expertise in the specialty areas;
 - b. Provide for consistency in training of technicians and others working with or for the providers in the department;
 - c. Allowing the providers involved to keep current on the cases in the field;
 - d. Creating a pool of medical knowledge which will be available to all members of the staff to utilize in the specialty area; and
 - e. Providing a sufficient number of cases so as to establish medical care data to allow for a complete review of the quality of care provided by the provider(s) involved.
2. The providing of central control over and simplified scheduling of the use of the services and facilities of the department involved.
3. The providing of efficient and effective management of the services of the department involved, particularly the coordination with other departments of PMH so as to minimize disruption and provide for effective utilization of PMH facilities.
4. The providing of full coverage of the department involved for the purpose of Emergency Room support services, weekend and holiday coverage, and coverage during the entire 24-hour day if the nature of that specialty so requires.
5. The providing for effective and efficient consultation with attending providers so as to maximize the use of their time.
6. The providing for supervision of the clinical and/or other services of employees in the department involved, as well as such continuing education for employees and staff as may be required.

Administration is authorized to negotiate for specialized medical and ~~Administrative-administrative~~ services on an exclusive basis with one or more providers when such services are deemed to be in the best interest of PMH and patient care at ~~the~~ PMH.

Any such contracts, which provide for the engaging of provider(s) on an exclusive basis to provide such services at PMH, shall be for a reasonable period of time and shall be entered into only after consultation has been obtained with leadership of the Medical Staff, particularly if such will mean that existing staff providers will be precluded from performing certain functions at PMH as a result of such exclusive contract, and shall be entered into only with the approval of the Board of Commissioners after receiving the recommendation of Administration of ~~the institution~~ Prosser Memorial Health.

**PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE**

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 2 PAGE (S)
REGARDING: AFFILIATION NUMBER: 100.0039
DEPARTMENTS
AFFECTED: ALL AMENDED:
EFFECTIVE DATE: 11-30-17 REVIEWED:

POLICY

PMH will pursue opportunities with ~~physicians~~ providers, hospitals, insurance companies, and other healthcare providers that assist in integrating the delivery of healthcare services in our area for the benefit of the patients that we serve.

RATIONALE

The changing demands and pressures of healthcare delivery have forced all providers to reconsider their position relative to the networks, affiliations, and arrangements that will result in an efficient and highly integrated system in Washington.

Therefore, Prosser Memorial Health (PMH) should attempt to enhance the linkage between PMH and the appropriate area healthcare providers and payers so that we can improve the transition system for our patients and physicians providers when services are needed outside the community.

Examples of programs that PMH may pursue with area organizations include:

- Enhanced communication and systems between PMH and tertiary hospitals and between the local medical staff and out-of-town specialists to facilitate access to services for our patients and the information flow between all providers.

- Assess managed care options and products, especially as they would allow PMH to assist area employers in reducing healthcare costs and direct area patients to PMH for services.
- Continue to explore integration models in cooperation with our Medical Staff that will prepare us to respond to system or market opportunities.

We should also continue to explore other opportunities as they may arise. This current strategy would not preclude further possibilities of a more formal affiliation arrangement should that become more appropriate or desirable for PMH.

~~POLICY~~

~~PMH will pursue opportunities with physicians, hospitals, insurance companies, and other healthcare providers that assist in integrating the delivery of healthcare services in our area for the benefit of the patients that we serve.~~ Moved to beginning of Policy.

**PROSSER MEMORIAL HEALTH
BOARD OF COMMISSIONERS POLICY AND PROCEDURE**

DEPARTMENT: BOARD OF COMMISSIONERS PAGE 1 OF 6 PAGE(S)

REGARDING: ISSUE RESOLUTION PROCEDURE - NUMBER: 100.0040
EXEMPT STAFF

DEPARTMENTS

AFFECTED: ALL

AMENDED:

EFFECTIVE DATE: 11-30-17

REVIEWED:

PURPOSE

It is the policy of Prosser Memorial Health (PMH) to provide all **exempt** employees who have completed their 90-day probationary period with a formal method by which they can voice their dissatisfaction when they believe they have been treated unjustly, their issues have not been resolved to their satisfaction, or they have concerns about decisions that have been made anywhere in the organization. PMH wants to provide clear and open channels for the expression of employee concerns and/or complaints, based upon a formal Issue Resolution Procedure, which contains the “right of appeal,” and promotes sound employee relations. Because employees do, on occasion, differ from Management on important issues, PMH will provide employees with a mechanism for appealing or requesting further clarification of a Management decision to a higher level within the organization.

Upon initiating a complaint/concern, it is the employee’s responsibility to pursue it through each step of the Issue Resolution Procedure. Informal complaints may be and are encouraged to be presented to the employee’s supervisor, and every effort will be made to resolve such concerns within two (2) working days.

Management is aware of the importance of an open door policy and is committed to be available to listen to employees’ concerns and problems. Management will attempt to meet with employees within one (1) working day of being notified of

their concern and desire to meet. No employee will be reprimanded or harassed by anyone as a result of initiating a formal or informal complaint in accordance with the Issue Resolution Procedure.

Employees should remember that the Issue Resolution Policy is not intended to be a substitute for normal problem solving between the employee and his or her immediate supervisor.

RESPONSIBILITY:

All departments **D**irectors and **M**anagers will be responsible for the application and enforcement of this policy within their respective departments. The Director of Human Resources will be responsible for **the PMHMedical Center**-wide uniformity of application and enforcement, in addition to interpretation of this policy as determined by Administration.

DEFINITION OF "ISSUES"

An "ISSUE", for purposes of this Policy, shall be defined as when an employee:

- Believes he/she has been treated unjustly;
- Has complaints/concerns that have not been resolved to his/her satisfaction; or
- Has concerns about decisions that have been made anywhere in the organization.

ISSUE RESOLUTION POLICY

- To provide the employee with a fair and easily accessible means of having problems solved as quickly as possible.
- To alert management by systematic means to causes of employee dissatisfaction and to provide the mechanism of prompt and equitable response.
- To contribute positively toward the development of mutual respect and trust between Management and employees.

STEP 1: INFORMAL – Managerial

An employee who has an issue should make every effort to discuss the problem informally and orally with his/her immediate **M**anager/**D**irector who will make every effort to reach a satisfactory solution to the problem. Most issues are

solved at this level. An employee with an issue shall discuss the matter with the employee's director/Manager within five (5) days from the time of occurrence giving rise to the issue; or within five (5) days from the time that the employee involved first knew of or could have known of the facts giving rise to the issue. It is the responsibility of the director/Manager to act on the problem and respond to the employee orally within two (2) working days after receiving the issue. However, if the employee is not satisfied with the decision of the Manager/Director, he/she may proceed to the next step.

STEP 2: FORMAL – Department Director/Manager

Within three (3) working days after Step 1 is completed, it is the employee's responsibility to document the issue, in writing, on the Issue Resolution Form provided by the Human Resources Department. The Human Resources Department is available to provide assistance to an employee in filling out the Issue Resolution Form, if requested. The employee is to keep a copy, give one to the Department Director/Manager, and send one to the Director of Human Resources. After the Department Director/Manager has received the written complaint, he/she has three (3) working days to further investigate the facts, make a decision, and report the response in writing on the Employee Issue Resolution Report form to the employee in a private meeting.

The Department Director/Manager will keep one copy of this written decision, give one copy to the employee, send one copy to the Director of Human Resources, and send one copy along with the employee complaint to the individual to whom the Department Director/Manager reports.

The Department Director/Manager should inform the employee if he/she is not satisfied with the outcome of the issue at this step, the employee has the right to pursue this matter further to Step 3 of the Issue Resolution Procedure.

STEP 3: FORMAL – (CNO, CMO, CFO)

If the written issue is not settled in Step 2, the issue may be submitted to the appropriate PMH individual who has administrative responsibility for the department involved within three (3) days following the completion of Step 2. The CNO/CMO/CFO will review all aspects of the issue with the employee and discuss the situation with the Department Director/Manager. The CNO/CMO/CFO will then give his/her decision in writing, and meet with the

employee to discuss the decision within five (5) working days after receipt of the issue. One copy will be given to the employee involved, one copy will be given to the Department Director/Manager involved, and one copy will be sent to the Director of Human Resources. If the complaint is still not settled to the employee's satisfaction, he/she will be told of his/her right to proceed to Step 4 of the Issue Resolution Procedure.

STEP 4: FORMAL – CEO

If the written issue is not settled in Step 3, the issue may be submitted to the CEO of PMH within three (3) days following completion go of Step 3. The CEO shall render a final decision on all issues. The CEO shall investigate the issue and may meet with the employee, Department Director/Manager, and any witnesses who are able to provide information useful in making his/her decision. The CEO shall meet with the employee within five (5) working days after receipt of the issue. One copy of this decision will be given to the employee involved, one copy will be given to the Department Director/Manager involved, and one copy will be sent to the Director of Human Resources. The decision of the CEO at this level is binding on all parties concerned.

MISCELLANEOUS ISSUE RESOLUTION PROCEDURE GUIDELINES

1. The formal issue Resolution Procedure, as outlined, may be used by all full-time and part-time exempt employees. Probationary employees are not eligible.
2. The time limits established in the procedure shall be followed by all parties. If the time procedure is not followed by an employee, the issue shall be considered settled. If the time procedure is not followed by management, the issue shall automatically advance to the next step. The time limits established in this procedure may be extended by mutual agreement in writing, provided however, that the extension request shall be put in writing by the party requesting the extension.
3. All information involved in the investigation of any issue and ultimate final decision, shall be held in confidence by everyone involved. It is to be remembered that issues are individual differences between an employee

and **mM**anagement and shall be kept in confidence during the steps of the Issue **of** Resolution Procedure.

4. When an issue is orally presented to a **Dd**irector/**Mm**anager at the first level of the Issue Resolution Procedure, the **Dd**irector/**Mm**anager may maintain an anecdotal record of the issue for his/her file for future reference.
5. Working days in the above steps are defined as Monday through Friday. Saturdays, Sundays, and PMH recognized fixed holidays are excluded.
6. This policy is a workable channel of communication for the employee's benefit. There shall be no recrimination by **Dd**epartment **Dd**irectors/**Mm**anagers or Administration as a result of the use of this procedure. Formal written complaints filed by employees and written decisions shall not be made part of the employee's official personnel record, but will be maintained in a separate file in the Human Resources Department.
7. Directors/**Mm**anagers are reminded to keep employees informed of rules and polices so that when a problem does arise, the action taken by a **Dd**irector/**Mm**anager shall be handled in a fair and consistent manner.
8. At each step of the "Formal" Resolution Process, it will be at the discretion of the employee, **Dd**irector/**Mm**anager, CNO/CMO/CFO to determine the need, if any, to include a witness(es) for assistance in resolving any given issue.

FORMS AND DIRECTIONS FOR COMPLETION

There are four (4) forms that are used for **the** Issue Resolution Procedure (see samples). All four forms are available in the Human Resources Department.

1. The "Issue Resolution Procedure" form is available in the Human Resources Department. This form is to be completed by the employee initiating an

issue. The employee is to explain his/her complaint and what he/she thinks should be done to resolve it. The employee is to keep one copy for his/her record and give one copy to the Department Director/Manager will send one copy to the Director of Human Resources.

2. The Department Director/Manager Issue Resolution Procedure Report form is to be completed by the Department Director/Supervisor/Manager in Step 2 of the Issue Resolution Procedure.
3. The "CNO/CMO/CFO Issue Resolution Procedure Report" form is to be completed by the appropriate CNO/CMO/CFO in Step 3 of the Issue Resolution Procedure. This form is identical to the Department Director/Manager form with the exception that the employee may request referral to the CEO as the final step in solving his/her issue. One copy of the completed form must be given to and discussed with the employee in a private meeting; one copy will be sent to the Department Director/Manager and the Director of Human Resources.
4. The "CEO Issue Resolution Procedure Report" form is to be completed by the CEO in Step 4 of the Issue Resolution Procedure. This form is identical to the "CNO/CMO/CFO Issue Resolution Procedure Report" form, with the exception that this is the last step of the procedure. One copy of this form is to be given to and discussed with the employee. One copy will be sent to the appropriate CNO/CMO/CFO, Department Director/Manager, and to the Director of Human Resources.

PolicyTech

Policy & Procedure Management

Work smarter, not harder



Access Important Policies and Procedures Anywhere

Our mobile-friendly design and powerful search and browse capabilities make it easy to access relevant policies and procedures in any location. With fully integrated Microsoft Office 365, employees can access documents anywhere with a familiar interface.



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Create, edit and review localized versions of policies, automatically linked to the master document. Deliver policies directly to your employees with automatic attestation tracking.



Audit-Ready Reporting is Available Anytime

Version control with automatic archiving stores employee signatures with each version at the time it was reviewed, providing more thorough reporting and support for audits.



Ensure Employees Read and Understand Relevant Policies and Procedures

Automatically route new and updated policies and procedures to your employees, assign attestation completion, give comprehension quizzes and easily run ad-hoc reports.



Report Suspected Policy Violations Directly to EthicsPoint

Gain better visibility into potential risk areas in your organization by asking employees if they have witnessed any misconduct while reading new or revised policies. These forms will automatically send a new report to your incident management system.

[Back to top](#)

Learn more about Policy Management



Washington State
Hospital Association



Legislative and COVID Briefing

Prosser Memorial Health Board

Cassie Sauer, President and CEO



WSHA's Mission:

The Washington State Hospital Association (WSHA) advocates for and provides value to members in achieving their missions.

WSHA's Vision:

WSHA will be the trusted voice and indispensable resource that leads, challenges and assists hospitals and health systems to improve the health of the communities they serve.



Government Affairs



Safety & Quality



**Coordinated Action on
Major Issues**



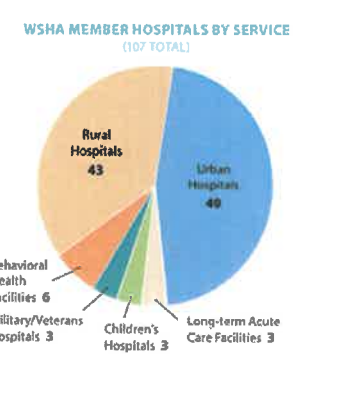
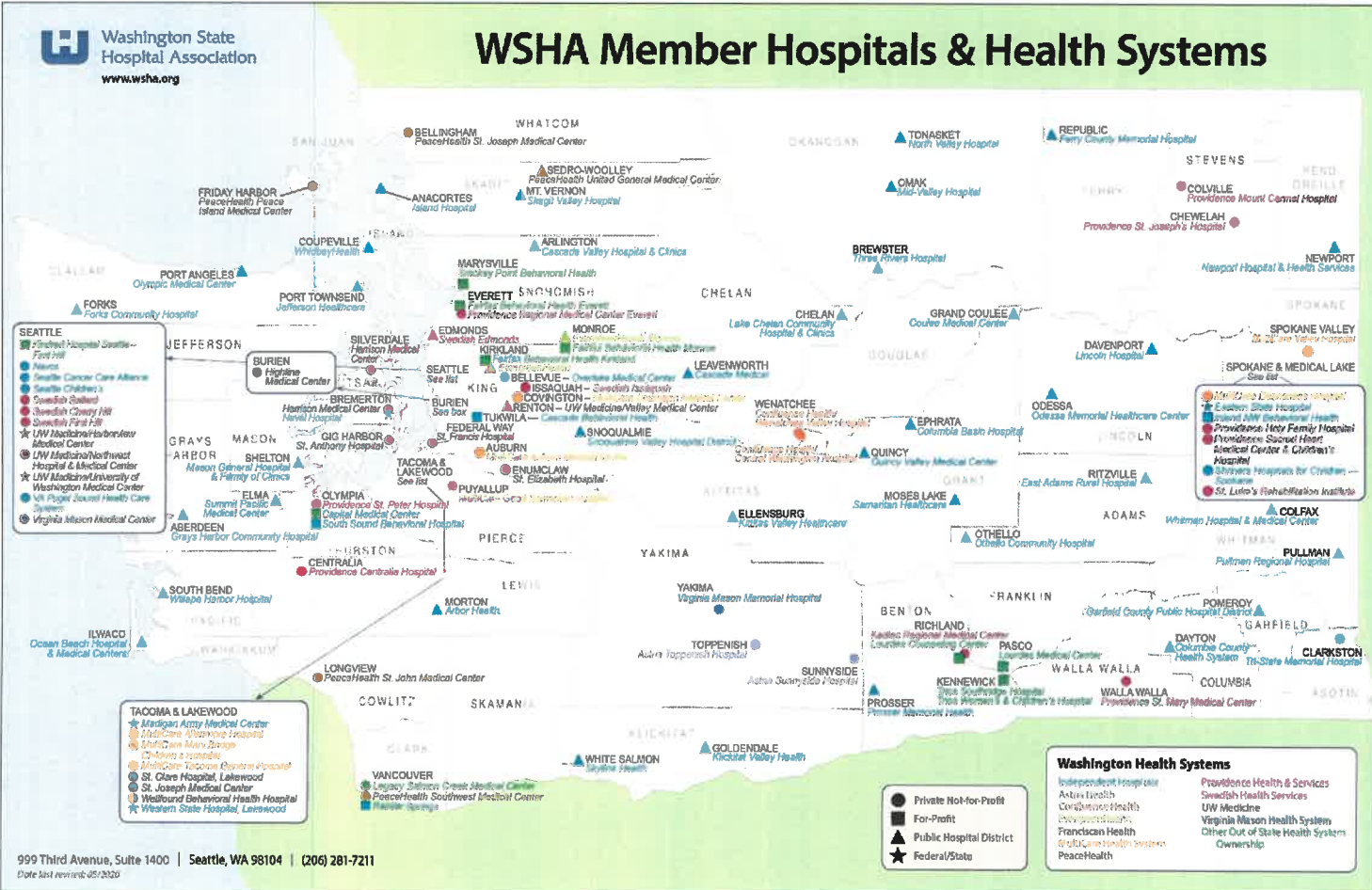
**Power in
Unity**

Data Analytics



Proud to Represent All Washington Hospitals

WSHA Member Hospitals & Health Systems



Policy and Advocacy

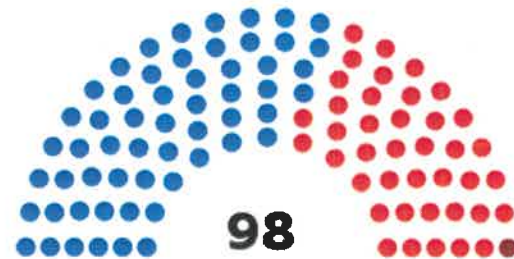


1. Ensure that hospitals can be stable institutions in their communities, long into the future.
2. Improve the behavioral health system for patients.
3. Help patients during and after hospitalization and at end of life.
4. Maintain flexibility for hospital operations while preventing burdensome and costly new regulations.



Legislative Landscape: 2019 - 2020

IN THE HOUSE



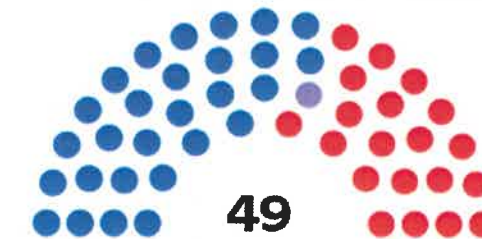
- Political groups
- Majority
- **Democratic** (57)
- Minority
- **Republican** (40)
 - **Non-Caucusing Republican** (1)

New
Speaker



24 new
Representatives

IN THE SENATE



- Political groups
- Majority Caucus
- **Democratic** (28)
- Minority Caucus
- **Senate Republican Caucus**
 - **Republican** (20)
 - **Democrat Caucusing with Republicans** (1)

7 new Senators

What Comes Next

- Massive budget shortfall
 - Will the feds help? How much?
 - Cuts, revenues, or combination?
- What policies should be changed or waivers retained?
- Special session – August 2020?
- Regular session – January 2021
- How to meet and advocate?

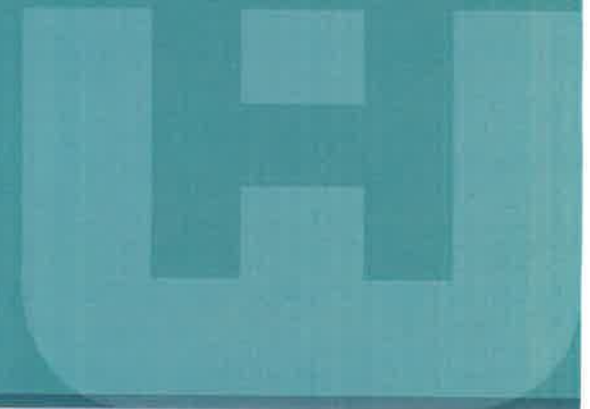


Two important tools:
Increase engagement!

WHPAC



COVID



COVID-19 Data Dashboard

- Current Status
- Epidemiologic Curves
- Cumulative Counts
- Demographics
- Testing
- COVID-like Illness Hospitalizations

CURRENT STATUS

Data as of June 16, 2020 11:59PM PT

Select an Option

- Confirmed Cases**
- Hospitalizations
- Deaths

Select County

All

Tabular View

County-level information can be found on Local Health Jurisdiction (LHJ) websites

LHJ websites

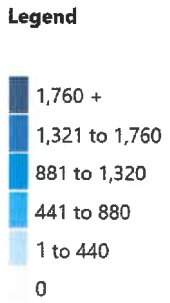
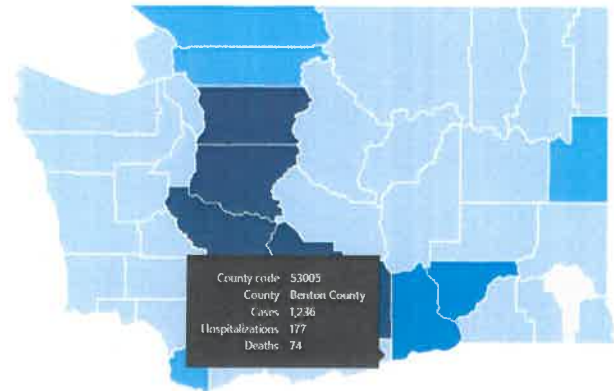
COVID-19 in Washington State
Confirmed Cases, Hospitalizations and Deaths by County

COVID-19 has spread throughout most of Washington State. Confirmed cases, hospitalizations and deaths reported for people who have had a positive molecular test for COVID-19.

Learn More

| | |
|--|----------------|
| Confirmed Cases | 26,784 |
| Hospitalizations | 3,938 |
| Deaths | 1,226 |
| Percent of Deaths (deaths/confirmed cases) | 4.6% |
| Total Tests | 435,016 |
| Percent Positive | 6.2% |

Confirmed Cases by County



Please click "Learn More" for more information.

25 of 26,784 confirmed cases do not have an assigned county

COVID-19 Data Dashboard

- Current Status
- Epidemiologic Curves**
- Cumulative Counts
- Demographics
- Testing
- COVID-like Illness Hospitalizations

EPIDEMIOLOGIC CURVES

Data as of June 16, 2020 11:59PM PT

Select an Option

Confirmed Cases

Hospitalizations

Deaths

Select County >>

All v

Tabular View

Click on Tabular View to see and download the data.

COVID-19 in Washington State

Confirmed Cases and Deaths by Illness Onset Date, and Hospitalizations by Admission Date

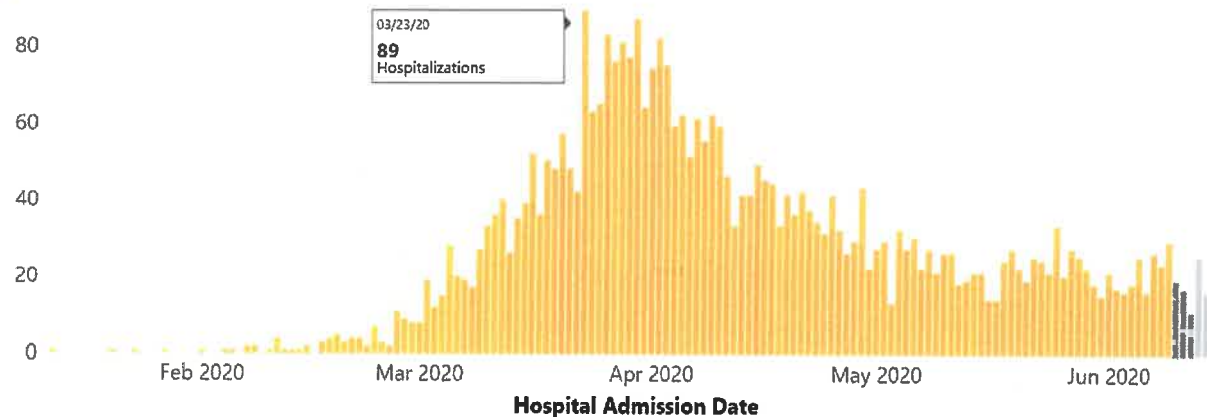
Learn More

This chart shows the progression of the COVID-19 outbreak in Washington by cases, hospitalizations and deaths over time and is known as an epidemiologic curve. The epidemiologic curve is the curve referred to in the phrase, "flatten the curve."



Hospitalizations Counts

Hospitalizations
 Data are incomplete for the most recent dates.



69 hospitalizations don't have a hospital admission date available. 18% of statewide confirmed cases have unknown hospitalization status. Hospitalizations from the last 7 days may not yet be reported.

COVID-19 Projections

Last updated June 15, 2020 (Pacific Time)

[FAQ](#) | [Update notes](#) | [Article](#)

Washington

Total deaths

Daily deaths

Infections and testing

Hospital resource use

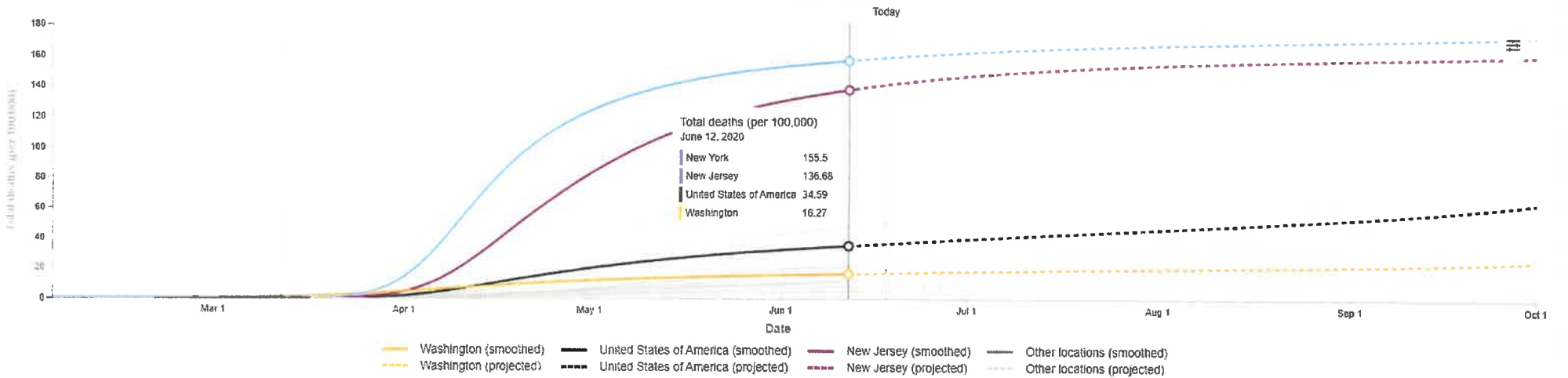
Social distancing

Trend Compare Map

Total deaths

(Per 100,000)

Compare Washington to: New Jersey



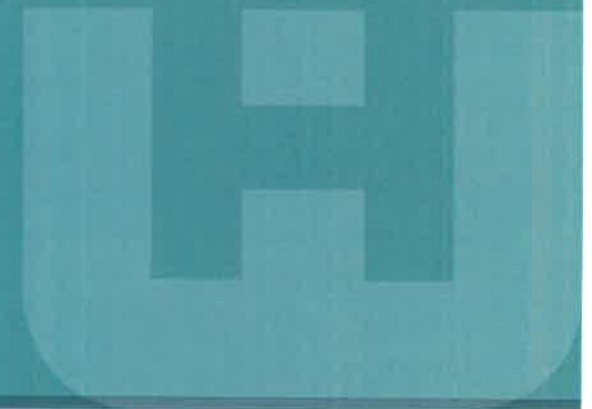
All deaths specific to COVID-19 patients.

PPE is Essential

- WSHA importing FDA level 2 surgical masks, gowns
- Distributing at cost
- Sales tax will not have to be paid
- Prioritizing lowest supply first
- Boeing amateur pilots flying some



Financial Impact on Hospitals



Strategies on Financial Health

- Advocating for state and federal money for hospitals
- CARES Act
- Next wave of federal funding
- FEMA consultant
- Some hospitals furloughing
- Help us help ourselves!
- Goal: COVID is routine and normal work for the health system

Revised Proclamation on Non-Urgent Procedures

JAY INBLEE
Governor



STATE OF WASHINGTON
OFFICE OF THE GOVERNOR
P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • www.governor.wa.gov

**PROCLAMATION BY THE GOVERNOR
AMENDING AND EXTENDING PROCLAMATIONS 20-05 AND 20-24**

20-24.1

**Reducing Restrictions on, and Safe Expansion of,
Non-Urgent Medical and Dental Procedures**

WHEREAS, on February 29, 2020, I issued Proclamation 20-05, proclaiming a State of Emergency for all counties throughout Washington as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State; and

WHEREAS, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations, I have subsequently issued amendatory Proclamations 20-06 through 20-53 and 20-55, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations; and

WHEREAS, the COVID-19 disease, caused by a virus that spreads easily from person to person which may result in serious illness or death and has been classified by the World Health Organization as a worldwide pandemic, has broadly spread throughout Washington State, and significantly increasing the threat of serious associated health risks statewide; and

WHEREAS, the health care personal protective equipment supply chain in Washington State has been severely disrupted by the significant increased use of such equipment worldwide, such that there are now critical shortages of this equipment for health care workers. To curtail the spread of the COVID-19 pandemic in Washington State and to protect our health care workers as they provide health care services, it is necessary to prohibit all medical, dental and dental specialty facilities, practices, and practitioners in Washington State from providing non-urgent health care and dental services, procedures and surgeries unless specific procedures and criteria are met; and

WHEREAS, the extensive public-private collaboration between our state and local governments, and the state's hospitals, health systems, and other providers of clinical services in addressing the health care issues created for people and communities by the COVID-19 pandemic is commendable; and

Why Care Is Delayed

“It’s not important.”

“It can wait.” “My emotional health is not essential.”

**“They’re too busy
for me.”**

“The hospital is not safe for my family.”

“They don’t have a room for me.” “It’s not a big deal.”

Get Care When You Need It PSA Campaign: Board Can Amplify!

“It’s too risky.”
not getting care

Life is paused right now—but your health isn’t. Hospitals and clinics across Washington are taking precautions to ensure your safety.

Get the facts

~~No~~ es seguro.”

En este momento, la vida está en pausa. Pero su salud no. Todos los hospitales y todas las clínicas de Washington están tomando las medidas preventivas necesarias para garantizar su seguridad.

Infórmese

“It ~~isn't~~ an emergency.”
might be

Delaying your health care may mean getting worse. Care is available across Washington by phone, video call, or in person.

Get the facts

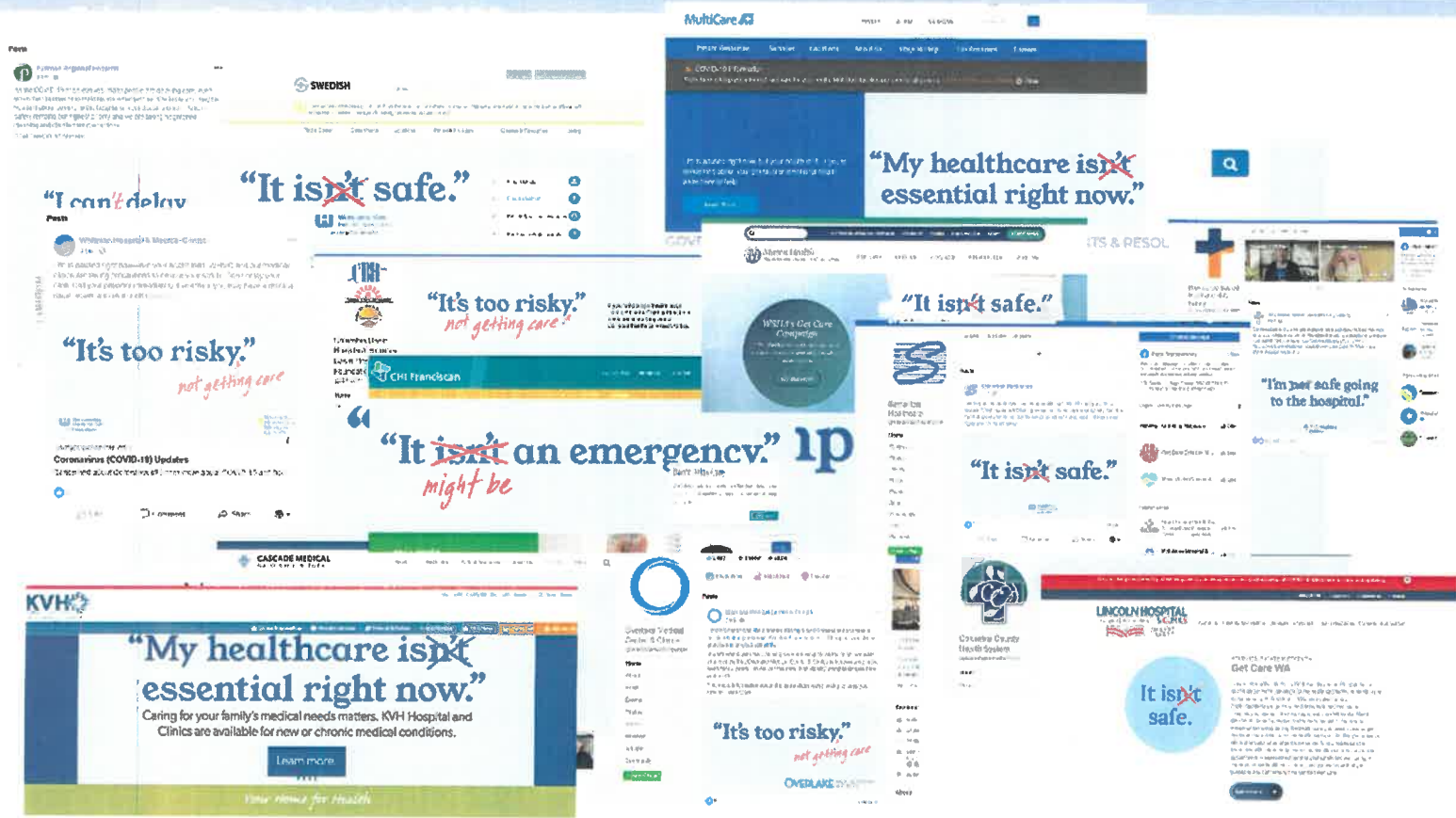
“I can’t delay my care.”

There are misconceptions around the safety of visiting a clinic or hospital right now—but medical providers want you to know accessing health care is safe. Care is available across Washington by phone, video call, or in person. In-person care looks a little different now: There aren't any more crowded waiting rooms, and you'll likely see a lot of people in masks, be asked screening questions, or have your temperature taken. All of these precautions are to keep you safe.

Hoping a medical issue will just get better? Not getting help could mean it will get worse. If you have a physical or emotional health concern, make the call to your care team and let them make the call about your medical needs. Don't put your health care on pause.

Don't delay. Get care. We're here.

Washington State
Hospital Association
112 hospitals. One voice



Don't forget to get the care you need

What's Necessary for Us to Exit?



Key Steps to Exit

- Plenty of PPE
- Widespread testing
- Contact tracing
- Safe places to self-isolate
- Antibody testing (is there real immunity?)
- Better treatment
- Vaccine

Thank You!

Questions? Comments?



805 Skyline Dr., Sunnyside, WA 98944, 509-391-5317, aggarciacollazo@gmail.com

Ana G. Garcia Collazo

Objective

Wishing to serve a culturally diverse population, I am fluent in Spanish and English, and culturally aware of the needs of both patient groups. Establish my practice as a General Pediatrician in a rural community, in which Spanish speakers may find the trustworthy quality of care they deserve. I wish to set roots in order to live in a healthy and secure environment, where my work and life are complement to each other.

Experience

2011-Present Astria Sunnyside Hospital and Clinics Sunnyside,WA

- Inpatient and Outpatient work dividing my time between the office and the hospital.
- Make rounds on a daily basis to admitted patients.
- C-Sections attendance and rounding of newborns.
- Mentor medical students from Northwest Medical School, Yakima Campus. I have been named Associate Professor for such Medicine School.
- Mentor residents for Pediatrics rotation of the SOLUS residency program, Yakima Farmworkers Clinic.
- Active in the Sunnyside Coalition for Safety in the Healthcare group.
- Member of Family Practice Committee of the Hospital.
- Member of AMA since Medical School.
- Member of Medical Executive Committee from 2014-present.
- Chief Elect for years 2014, 2017 & 2019 and Chief of Staff 2015, 2018 & 2020.

- Member of Credentials Committee 2016-2020.

- Member of the American Academy of Pediatrics since Residency, now Washington Chapter.
- Member of Washington Medical Society.
- PALS & NRP certified.
- Allervision Allergy Testing for Children in office during the year 2020.
- Reading of PFT's in office since the year 2018.

2005- 2009 Hospital Pediátrico, Centro Médico San Juan, Puerto Rico

- Pediatrics resident third level in a supra-tertiary center
- Research Project done during residency about the effectiveness of use of nitric oxide in NICU patients during the years of 2006- 2008, with colaboration of Dr. Lourdes Garcia, neonatologist
- Community Service at Capetillo Clinics
- Involvement with medical students on conferences and tours of clinical agencies
- Community Service at Manuel A. Perez elementary school
- Volunteering at Pneumology Clinics with Dr. Angel Colon, Pediatric Pneumologist

Ana G. Garcia Collazo

Education

Additional Educational Pursuits

1989-1996 Conservatorio de Musica de Puerto Rico San Juan, Puerto Rico

Completion of undergraduate certificates for Piano formal education

- Formal participation in the yearly musical recitals open to general public
- Musical commendations

1996-2001 Universidad de Puerto Rico Cayey, Puerto Rico

BS

- Magna Cum Laude
- RICE Scientific Program participation with Dr. Ferraris, PhD in fish and vitamin D3 levels at University of Medicine and Dentistry of New Jersey
- RICE Scientific Program working with Dr. Dennis Fisher, PhD with macrophage cells at the Bioengineering Center & Medical School of the University of Pennsylvania
- Honor Program certification with approved honor courses credited to curriculum, including one year of Portuguese, written and spoken.
- Dean nomination & publication in the National Who's Who list for the undergraduate students of college education institutions.

2001-2006 School of Medicine, Universidad de Puerto Rico San Juan, Puerto Rico

MD

- USMLE steps 1, 2, 2CK & 3
- Community Service at Capetillo Clinics
- Association of Pediatrics as medical student
- Research project in reference to the use of pulmonary function tests in infancy and the outcome of chronic wheezing, in collaboration with Dr. Rodriguez Santana, Pediatric Pneumologist
- Participation of extra curricular activities concerning the class

References

References are available on request.

Rebecca R. Morris
12086 S 1900 W
Riverton, Utah 84065
Cell (801) 557-4812
becky.morris0702@gmail.com

February 19, 2020

RE: Certified Nurse Midwife Position; Washington State Wine Country

To whom it may concern,

I am extremely interested in providing services as a Women's Health Nurse Practitioner and Certified Nurse Midwife in Washington State. My enclosed resume reflects 5+ years experience as a Women's Health Nurse Practitioner and full scope Nurse Midwife at two Utah private practice groups as well as a combined 11 years of Registered Nursing experience in high risk labor and delivery both at the University of Utah Medical Center and at Timpanogos Regional Medical Center in Orem, Utah. My husband and I have enjoyed living in Utah but have always wanted to live in Washington Wine Country. I am ready to pursue another career avenue and find new and challenging learning experiences with a new patient population.

Over the course of my career, I have enjoyed caring for patients in many ways, including: low risk unmedicated spontaneous labor with spontaneous vaginal birth, labor management, indicated induction of labor, outpatient care for common non-pregnancy related health problems before, during and after delivery and well woman care through the life span. One of the most rewarding parts of my career is when I am able to partner with a patient and assist her in choosing the most effective contraception for her situation or solve a troublesome gynecological problem. There are times when I must collaborate with an OBGYN or MFM and explain complicated pregnancy situations to my patient, including when it may be in the patient's best interest to have an OBGYN perform the delivery rather than myself. Complicated situations can be rewarding for me in that I can remain the patient's advocate, give education and guidance and ensure she and her baby receive the very best care.

The most rewarding part of my career, no matter what health situation clients find themselves in, is when I am able to establish a personal connection and a one on one bond with the patient. One of my strengths is active listening and partnering with a patient, maintaining their dignity and autonomy while providing world-class health care.

Please contact me directly to arrange for a convenient time so that I can elaborate on how my experience can benefit your practice. Thank you for your consideration and I look forward to hearing from you soon.

Sincerely,

Rebecca R. Morris CNM, WHNP

Rebecca R. Morris CNM WHNP

12086 S. 1900 W. Riverton, Utah 84065

Cell (801)-557-4812

becky.morris0702@gmail.com

Professional Summary:

Women's Health Nurse Practitioner Certified Nurse Midwife with 5 years experience.

- Dedicated to providing world-class patient care through active listening to patients and employing motivational interviewing techniques.
- Passionate about whole body wellness, preventative care and effective prenatal care and screening.
- Successfully practiced in two full scope Midwifery based practices with OBGYN and MFM collaboration, treating patients with a variety of gynecological and primary care issues and low and high risk prenatal care.
- Effective at keeping up to date on the most current standards of care including evidence-based practice.
- Team player ready to provide seamless collaborative care for patients.

Qualifications Summary

-
- **Provide full spectrum women's health care including; routine exams, health maintenance screening/education, STI screening and treatment, contraception counseling and placement, PCOS treatment, infertility, genetic/cancer risk screening, thyroid, dysfunctional uterine bleeding, menopause and vaginal infection treatment.**
 - **Provide primary care for women before, during and after pregnancy including; acute illness visits, medication management for hypertension, asthma, diabetes, depression, anxiety, weight management and smoking cessation.**
 - **Procedures; Pap smears, placement/removal of IUD and Nexplanon contraception device, vulva and vagina biopsy, endometrial biopsy**
 - **Personal Stats 2014-2019; 350 total ytd births; average 70 yearly CS assists (CNM and OB patients), 150-200 clinic visits per month. Average practice C/S rate 12-18%**
 - **Ultrasound Certification (Limited; AFI, fetal position, first trimester ultrasound)**
 - **Performed 300 + First Assist Cesarean Sections in the past 16 years.**
 - **Excellent verbal and written communication skills that assist in educating patients, listening closely to patients to learn more about their complaints and provide better treatment options for enhanced patient compliance.**
 - **Strong interpersonal skills that help me work closely with other members of the care team, including collaboration with OBGYN and MFM.**
 - **Effective at multi-tasking and experienced in working in high-stress environments, including very busy obgyn primary care clinics interspersed with trips and phone calls to/from Labor and Delivery to co-manage outpatients, inpatients, assist with Cesarean section(s) or perform normal vaginal delivery and post partum care.**
 - **Formulate and Maintain Quality Controls in Labor and Delivery, OB emergency and Acute Care services**
 - **Formulated scheduling for 6 CNM group**
 - **Provide Comprehensive Prenatal class Education**
 - **Effectively Educated 30+ Staff Nurses about Hypertensive disorders of pregnancy, Post Partum Hemorrhage and challenging Fetal Heart rate tracings**
 - **Maintain BLS, ACLS, NRP certifications**

Rebecca R. Morris

Professional Experience

- 2016-2020** **Salt Lake Community College** **Salt Lake City, Utah**
Adjunct Faculty College of Nursing
- 2017-2019** **Revere Health Obgyn Clinic** **Pleasant Grove, Utah**
Certified Nurse Midwife, Women's Health Nurse Practitioner
Full Scope Midwifery; Complete Spectrum Women's health care
- 2014-2017** **Valley Obgyn** **Provo and Orem, Utah**
Certified Nurse Midwife, Women's Health Nurse Practitioner
Full Scope Midwifery; Complete Spectrum Women's health care
- 1998-2014** **Timpanogos Regional Hospital** **Orem, Utah**
Staff RN Labor and Delivery (2003-2009)
Clinical Supervisor (2009 - 2014)
- 2007-2012** **Veterans Medical Center SICU** **Salt Lake City, Utah**
Staff RN
- 2004-2005** **University of Utah Medical Center** **Salt Lake City, Utah**
Staff RN Labor and Delivery

Education

- July 2014** **Georgetown University School of Nursing and Health Sciences**
Washington D.C. MSN-WHNP CNM
- August 2005** **University of Utah School of Nursing and Health Sciences**
Salt Lake City, Utah RN-BSN

Nursing Licensure

- 2003-present** **State of Utah** Registered Nurse # 357554-3102
- 2014-present** **State of Utah Advanced Practice Registered Nurse** # 357554-4402
- 2014-present** **State of Utah Certified Nurse Midwife** # 357554-4405
- 2014-present** **State of Utah DEA APRN**#357554-8900 CNM#357554-8902

Professional Certificates and Board Certifications

- 2014-present** **American College of Nurse Midwives Certificate** CNM2245 exp 12/31/2024

Rebecca R. Morris

2014-present Women's Health Nurse Practitioner NCC 104386862 exp 9/15/2020

Professional Affiliations

2014-present National Association of Nurse Practitioners in Women's Health

2014-present American College of Nurse Midwives

2014-present Sigma Theta Tau Honor Society Georgetown University



April 22, 2020

Christi Doornink
Emergency Department Director/ Physician Recruitment
Prosser Memorial Health
Prosser, WA

Christi,

Your yearly subscription to PracticeMatch includes access to:

- **Pinpoint** Interviewed Physician Database: Currently over 340,000 physicians
- **MedTies** Physician Database
- **Portfolio** Data Management and Tracking System for accessing Pinpoint and MedTies
 - Integrated **Candidate Marketing** broadcast email and direct mail options. Our Client Success Team will create your email templates. That includes logos, pictures, exact color matching, and text.
 - Integrated **Candidate Tracking System** to track recruiting, expenses, and generate reports
- **Physician Career Center**: Post Jobs on Practicematch, Monster.com, Ziprecruiter, and Physicianjob.com. We have a Client Service Specialist that will post your jobs on your site. In addition, they can embed your opportunities on your website.
- **Client Service** live training and ongoing personal support from PracticeMatch

A description of each of these features follows:

The profiles in the **PinPoint database** are of residents and fellows and practicing physicians who have been interviewed by our staff and are actively seeking positions. This database contains extensive profiles on approximately 40,000 to 50,000 active doctors and 340,000+ previously interviewed physicians. The interviews are a voice to voice and capture 40 to 70 data points including how and where the physician wants to practice, priorities of employment, debt load, compensation expectations and personal interests, including ties to area.

The **MedTies database** is a listing (as of today) of 1,167,675 physicians and is an excellent source of information on practicing physicians. MedTies starts with the AMA master database and is then scrubbed against more than 45 sources including the ABMS, and State boards to keep the data accurate and up to date. The AMA charges usage fees for all the data, a fee of .08 cents per usage is assessed for each record you access from MedTies, but you pay only for what you use. As a first-time user, we would like you to utilize this resource, so we would like to extend you the use of **5,000** complimentary MedTies usages. Additional usages would be billed starting at **(enter number such as 5,001)** and are billed monthly by PracticeMatch. Usages are billed monthly by PracticeMatch. The information in both databases can be exported or you can use Portfolio to manage and track your progress.



Portfolio will serve as your own personal Data Management and Tracking Tool and will allow you to download physician profiles directly from PinPoint and MedTies into Portfolio and to add physician information you receive from other sources.

Candidate Marketing: Included with your agreement are **25,000** outgoing emails annually. Additional emails can be purchased in bulk at a discount or are .90 each. Reach a large number of candidates quickly and inexpensively through email. Portfolio's built-in email features make it easy to design a professional email either from our vibrant templates, or from scratch, and customize it to match your facility. No need to pay for an outside service; email your candidates directly. You are in control of the process and you get the results immediately. The real power of Portfolio emails lies in the email reports.

Candidate Tracking System: Track information such as expenses and candidate activities, and create reports on the information gathered. Notes and Milestones that you enter enable you to easily track the entire recruiting process. No need for copying information from one place to another. Portfolio organizes and cross-references the information for you. Reports are an easy way to track your progress, send updates to others, and determine if improvements are needed. They will help show the work you have completed, and the effectiveness of your efforts.

Physician Career Center: When you use Portfolio, your opportunities can be made available on the **Physician Career Center job board**, which allows physicians to access and respond to your posted opportunities. As we discussed, when your opportunity is placed with our Career Center, behind the scenes we will search and update you via email of any new candidate that fits your postings requirements automatically. PracticeMatch can work with your IS department to embed information on your web site as well, freeing up both your time and you're IS department's time for job postings. Your jobs will be cross posted on Monster, Ziprecruiter, and Physicianjob.com. You will be allotted **5 Job Postings**.

Client Service: We are focused on providing you with the highest quality of information, programs, and services available. A dedicated CAM (Customer Account Manager) and a CSS (Client Service Specialist) will be assigned to your account. They help you set up all initial job opportunities, create email templates, and assist you in running searches to makes sure you are up and running quickly. He or she checks in regularly to answer questions, concerns, and to share best practices to help add to your succes,... whatever you need! . Let PracticeMatch help take things off of your to do list.

We want you to experience immediate success with PracticeMatch, so we've included the expenses for hands-on, instructor-led training at one of our facilities (St. Louis, MO or Fort Washington, PA) in the cost of your contract. These expenses include your hotel, airfare, and transportation to and from the airport, up to \$1,000. Unlimited, ongoing training is also available online and by phone with one of our excellent trainers.



Prosser Memorial Health would pay and have access to:

OPTION 1:

- Pinpoint Database:
- Pinpoint Emails: 25,000 Emails Annually
- Medties Database: 5,000 Complimentary Usages Annually
- Licensed Emails (AMA): 5,000 Licensed Emails Annually
- Job Postings: 5 Job Slots Annually
- Portfolio (Applicant Tracking System)
- TextMatch: 1,000 Texts Annually (one phone line included)

One Year Agreement: \$18,410.00

Three Year Agreement: \$16,384.00 annually.

OPTION 2:

- Pinpoint Database:
- Pinpoint Emails: 25,000 Emails Annually
- Medties Database: 5,000 Complimentary Usages Annually
- Licensed Emails (AMA): 5,000 Licensed Emails Annually
- Job Postings: 5 Job Slots Annually
- Portfolio (Applicant Tracking System)

One Year Agreement: \$17,000.00

Three Year Agreement: \$15,130.00 annually.

OPTION 3:

- Pinpoint Database:
- Pinpoint Emails: 25,000 Emails Annually
- Medties Database: 5,000 Complimentary Usages Annually
- Job Postings: 5 Job Slots Annually
- Portfolio (Applicant Tracking System)
- TextMatch: 1,000 Texts Annually (one phone line included)

One Year Agreement: \$15,910.00

Three Year Agreement: \$14,159.00 annually.



OPTION 4:

- Pinpoint Database:
- Pinpoint Emails: 25,000 Emails Annually
- Medties Database: 5,000 Complimentary Usages Annually
- Job Postings: 5 Job Slots Annually
- Portfolio (Applicant Tracking System)

One Year Agreement: \$14,500.00

Three Year Agreement: \$12,905.00 annually.

A PracticeMatch subscription has **no restrictions on the number of physicians that may be recruited** during the subscription period, ***nor are there any additional fees associated with placements.*** The number of users you may have is also not restricted, if each user is an employee of your facility and each employee uses his or her unique password PracticeMatch assigns.

If you have any questions, need any further information, or if you would like me to send you a contract, please call me today at **800-489-1440, ext 627** or e-mail me at **jim.manning@practicematch.com**. Thank you again for your interest in PracticeMatch Services.

I look forward to a long partnership, helping you with the best sourcing databases and tools in the industry!

Sincerely,



Jim Manning
Sr Regional Sales Director
Jim.manning@practicematch.com
O: 800-489-1440 ext.627 C: 314-769-5757
600 Emerson Road, Suite 450
Saint Louis, MO 63141-6762



**PROSSER MEMORIAL HEALTH
MEDICAL STAFF RECRUITMENT & SUCCESSION PLAN BY LOCATION AND FISCAL YEAR
FY 2017-2024**

| SPECIALTY | QUANTITY | LOCATION |
|--|-------------|--|
| FY 2017 | | |
| Family Practice- O'CONNOR | 1.0 | Prosser Clinic |
| Mental Health- MORSE | 1.0 | Prosser Clinic |
| Family Practice- JOHANSING | 1.0 | Benton City Clinic |
| Orthopedic Surgery- HALVORSON | 1.0 | PMH Specialty Clinic |
| Family Practice- SANTA-CRUZ | 1.0 | Grandview Clinic |
| Pediatrician- CARL | 1.0 | Benton City Clinic |
| PA/NP- LUTHER | 1.0 | Benton City Clinic |
| Subtotal | 7.0 | |
| FY 2018 | | |
| Internal Medicine/Family Practice - ZHMUROUSKI | 1.0 | Prosser Clinic |
| Family Practice - STAUDINGER | 1.0 | Benton City Clinic |
| Pediatrician – MIN | 1.0 | Prosser Clinic |
| Emergency Medicine – WENGER | 1.0 | Prosser Memorial Hospital |
| General Surgery – CHEW | 1.0 | PMH Specialty Clinic |
| General Surgery – HUANG | 1.0 | PMH Specialty Clinic |
| Radiology - ZUCKERMAN | 1.0 | Prosser Memorial Hospital |
| Mental Health - MICROULIS | 1.0 | Benton City Clinic |
| Physiatry – GRONER | 1.0 | Comprehensive Pain Management Clinic |
| PA/NP - GARZA | 1.0 | Grandview Clinic |
| Subtotal | 10.0 | |
| FY 2019 | | |
| Cardiology - BHATTI | 1.0 | Prosser Heart Center |
| Mental Health - HANKS | 1.0 | Grandview Clinic |
| OB/GYN – H.WEAVER | 1.0 | Prosser Women's Health Clinic |
| PA/NP – WARNICK | 1.0 | Grandview Clinic – Urgent/After Hours Clinic |
| Orthopedic Surgery – STREBEL | 1.0 | PMH Specialty Clinic |
| Emergency Medicine - SMITH | 1.0 | Prosser Memorial Hospital |
| Subtotal | 6.0 | |
| FY 2020 | | |
| Emergency Medicine - | 1.0 | Prosser Memorial Health |
| ENT- TIEU | 1.0 | PMH Specialty Clinic |
| Urology- TIEU | 1.0 | PMH Specialty Clinic |
| Certified Nurse Midwife- B.PADILLA | 1.0 | Benton City |
| Certified Nurse Midwife- | 1.0 | Grandview Clinic |
| FP/Peds | 1.0 | Grandview Clinic |
| Mental Health Counselor- | 1.0 | Prosser Clinic |
| PA/NP- DUNHAM | 1.0 | Prosser Clinic – Urgent/After Hours Clinic |
| PA/NP- | 1.0 | Grandview Clinic – Urgent/After Hours Clinic |
| Subtotal | 9.0 | |
| FY 2021 | | |
| Family Practice | 1.0 | Prosser Clinic |
| Dermatology | 1.0 | Prosser Clinic |
| Gastroenterology | 1.0 | PMH Specialty Clinic |
| Hematology/Oncology | 1.0 | Prosser Cancer Center |
| Subtotal | 4.0 | |
| FY 2022 | | |
| Internal Medicine | 1.0 | Grandview Clinic |
| Pulmonology | 1.0 | Prosser Clinic |
| Neurology | 0.5 | Prosser Clinic - Telehealth |
| Rheumatology | 0.5 | Prosser Clinic - Telehealth |
| Subtotal | 3.0 | |
| FY 2023 | | |
| Family Practice | 1.0 | Benton City Clinic |
| Endocrinology | 1.0 | Prosser Clinic |
| Subtotal | 2.0 | |
| FY 2024 | | |
| Nephrology | 1.0 | PMH Specialty Clinic |
| Ophthalmology | 1.0 | PMH Specialty Clinic |
| Neurosurgery | 1.0 | PMH Specialty Clinic |
| Subtotal | 3.0 | |
| TOTAL | 44.0 | |

Financial Management



10 physician specialties that generate the most revenue for hospitals

Ayla Ellison (Twitter) - 5 hours ago Print | Email



The average amount of revenue physicians generate for hospitals has jumped significantly in recent years, and a decline in patient volumes and elective procedures due to the COVID-19 pandemic is putting hospitals and physicians in a fragile financial position.

Independent and employed physicians generate an average of about \$2.38 million each for their affiliated hospitals, according to survey results released by Merritt Hawkins last year. That's up significantly from \$1.6 million in 2016, the last time the survey was conducted.

COVID-19 has created a cash crunch for many physicians, and hospitals across the nation are facing financial damage caused by the pandemic. Hospitals are losing more than \$50 billion per month, and they're estimated to lose \$200 billion between March 1 and June 30, according to a report from the American Hospital Association.

More than \$161 billion of the expected revenue losses will come from canceled services, including nonelective surgeries and outpatient treatment. A recent study showed patient visits for heart attack symptoms, stroke and breast cancer were down year over year in March and April. The steep decline in patient volumes has forced hundreds of hospitals and physician groups to implement cost-cutting measures, including furloughs and layoffs.

The amount of revenue physicians generate for hospitals varies across specialties, but the COVID-19 pandemic is likely to push those amounts lower this year. Below are the 10 physician specialties that generated the highest average annual net revenue for hospitals and the average salaries for those specialties, according to the Merritt Hawkins 2019 Physician Inpatient/Outpatient Revenue Survey.

1. Cardiovascular surgery

- Average revenue: \$3.7 million
- Average salary: \$425,000

2. Cardiology (invasive)

- Average revenue: \$3.48 million
- Average salary: \$590,000

3. Neurosurgery

- Average revenue: \$3.44 million
- Average salary: \$687,000

4. Orthopedic surgery

- Average revenue: \$3.29 million
- Average salary: \$533,000

5. Gastroenterology

- Average revenue: \$2.97 million
- Average salary: \$487,000

6. Hematology/Oncology

- Average revenue: \$2.86 million
- Average salary: \$425,000

7. General surgery

- Average revenue: \$2.71 million
- Average salary: \$350,000

8. Internal medicine

- Average revenue: \$2.68 million
- Average salary: \$261,000

9. Pulmonology

- Average revenue: \$2.36 million
- Average salary: \$418,000

10. Cardiology (noninvasive)

- Average revenue: \$2.31 million
- Average salary: \$427,000

More articles on healthcare finance:

[State-by-state breakdown of hospital expenses per visit](#)

[15 hospitals have closed this year — here's why](#)

[Fortune 500: 40 healthcare companies make 2020 list](#)

We think you might be interested in this survey: [Is your organization ready to capitalize on new CMS payments?](#)

We think you might be interested in this webinar: [Learn the latest in the evolution of minimally invasive spine surgery](#) which will take place on Thursday, June 11th, 2020 at 12:00 PM CST

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National Donut Day

June 5th

In honor of National Donut Day, Blissful Bites will serve at the hospital from 7:00 am - 9:00 am and Benton City Clinic at 11:00 am - 12:00 pm. Donuts will be delivered to the Grandview Clinic and Prosser Clinics.

.....

This is how we care.



Prosser
Memorial Health



Craig Marks

From: Rochelle Kmetz
Sent: Friday, June 05, 2020 10:54 AM
To: !All Staff
Subject: FW: SAVE THE DATE - National Donut Day! June 7, 2019

Good Morning. As we celebrate National Donut Day today with a return visit of Blissful Bites, I wanted to resend out my email below from National Donut Day, 2019. Since many staff are new to Prosser Memorial Health and perhaps wondering why we celebrate this day, the information in the email tells the story and how we connect to it. In the midst of the craziness of the moment, the story recounts how we, individually and together, make a difference in the lives of others. Happy Friday!

Rochelle Kmetz, SPHR, SHRM-SCP
Chief Human Resources Officer | Human Resources
PROSSER MEMORIAL HEALTH
723 MEMORIAL ST | PROSSER, WA 99350
o: (509) 786 6680 | c: (509) 480 8595
rkmetz@prosserhealth.org | www.prosserhealth.org



From: Rochelle Kmetz
Sent: Friday, May 31, 2019 4:40 PM
To: !All Staff <AllStaff@prosserhealth.org>; !Board Members <BoardMembers@prosserhealth.org>
Subject: SAVE THE DATE - National Donut Day! June 7, 2019

Good afternoon. Next week, June 7th is National Donut Day! Due to the resounding response to the Blissful Bites, the donut food truck we had on campus for National Hospital Week, we have invited the truck back to help us celebrate the day!

In case you are wondering about the history of this event, Morgan Pett – a young military doctor – decided to pick up some donuts on his way to reporting at his military base. All throughout the day, as he helped the wounded soldiers, he would pass out a donut. This practice caught on and would eventually be used during World War I at the canteens the military used to attend to the soldier's needs at the front. Each canteen would have several ladies passing out coffee, donuts and other baked goods.

Then over 80 years ago, on the first Friday of June in 1938, the good folks at the Salvation Army (Chicago) created this holiday as a way to raise funds for the War. National Donut Day – now celebrated on the first Friday of every June – is a day to celebrate the donut and the men and women volunteers who served soldiers donuts during the First World War.

And in Prosser, WA in 1945, after years of intense community led fundraising, construction crews broke ground on a 19 bed hospital facility. Two years later on December 26, 1947, Prosser *Memorial* Hospital opened, dedicated to the memory and service of veterans of World War II.

Who knew Prosser Memorial Health would share some common history with the humble donut! On behalf of the Employee Engagement Team – enjoy!!



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Prosser
Memorial Health



Leadership Car Wash & BBQ Lunch

Thursday, July 2 | 11:00am to 2:00pm

Location: Hospital and Benton City Clinic

Proudly wear your high school, college or favorite team colors. Foundation donors may wear jeans! If you would like to sign up for a \$5/per pay period donation please contact Community Relations, ext. 6601.

Lunch from AC's BBQ. Menu includes Beef Brisket, Beans or Jalapeno Corn, Coleslaw, Dinner Roll and Cookie. Please submit your lunch order by noon on June 29th to Annie Tiemersma.

THE PULSE

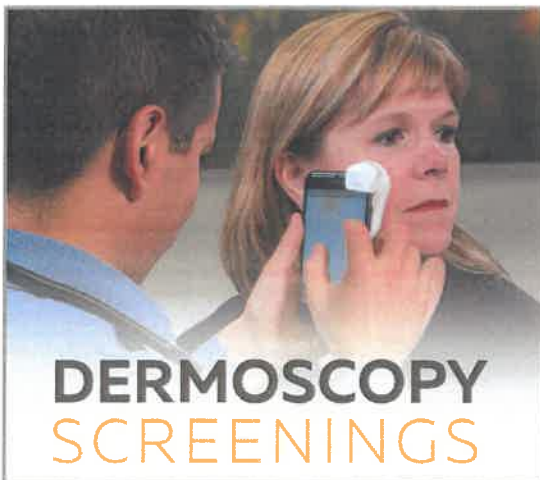
PROSSER MEMORIAL HEALTH EMPLOYEE NEWSLETTER

JUNE 2020

News & Upcoming Events



In Honor of National Donut Day, Blissful Bites served at the hospital from 7:00 am - 9:00 am and Benton City Clinic from 11:00 am - 12:00 pm. Donuts were delivered to the Grandview Clinic and Prosser Clinics.



Dermoscopy screenings with Dr. Santa-Cruz are now available at the Grandview Clinic! Dermoscopy is an effective and non-invasive way to identify skin conditions and skin cancer. Call 509.203.1080 to schedule an appointment.



Our Respiratory | COVID-19 Care Clinic is now located in the drive thru area of the Prosser Clinic. Call 509.788.6030 to schedule an appointment.

**RESPIRATORY
COVID-19
CARE CLINIC**

NEW LOCATION

Our Respiratory | COVID-19 Care Clinic is moving to the drive thru area of the Prosser Clinic starting June 1st. Call 509.788.6030 to schedule an appointment.

Prosser Clinic
336 Quailway Ave. Suite A
Prosser, WA 99350

Hospital Week



Hospital Week kicked off with breakfast, a community parade and the cornhole tournament.

Hospital Week - Day 2



Blissful Bites, coffee and cornhole, of course!

Hospital Week - Day 3



Lunch catered from Jade's British Girl Treats, gifts, and the final day for the 16 teams to compete and advance in the cornhole tournament.

Hospital Week - Day 4



Puzzle Mania! Congratulations to Puzzle Mania Winners:

Becca Warnick, Carolina Pineda, Diana Wilson, Laura Montanaro, Lourdes Tiatenchi, Maggie Sanchez, Maira Cabanillas, Mara Ripplinger, Mariann Vanguardia, Maricela Rivera, Miranda Smith, Tasha Sears and Wendy Clapp. Cornhole Tournament: **Grand Champions:** Craig Marks & Kevin Hardiek. **2nd Place:** Alana Pumphrey & Veronica Reyna. **3rd Place:** Jim Schab & Joe Fitch. **4th Place:** David Rollins & Stephanie Titus.

Hospital Week - Day 5



Ice Cream Social and Foundation Friday!

Senior Photo Game Round One Winners:

- Carolina Pineda
- Dorien Garcia
- Jennifer Kernan
- Jim Schab
- Meagan Bronkhorst
- Miranda Smith

Senior Photo Game Bonus Round Winners:

- Lizbet Razo
- Maira Cabanillas
- Meagan Bronkhorst
- Tasha Sears



Platinum ASPIRE Award Recipient

The Platinum ASPIRE Award recognizes exceptional teamwork by a group of Prosser Memorial Health employees.

The Respiratory | COVID-19 Care Clinic team were recognized for their vital role in the daily operations of the clinic.



Left to Right:
Dr. O'Connor
Daisy Magana
Claudia Blackburn



Left to Right:
Steve Zirker
Gloria Zuniga
Jaqueline Rodriguez
Mireya Aguilar
Monique Saenz
Isabel De La Cruz
Daniel Solis
Pam Morris

Not pictured:
Dr. Johansing
Laura Sosa

ASPIRE Awards

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

Accountability

Service

Promote Teamwork

Integrity

Respect

Excellence



Tina Salgado

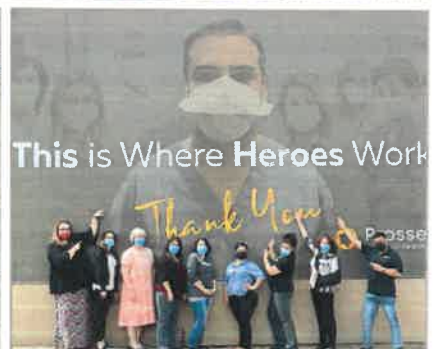
Congratulations to Tina Salgado, a member of our Environmental Services team, for receiving a Gold ASPIRE Award! Tina came in on her day off to clean a number of rooms in the ER due to a high volume of patients who were seen that day. You and your team work quietly behind the scenes, day in and day out, to keep our staff and patients safe. Thank you Tina!



Dr. Clifford

Congratulations to Dr. Clifford for receiving a Silver ASPIRE Award! Dr. Clifford came in on a weekend night and performed surgery on a patient who came through the ER with a broken ankle. Because of Dr. Clifford the patient didn't need to be transferred to a different facility and they could stay in Prosser to recover. Thank you Dr. Clifford!

This is Where Heroes Work.



Prenatal Educational Seminar



Bailey Padilla, Certified Nurse Midwife and Liz Gonzalez, Family Birthplace RN, led the May Prenatal Education Seminar via Zoom! Expecting parents were able to get the valuable information they needed while adhering to the social distancing guidelines. If you would like more information or would like to attend the next Prenatal Education Seminar, please reach out to Bailey Padilla or Liz Gonzalez by calling the Family Birthplace at 509.786.6677 or Prosser Women's Health Center at 509.786.0031.

Did you know?

You may qualify for financial assistance towards expenses that are incurred while pursuing a degree or certificate in healthcare. For information please refer to the Educational Assistance Policy #865-2020 (v.2) in PolicyTech or contact Crystal Blanco at ext. #6036.



Anniversaries

Happy 1 Year

Andrew Wickwire
Cardiopulmonary
Respiratory Therapist

Robert Roy
Cardiopulmonary
Respiratory Therapist

Robert Johnson
Cardiopulmonary
Respiratory Therapist

Happy 2 Years

Flicka Arquette
Emergency Department RN

Kristi Mellema
Chief Compliance
& Quality Officer

Bailey Padilla
Women's Health Center
Certified Nurse Midwife

Happy 3 Years

Carolina Pineda-Perez
Admitting Patient Registrar

Sergio Merino
Surgical Services RN

Happy 4 Years

Tricia Hawley
Prosser Specialty Clinic
Manager

Esther Flores
Surgical Services RN

Dr. Whitaker
Emergency Department

Happy 5 Years

Maria Castro
Prosser Specialty Clinic CMA

Dr. Murphy
Emergency Department

Tasha Sears
Materials Management
Inventory Control Specialist

Bailey Dibbert
Medical/Surgical RN

Happy 7 Years

Christine Rivero
Cardiopulmonary
Respiratory Therapist

Barbara Musselman
Family Birthplace RN

Happy 8 Years

Felicia Flores
Busy Bean/Gift Shop Coordinator

Happy 9 Years

Cassandra Cazares
Medical/Surgical Tech

Happy 10 Years

Gloria Zuniga
Prosser Clinic CMA

Happy 11 Years

Deanna Bridger
Laundry Worker

Irene Chavez
Medical/Surgical Tech

Happy 13 Years

Crystal Blanco
Human Resources Assistant

Dr. Clifford
Prosser Specialty Clinic

Happy 17 Years

Neil Taylor
EMS Paramedic

Happy 18 Years

Gaylin Griffitts
EMS Paramedic

Gaudencio Pedroza
Housekeeper

Happy 22 Years

Andrea Valle
Health Information
Management Director

Happy 29 Years

Karen Legerski
Emergency Department RN

Birthdays

Brianda Galarza
Lab Assistant II

Bailey Dibbert
Medical/Surgical RN

Nancy Sanchez
Admitting Patient Registrar

Gaylyn Concienne
HIM Certified Coder

Jason Strickland
Information Technology
Help Desk Technician

Mireya Aguilar
Benton City Clinic CMA

Neil Taylor
EMS Paramedic

Jennifer Trevino
Grandview Clinic CMA

Julieta Martinez
Benton City Clinic
Patient Services Rep

Miriah Webb
Diagnostic Imaging Echo Tech-R

Wesley Kessinger
Emergency Department RN

Angela Carey
Pharmacy Technician II

Kayla Gleason
Diagnostic Imaging CT Technologist

Ricardo Gonzalez
Diagnostic Imaging
CT Technologist

Eric Heinlein
Surgical Services RN

Trudy Lewis
Dietary Cook

Judy McCormick
Diagnostic Imaging
CT Technologist

Amanda Benton
Emergency Department RN

Christi Doornink-Osborn
Emergency Department Director
and Physician Recruitment

Jessica Luther
Family Birthplace RN

Christina Gaige
Emergency Department Tech

Maira Cabanillas
Prosser Women's Health Center
Patient Services Rep

Stephanie Honey-Morrow
Emergency Department RN

Peter Park
Nursing Administration PCC

Annabelle Hansen
Medical/Surgical RN

Barbara Musselman
Family Birthplace RN

Kevin Hardiek
Director of Information Technology



Hanna Wheeler
Family Birthplace RN

Blanca Galvan
Prosser Women's Health Center RN

**Free 20oz
Busy Bean Coffee
on your birthday!**

Welcome to the Team!



From Left to Right: Corryn Koopmans, Diana Wilson, Nicky Garcia, Donna Williams

In honor of our “This Is Where Heroes Work” theme, if you could choose a superpower, what would it be?



Diana Wilson, Prosser General Surgery CMA:

“I would like to be able to time travel. I would be able to make time to finish all of my tasks and be able to view our history.”

Nicky Garcia, Food Services Cook:

“Mind read, be able to help in every way I can.”

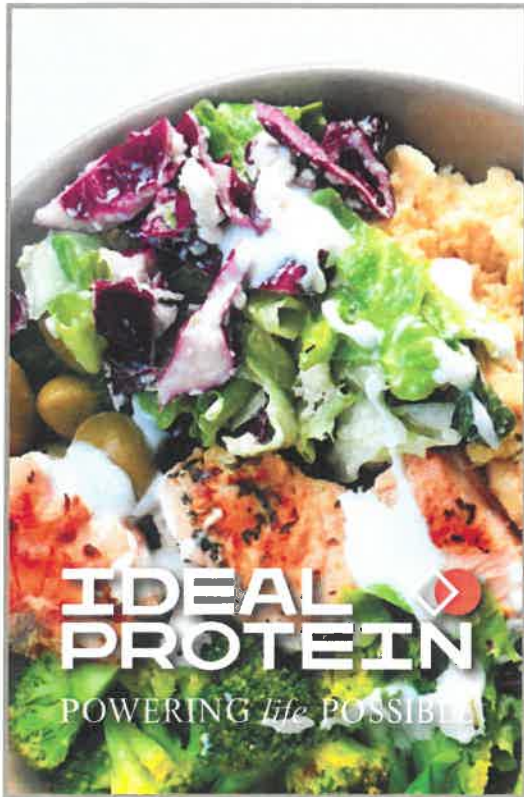
Corryn Koopmans, Medical/Surgical RN:

“Fly!”

Donna Williams, Patient Registration Manager:

“Super woman!”

MEDITERRANEAN SALMON BOWL (LOW-CARB)



Prep Time: 15 mins
Cook Time: 15 mins
Total Time: 30 mins

Nutrition Information

Servings: 2
Amount Per Serving:
Calories: 580
Total Fat: 40g
Saturated Fat: 9g
Trans Fat: 0g
Unsaturated Fat: 29g
Cholesterol: 95mg
Sodium: 600mg
Carbohydrates: 20g
Fiber: 8g
Sugar: 4g
Protein: 38g

Ingredients

8oz/ 250g salmon filet
1 tsp basil, dry
1/2 tsp crushed red pepper
2 garlic cloves, minced
1 cup broccoli florets
2 Tbsp olive oil

Salad

1 cup lettuce, chopped
2/3 cup purple cabbage, chopped
Handful basil leaves
1/4 cup feta cheese, crumbled
1 Tbsp lemon juice
10 olives, pitted
2 tbsp hummus or low carb hummus

Instructions:

Rub the salmon with the dried basil, crushed red pepper flakes, and 1 clove garlic. Let it sit like that for a few minutes while you're making the broccoli and the salad.

For the salad chop the cabbage and massage it in a bowl with the lemon juice. Then add the lettuce, basil, olive oil, feta cheese and 1 clove of minced garlic. Mix everything well together and add salt and pepper if needed. You can also make the hummus, if you haven't made or bought any.

For the broccoli, chop the florets and stirr them for 2 minutes in a non-stick pan with 1 Tbsp olive oil. Then turn off the heat and cover with a lid for a few minutes.

After that, take out the broccoli and add the salmon to the same pan. Cook it at medium to medium-high and cover with a lid, flipping half-way through. After 6-7 minutes the salmon is ready and you can start arranging the bowl.

At the bottom of the bowl, add the salad, then add the olives, hummus, broccoli and in the middle the salmon. Add salt and pepper to taste and enjoy. This recipe makes 2 servings.



Prosser
Memorial Health

Management By Strengths



WHY MBS?

- Understand how to identify and capitalize on the strengths of employees.
- Learn to focus on those around you to improve communication, production and profits.
- Resolve interpersonal conflicts that are usually rooted in misunderstanding.
- Reduce costly turnover that results when employees are dealt with the wrong way.
- Improve your interviewing skills so that you hire the right employee for your organization.
- Learn simple yet very effective ways to reduce stress in your life.
- Increase customer satisfaction and “stand out” among your competition.

The Self Profile

The Self Profile on the MBS Profile Report is a graphical summary of a person’s basic communication style ... their temperament.

To better understand a person’s temperament, we need to look at what each of their temperament traits mean and though each of a person’s traits is important, the most important of a person’s traits is their High Trait.

Remember that “Above the line & Below the line” DOES NOT mean that traits that are above the line are good and the ones below are bad. Both traits above the line and below the line are strengths. It’s a mistake when looking at the Self Profile to think that traits that fall below the

line are ones that you need to work on. Traits that fall below the center line are still strengths.

As we interact with a person, it is important that we make the effort to consider their “Point of View”. If we can work with each individual based on how they need to be worked with, we are then able to accomplish our own goals. Effective working relationships result in improved communication, increased productivity and improved customer & job satisfaction. Understanding a person’s Self Profile ... their “Style” ... their “Point of View” ... their temperament ... is our key to developing an effective relationship.

DIRECTNESS: (RED)

The focus of the Direct person is on getting results, being in control and solving problems.

You probably know someone whose dominant temperament trait is Directness. They’re the ones who take charge, wanting to lead rather than follow. High D people have a direct style of communication ... they get right to the point. Sometimes their direct style can be misunderstood as criticism, when really all they were doing was saying what was on their mind in a very direct way.

EXTROVERSION: (GREEN)

The focus of the Extroverted person is on people and teamwork.

Everyone knows someone whose dominant temperament trait is Extroversion. Extroverted people are talkative, friendly and outgoing. They LOVE to talk. High E people have a persuasive style of communication ... they naturally tend to talk you into things. They’re most creative when working with others ... they love being part of “The Team”!

PACE: (BLUE)

The focus of the Paced person is on timing, harmony and cooperation.

It’s easy to recognize someone that has Pace as their dominant trait. Paced people appear laid back, relaxed and easy going. They don’t rush ... they just move along in a smooth, under control manner. High P people HATE to be put under pressure, so they naturally avoid pressuring others. High P people are helpful and cooperative.

STRUCTURE: (YELLOW)

The focus of the Structured person is on being right and doing the right thing.

The people that you know who are careful, precise & perfectionists ... they’re Structured. Someone who has Structure as their high trait “goes by the book” ... THEIR BOOK! They can be resistant to change, not because the change isn’t good but because they need some time to be SURE that its good. They need to gather facts and do the research before making a decision. They ask A LOT of questions ... they like to check and re-check ... they like to be right!



MBS for Prosser Memorial Health



Carol
Allen



Joseph
Ashton



Linda
Bouchard



Steve
Broussard



Wendy
Clapp



Marla
Davis



Sara
Dawson



Christi
Doornink-Osborn



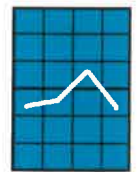
Merry
Fuller



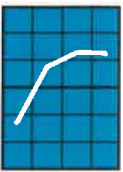
Kevin
Hardiek



Tricia
Hawley



Shannon
Hitchcock



Victor
Huyke



Genny
Judkins



Rochelle
Kmetz



Craig
Marks



Lindsay
McKie



Susan
Miklas



Alana
Pumphrey



Cinthia
Raymond



Jacobo
Rivero



David
Rollins



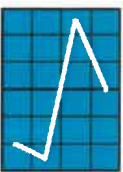
Molly
Schutt



Brian
Sollers



Stephanie
Titus



Andrea
Valle



Aurora
Weddle



Donna
Williams



Rusti
Wilson



Prosser

Memorial Health

Balance Sheet

May 31, 2020

| Assets | 5/31/2020 | | | 4/30/2020 | | | 5/31/2019 | | | | |
|---------------------------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|---|------------|------------|------------|
| | 5/31/2020 | 4/30/2020 | 5/31/2019 | 5/31/2020 | 4/30/2020 | 5/31/2019 | 5/31/2020 | 4/30/2020 | 5/31/2019 | | |
| Cash & Temporary Investments | 18,221,165 | 8,034,564 | 2,284,956 | Current Portion of Bonds Payable | 270,000 | 270,000 | 255,000 | Current Portion of Notes & Capitalized Leases | 418,578 | 418,578 | 342,633 |
| Gross Patient Accounts Receivable | 23,421,572 | 22,471,592 | 19,455,887 | Current Portion of GE US Bank Debt | 138,294 | 138,294 | 526,597 | Current Portion of Bank of America Debt | 542,005 | 44,764 | - |
| Less Allowances for Uncollectible | (14,832,000) | (14,026,000) | (10,864,552) | Accounts Payable | 1,116,804 | 882,641 | 923,860 | Payroll & Related Liabilities | 3,091,916 | 2,820,345 | 2,583,009 |
| Net Patient Receivables | 8,589,572 | 8,445,592 | 8,591,335 | Deferred Tax Revenue | 486,260 | 555,726 | 486,002 | Cost Report Payable | 9,014,242 | 7,394,264 | 451,501 |
| Taxes Receivable | 402,930 | 567,267 | 390,203 | Other Payables to 3rd Parties | 465,709 | 465,709 | 830,700 | Deferred EHR Medicare Revenue | 192,617 | 220,133 | 522,817 |
| Receivable from 3rd Party Payor | 1,798,244 | 1,522,131 | 798,040 | Deferred COVID Revenue | 6,457,266 | 3,002,345 | - | Accrued Interest Payable | 118,019 | 98,349 | 121,844 |
| Inventory | 416,904 | 415,352 | 356,880 | Other Current Liabilities | - | - | - | Total Current Liabilities | 22,311,710 | 16,311,148 | 7,043,963 |
| Prepaid Expenses | 1,194,144 | 1,319,050 | 1,257,901 | Non Current Liabilities | | | | Bonds Payable net of CP | 6,036,329 | 6,036,672 | 6,310,522 |
| Other Current Assets | 464,504 | 4,320,787 | 163,199 | | | | | Capital Lease net of CP | - | - | 169,056 |
| Total Current Assets | 31,087,463 | 24,624,743 | 13,842,514 | | | | | GE US Bank net of CP | 1,096,379 | 1,096,379 | - |
| 2014 LTGO Bond Funds | - | - | - | | | | | Bank of America net of CP | 4,931,708 | 5,473,403 | 5,473,403 |
| Whitehead Fund - LGIP | 1,211,914 | 1,211,402 | 1,190,725 | Total Non Current Liabilities | 12,064,416 | 12,606,454 | 11,952,981 | | | | |
| Funded Depreciation - Cash | 812,868 | 583,587 | 1,987,903 | Total Liabilities | 34,376,126 | 28,917,602 | 18,996,944 | Fund Balance | | | |
| Funded Depreciation - TVI | 13,728,889 | 13,728,889 | 11,053,793 | | | | | Unrestricted Fund Balance | 31,654,662 | 30,584,059 | 28,656,207 |
| Bank of America Escrow Account | - | - | 1,628,594 | | | | | Restricted Fund Balance | - | - | - |
| US Bank GE Escrow Account | 854,216 | 1,019,839 | - | | | | | Total Fund Balance | 31,654,662 | 30,584,059 | 28,656,207 |
| Board Designated Assets | 16,607,887 | 16,543,717 | 15,861,015 | | | | | | | | |
| Land | 3,128,341 | 3,128,341 | 3,128,341 | | | | | | | | |
| Property Plant & Equipment | 42,897,863 | 42,666,277 | 40,016,491 | | | | | | | | |
| Accumulated Depreciation | (27,690,766) | (27,461,417) | (25,195,210) | | | | | | | | |
| Net Property Plant & Equipment | 18,335,438 | 18,333,201 | 17,949,622 | | | | | | | | |
| Investment & Other Non Current Assets | - | - | - | | | | | | | | |
| Unamortized Financing Costs | - | - | - | | | | | | | | |
| Intangible Assets | - | - | - | | | | | | | | |
| Other Assets | - | - | - | | | | | | | | |
| Total Assets | \$ 66,030,788 | \$ 59,501,661 | \$ 47,653,151 | Total Liabilities & Fund Balance | \$ 66,030,788 | \$ 59,501,661 | \$ 47,653,151 | | | | |

Attachment BB



Prosser

Memorial Health
Balance Sheet
May 31, 2020

| Assets | | | | Liabilities & Fund Balance | | | |
|---------------------------------------|----------------------|---------------------|----------------------|---|---------------------|---------------------|---------------------|
| | 5/31/2020 | 4/30/2020 | 12/31/2019 | | 5/31/2020 | 4/30/2020 | 12/31/2019 |
| Cash & Temporary Investments | 18,221,165 | 8,034,564 | 790,127 | Current Portion of Bonds Payable | 270,000 | 270,000 | 270,000 |
| Gross Patient Accounts Receivable | 23,421,572 | 22,471,592 | 26,420,075 | Current Portion of Notes & Capitalized Leases | 418,578 | 418,578 | 418,578 |
| Less Allowances for Uncollectible | (14,832,000) | (14,026,000) | (15,682,980) | Current Portion of GE US Bank Debt | 138,294 | 138,294 | |
| Net Patient Receivables | 8,589,572 | 8,445,592 | 10,737,095 | Current Portion of Bank Of America Debt | 542,005 | 44,764 | 177,395 |
| Taxes Receivable | 402,930 | 567,267 | 26,908 | Accounts Payable | 1,116,804 | 882,641 | 1,217,346 |
| Receivable from 3rd Party Payor | 1,798,244 | 1,522,131 | 832,383 | Payroll & Related Liabilities | 3,091,916 | 2,820,345 | 3,516,028 |
| Inventory | 416,904 | 415,352 | 401,623 | Deferred Tax Revenue | 486,260 | 555,726 | - |
| Prepaid Expenses | 1,194,144 | 1,319,050 | 1,608,293 | Cost Report Payable | 9,014,242 | 7,394,264 | 839,378 |
| Other Current Assets | 464,504 | 4,320,787 | 204,486 | Other Payables to 3rd Parties | 465,709 | 465,709 | 465,709 |
| Total Current Assets | 31,087,463 | 24,624,743 | 14,600,915 | Deferred EHR Medicare Revenue | 192,617 | 220,133 | 330,200 |
| 2014 LTGO Bond Funds | - | - | - | Deferred COVID Revenue | 6,457,266 | 3,002,345 | - |
| Whitehead Fund - LGIP | 1,211,914 | 1,211,402 | 1,205,889 | Accrued Interest Payable | 118,019 | 98,349 | 19,670 |
| Funded Depreciation - Cash | 812,868 | 583,587 | 44,372 | Other Current Liabilities | - | - | - |
| Funded Depreciation - TVI | 13,728,889 | 13,728,889 | 13,880,674 | Total Current Liabilities | 22,311,710 | 16,311,148 | 7,254,304 |
| Bank of America Escrow Account | - | - | 346,920 | Non Current Liabilities | | | |
| US Bank GE Escrow Account | 854,216 | 1,019,839 | - | Bonds Payable net of CP | 6,036,329 | 6,036,672 | 6,038,044 |
| Board Designated Assets | 16,607,887 | 16,543,717 | 15,477,855 | Capital Lease net of CP | - | - | - |
| Land | 3,128,341 | 3,128,341 | 3,128,341 | GE US Bank net of CP | 1,096,379 | 1,096,379 | - |
| Property Plant & Equipment | 42,897,863 | 42,666,277 | 41,862,864 | Bank of America net of CP | 4,931,708 | 5,473,403 | 5,473,403 |
| Accumulated Depreciation | (27,690,766) | (27,461,417) | (26,677,266) | Total Non Current Liabilities | 12,064,416 | 12,606,454 | 11,511,447 |
| Net Property Plant & Equipment | 18,335,438 | 18,333,201 | 18,313,939 | Total Liabilities | 34,376,126 | 28,917,602 | 18,765,751 |
| Investment & Other Non Current Assets | - | - | - | Fund Balance | | | |
| Unamortized Financing Costs | - | - | - | Unrestricted Fund Balance | 31,654,662 | 30,584,059 | 29,626,958 |
| Intangible Assets | - | - | - | Restricted Fund Balance | - | - | - |
| Other Assets | - | - | - | Total Fund Balance | 31,654,662 | 30,584,059 | 29,626,958 |
| Total Assets | \$ 66,030,788 | \$59,501,661 | \$ 48,392,709 | Total Liabilities & Fund Balance | \$66,030,788 | \$59,501,661 | \$48,392,709 |



Prosser

Memorial Health
Statement of Operations
May 31, 2020

| Month Ending | | | | | | Year to Date | | | | | |
|---|-------------------|-------------------|-------------|-------------------|-------------|---|---------------------|-------------------|------------|---------------------|-------------|
| Actual | Budget | Variance | % | Prior Year | % | Actual | Budget | Variance | % | Prior Year | % |
| Gross Patient Services Revenue | | | | | | Gross Patient Services Revenue | | | | | |
| \$ 2,520,235 | \$ 3,045,160 | \$ (524,925) | -17% | \$ 2,718,209 | -7% | \$ 13,236,971 | \$ 14,088,619 | \$ (851,648) | -6% | \$ 13,382,774 | -1% |
| 6,692,398 | 11,085,974 | (4,393,576) | -40% | 9,556,019 | -30% | 40,448,362 | 51,289,930 | (10,841,568) | -21% | 45,682,586 | -11% |
| 9,212,633 | 14,131,134 | (4,918,501) | -35% | 12,274,228 | -25% | 53,685,333 | 65,378,549 | (11,693,216) | -18% | 59,065,360 | -9% |
| Deductions from Revenue | | | | | | Deductions from Revenue | | | | | |
| Contractual Allowances | | | | | | Contractual Allowances | | | | | |
| 1,611,449 | 2,839,996 | 1,228,547 | 43% | 2,185,255 | -26% | 9,732,099 | 13,139,415 | 3,407,316 | 26% | 9,940,089 | -2% |
| 1,938,730 | 3,140,325 | 1,201,595 | 38% | 2,813,930 | -31% | 11,735,112 | 14,528,905 | 2,793,793 | 19% | 13,666,856 | -14% |
| 1,146,693 | 1,814,136 | 667,443 | 37% | 1,395,739 | -18% | 6,576,949 | 8,393,209 | 1,816,260 | 22% | 7,146,021 | -8% |
| (68,462) | 198,374 | 266,836 | 135% | 195,205 | -135% | 781,824 | 917,791 | 135,967 | 15% | 734,212 | 6% |
| 4,628,410 | 7,992,831 | 3,364,421 | 42% | 6,590,129 | -30% | 28,825,984 | 36,979,320 | 8,153,336 | 22% | 31,487,178 | -8% |
| 4,628,410 | 7,992,831 | 3,364,421 | 42% | 6,590,129 | -30% | 28,825,984 | 36,979,320 | 8,153,336 | 22% | 31,487,178 | -8% |
| 49,448 | 176,304 | 126,856 | 72% | 92,529 | -47% | 516,251 | 815,682 | 299,431 | 37% | 658,284 | -22% |
| 255,700 | 371,819 | 116,119 | 31% | 400,496 | -36% | 1,370,726 | 1,720,241 | 349,515 | 20% | 1,922,951 | -29% |
| 4,933,558 | 8,540,954 | 3,607,396 | 42% | 7,083,154 | -30% | 30,712,961 | 39,515,243 | 8,802,282 | 22% | 34,068,413 | -10% |
| 4,279,075 | 5,590,180 | (1,311,105) | -23% | 5,191,074 | -18% | 22,972,372 | 25,863,306 | (2,890,934) | -11% | 24,996,947 | -8% |
| 1,325,149 | - | - | - | - | - | 3,535,533 | - | - | - | - | - |
| 64,385 | 59,304 | 5,081 | 9% | 210,581 | -69% | 294,360 | 408,612 | (114,252) | -28% | 643,877 | -54% |
| 5,668,609 | 5,649,484 | 19,125 | 0% | 5,401,655 | 5% | 26,802,265 | 26,271,918 | 530,347 | 2% | 25,640,824 | 5% |
| Net Patient Services Revenue | | | | | | Net Patient Services Revenue | | | | | |
| 2,292,652 | 2,465,490 | 172,838 | 7% | 2,253,650 | 2% | 11,680,612 | 11,741,142 | 60,530 | 1% | 11,036,059 | 6% |
| 604,325 | 562,119 | (42,206) | -8% | 600,425 | 1% | 2,919,703 | 2,740,272 | (179,431) | -7% | 2,773,036 | 5% |
| 135,882 | 207,829 | 71,947 | 35% | 330,783 | -59% | 1,259,641 | 961,532 | (298,109) | -31% | 1,490,266 | -15% |
| 3,032,859 | 3,235,438 | 202,579 | 6% | 3,184,858 | -5% | 15,859,956 | 15,442,946 | (417,010) | -3% | 15,299,361 | 4% |
| 288,245 | 316,609 | 28,364 | 9% | 274,105 | 5% | 1,645,190 | 1,583,046 | (62,144) | -4% | 1,278,375 | 29% |
| 49,659 | 45,205 | (4,454) | -10% | 70,838 | -30% | 264,893 | 226,024 | (38,869) | -17% | 274,655 | -4% |
| 481,223 | 665,891 | 184,668 | 28% | 532,887 | -10% | 2,658,373 | 3,216,932 | 558,559 | 17% | 2,623,458 | 1% |
| 46,337 | 44,683 | (1,654) | -4% | 39,689 | 17% | 205,626 | 223,415 | 17,789 | 8% | 192,034 | 7% |
| 228,231 | 280,078 | 51,847 | 19% | 296,855 | -23% | 1,302,104 | 1,403,976 | 101,872 | 7% | 1,456,112 | -11% |
| 153,829 | 188,579 | 34,750 | 18% | 203,018 | -24% | 839,618 | 942,894 | 103,276 | 11% | 951,386 | -12% |
| 58,860 | 61,442 | 2,582 | 4% | 70,410 | -16% | 380,540 | 303,645 | (76,895) | -25% | 279,620 | 36% |
| 229,348 | 226,667 | (2,681) | -1% | 203,764 | 13% | 1,131,840 | 1,133,333 | 1,493 | 0% | 941,534 | 20% |
| 92,182 | 122,505 | 30,323 | 25% | 156,828 | -41% | 798,231 | 612,525 | (185,706) | -30% | 525,542 | 52% |
| 1,627,914 | 1,951,659 | 323,745 | 17% | 1,848,394 | -12% | 9,226,415 | 9,645,790 | 419,375 | 4% | 8,522,716 | 8% |
| 4,660,773 | 5,187,097 | 526,324 | 10% | 5,033,252 | -7% | 25,086,371 | 25,088,736 | 2,365 | 0% | 23,822,077 | 5% |
| 1,007,836 | 462,387 | 545,449 | 118% | 368,403 | 174% | 1,715,894 | 1,183,182 | 532,712 | 45% | 1,818,747 | -6% |
| Operating Expenses | | | | | | Operating Expenses | | | | | |
| 69,589 | 69,466 | 123 | 0% | 68,970 | 1% | 357,871 | 347,329 | 10,542 | 3% | 356,237 | 0% |
| 12,391 | 22,706 | (10,315) | -45% | 25,756 | -52% | 94,730 | 113,532 | (18,802) | -17% | 112,615 | -16% |
| (32,897) | (33,632) | 735 | -2% | (20,307) | 62% | (154,975) | (168,161) | 13,186 | -8% | (101,536) | 53% |
| 13,684 | 537 | 13,147 | 2448% | - | 0% | 14,184 | 2,683 | 11,501 | 429% | (5,463) | -360% |
| 62,767 | 59,077 | 3,690 | 6% | 74,419 | -16% | 311,810 | 295,383 | 16,427 | 6% | 361,853 | -14% |
| \$ 1,070,603 | \$ 521,464 | \$ 549,139 | 105% | \$ 442,822 | 142% | \$ 2,027,704 | \$ 1,478,565 | \$ 549,139 | 37% | \$ 2,180,600 | -7% |
| Net Operating Income (Loss) | | | | | | Net Operating Income (Loss) | | | | | |
| Non Operating Income | | | | | | Non Operating Income | | | | | |
| Tax Revenue | | | | | | Tax Revenue | | | | | |
| Investment Income | | | | | | Investment Income | | | | | |
| Interest Expense | | | | | | Interest Expense | | | | | |
| Other Non Operating Income (Expense) | | | | | | Other Non Operating Income (Expense) | | | | | |
| Total Non Operating Income | | | | | | Total Non Operating Income | | | | | |
| Net Income (Loss) | | | | | | Net Income (Loss) | | | | | |



**Statement of Cash Flows
May 31, 2020**

| CURRENT MONTH | | YEAR TO DATE |
|----------------------|--|---------------------|
| <u>Actual</u> | | <u>Actual</u> |
| | NET INCOME TO NET CASH BY OPERATIONS | |
| | <hr/> | |
| 1,070,603 | NET INCOME (LOSS) | 2,027,704 |
| 229,348 | Depreciation Expense | 1,131,840 |
| - | Amortization | - |
| (13,684) | Loss (Gain) on Sale of Assets | (14,184) |
| <hr/> 1,286,267 | <hr/> TOTAL | <hr/> 3,145,360 |
| | WORKING CAPITAL | |
| | <hr/> | |
| 3,723,881 | Decrease (Increase) in Assets | (944,490) |
| 6,000,562 | Increase (Decrease) in Liabilities | 15,057,406 |
| <hr/> 11,010,710 | <hr/> NET CASH PROVIDED BY OPERATIONS | <hr/> 17,258,276 |
| | CASH FLOWS FROM INVESTING ACTIVITIES | |
| | <hr/> | |
| (231,586) | Capital Purchasing | (1,034,999) |
| 13,684 | Proceeds on Capital Assets Sold | 14,184 |
| (542,037) | Investment Activity | 2,323,609 |
| <hr/> (759,939) | <hr/> NET CASH USED BY INVESTING ACTIVITIES | <hr/> 1,302,794 |
| 10,250,771 | NET CHANGE IN CASH | 18,561,070 |
| | <hr/> | |
| | CASH BALANCE | |
| | <hr/> | |
| 24,578,281 | BEGINNING | 16,267,982 |
| 34,829,052 | ENDING | 34,829,052 |
| <hr/> 10,250,771 | <hr/> NET CASH FLOW | <hr/> 18,561,070 |



**Statement of Cash Flows - 12 Month Trend
May 31, 2020**

| | Jun-19 Actual | Jul-19 Actual | Aug-19 Actual | Sep-19 Actual | Oct-19 Actual | Nov-19 Actual | Dec-19 Actual | Jan-20 Actual | Feb-20 Actual | Mar-20 Actual | Apr-20 Actual |
|--|-------------------|-------------------|-------------------|--------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| NET INCOME TO NET CASH BY OPERATIONS | | | | | | | | | | | |
| NET INCOME (LOSS) | 477,668 | (345,192) | 69,889 | 203,716 | 281,784 | (360,709) | 369,020 | 240,864 | (120,425) | (149,776) | (181,950) |
| Depreciation Expense | 204,612 | 207,114 | 207,017 | 214,609 | 222,284 | 222,109 | 224,314 | 222,577 | 227,538 | 224,010 | 228,367 |
| Amortization | - | - | - | - | - | - | - | - | - | - | - |
| Loss (Gain) on Sale of Assets | - | - | - | - | - | - | - | - | - | - | (500) |
| TOTAL | 682,280 | (138,078) | 276,906 | 418,325 | 504,068 | (138,600) | 593,334 | 463,441 | 107,113 | 74,234 | 45,917 |
| WORKING CAPITAL | | | | | | | | | | | |
| Decrease (Increase) in Assets | (706,993) | 1,045,324 | 28,438 | (1,351,916) | (492,108) | 14,884 | (645,214) | (518,949) | (469,109) | 555,768 | 1,642,369 |
| Increase (Decrease) in Liabilities | 811,419 | 241,723 | (731,841) | 666,840 | 109,671 | 83,018 | (772,023) | (648,957) | 83,249 | 262,126 | 6,358,079 |
| NET CASH PROVIDED BY OPERATIONS | 786,706 | 1,148,969 | (426,497) | (266,751) | 121,631 | (40,698) | (823,903) | (704,465) | (278,747) | 892,128 | 8,046,365 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | | | | | | | | | |
| Capital Purchasing | (57,898) | (429,262) | (151,396) | (842,075) | (193,078) | (380,203) | 207,539 | (292,919) | (35,283) | (124,590) | (350,621) |
| Proceeds on Capital Assets Sold | - | - | - | - | - | - | - | - | - | - | 500 |
| Investment Activity | (354) | (3,588) | (2,916) | (2,597) | 427,679 | 248,949 | 152,962 | 137,518 | 165,135 | (343) | (26,358) |
| NET CASH USED BY INVESTING ACTIVITIES | (58,252) | (432,850) | (154,312) | (844,672) | 234,601 | (131,254) | 360,501 | (155,401) | 129,852 | (124,933) | (376,479) |
| NET CHANGE IN CASH | 728,454 | 716,119 | (580,809) | (1,111,423) | 356,232 | (171,952) | (463,403) | (859,866) | (148,895) | 767,195 | 7,669,886 |
| CASH BALANCE | | | | | | | | | | | |
| BEGINNING | 16,517,377 | 17,245,831 | 17,961,950 | 17,381,141 | 16,269,718 | 16,625,950 | 16,453,998 | 15,990,595 | 15,270,256 | 15,121,361 | 15,888,556 |
| ENDING | 17,245,831 | 17,961,950 | 17,381,141 | 16,269,718 | 16,625,950 | 16,453,998 | 15,990,595 | 15,130,729 | 15,121,361 | 15,888,556 | 23,558,442 |
| NET CASH FLOW | 728,454 | 716,119 | (580,809) | (1,111,423) | 356,232 | (171,952) | (463,403) | (859,866) | (148,895) | 767,195 | 7,669,886 |



**Direct Cash Flow Statement
May 31, 2020**

| | <u>August 31, 2019</u> | <u>September 30, 2019</u> | <u>October 31, 2019</u> | <u>November 30, 2019</u> | <u>December 31, 2019</u> | <u>January 31, 2020</u> | <u>February 29, 2020</u> | <u>March 31, 2020</u> | <u>April 30, 2020</u> | <u>May 31, 2020</u> |
|--|------------------------|---------------------------|-------------------------|--------------------------|--------------------------|-------------------------|--------------------------|-----------------------|-----------------------|---------------------|
| | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual |
| CASH FLOWS FROM OPERATING | | | | | | | | | | |
| PAYMENTS RECEIVED | | | | | | | | | | |
| Commercial | | 1,425,376 | 1,658,587 | 1,712,336 | 2,110,960 | 2,164,596 | 1,790,819 | 2,042,936 | 2,163,134 | 1,479,262 |
| Medicaid | | 974,783 | 1,332,291 | 1,150,609 | 1,223,633 | 1,287,731 | 1,116,011 | 1,207,273 | 1,200,088 | 1,130,387 |
| Medicare | | 501,236 | 1,299,895 | 1,316,188 | 1,730,631 | 1,555,473 | 597,037 | 1,403,309 | 1,326,305 | 808,729 |
| VA | | 41,311 | 10,616 | 28,210 | 26,049 | 24,261 | 82,909 | 34,277 | 86,268 | 45,965 |
| Worker's Comp | | 74,716 | 98,824 | 126,432 | 66,062 | 396,141 | 180,120 | 165,706 | 151,215 | 95,669 |
| Self Pay | | 263,000 | 265,218 | 630,997 | 265,490 | 37,674 | 182,202 | 162,759 | 149,324 | 131,139 |
| Other Non Patient Payments | | 497,206 | 364,841 | 287,781 | 660,275 | 212,931 | 210,958 | 475,782 | 8,941,682 | 10,681,077 |
| Cash Received (Patients, Insurance, Other) | 5,118,733 | 3,777,628 | 5,030,272 | 5,252,553 | 6,083,101 | 5,678,807 | 4,160,056 | 5,492,042 | 14,018,016 | 14,372,228 |
| Patient Refunds | (14,770) | (5,755) | (106,029) | (7,988) | (6,268) | (4,845) | (4,203) | (4,127) | (1,869) | (4,541) |
| AP Expenses | (2,054,652) | (1,764,710) | (2,578,749) | (2,649,740) | (3,762,411) | (2,627,585) | (2,059,339) | (2,101,189) | (2,556,196) | (1,622,076) |
| Settlement LumpSum Payments | | | | | (1,187,000) | - | - | - | - | - |
| Payroll Expenses | (3,418,696) | (2,216,802) | (2,186,535) | (2,329,107) | (2,652,323) | (3,566,717) | (2,279,658) | (2,437,474) | (2,362,138) | (2,148,321) |
| Loan/Interest Expense | (57,467) | (57,467) | (57,467) | (57,467) | (57,467) | (114,934) | - | (57,467) | (57,467) | (114,934) |
| NET CASH PROVIDED BY OPERATING | (426,852) | (267,105) | 101,492 | 208,251 | (1,582,368) | (635,275) | (183,144) | 891,785 | 9,040,346 | 10,482,357 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | | | | | | | | |
| Capital Purchasing | (151,396) | (842,075) | (193,078) | (380,203) | 207,539 | (292,919) | (35,283) | (124,590) | (350,621) | (231,586) |
| NET CASH USED BY INVESTING ACTIVITIES | (151,396) | (842,075) | (193,078) | (380,203) | 207,539 | (292,919) | (35,283) | (124,590) | (350,621) | (231,586) |
| NET CHANGE IN CASH | (578,248) | (1,109,180) | (91,586) | (171,952) | (1,374,829) | (928,194) | (218,427) | 767,195 | 8,689,725 | 10,250,771 |
| CASH BALANCE | | | | | | | | | | |
| BEGINNING | 19,593,777 | 19,015,529 | 17,906,349 | 17,814,763 | 17,642,811 | 16,267,982 | 15,339,788 | 15,121,361 | 15,888,556 | 24,578,281 |
| ENDING | 19,015,529 | 17,906,349 | 17,814,763 | 17,642,811 | 16,267,982 | 15,339,788 | 15,121,361 | 15,888,556 | 24,578,281 | 34,829,052 |
| NET CASH FLOW | (578,248) | (1,109,180) | (91,586) | (171,952) | (1,374,829) | (928,194) | (218,427) | 767,195 | 8,689,725 | 10,250,771 |
| | - | - | 0.00 | - | - | - | - | - | - | - |



Prosser

Memorial Health

Key Operating Statistics

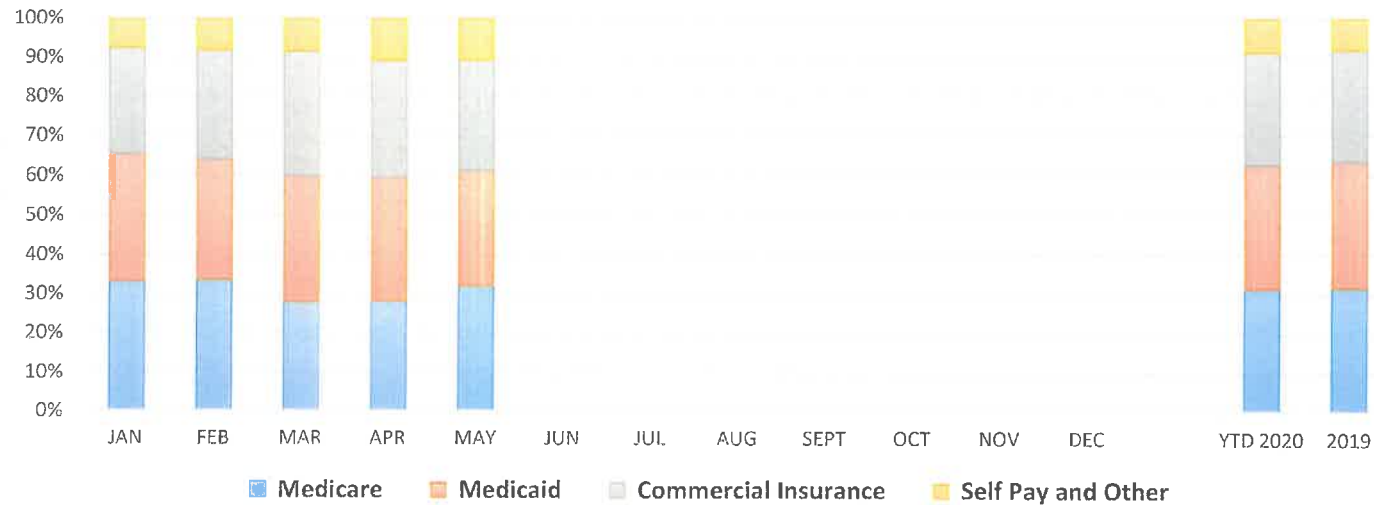
May 31, 2020

| Actual | Month Ending | | | Key Volumes | Year to Date | | | | Prior Year | Change |
|--------|--------------|----------|------|------------------------------------|--------------|--------|----------|------|------------|--------|
| | Budget | Variance | % | | Actual | Budget | Variance | % | | |
| 189 | 211 | (22) | -10% | Inpatient Acute Days | 956 | 1,033 | (77) | -7% | 1,054 | -9% |
| 153 | 178 | (25) | -14% | Inpatient Swing Days | 665 | 872 | (207) | -24% | 769 | -14% |
| 342 | 388 | (46) | -12% | Total Inpatient Days | 1,621 | 1,905 | (284) | -15% | 1,823 | -11% |
| 79 | 85 | (6) | -7% | Inpatient Admissions | 381 | 415 | (34) | -8% | 420 | -9% |
| 82 | 85 | (3) | -3% | Inpatient Discharges | 381 | 415 | (34) | -8% | 429 | -11% |
| 10 | 13 | (3) | -23% | Swing Bed Discharges | 49 | 63 | (14) | -23% | 59 | -17% |
| 1,250 | 1,803 | (553) | -31% | Adjusted Patient Days | 6,574 | 8,839 | (2,265) | -26% | 8,046 | -18% |
| 11.03 | 12.53 | (1.50) | -12% | Average Daily Census | 10.66 | 12.53 | (1.87) | -15% | 12.07 | -12% |
| 300 | 393 | (93) | -24% | Adjusted Discharges | 1,545 | 1,925 | (380) | -20% | 1,893 | -18% |
| 2.30 | 2.49 | (0.19) | -7% | Average Length of Stay - Hospital | 2.51 | 2.49 | 0.02 | 1% | 2.46 | 2% |
| 15.30 | 13.77 | 1.53 | 11% | Average Length of Stay - Swing Bed | 13.57 | 13.77 | (0.20) | -1% | 13.03 | 4% |
| 44% | 50% | -6% | -12% | Acute Care Occupancy (25) | 43% | 50% | -7% | -15% | 48% | -12% |
| 39 | 38 | 1 | 2% | Deliveries | 177 | 187 | (10) | -6% | 173 | 2% |
| 44 | 128 | (84) | -66% | Surgical Procedures | 375 | 629 | (254) | -40% | 599 | -37% |
| 700 | 1,042 | (342) | -33% | Emergency Dept Visits | 4,231 | 5,110 | (879) | -17% | 4,865 | -13% |
| 10,591 | 12,497 | (1,906) | -15% | Laboratory Tests | 51,952 | 61,275 | (9,323) | -15% | 59,011 | -12% |
| 1,784 | 2,156 | (372) | -17% | Radiology Exams | 9,994 | 10,573 | (579) | -5% | 9,342 | 7% |
| 686 | 1,083 | (397) | -37% | PMH Specialty Clinic | 4,593 | 5,312 | (719) | -14% | 4,778 | -4% |
| 723 | 1,024 | (301) | -29% | PMH - Benton City Clinic Visits | 4,418 | 5,023 | (605) | -12% | 4,756 | -7% |
| 903 | 1,072 | (169) | -16% | PMH - Prosser Clinic Visits | 4,773 | 5,258 | (485) | -9% | 4,968 | -4% |
| 570 | 630 | (60) | -10% | PMH - Grandview Clinic Visits | 3,120 | 3,089 | 31 | 1% | 2,348 | 33% |
| 442 | 722 | (280) | -39% | PMH - Women's Health Clinic Visits | 2,808 | 3,541 | (733) | -21% | 1,380 | 103% |
| | | | | LABOR FULL-TIME EQUIVALENT | | | | | | |
| 248.37 | 290.82 | 42.45 | 15% | Employed Staff FTE's | 262.56 | 290.82 | 28.26 | 10% | 253.77 | 3% |
| 28.71 | 30.48 | 1.77 | 6% | Employed Provider FTE | 29.49 | 30.48 | 0.99 | 3% | 24.64 | 20% |
| 277.08 | 321.30 | 44.22 | 14% | All Employee FTE's | 292.05 | 321.30 | 29.25 | 9% | 278.41 | 5% |
| 244.82 | 273.11 | 28.29 | 10% | Productive FTE's | 256.81 | 273.11 | 16.30 | 6% | 248.84 | 3% |
| 8.73 | 20.86 | 12.13 | 58% | Outsourced Therapy FTE's | 14.53 | 20.86 | 6.33 | 30% | 15.66 | -7% |
| 2.81 | 1.56 | (1.25) | -80% | Contracted Staff FTE's | 5.26 | 4.07 | (1.19) | -29% | 3.27 | 61% |
| 11.54 | 22.42 | 10.88 | | All Purchased Staff FTE's | 19.79 | 22.42 | 5.14 | 23% | 18.93 | 5% |
| 5.93 | 4.58 | (1.35) | -29% | Contracted Provider FTE's | 6.67 | 4.58 | (2.09) | -46% | 5.67 | 18% |
| 294.55 | 348.30 | 53.75 | 15% | All Labor FTE's | 318.51 | 348.30 | 32.30 | 9% | 303.01 | 5% |

**Prosser Memorial Health
Revenue by Financial Class
May 31, 2020**

| Month | Medicare | Medicaid | Commercial Insurance | Self Pay and Other | Total |
|----------|----------|----------|----------------------|--------------------|--------|
| JAN | 33.3% | 32.3% | 27.1% | 7.4% | 100.0% |
| FEB | 33.6% | 30.5% | 27.7% | 8.1% | 100.0% |
| MAR | 27.9% | 32.0% | 31.7% | 8.4% | 100.0% |
| APR | 28.1% | 31.3% | 29.7% | 10.8% | 100.0% |
| MAY | 31.9% | 29.3% | 28.1% | 10.6% | 100.0% |
| JUN | | | | | |
| JUL | | | | | |
| AUG | | | | | |
| SEPT | | | | | |
| OCT | | | | | |
| NOV | | | | | |
| DEC | | | | | |
| YTD 2020 | 31.2% | 31.2% | 28.8% | 8.8% | 100.0% |
| 2019 | 31.5% | 31.8% | 28.6% | 8.1% | 100.0% |

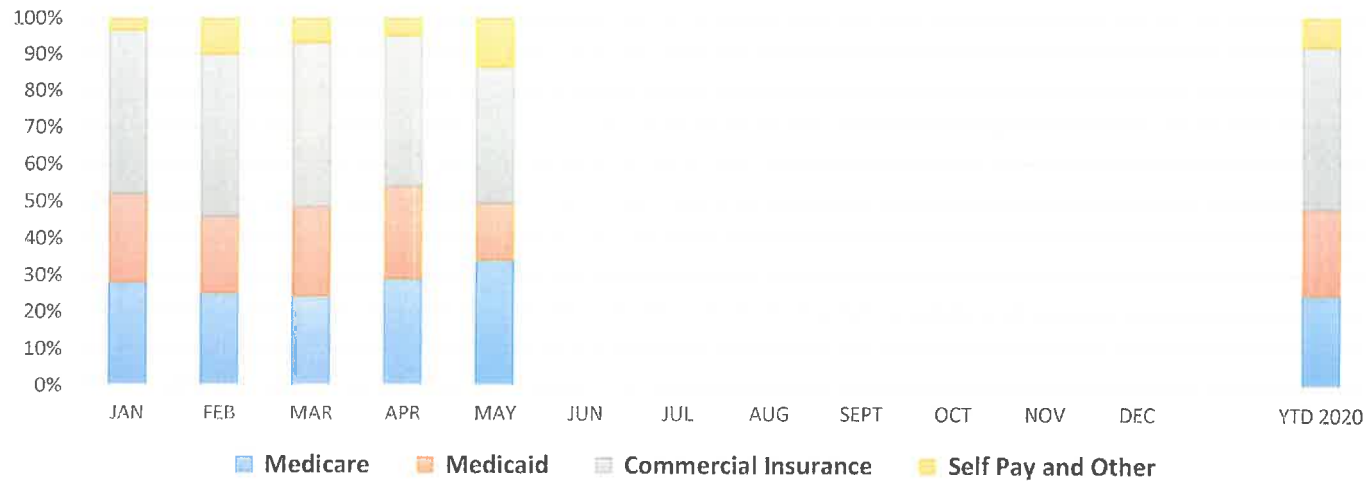
2020 Gross Revenue by Financial Class



**Prosser Memorial Health
Net Revenue by Financial Class
May 31, 2020**

| Month | Medicare | Medicaid | Commercial Insurance | Self Pay and Other | Total |
|----------|----------|----------|----------------------|--------------------|--------|
| JAN | 28.2% | 23.9% | 44.7% | 3.2% | 100.0% |
| FEB | 25.2% | 20.8% | 44.1% | 9.8% | 100.0% |
| MAR | 24.4% | 24.3% | 44.6% | 6.8% | 100.0% |
| APR | 29.2% | 24.9% | 41.2% | 4.7% | 100.0% |
| MAY | 34.2% | 15.3% | 36.9% | 13.5% | 100.0% |
| JUN | | | | | |
| JUL | | | | | |
| AUG | | | | | |
| SEPT | | | | | |
| OCT | | | | | |
| NOV | | | | | |
| DEC | | | | | |
| YTD 2020 | 24.9% | 22.9% | 44.2% | 8.1% | 100.0% |
| 2019 | 29.4% | 21.7% | 38.8% | 10.2% | 100.0% |

2019 Net Revenue by Financial Class

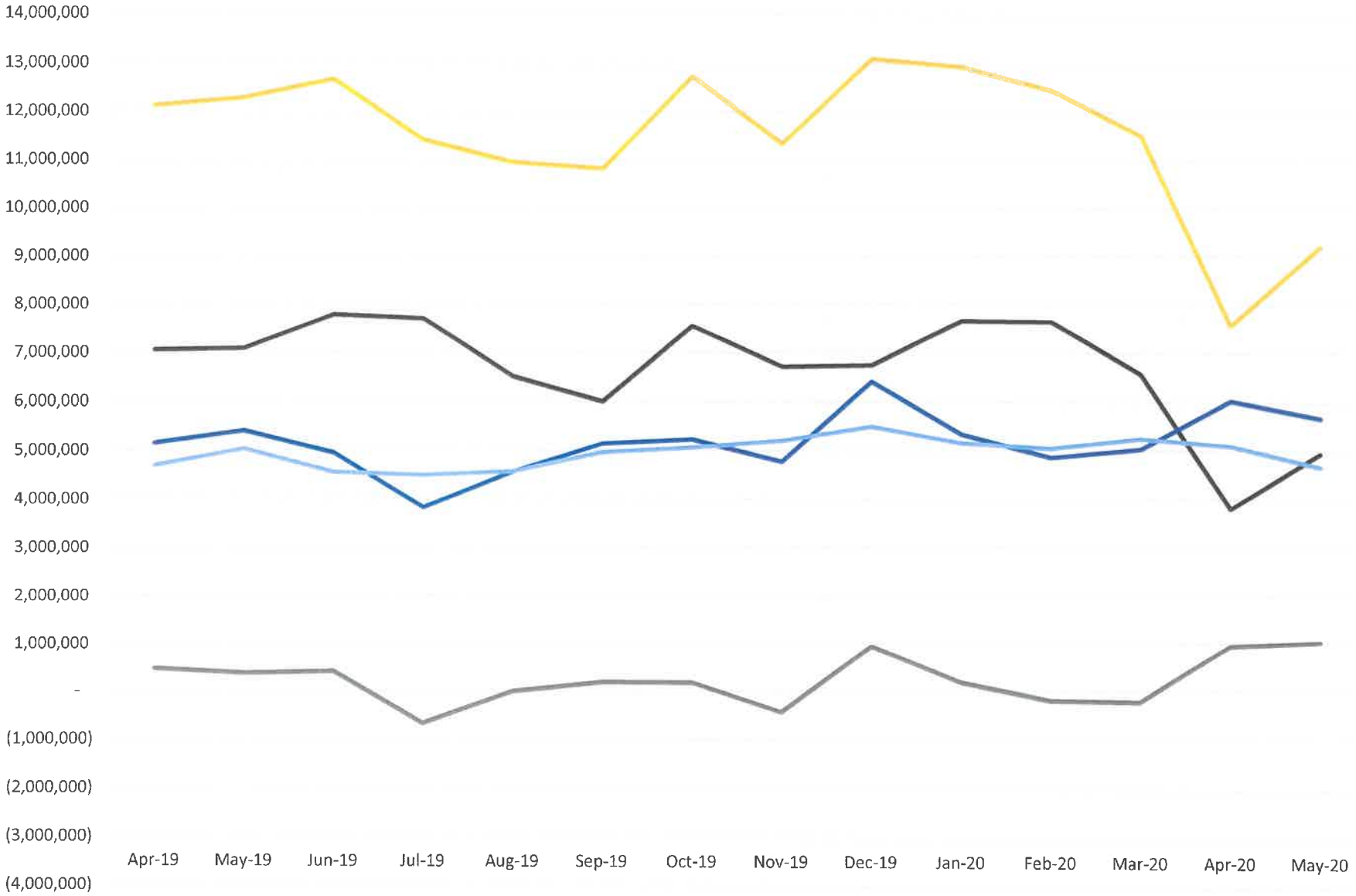




Prosser
Memorial Health
Financial Operations
May 31, 2020

| | YTD 2019 | YTD 2020 | YTD Budget 2020 |
|--|-------------------------|----------------|-----------------|
| Utilization | | | |
| Admissions | 420 | 381 | 415 |
| Adjusted Admissions | 1,854 | 1,545 | 1,925 |
| Average Daily Census | 6.9 | 6.3 | 6.8 |
| Adjusted Occupied Beds | 30.6 | 25.5 | 31.5 |
| Average Length of Stay (days) | 2.5 | 2.5 | 2.5 |
| Outpatient Revenue % | 77.3% | 75.3% | 78.5% |
| Total Yield (net patient revenue) | -10.5% | -15.3% | -8.3% |
| Hospital Case Mix Index | TBD | 0.99 | 1.00 |
| Financial Performance (\$000) | | | |
| Net Patient Revenue | 24,997 | 22,972 | 25,863 |
| Total Operating Revenue | 25,641 | 26,802 | 26,272 |
| Total Operating Expense | 23,822 | 25,086 | 25,089 |
| Income (Loss) from Operations | 1,819 | 1,716 | 1,183 |
| Excess of Revenue Over Expenses | 2,181 | 2,028 | 1,479 |
| EBIDA (Operating Cash Flow) | 2,760 | 2,848 | 2,317 |
| Additions to Property, Plant, and Equipment | 4,328 | 1,035 | 310 |
| Balance Sheet (\$000) | | | |
| Unrestricted Cash and Investments | 2,285 | 18,221 | 3,915 |
| Accounts Receivable (gross) | 19,456 | 23,422 | 17,104 |
| Net Fixed Assets | 17,950 | 18,335 | 12,758 |
| Current and Long-Term Liabilities (excluding LT debt) | 7,044 | 22,312 | 5,413 |
| Long-Term Debt | 6,311 | 6,036 | 6,441 |
| Total Liabilities | 13,355 | 28,348 | 11,854 |
| Net Worth | 28,656 | 31,655 | 29,769 |
| Key Ratios | | | |
| Operating Margin (%) | 7.1% | 6.4% | 4.5% |
| Excess Margin (%) | 8.5% | 8.7% | 5.6% |
| Operating EBIDA Margin (Operating Cash Flow) | 10.8% | 10.6% | 8.8% |
| Net Accounts Receivable (days) | 50.93 | 48.00 | 49.71 |
| Current Ratio (x) | 1.97 | 1.39 | 1.55 |
| Cash on Hand (days) | 120.55 | 221.00 | 120.39 |
| Cushion Ratio (x) | 178.71 | 224.74 | 53.80 |
| Return on Equity (%) | 7.61% | 6.41% | 13.33% |
| Capital Spending Ratio | 2.24 | 3.05 | 5.13 |
| Average Age of Plant (Years) | 11.15 | 10.19 | 10.84 |
| Debt Service | 3.65 | 1.65 | 4.58 |
| Debt-to-Capitalization (%) | 30% | 28% | 27.07% |
| Patient Revenue Sources by Gross Revenue (%) | | | |
| Medicare | 31.5% | 31.2% | 31.5% |
| Medicaid | 31.8% | 31.2% | 31.7% |
| Commercial Insurance | 28.6% | 28.8% | 28.7% |
| Self-pay and Other | 8.1% | 8.8% | 8.1% |
| Labor Metrics | | | |
| Productive FTE's (incl contract labor) | 273.44 | 283.27 | 300.11 |
| Total FTE's (incl contract labor) | 303.01 | 318.51 | 348.30 |
| Labor Cost (incl benefits) per FTE - Annualized | 50,491.27 | 49,794.22 | 44,338.06 |
| Labor Cost (incl benefits) as a % of Net Operating Revenue | 59.7% | 59.2% | 58.8% |
| Net Operating Revenue per FTE | 84,620.39 | 84,148.90 | 75,428.99 |
| Operating Expense per FTE | 78,618.12 | 78,761.64 | 72,031.97 |
| Contacts: | | | |
| David Rollins | Chief Financial Officer | (509) 786-6605 | |
| Stephanie Titus | Director of Finance | (509) 786-5530 | |

Actuals Trend



— Total Gross Patient Services Revenue
 — Total Deductions From Revenue
 — Net Revenue
 — Total Operating Expenses
 — Operating Income (Loss)

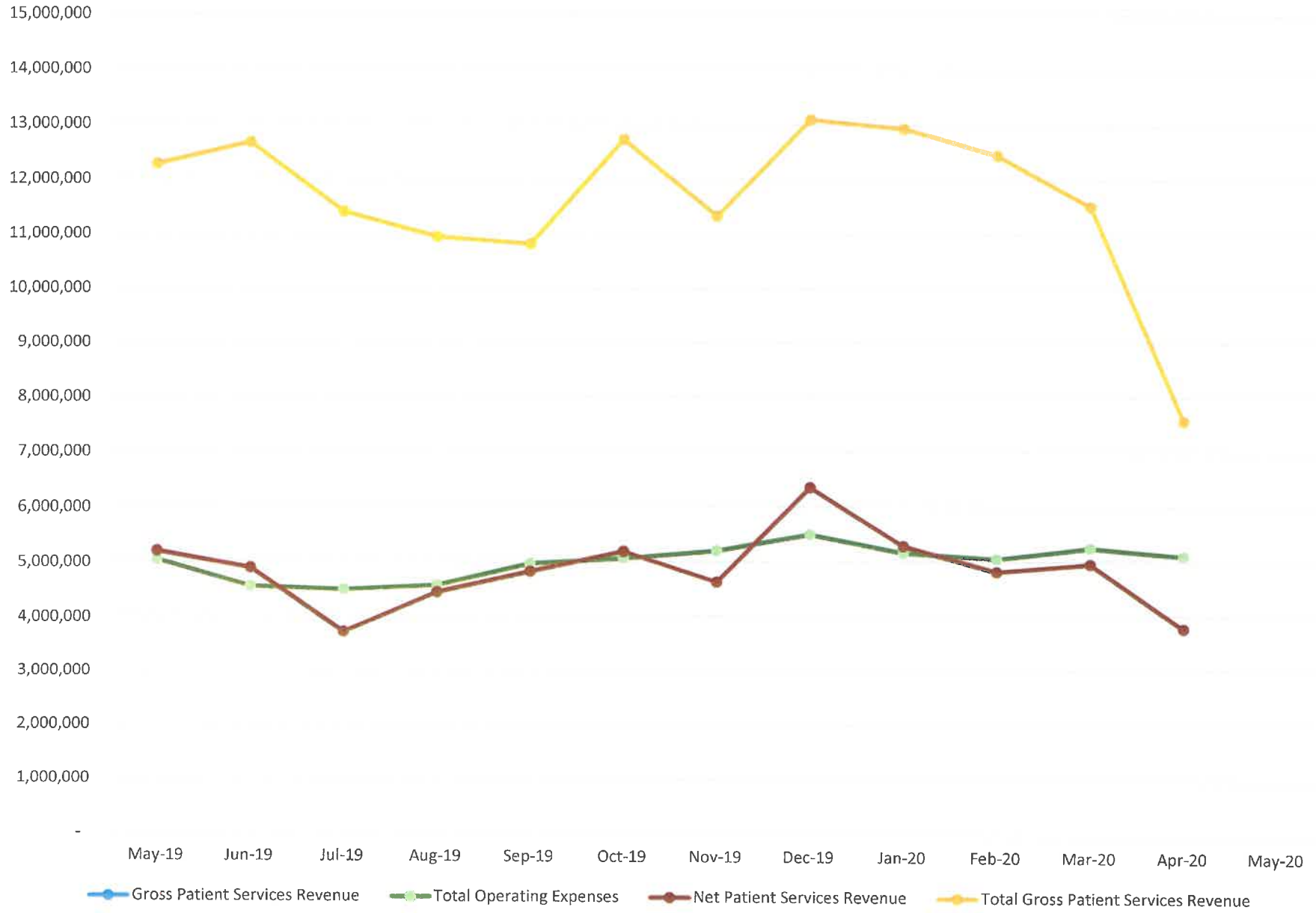


Statement of Operations 13-month Trend

| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 |
|---|-------------------|-------------------|-------------------|---------------------|-------------------|-------------------|-------------------|---------------------|-------------------|-------------------|---------------------|---------------------|-------------------|---------------------|
| Gross Patient Services Revenue | | | | | | | | | | | | | | |
| Inpatient | \$ 2,646,540 | \$ 2,718,209 | \$ 2,911,854 | \$ 2,482,862 | \$ 2,526,300 | \$ 2,501,168 | \$ 3,012,630 | \$ 2,617,549 | \$ 2,864,852 | \$ 2,864,636 | \$ 3,010,011 | \$ 2,635,344 | \$ 2,206,745 | \$ 2,520,235 |
| Outpatient | 9,466,787 | 9,556,019 | 9,755,418 | 8,926,505 | 8,421,340 | 8,313,652 | 9,717,569 | 8,716,943 | 10,233,791 | 10,071,001 | 9,445,153 | 8,882,599 | 5,357,211 | 6,692,398 |
| Total Gross Patient Services Revenue | 12,113,327 | 12,274,228 | 12,667,272 | 11,409,367 | 10,947,640 | 10,814,820 | 12,730,199 | 11,334,492 | 13,098,643 | 12,935,637 | 12,455,164 | 11,517,943 | 7,563,956 | 9,212,633 |
| Deductions from Revenue | | | | | | | | | | | | | | |
| Contractual Allowances | 42% | 47% | 39% | 37% | 41% | 45% | 41% | 41% | 46% | 41% | 38% | 43% | 43% | 43% |
| Medicare | 1,932,240 | 2,185,255 | 2,734,096 | 3,079,031 | 2,000,591 | 2,181,816 | 2,860,807 | 2,234,020 | 2,611,913 | 2,632,393 | 2,720,808 | 1,772,267 | 995,183 | 1,611,449 |
| Medicaid | 2,694,779 | 2,813,930 | 2,730,768 | 2,699,644 | 2,250,702 | 1,633,944 | 2,626,636 | 3,351,182 | 2,593,535 | 2,462,158 | 2,881,363 | 2,364,561 | 2,088,300 | 1,938,730 |
| Negotiated Rates | 1,582,034 | 1,395,739 | 1,611,274 | 1,450,628 | 1,484,291 | 1,882,777 | 1,698,297 | 490,384 | 1,053,995 | 1,970,832 | 1,535,802 | 1,559,890 | 363,732 | 1,146,693 |
| Other Adjustments | 128,732 | 195,205 | 178,721 | 29,827 | 236,997 | 96,291 | 117,115 | 12,337 | (62,054) | 152,100 | 143,288 | 395,710 | 40,802 | (68,462) |
| Gross Contractual Allowances | 6,337,785 | 6,590,129 | 7,254,859 | 7,259,130 | 5,972,581 | 5,794,828 | 7,302,855 | 6,087,923 | 6,197,389 | 7,217,483 | 7,281,261 | 6,092,428 | 3,487,817 | 4,628,410 |
| Charity Care | 162,640 | 92,529 | 174,075 | 182,086 | 238,673 | 112,577 | 89,746 | 182,296 | 34,095 | 70,465 | 207,726 | 147,685 | 40,927 | 49,448 |
| Bad Debt | 547,800 | 400,496 | 350,421 | 258,214 | 299,799 | 89,162 | 154,222 | 442,390 | 514,437 | 366,493 | 154,253 | 325,725 | 268,555 | 255,700 |
| Total Deductions From Revenue | 7,048,225 | 7,083,154 | 7,779,355 | 7,699,430 | 6,511,053 | 5,996,567 | 7,546,823 | 6,712,609 | 6,745,921 | 7,654,441 | 7,643,240 | 6,565,838 | 3,797,299 | 4,933,558 |
| Net Patient Services Revenue | 5,065,102 | 5,191,074 | 4,887,917 | 3,709,937 | 4,436,587 | 4,818,253 | 5,183,376 | 4,621,883 | 6,352,722 | 5,281,196 | 4,811,924 | 4,952,105 | 3,766,657 | 4,279,075 |
| COVID Grant Revenue | | | | | | | | | | | | | | 1,325,149 |
| Other Operating Revenue | 86,500 | 210,581 | 59,968 | 105,043 | 119,837 | 321,886 | 44,074 | 144,372 | 60,565 | 54,446 | 48,156 | 79,111 | 2,260,337 | 64,385 |
| Net Revenue | 5,151,602 | 5,401,655 | 4,947,885 | 3,814,980 | 4,556,424 | 5,140,139 | 5,227,450 | 4,766,255 | 6,413,287 | 5,335,642 | 4,860,080 | 5,031,216 | 6,026,994 | 5,668,809 |
| Operating Expenses | | | | | | | | | | | | | | |
| Salaries | 2,179,819 | 2,253,650 | 2,219,872 | 2,258,057 | 2,186,403 | 2,272,947 | 2,282,644 | 2,333,751 | 2,596,017 | 2,390,097 | 2,319,195 | 2,438,079 | 2,243,147 | 2,292,652 |
| Benefits | 565,090 | 600,425 | 348,108 | 337,751 | 397,207 | 450,455 | 611,076 | 503,958 | 765,786 | 577,012 | 555,392 | 440,583 | 739,833 | 604,325 |
| Purchased Labor | 302,987 | 330,783 | (147,171) | 264,578 | 236,659 | 264,793 | 217,501 | 246,218 | 268,266 | 249,096 | 283,557 | 329,407 | 261,699 | 135,882 |
| Sub-Total Labor Costs | 3,047,896 | 3,184,858 | 2,420,809 | 2,860,386 | 2,820,269 | 2,988,195 | 3,111,221 | 3,083,927 | 3,630,069 | 3,216,205 | 3,158,144 | 3,208,069 | 3,244,679 | 3,032,859 |
| Professional Fees - Physicians | 229,381 | 274,105 | 695,166 | 329,173 | 355,202 | 332,200 | 310,244 | 352,355 | 377,019 | 389,778 | 279,808 | 267,635 | 419,725 | 288,245 |
| Professional Fees - Other | 45,719 | 70,838 | 4,280 | 51,982 | 40,503 | 5,802 | 27,900 | 57,445 | 37,367 | 43,960 | 58,785 | 19,051 | 93,438 | 49,659 |
| Supplies | 552,765 | 532,887 | 527,249 | 535,093 | 493,079 | 700,353 | 725,859 | 764,707 | 622,645 | 619,449 | 675,545 | 762,215 | 527,615 | 481,223 |
| Purchased Services - Utilities | 30,452 | 39,689 | 44,875 | 41,243 | 44,577 | 39,600 | 42,598 | 48,996 | 37,860 | 43,249 | 43,969 | 40,757 | 31,315 | 46,337 |
| Purchased Services - Other | 288,215 | 296,855 | 264,637 | 245,545 | 251,437 | 299,771 | 233,945 | 314,069 | 269,828 | 261,428 | 230,546 | 359,733 | 222,165 | 228,231 |
| Rentals & Leases | 203,415 | 203,018 | 199,712 | 117,451 | 173,040 | 166,916 | 168,981 | 168,019 | 186,792 | 194,404 | 170,987 | 167,981 | 152,417 | 153,829 |
| Insurance License & Taxes | 63,315 | 70,410 | 67,274 | 59,519 | 77,077 | 69,509 | 69,709 | 52,025 | 63,642 | 60,430 | 99,269 | 87,383 | 85,150 | 58,860 |
| Depreciation & Amortization | 187,921 | 203,764 | 204,612 | 207,114 | 207,017 | 214,609 | 222,284 | 222,109 | 224,314 | 222,577 | 227,538 | 224,010 | 228,367 | 229,348 |
| Other Operating Expenses | 38,231 | 156,828 | 117,660 | 37,964 | 101,333 | 144,048 | 143,821 | 135,294 | 40,759 | 104,447 | 103,657 | 107,679 | 92,318 | 92,182 |
| Sub-Total Non-Labor Expenses | 1,639,414 | 1,848,394 | 2,125,465 | 1,625,084 | 1,743,265 | 1,972,808 | 1,945,341 | 2,115,019 | 1,860,226 | 1,939,722 | 1,890,104 | 2,036,444 | 1,852,510 | 1,627,914 |
| Total Operating Expenses | 4,687,310 | 5,033,252 | 4,546,274 | 4,485,470 | 4,563,534 | 4,961,003 | 5,056,562 | 5,198,946 | 5,490,295 | 5,155,927 | 5,048,248 | 5,244,513 | 5,097,189 | 4,660,773 |
| Operating Income (Loss) | 464,292 | 368,403 | 401,611 | (670,490) | (7,110) | 179,136 | 170,888 | (432,691) | 922,992 | 179,715 | (188,168) | (213,297) | 929,805 | 1,007,836 |
| Non Operating Income | | | | | | | | | | | | | | |
| Tax Revenue | 73,419 | 68,970 | 69,231 | 69,975 | 70,601 | 69,701 | 71,945 | 69,785 | 69,205 | 71,840 | 65,599 | 77,314 | 73,881 | 69,589 |
| Investment Income | 25,735 | 25,756 | 25,933 | 34,296 | 31,673 | 31,189 | 20,703 | 21,943 | 24,574 | 22,527 | 22,036 | 19,425 | 18,000 | 12,391 |
| Interest Expense | (20,307) | (20,307) | (20,307) | (20,974) | (34,475) | (76,310) | (34,270) | (34,166) | (33,322) | (32,996) | (19,892) | (33,218) | (35,750) | (32,897) |
| Other Non Operating Income (Expense) | - | - | 1,200 | - | 9,200 | - | 52,518 | 14,420 | - | (222) | - | - | 500 | 13,684 |
| Total Non Operating Income | 78,847 | 74,419 | 76,057 | 83,297 | 76,999 | 24,580 | 110,896 | 71,982 | 60,457 | 61,149 | 67,743 | 63,521 | 56,631 | 62,767 |
| Net Income (Loss) | \$ 543,139 | \$ 442,822 | \$ 477,668 | \$ (587,193) | \$ 69,889 | \$ 203,716 | \$ 281,784 | \$ (360,709) | \$ 983,449 | \$ 240,864 | \$ (120,425) | \$ (149,776) | \$ 986,436 | \$ 1,070,603 |

| | | | | | | | | | | | | | | |
|---|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Total Margin | 10.4% | 8.1% | 9.5% | -15.1% | 1.5% | 3.9% | 5.3% | -7.5% | 15.2% | 4.5% | -2.4% | -2.9% | 16.2% | 18.7% |
| Margin (Non Operating Income) | 9.0% | 6.8% | 8.1% | -17.6% | -0.2% | 3.5% | 3.3% | -9.1% | 14.4% | 3.4% | -3.9% | -4.2% | 15.4% | 17.8% |
| Salaries as a % of Net Revenue | 42.3% | 41.7% | 44.9% | 59.2% | 48.0% | 44.2% | 43.7% | 49.0% | 40.5% | 44.8% | 47.7% | 48.5% | 37.2% | 40.4% |
| Labor as a % of Net Revenue | 59.2% | 59.0% | 48.9% | 75.0% | 61.9% | 58.1% | 59.5% | 64.7% | 56.6% | 60.3% | 65.0% | 63.8% | 53.8% | 53.5% |
| Operating Expense change from prior month | -2% | 7% | -10% | -1% | 2% | 9% | 2% | 3% | 6% | -6% | -2% | 4% | -3% | -9% |
| Gross Revenue change from prior month | -2% | 1% | 3% | -10% | -4% | -1% | 18% | -11% | 16% | -1% | -4% | -8% | -34% | 22% |
| Net Revenue change from prior month | -5% | 5% | -8% | -23% | 19% | 13% | 2% | -9% | 35% | -17% | -9% | 4% | 20% | -6% |

Revenue vs Expense Trend



Statement of Operations 13-month Trend

| | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 |
|---|-------------------|-------------------|---------------------|-------------------|-------------------|-------------------|---------------------|-------------------|-------------------|---------------------|---------------------|-------------------|---------------------|
| Gross Patient Services Revenue | | | | | | | | | | | | | |
| Inpatient | \$ 2,718,209 | \$ 2,911,854 | \$ 2,482,862 | \$ 2,526,300 | \$ 2,501,168 | \$ 3,012,630 | \$ 2,617,549 | \$ 2,864,852 | \$ 2,864,636 | \$ 3,010,011 | \$ 2,635,344 | \$ 2,206,745 | \$ 2,520,235 |
| Outpatient | 9,556,019 | 9,755,418 | 8,926,505 | 8,421,340 | 8,313,652 | 9,717,569 | 8,716,943 | 10,233,791 | 10,071,001 | 9,445,153 | 8,882,599 | 5,357,211 | 6,692,398 |
| Total Gross Patient Services Revenue | 12,274,228 | 12,667,272 | 11,409,367 | 10,947,640 | 10,814,820 | 12,730,199 | 11,334,492 | 13,098,643 | 12,935,637 | 12,455,164 | 11,517,943 | 7,563,956 | 9,212,633 |
| Medicare | 19% | 22% | 27% | 18% | 20% | 22% | 20% | 20% | 20% | 22% | 18% | 13% | 17% |
| Medicaid | 23% | 22% | 24% | 21% | 15% | 21% | 30% | 20% | 10% | 23% | 21% | 24% | 21% |
| Negotiated Rates | 11% | 13% | 13% | 14% | 17% | 13% | 4% | 8% | 16% | 12% | 14% | 8% | 12% |
| Other Adjustments | 2% | 1% | 0% | 2% | 1% | 1% | 0% | 0% | 1% | 1% | 3% | 1% | -1% |
| Gross Contractual Allowances | 54% | 57% | 64% | 55% | 54% | 57% | 54% | 47% | 56% | 58% | 53% | 46% | 50% |
| Charity Care | 1% | 1% | 2% | 2% | 1% | 1% | 2% | 0% | 1% | 2% | 1% | 1% | 1% |
| Bad Debt | 3% | 3% | 2% | 3% | 1% | 1% | 4% | 4% | 3% | 1% | 3% | 4% | 3% |
| Total Deductions From Revenue | 58% | 61% | 67% | 59% | 55% | 58% | 59% | 52% | 58% | 61% | 57% | 50% | 54% |
| Net Revenue | 42% | 39% | 33% | 41% | 45% | 41% | 41% | 48% | 41% | 30% | 43% | 50% | 46% |
| Deductions from Revenue | | | | | | | | | | | | | |
| Contractual Allowances | | | | | | | | | | | | | |
| Medicare | 2,185,255 | 2,734,096 | 3,079,031 | 2,000,591 | 2,181,816 | 2,860,807 | 2,234,020 | 2,611,913 | 2,632,393 | 2,720,808 | 1,772,267 | 995,183 | 1,611,449 |
| Medicaid | 2,813,930 | 2,730,768 | 2,699,644 | 2,250,702 | 1,633,944 | 2,626,636 | 3,351,182 | 2,593,535 | 2,462,158 | 2,881,363 | 2,364,561 | 2,088,300 | 1,938,730 |
| Negotiated Rates | 1,395,739 | 1,611,274 | 1,450,628 | 1,484,291 | 1,882,777 | 1,698,297 | 490,384 | 1,053,995 | 1,970,832 | 1,535,802 | 1,559,890 | 363,732 | 1,146,693 |
| Other Adjustments | 195,205 | 178,721 | 29,827 | 236,997 | 96,291 | 117,115 | 12,337 | (62,054) | 152,100 | 143,288 | 395,710 | 40,602 | (68,462) |
| Gross Contractual Allowances | 6,590,129 | 7,254,859 | 7,259,130 | 5,972,581 | 5,794,828 | 7,302,855 | 6,087,923 | 6,197,389 | 7,217,483 | 7,281,261 | 6,092,428 | 3,487,817 | 4,628,410 |
| Charity Care | 92,529 | 174,075 | 182,086 | 238,673 | 112,577 | 89,746 | 182,296 | 34,095 | 70,465 | 207,726 | 147,685 | 40,927 | 49,448 |
| Bad Debt | 400,496 | 350,421 | 258,214 | 299,799 | 89,162 | 154,222 | 442,390 | 514,437 | 366,493 | 154,253 | 325,725 | 268,555 | 255,700 |
| Total Deductions From Revenue | 7,083,154 | 7,779,355 | 7,699,430 | 6,511,053 | 5,996,567 | 7,546,823 | 6,712,609 | 6,745,921 | 7,654,441 | 7,643,240 | 6,565,838 | 3,797,299 | 4,933,558 |
| Net Patient Services Revenue | 5,191,074 | 4,887,917 | 3,709,937 | 4,436,587 | 4,818,253 | 5,183,376 | 4,621,883 | 6,352,722 | 5,281,196 | 4,811,924 | 4,952,105 | 3,766,657 | 4,279,075 |
| | | | | | | | | | | | | | 1,325,149 |
| Other Operating Revenue | 210,581 | 59,968 | 105,043 | 119,837 | 321,886 | 44,074 | 144,372 | 60,565 | 54,446 | 48,156 | 79,111 | 2,260,337 | 64,385 |
| Net Revenue | 5,401,655 | 4,947,885 | 3,814,980 | 4,556,424 | 5,140,139 | 5,227,450 | 4,766,255 | 6,413,287 | 5,335,642 | 4,860,080 | 5,031,216 | 6,026,994 | 5,668,609 |
| Operating Expenses | | | | | | | | | | | | | |
| Salaries | 2,253,650 | 2,219,872 | 2,258,057 | 2,186,403 | 2,272,947 | 2,282,644 | 2,333,751 | 2,596,017 | 2,390,097 | 2,319,195 | 2,438,079 | 2,243,147 | 2,292,652 |
| Benefits | 600,425 | 348,108 | 337,751 | 397,207 | 450,455 | 611,076 | 503,958 | 765,786 | 577,012 | 555,392 | 440,583 | 739,833 | 604,325 |
| Purchased Labor | 330,783 | (147,171) | 264,578 | 236,659 | 264,793 | 217,501 | 246,218 | 268,266 | 249,096 | 283,557 | 329,407 | 261,699 | 135,882 |
| Sub-Total Labor Costs | 3,184,858 | 2,420,809 | 2,860,386 | 2,820,269 | 2,988,195 | 3,111,221 | 3,083,927 | 3,630,069 | 3,216,205 | 3,158,144 | 3,208,069 | 3,244,679 | 3,032,859 |
| Professional Fees - Physicians | 274,105 | 695,166 | 329,173 | 355,202 | 332,200 | 310,244 | 352,355 | 377,019 | 389,778 | 279,808 | 267,635 | 419,725 | 288,245 |
| Professional Fees - Other | 70,838 | 4,280 | 51,982 | 40,503 | 5,802 | 27,900 | 37,367 | 57,445 | 43,960 | 58,785 | 19,051 | 93,438 | 49,659 |
| Supplies | 532,887 | 527,249 | 535,093 | 493,079 | 700,353 | 725,859 | 764,707 | 622,645 | 619,449 | 675,545 | 762,215 | 527,615 | 481,223 |
| Purchased Services - Utilities | 39,689 | 44,875 | 41,243 | 44,577 | 39,600 | 42,598 | 48,996 | 37,860 | 43,249 | 43,969 | 40,757 | 31,315 | 46,337 |
| Purchased Services - Other | 296,855 | 264,637 | 245,545 | 251,437 | 299,771 | 233,945 | 314,069 | 269,828 | 261,428 | 230,546 | 359,733 | 222,165 | 228,231 |
| Rentals & Leases | 203,018 | 199,712 | 117,451 | 173,040 | 166,916 | 168,981 | 168,019 | 186,792 | 194,404 | 170,987 | 167,981 | 152,417 | 153,829 |
| Insurance License & Taxes | 70,410 | 67,274 | 59,519 | 77,077 | 69,509 | 69,709 | 52,025 | 63,642 | 60,430 | 99,269 | 87,383 | 85,150 | 58,860 |
| Depreciation & Amortization | 203,764 | 204,612 | 207,114 | 207,017 | 214,609 | 222,284 | 222,109 | 224,314 | 222,577 | 227,538 | 224,010 | 228,367 | 229,348 |
| Other Operating Expenses | 156,828 | 117,660 | 37,964 | 101,333 | 144,048 | 143,821 | 135,294 | 40,769 | 104,447 | 103,657 | 107,679 | 92,318 | 92,182 |
| Sub-Total Non-Labor Expenses | 1,848,394 | 2,125,465 | 1,625,084 | 1,743,265 | 1,972,808 | 1,945,341 | 2,115,019 | 1,860,226 | 1,939,722 | 1,890,104 | 2,036,444 | 1,852,510 | 1,627,914 |
| Total Operating Expenses | 5,033,252 | 4,546,274 | 4,485,470 | 4,563,534 | 4,961,003 | 5,056,562 | 5,198,946 | 5,490,295 | 5,155,927 | 5,048,248 | 5,244,513 | 5,097,189 | 4,660,773 |
| Operating Income (Loss) | 368,403 | 401,611 | (670,490) | (7,110) | 179,136 | 170,888 | (432,691) | 922,992 | 179,715 | (188,168) | (213,297) | 929,805 | 1,007,836 |
| Non Operating Income | | | | | | | | | | | | | |
| Tax Revenue | 68,970 | 69,231 | 69,975 | 70,601 | 69,701 | 71,945 | 69,785 | 69,205 | 71,840 | 65,599 | 77,314 | 73,881 | 69,589 |
| Investment Income | 25,756 | 25,933 | 34,296 | 31,673 | 31,189 | 20,703 | 21,943 | 24,574 | 22,527 | 22,036 | 19,425 | 18,000 | 12,391 |
| Interest Expense | (20,307) | (20,307) | (20,974) | (34,475) | (76,310) | (34,270) | (34,166) | (33,322) | (32,996) | (19,892) | (33,218) | (35,750) | (32,897) |
| Other Non Operating Income (Expense) | - | 1,200 | - | 9,200 | - | 14,420 | - | - | (222) | - | - | 500 | 13,684 |
| Total Non Operating Income | 74,419 | 76,057 | 83,297 | 76,999 | 24,580 | 110,896 | 71,982 | 60,457 | 61,149 | 67,743 | 63,521 | 56,631 | 62,767 |
| Net Income (Loss) | \$ 442,822 | \$ 477,668 | \$ (587,193) | \$ 69,889 | \$ 203,716 | \$ 281,784 | \$ (360,709) | \$ 983,449 | \$ 240,864 | \$ (120,425) | \$ (149,776) | \$ 986,436 | \$ 1,070,603 |

| | | | | | | | | | | | | | |
|---|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Total Margin | 8.1% | 9.5% | -15.1% | 1.5% | 3.9% | 5.3% | -7.5% | 15.2% | 4.5% | -2.4% | -2.9% | 16.2% | 18.7% |
| Margin (Non Operating Income) | 6.8% | 8.1% | -17.6% | -0.2% | 3.5% | 3.3% | -9.1% | 14.4% | 3.4% | -3.9% | -4.2% | 15.4% | 17.8% |
| Salaries as a % of Net Revenue | 41.7% | 44.9% | 59.2% | 48.0% | 44.2% | 43.7% | 49.0% | 40.5% | 44.8% | 47.7% | 48.5% | 37.2% | 40.4% |
| Labor as a % of Net Revenue | 59.0% | 48.9% | 75.0% | 61.9% | 58.1% | 59.5% | 64.7% | 56.6% | 60.3% | 65.0% | 63.8% | 53.8% | 53.5% |
| Operating Expense change from prior month | 7% | -10% | -1% | 2% | 9% | 2% | 3% | 6% | -6% | -2% | 4% | -3% | -9% |
| Gross Revenue change from prior month | 1% | 3% | -10% | -4% | -1% | 18% | -11% | 16% | -1% | -4% | -8% | -34% | 22% |
| Net Revenue change from prior month | 5% | -8% | -23% | 19% | 13% | 2% | -9% | 35% | -17% | -9% | 4% | 20% | -6% |

**AMENDED AND RESTATED
BYLAWS
OF
PROSSER MEMORIAL HEALTH FOUNDATION
(a Washington Nonprofit Corporation)**

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AMENDED AND RESTATED

BYLAWS

OF

PROSSER MEMORIAL HEALTH FOUNDATION

ARTICLE 1

Offices and Records

1.1 Registered Office and Registered Agent. The initial registered office and the initial registered agent of Prosser Memorial Health Foundation (the "Corporation") in the State of Washington shall be as prescribed in the Articles of Incorporation. The initial registered office and the initial registered agent, and any subsequent registered office and registered agent, of the corporation in Washington may be changed from time to time by the Board of Directors. The address of the registered office and the name of the registered agent shall be on file in the office of the Secretary of State of Washington pursuant to applicable provisions of law. Unless otherwise permitted by law, the address of the registered office of the Corporation in Washington and the address of the office of the registered agent in Washington shall be identical. If the registered agent is an individual, he or she shall be a Washington resident.

1.2 Corporate Offices. The Corporation may have such corporate offices anywhere within and without the state of Washington as the Board of Directors from time to time may appoint or the business of the corporation may require. The principal office of the corporation may be determined from time to time by the Board of Directors.

1.3 Records. The Corporation shall keep, as permanent records of the Corporation, minutes of the meetings of the Member, the Board of Directors and of committees of the Board of Directors and a record of all actions taken by the Member or by the Board of Directors or any committee thereof without a meeting, and the corporation shall maintain appropriate accounting records. The Corporation shall also keep, at its principal or registered office in Washington, such records and information as it may from time to time be required by law to keep at such location, if any. The records of the Corporation shall be maintained in written form or in any other form that is capable of being converted into written form within a reasonable time.

1.4 Corporate Seal. The Corporation may have a corporate seal which shall be in the form prescribed by the Board of Directors. Said seal may be used by causing it or a facsimile thereof to be impressed or affixed or in any manner reproduced.

ARTICLE 2
Members

2.1 Qualifications for Membership. The sole member of the Corporation shall be Prosser Public Hospital District of Benton County, Washington d/b/a Prosser Memorial Health (the “Member”).

2.2 Place of Meetings. All annual and other meetings of the Member shall be held at the time and at the place, inside or outside the State of Washington, determined by the Member.

2.3 Annual Meetings. The annual meeting of the Member shall be held in December each year or at such other time as determined by the Member. If for any reason no meeting of the Member is held at such time, but the Member nevertheless designates a meeting of the Member held at another time as the annual meeting thereof (regardless of when such designation is made), then such meeting shall be considered to be a special meeting of the Member for purposes of determining by whom such meeting may be called and the time at which such meeting may be held. The purposes of the annual meeting shall be to appoint Directors and to transact such other business as may come before the meeting.

2.4 Special Meetings. Special meetings of the Member may be called at any time by the President, by the Board of Directors, or by the Member. Special meetings may be called for any purpose or purposes, but business transacted at any special meeting shall be confined to the purposes stated in the notice of such meeting, unless the transaction of other business is consented to by the Member.

2.5 Member’s Action by Consent in Lieu of Meeting. Any action required by law to be taken at a meeting of the Member, or any action which may be taken at a meeting of the Member, may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by the Member. Such consent shall have the same force and effect as a vote of the Member at a meeting duly held, and the Secretary shall cause to file such consent with the minutes of the meetings of the Member.

ARTICLE 3
Board of Directors

3.1 Powers of the Board. The property and activities of the Corporation shall be controlled and managed by the Board of Directors. The Board of Directors shall have and is vested with all and unlimited powers and authorities, except as may be expressly limited by the Member, the law, the Articles of Incorporation, or these Bylaws, to do or cause to be done any and all lawful acts and things for and on behalf of the Corporation, to exercise or cause to be exercised any or all of its powers, privileges, and franchises, and to seek the effectuation of its objects and purposes.

3.2 Number and Qualifications.

(a) The number of Directors to constitute the first Board of Directors shall be as prescribed in the Articles of Incorporation. The number of Directors to constitute the Board of Directors of the Corporation may be increased or decreased by the Member at any time and from time to time, but such number shall not be fewer than three.

(b) A Director does not need to be a resident of the State of Washington. A Director must be at least 18 years of age.

3.3 Appointment of Directors; Removal.

(a) The Directors of the Corporation shall be appointed by the Member. At each annual meeting of the Member, the Member shall appoint successor Directors to replace each Director whose term in office then expires. The Member may additionally at any time fill any vacancy on the Board of Directors, regardless of how such vacancy was created. Other than Directors appointed to fill a vacancy, all Directors shall be selected from a slate of nominees presented by the Board of Directors to the Member. If the Member does not find a sufficient number of the nominees suitable to fill all of the positions up for appointment, the Board of Directors shall continue to present additional slates of nominees until all the positions have been filled. In the event that the Board of Directors fails to present a slate of nominees, the Member may appoint any individuals that satisfy the requirements of Section 3.2. All appointments shall be in writing and shall be delivered by the Member to the Board of Directors.

(b) The Member may remove any Director at any time, with or without cause, by providing written notice of the removal to the Board of Directors.

3.4 Tenure of Directors.

(a) There shall be staggered terms of office for directors so that one-half of the directorships shall be up for appointment every other year (or if the number does not evenly divide by halves, the Board shall be divided as close to halves as possible). The Directors were initially divided into two classes by the Member in a Statement of Action by the Member dated effective September 7, 2017. The term of office of those of the first class shall expire at the 2020 annual meeting of the Member. The term of office of the second class shall expire at the 2021 annual meeting of the Member. At each succeeding annual meeting of the Member where Directors are up for appointment, the Directors appointed shall be appointed for a term of two years to succeed those whose terms expire. A Director appointed to fill a vacancy or a newly-created position on the Board of Directors shall be appointed for the unexpired term, if any, of his or her predecessor in office or for a term that ends on the date of the next annual meeting of the Member where Directors are up for appointment, respectively. Each Director shall hold office for the term set forth in this section and thereafter until

his or her successor shall have been elected and qualified, or until such Director's earlier death, resignation, or removal.

(b) A Director may not serve more than eight consecutive years. After serving eight consecutive years, a Director must vacate his or her position for at least two years before seeking re-appointment for another term.

(c) The attendance of a Director at any annual, regular, or special meeting of the Board of Directors, such Director's written approval of the minutes or written waiver of notice of any such meeting, or such Director's execution of a written consent to directors' action in lieu of a meeting shall constitute acceptance of the office of Director.

3.5 Board of Director Meetings.

(a) The annual meeting of the Board of Directors shall be held in December each year, commencing with the year 2017, and such meeting shall be held at the principal office of the Corporation or, if no such principal office has been designated, at the registered office of the Corporation in Washington or at such other location or on such other date as is specified by the Board or by the Member. If for any reason no meeting of the Board of Directors is held at such time or place, but the Directors or Member nevertheless designate a meeting of the Board of Directors held at another time or place as the annual meeting thereof (regardless of when such designation is made), then such meeting shall be considered to be a special meeting of the Board of Directors for purposes of determining by whom such meeting may be called and the time and place at which such meeting may be held. The purposes of the annual meeting shall be to elect officers, recommend to the Member a slate of Directors, to determine actions to be taken to carry out the purposes of the Corporation, and to transact such other business as may come before the meeting.

(b) Regular meetings of the Board of Directors shall be held at such time and place as the Board of Directors may designate from time to time.

(c) Special meetings of the Board of Directors may be called, and may only be called, by or at the request of the President, by any three Directors or by the Member. Such meetings shall be held at such time and place as may be designated in the notice thereof given pursuant to section 3.6.

(d) Actions of the Board of Directors taken at any meeting of the Board of Directors that is held at a time or place other than the time or place at which such meeting is required to be held pursuant to the provisions of these Bylaws shall be valid if notice of such meeting is waived pursuant to the provisions hereof.

3.6 Notice of Board of Director Meetings.

(a) The annual meeting of the Board of Directors contemplated by the provisions of the first sentence of section 3.5(a) shall be held without notice. If, however, a meeting of the Board of Directors is designated by the Directors as the annual meeting thereof pursuant to the provisions of the second sentence of section 3.3(a), then notice of such meeting shall be given to the Directors by the person or persons who call such meeting (or a person on behalf of the Member) at least two days before the date of such meeting.

(b) Regular meetings of the Board of Directors may be held without notice.

(c) Notice of each special meeting of the Board of Directors shall be given to the Directors by the persons or persons who call such meeting at least two days before the date of such meeting.

(d) If any meeting of the Board of Directors is permitted to be held without notice but notice of such meeting is nevertheless given, the giving of such notice shall not affect the validity of actions taken at the meeting, even if the notice is inaccurate in any respect or is improperly given.

(e) Notice of any meeting of the Board of Directors may be oral or written and shall state the date, time, place, and purpose of the meeting. Notice of any meeting of the Board of Directors may be communicated in person, by telephone, telecopy, email, or other form of wire or wireless communication, or by mail or private carrier. Oral notice shall be effective, *i.e.*, shall be deemed to be given to the recipient, when communicated. Written notice shall be sent to a Director at his or her United States mailing address, fax number, email address, or other address shown on the corporation's records and shall be effective, *i.e.*, shall be deemed to be given to the recipient, upon the earliest to occur of: receipt of such notice by such Director; the fifth day after deposit of such notice in the United States mail, as evidenced by the postmark, if mailed correctly addressed and with first class postage affixed; the date shown on the return receipt, if such notice is sent by registered or certified mail, return receipt requested, and the receipt is signed by or on behalf of the addressee; or the thirtieth day after deposit of such notice in the United States mail, as evidenced by the postmark, if mailed correctly addressed and with other than first class, registered, or certified postage affixed.

3.7 Waiver of Notice. Any notice required to be given to a Director by any provision of these Bylaws, the Articles of Incorporation, or any law may be waived in a written instrument signed by such Director, whether before, at, or after the meeting for which such notice is required to be given, if the instrument is filed with the minutes of the meeting or in the Corporation's records. Attendance of a Director at any meeting shall constitute a waiver of notice of such meeting except where such Director upon arriving at the meeting or prior to the vote on a matter not noticed in

conformity with these Bylaws objects to the lack of notice and does not vote for or assent to the objected to action.

3.8 Action of Directors by Consent in Lieu of Meeting. Any action which is required to be or which may be taken at a meeting of the Board of Directors may be taken without a meeting if all of the members of the Board of Directors take such action and, to evidence such action, sign a written consent (which may be signed in two or more counterparts) that describes the action taken. Each such consent shall have the same force and effect as a unanimous vote of the Directors at a meeting of the Board of Directors duly held and may be stated as such in any document executed on behalf of the corporation. The Secretary shall file such consents with the minutes of meetings of the Board of Directors of the corporation.

3.9 Meetings by Telecommunications Equipment. Unless otherwise provided in the Articles of Incorporation, any or all members of the Board of Directors may participate in any meeting of the Board of Directors by means of conference telephone or similar communications equipment whereby all persons participating in the meeting can hear each other. A Director who participates in a meeting in this manner shall be deemed to be present in person at the meeting.

3.10 Quorum: Action of Board. A majority of the Directors shall, unless a greater number as to any particular matter is required by law, the Articles of Incorporation, or these Bylaws, constitute a quorum for the transaction of business at any meeting of the Board of Directors. The affirmative vote of a majority of the Directors present at any meeting of the Board of Directors shall be the act of the Board of Directors if a quorum is present when the vote is taken, except as may be otherwise specifically provided by law, the Articles of Incorporation, or these Bylaws. Less than a quorum of the Board of Directors may adjourn a meeting successively until a quorum is present.

ARTICLE 4 Committees

4.1 Committees. The Board of Directors may designate one or more standing or special committees and appoint members of the Board of Directors to serve on them. Each such committee shall have two or more members, all of whom shall serve at the pleasure of the Board of Directors. Each committee shall have such power and authority as is specified by the Board of Directors upon the establishment of such committee, subject to the Articles of Incorporation and applicable law.

4.2 Committee Action. Each committee of the Board of Directors shall keep regular minutes of its meetings which shall be kept in the minute books or files of the corporation. The provisions of Article 3 relating to actions by written consent in lieu of meetings and participation in meetings by means of conference telephone or similar communications equipment shall apply to committees of the Board of

Directors and members thereof. The Secretary or an Assistant Secretary of the corporation may act as secretary for any committee if the committee so requests.

ARTICLE 5 Officers

5.1 Elected Officers.

(a) The officers of the Corporation shall at all times include a President, a Vice President, a Treasurer, and a Secretary. If the Board of Directors desires, the titles of Chairman and Vice Chairman of the Board may be used for the President and a Vice President. One or more additional Vice Presidents and one or more Assistant Secretaries and Assistant Treasurers may be elected by the Board of Directors from time to time as it deems necessary or advisable. The same individual may simultaneously hold more than one office in the corporation, except that the offices of President and Secretary shall not be held by the same individual.

(b) An elected officer shall be deemed qualified when such officer begins the duties of the office to which such officer has been elected and furnishes any bond required by the Board of Directors. The Board of Directors may require of such person, in addition to a bond, a written acceptance of office and a promise to discharge faithfully the duties of such office. Each officer of the corporation must be a member of the Board of Directors.

5.2 Term of Office. Each elected officer of the Corporation shall hold office for a term of two (2) years but if no election of a new officer occurs, the existing officers shall continue to serve thereafter until his or her successor shall have been elected and qualified, unless such officer earlier resigns or is removed by the Board of Directors. No officer may serve more than four (4) two (2) year terms in any one (1) office.

5.3 Appointed Officers and Agents. The Board of Directors from time to time may also appoint such other officers and agents for the corporation as it shall deem necessary or advisable. All appointed officers and agents shall hold their respective positions at the pleasure of the Board of Directors, and they shall have and exercise such powers and have and perform such duties as shall be determined from time to time by the Board of Directors or by an elected officer empowered by the Board of Directors to make such determinations.

5.4 Removal. Any officer or agent elected or appointed by the Board of Directors and any employee may be removed or discharged by the Board of Directors or by the Member whenever in its judgment the best interests of the Corporation would be served thereby. Such removal shall be without prejudice to the contract rights, if any, of the person so removed.

5.5 Delegation of Authority to Hire, Discharge, and Designate Duties. The Board of Directors from time to time may delegate to the President, or other officer or

executive employee of the corporation authority to hire and discharge and to fix and modify the duties of employees of the corporation under the jurisdiction of such officer or executive employee. The Board of Directors may also delegate to such an officer or executive employee similar authority with respect to obtaining and retaining for the corporation the services of attorneys, accountants, and other professionals and experts. In the absence of any designation, the President shall have such general authority with respect to all employees and independent contractors whose services, in the discretion of the President, are required by the corporation.

5.6 The Chairman of the Board. The Chairman of the Board, if any, shall have all the authority, powers, and duties of the President if no separate President is elected by the Board and shall have such other authority, powers, and duties as the Board of Directors may determine, and any act required or permitted by law to be done by the President may be done instead by the Chairman of the Board. The Chairman of the Board shall preside at all meetings of the members and Board of Directors. The Member has the authority to preclude the election of a President or remove a President if a Chairman of the Board is elected.

5.7 The Vice Chairman of the Board. The Vice Chairman of the Board, if any, shall have such authority and powers and perform such other duties as the Board of Directors shall from time to time prescribe.

5.8 The President.

(a) The President or the Chairman of the Board if no separate President is elected by the Board shall be the chief executive officer of the Corporation unless the Board of Directors elects a chairman of the Board and designates the Chairman of the Board as the sole or joint chief executive officer. The President shall have such general executive authority, powers, and duties of supervision and management as are usually vested in the office of the chief executive officer of a corporation and shall carry into effect all actions, directions, and resolutions of the Board of Directors. The President shall have such other or further duties and authority as may be prescribed elsewhere in these Bylaws or from time to time by the Board of Directors. If at any time there is no Chairman of the Board, or in the absence of the Chairman of the Board, the President shall preside at all meetings of the members and Board of Directors.

(b) Although the President shall have the authority, powers, and duties set forth in the preceding paragraph, it is contemplated that the corporation's business and activities will be managed on a day-to-day basis by the Executive Director of the corporation. The President shall monitor the Executive Director's activities conducted on behalf of the corporation to the extent deemed by the President to be necessary or appropriate. Subject to action taken by the Board of Directors, the President may provide direction to the Executive Director from time to time, as the President deems to be necessary or appropriate, regarding the performance of the Executive Director's duties.

5.9 The Vice Presidents/Vice Chairman. The Vice Presidents shall have such authority and powers and perform such duties as the Board of Directors shall from time to time prescribe. If there is only one Vice President or Vice Chairman then he or shall, in the event of the absence, death, disability, or inability to act of the President, perform the duties and exercise the authority and powers of the President. Similarly, if there is a Vice Chairman, in the event of the absence, death or disability or inability to act of the Chairman, the Vice Chairman shall perform the duties and exercise the authority and powers of the Chairman.

5.10 The Secretary and Assistant Secretaries.

(a) The Secretary shall have the general authority, powers, duties, and responsibilities of a secretary of a corporation. The Secretary shall attend all meetings of the members and Board of Directors, and he or she shall record or cause to be recorded and shall maintain the minutes of all meetings and written consents to action without a meeting of the Member and Board of Directors in minute books or files of the corporation to be kept for that purpose. The Secretary shall perform like duties for each committee of the Board of Directors when requested by the Board of Directors or such committee to do so. The Secretary shall have the authority and power to authenticate records of the corporation.

(b) The Secretary shall bear the principal responsibility to give, or cause to be given, notice of all meetings of the Member and Board of Directors for which notice is required, but this shall not affect the authority of others to give such notice as is authorized elsewhere in these Bylaws. The Secretary shall see that all books, records, lists, and information required by the Articles of Incorporation or law to be maintained at the principal office of the corporation in Washington or elsewhere are so maintained. The Secretary shall keep in safe custody the seal of the corporation, if any, and, when duly authorized to do so (including authorization given by the President or other executive officer of the corporation), shall affix the same to any instrument requiring it, and when so affixed, the Secretary shall attest the same by the Secretary's signature. The Secretary shall perform such other duties and have such other authority as may be prescribed elsewhere in these Bylaws or from time to time by the Board of Directors or the President, under whose direct supervision the Secretary shall be.

(c) The Assistant Secretaries, in the order determined by the Board of Directors, shall, in the event of the absence, death, disability, or inability to act of the Secretary, perform the duties and exercise the authority and powers of the Secretary. In addition, they shall perform such other duties and have such other authority as the Board of Directors may from time to time prescribe.

5.11 The Treasurer and Assistant Treasurers.

(a) The Treasurer, if any, shall have the general authority, powers, duties, and responsibilities of a treasurer of a corporation and shall, unless

otherwise provided by the Board of Directors, be the chief financial and accounting officer of the corporation. The Treasurer shall have the responsibility for the safekeeping of the funds and securities of the corporation and shall keep or cause to be kept full and accurate accounts of receipts and disbursements in books belonging to the corporation. The Treasurer shall keep, or cause to be kept, all other books of account and accounting records of the corporation and shall deposit or cause to be deposited all monies and other intangible assets of the corporation in the name and to the credit of the corporation in such depositories as may be designated by the Board of Directors (except for assets, such as the corporation's name, that are not susceptible to such deposit).

(b) The Treasurer shall disburse, or permit to be disbursed, the funds of the corporation as may be ordered or authorized generally by the Board of Directors. The Treasurer shall render to the chief executive officer of the corporation or the Board of Directors, whenever asked by either to do so, an account of the financial condition of the corporation and an account of all transactions of the Treasurer and those under the Treasurer's supervision. The Treasurer shall perform such other duties and shall have such other responsibility and authority as may be prescribed elsewhere in these Bylaws or from time to time by the Board of Directors.

(c) If required by the Board of Directors, the Treasurer shall give the corporation a bond, in a sum and, if required by the Board of Directors, with one or more sureties satisfactory to the Board of Directors, for the faithful performance of the duties of office and for the restoration to the corporation, in the case of such Treasurer's death, resignation, retirement, or removal from office, of all books, papers, vouchers, money, and other property of whatever kind in the possession or under the control of such Treasurer that belong to the corporation. The cost, if any, of said bond shall be paid by the corporation.

(d) The Assistant Treasurers, in the order determined by the Board of Directors, shall, in the event of the absence, death, disability, or inability to act of the Treasurer, perform the duties and exercise the authority and powers of the Treasurer. In addition, they shall perform such other duties and have such other authority as the Board of Directors shall from time to time prescribe.

5.12 Duties of Officers May be Delegated. If any officer of the corporation shall be absent or unable to act, or if the Board of Directors so elects for any other reason that it may deem sufficient, the Board of Directors may delegate, for the time being, some or all of the functions, authority, powers, duties, and responsibilities of any officer to any other officer or to any other agent or employee of the corporation or other responsible person.

ARTICLE 6
Executive Director and Chief Financial Officer

The Board of Directors and CEO of the Member will jointly appoint an Executive Director and a Chief Financial Officer for the corporation. The Executive Director shall, among other duties, carry out the goals and programs of the corporation pursuant to the job description adopted by the Board of Directors. In this regard, the Executive Director shall manage, and shall have such general executive authority, powers, and duties of supervision and management as are necessary or appropriate in order for the Executive Director to manage, the property, business, and activities of the corporation on a day-to-day basis. The Executive Director shall have such other or further authority, power, and duties (and the authority and powers of the Executive Director shall be subject to such limitations) as may be prescribed elsewhere in the Bylaws or from time to time by the Board of Directors (including in the job description for the position of Executive Director adopted by the Board of Directors). The Chief Financial Officer shall handle day-to-day financial operations of the corporation and execute financial instruments approved by the Board of Directors. The CEO of the Member can remove the Executive Director and/or Chief Financial Officer at any time after consultation with the Board.

ARTICLE 7
Indemnification

The corporation shall indemnify and protect any member, director, officer, employee, or agent of the corporation, or any person who serves at the request of the corporation as a director, officer, employee, member, manager, or agent of another corporation, partnership, limited liability company, joint venture, trust, employee benefit plan, or other enterprise, to the fullest extent permitted by the laws of the State of Washington.

ARTICLE 8
General

8.1 Checks. All checks, bank drafts, and other orders for the payment of money shall be signed by such officer or officers or such other person or persons as the Board of Directors may from time to time designate. If no designation is made and unless and until the Board of Directors otherwise provides, each of the President and Chief Financial Officer shall individually have power to sign all such instruments which are executed or made in the ordinary course of the corporation's business for the corporation.

8.2 Fiscal Year. For accounting and income tax purposes, the corporation shall operate on such fiscal year as may be designated from time to time by the Board of Directors.

8.3 Amendments. The Bylaws of the corporation may from time to time be altered or amended in any respect or repealed in whole or in part, and new Bylaws may be adopted, by the Member.

8.4 Interpretation. As used in these Bylaws, the term “and” means and/or and the term “or” means and/or, as appropriate.

CERTIFICATE

I hereby certify that I am the Secretary of Prosser Memorial Health Foundation, a Washington nonprofit corporation, and the keeper of its corporate records; that the Amended and Restated Bylaws to which this Certificate is attached were duly adopted by said corporation's Board of Directors as and for the Bylaws of the corporation effective as of July 1, 2019; and that these Bylaws constitute the Bylaws of the corporation and are now in full force and effect.

_____, Secretary

SCOPE OF SERVICES AGREEMENT

This Scope of Services Agreement (“Agreement”) is made and entered into effective the 1st day of April, 2019 by and between Prosser Public Hospital District No. 1, Benton County, Washington d/b/a Prosser Memorial Health (the “Hospital”) and Prosser Memorial Health Foundation, a Washington non-profit support organization (the “Foundation”).

WHEREAS, Foundation was formed as a support organization for Hospital under state law and under the Federal Internal Revenue Code; and

WHEREAS, the Foundation is dependent upon the resources of Hospital to conduct its operations and its fundraising activities including, but not limited to, an Executive Director, a Chief Financial Officer, use of office space, recordkeeping capabilities, certain ancillary personnel, marketing services, supplies and equipment and other services; and

WHEREAS, governmental entities like Hospital do not have the authority to perform certain services engaged in by Foundation and cannot donate resources to nonprofit organizations like Foundation without receiving fair market value consideration for those items or services; and

WHEREAS, the Hospital benefits from all the activities of the Foundation and those benefits should increase if the Foundation is able to carry out its purposes without having to develop an administrative infrastructure separate and apart from that of the Hospital.

NOW, THEREFORE, in consideration of the above and for other good and valuable consideration the parties hereby agree as follows:

1. Office Space. Hospital hereby agrees to provide office space to Foundation in consideration for rent paid in cash and/or services provided by Foundation to Hospital as described on Schedule 1 attached hereto, Hospital will provide to Foundation such amount of office space as Hospital deems appropriate to enable Foundation to carry out its services hereunder. The specific location and amount of space is set forth on Schedule 1. In the event the Board of Directors of the Foundation determines that additional space is necessary, the Board of Directors shall contact the Hospital and the Hospital will determine whether additional space is required. Foundation agrees that it will only utilize the space designated by Hospital and no other space unless it receives prior written authority from Hospital.

2. Supplies, Equipment and Insurance. Hospital agrees to provide to Foundation the basic supplies and equipment and insurance coverages necessary for the Foundation to carry out its purposes. The specific supplies, equipment and insurance provided by Hospital to Foundation and the cost of the supplies, equipment and insurance is set forth on Schedule 1.

3. Executive Director. Hospital shall also provide to Foundation an individual to serve as the Executive Director of the Foundation. The cost of the Executive Director shall be set forth on Schedule 1. This individual shall be primarily employed by Hospital and compensated through the Hospital’s compensation program. However, the Executive Director shall be responsible to the Board of Directors of Foundation. The Hospital CEO may at any time

withdraw the services of the Executive Director and appoint a new Executive Director for the Foundation. The scope of duties and the time devoted by the Executive Director to Foundation shall be determined by the Hospital after consultation with the Foundation. The specific qualifications and duties of the Executive Director are attached hereto as Exhibit A.

4. Additional Personnel. The Hospital shall provide to the Foundation such additional personnel as the parties deem appropriate including a Chief Financial Officer and a Busy Bean/Gift Shop Coordinator for such amount of time and for such consideration as is described on Schedule 1. The Hospital CEO shall have the authority to remove and replace the Chief Financial Officer at his discretion after discussing the proposed action with the Foundation Board.

5. Fair Market Value. The parties acknowledge that for all purposes hereunder, Foundation will pay fair market value consideration for all items and services it receives from the Hospital. Foundation shall use investment income earned by Foundation and shall not use the corpus of the Foundation to pay for items or services provided by Hospital without the prior written consent of the Hospital. The parties also acknowledge that both parties will be receiving goods and services from the other party and instead of paying cash for each individual item or service, the parties may offset the fair market value of the items or services against what is provided by other party. Any remaining amount owed by one party to the other shall be paid in cash with the reconciliation to occur quarterly.

6. Certain Expenditure of Funds. The Foundation acknowledges that it is a support organization for the Hospital. The Foundation has held itself out to the public that its role is to exclusively support the Hospital and has filed documents with the Internal Revenue Service stating that it will exclusively support the Hospital. Therefore, the Foundation agrees that it will make no expenditures for any purposes that are not directly in furtherance of the purposes and objectives of the Hospital and to the extent there is any question regarding the nature of expenditures made by the Foundation, the Foundation and the Hospital shall meet to determine whether such expenditures or the plan for such expenditures are consistent with the purposes and objectives of Hospital.

7. Items and Services Provided by Foundation. Foundation and Hospital acknowledge that Foundation will provide certain services and items including support volunteers for Hospital which will include staffing the gift shop and other activities on the Hospital premises as described on Schedule 2. Hospital will pay fair market value for the items and services Foundation provides to Hospital as described on Schedule 2. Although all volunteers will report to Foundation, it is acknowledged that all activities of the volunteers and all revenue generated by the volunteers shall belong to and be reported to the Foundation which, in turn, shall report all related revenues and expenses to the Hospital. The Foundation will implement a policy and procedure to assure that no Hospital employees are providing volunteer services during scheduled work time. To the extent there is any dispute between any volunteer and the Foundation or any other issue associated with the activities of a volunteer that cannot be resolved by the Foundation, the Foundation shall immediately contact the Hospital and obtain its assistance in resolving any such issue. The Foundation will appoint a Volunteer Advisory Committee to the Foundation Board that will provide suggestions to the Board relating to

expenditures for Hospital purposes from revenues generated by volunteer activities. The Advisory Committee will have no formal voting authority.

8. Intellectual Property. The Foundation may use the name of the Hospital and may develop names for events sponsored by or for the benefit of the Hospital so long as the Foundation receives written approval for such use from Hospital. At all times the names of each activity and the name of the Hospital and any other names associated with events sponsored by Foundation shall belong to and owned by Hospital. Upon the termination of the Foundation for any reason, the Hospital retains the right to use and control all such names. To the extent any intellectual property is developed by the Foundation, the development must be in the best interest of the Hospital and all rights of ownership of the intellectual property shall remain with the Hospital at all times.

9. Meeting of Foundation Board. The Foundation agrees that at any meetings of the Foundation Board the Executive Director may be present at the meeting as well as any authorized officer of the Hospital. The Foundation shall give to the CEO of the Hospital notice of any Foundation meetings and a brief description of the content to be discussed at the meeting. Nothing herein is intended to eliminate or restrict the authority of the Foundation to act as a separate legal entity or restrict its Board making independent decisions regarding the activities of the Foundation to the extent not otherwise inconsistent with this Agreement.

10. Term and Termination. This Agreement shall begin on the effective date first above stated and shall continue for a term of five (5) years and thereafter shall renew for additional five (5) year terms unless terminated as provided herein. Either party shall have the right to terminate this Agreement at any time by providing ninety (90) days prior written notice to the other party. Upon termination of this Agreement for any purpose, all assets of the Foundation and all other legal rights of the Foundation shall immediately revert to Hospital and Foundation shall indemnify Hospital for any liability or expenses incurred by Hospital relating to the termination event.

11. Confidentiality. The Foundation and its Board agree that Foundation and its Board will access confidential information regarding Foundation activities, hospital activities and, potentially, patient information. The Foundation and its Board agree to keep all such information confidential and to comply with The Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Foundation will assure its volunteers also sign agreements requiring they keep information confidential.

12. Accounting. The Hospital shall retain accountants as necessary to account for all activities of the Foundation and to file all appropriate reports and tax returns with appropriate governmental agencies. Foundation shall be given copies of all such documentation and reports.

13. Governing Law. For all purposes, this Agreement shall be governed by the laws of the State of Washington. Jurisdiction for any legal proceedings shall be Prosser, Washington.

IN WITNESS WHEREOF, the undersigned parties hereby execute this Agreement effective the day and year first above written.

Prosser Public Hospital District No. 1,
d/b/a Prosser Memorial Health

Prosser Memorial Health Foundation

By: _____
Authorized Representative

By: _____
Authorized Representative

EXHIBIT A

1. **Qualifications and Duties of Executive Director.** The Executive Director provided by the Hospital to assist the Foundation shall have the following minimum qualifications and duties:
 - 1.1 To provide clerical support to the Foundation, Board Members, and Sub-Committee Members.
 - 1.2 To schedule Foundation and Sub-Committee meetings and take notes and draft minutes for each meeting.
 - 1.3 To complete and distribute agendas for each meeting.
 - 1.4 Maintain an updated mailing list of Board Members, and keep a detailed and updated database of Donors.
 - 1.5 Assist the Board in locating Foundation resource, training/educational materials and information.
 - 1.6 Coordinate training and educational activities.
 - 1.7 Schedule donor meetings in conjunction with Foundation Board Members and Sub-Committee members.
 - 1.8 Attend meetings between the Foundation Board Members and potential donors.
 - 1.9 Keep records of donor paperwork, budgeting and accounting and required filings with state and federal agencies for the Foundation.
 - 1.10 Create marketing and public relations campaigns for increasing donations to the Foundation.
 - 1.11 To take such other actions as directed by the Foundation Board.

- 1.12 Have adequate computer skills and training to accomplish the duties as described above including but not limited to experience with the following Microsoft Office Suite programs: work, excel, access, publisher and accounting.
 - 1.13 Be able to type 50 words per minute.
 - 1.14 Experience with utilization of a multiline telephone system, facsimile machine, and copier.
 - 1.15 Work evenings and weekends when requested.
 - 1.16 Have working knowledge of marketing and promotional concepts and the ability to apply that knowledge to obtain results from the marketing and promotional campaigns.
 - 1.17 Have good interpersonal communication skills.
2. **Supervision of Executive Director.** Hospital shall supervise the Executive Director on a day to day basis and shall be solely responsible for hiring and firing Executive Director in accordance with Hospital policy. Foundation shall have the authority to instruct Executive Director to take or not take certain action on behalf of the Foundation and Hospital shall not interfere with the instructions from the Foundation to the Executive Director so long as the instructions are in furtherance of the purposes of Foundation. Both parties agree that Executive Director during the course of Executive Director's employment may obtain confidences from either party. Neither party shall instruct the Executive Director to disclose a confidence of the other party. Neither party shall discipline the Executive Director for the Executive Director's failure to disclose confidential information regarding the other party.

SCHEDULE 1

Hospital Provided Services

| | |
|---|-------------------|
| Administrative and Support Staff | \$ 104,455 |
| Insurance (Coverage/Board Members) | \$ 400 |
| Office Supplies | \$ 1,010 |
| Rental Space | \$ 8,196 |
| TOTAL | \$ 114,061 |

2020

Administrative and Support Staff

| Position | Hourly Rate | Weekly Hours | Annualized | Total Expense |
|---------------------------------|--------------------|---------------------|-------------------|----------------------|
| Executive Director | \$ 64 | 8 | 416 | \$ 26,208 |
| CR Outreach Assistant | \$ 17 | 1 | 52 | \$ 884 |
| Chief Financial Officer | \$ 64 | 2 | 104 | \$ 6,552 |
| Busy Bean/Gift Shop Coordinator | \$ 23 | 40 | 2,080 | \$ 49,920 |
| <i>Benefits</i> | | | | \$ 20,891 |
| | | | TOTAL | \$ 104,455 |

Insurance

| | |
|-----------------------|---------------|
| Board Member Quantity | 10 |
| Cost Per Member | \$ 40 |
| Total | \$ 400 |

Office Supplies

| | |
|--------------|-----------------|
| Printing | \$ 350 |
| Telephone | \$ 420 |
| Other | \$ 240 |
| Total | \$ 1,010 |

Rental Space

| Area | Square Footage |
|---|-----------------------|
| Gift Shop | 206 |
| Busy Bean | 306 |
| Storage Room | 115 |
| Vineyard Room Closet | 56 |
| Total Square Footage | 683 |
| Rental Cost (FMV Cost \$12/per sq. ft) | \$ 8,196 |

SCHEDULE 2

Foundation Provided Services

| | |
|-----------------------------|-------------------|
| Auxiliary Support | \$ 64,025 |
| Therapy Dog Service | \$ 1,300 |
| Chaplain | \$ 13,000 |
| Advertising | \$ 8,000 |
| Capital Expenditures | \$ 15,000 |
| TOTAL | \$ 101,325 |

2020

Auxiliary Support

| Position | Hourly Rate | Weekly Hours | Annualized | Total Expense |
|-----------------------------|--------------------|---------------------|-------------------|----------------------|
| Concierge Support | \$ 22 | 40 | 2,080 | \$ 45,760 |
| Per Diem Med/Surg Assistant | \$ 21 | 5 | 260 | \$ 5,460 |
| <i>Benefits</i> | | | | \$ 12,805 |
| | | | TOTAL | \$ 64,025 |

Dog Therapy Service

| Position | Hourly Rate | Weekly Hours | Annualized | Total Expense |
|---------------------|--------------------|---------------------|-------------------|----------------------|
| Therapy Dog Service | \$ 25 | 1 | 52 | \$ 1,300 |

Chaplain

| Position | Hourly Rate | Weekly Hours | Annualized | Total Expense |
|-----------------|--------------------|---------------------|-------------------|----------------------|
| Chaplain | \$ 50 | 5 | 260 | \$ 13,000 |

Advertising

| | |
|---------------|-----------------|
| Advertisement | \$ 8,000 |
| Total | \$ 8,000 |

Capital

| | |
|--------------|------------------|
| Capital | 15,000 |
| Total | \$ 15,000 |

| | |
|---|------------------|
| Hospital Provided Services (Schedule 1) | \$ 114,061 |
| Foundation Provided Services (Schedule 2) | \$ 101,325 |
| Net Expenditures Total (Due to Hospital) | (\$ 12,736) |
| FOUNDATION SUPPORT PAYMENT TO HOSPITAL | \$ 12,736 |